

Health Insurance Marketplace Advisory Committee Meeting

October 2022



 **Kraig Anderson**
Acting Committee Chair



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Welcome



Kraig Anderson
Acting Committee Chair

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Meeting protocols and requests

- The Marketplace and the HIMAC is committed to safe and inclusive meetings for all attendees.
- We have differences in opinions and different experiences. There are no bad questions or silly ideas. We will seek the perspectives of all by inviting each person to speak.
- If you are subject of unacceptable behavior or have witnessed any such behavior during this meeting, please connect with:
 - Chiqui Flowers, Marketplace Director
chiqui.flowers@dhsosha.state.or.us
503-884-6017

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Meeting protocols and requests

- Please be on camera, as much and as often as you are comfortable, and mute your speaker.
- If you have a question or would like to comment, please raise your virtual hand or put it in the chat.
- This virtual meeting has the closed captioning feature available by clicking on "More" and selecting "Turn on live captions".
- For transcribing and accessibility purposes, please make sure to state your name before posing your question or comment during a presentation.

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Approval of minutes July 2022 meeting minutes

Kraig Anderson
Acting Committee Chair



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Welcome Joanie Moore!

Kraig Anderson
Acting Committee Chair



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Meet the Interim Health Policy and Analytics (HPA) Director

Ali Hassoun



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Federal Health Policy Updates

Stephanie Kennan
McGuireWoods Consulting



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2023 Preliminary Private Health Insurance Rates

Tashia Sizemore
Division of Financial Regulation



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2023 Preliminary Private Health Insurance Rates

- 2023 rates and county coverage: <https://bit.ly/2023ratescov>

The slide contains three charts from the Oregon Health Division. The first chart, 'ACA-COMPLIANT PLANS', shows a table of plan details including name, type, and rates. The second chart, 'PROPOSED 2023 INDIVIDUAL PLAN COVERAGE BY COUNTY', is a table listing counties and their corresponding plan coverage status. The third chart, 'OREGON PRIVATE PLANS', is a map of Oregon with icons indicating the location of various private health plans.

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2023 Plan Offerings

Katie Button
Marketplace Plan Management
and Policy Analyst

The slide features a dark blue background on the left with the title and presenter information. On the right, there is a photograph showing a close-up of several hands holding a stack of light-colored folders, with the top folder being a bright green color.

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Inflation Reduction Act (2022)

- Passed U.S. Senate 8/7, U.S. House 8/12
- Extends American Rescue Plan Act (2021) provisions for three years, through 2025
 - Decreased expected premium contributions
 - Removed 400 percent income limit to qualify for premium tax credits

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What does the IRA mean for 2023?

- Increased premium tax credit amounts like in 2022
- More people qualify for premium tax credits
 - Amount of premium tax credits depends on income and cost of second-lowest cost silver plan
- Special enrollment period for people at or below 150 percent of federal poverty level (FPL) also extended

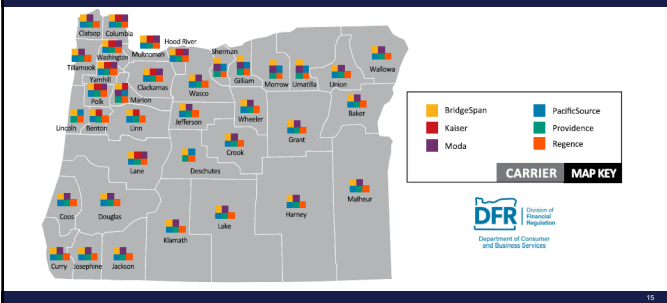
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Family glitch fix

- Proposed rule to eliminate “family glitch” should go into effect during OE for plan year 2023
- Two calculations will occur if someone is offered health coverage through an employer:
 - Determining if coverage is affordable for employee (same as how calculated now)
 - Determine if cost to add spouse and/or dependents is affordable for household

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2023 Coverage map



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2023 Individual market carriers and plans

- 6 medical carriers: BridgeSpan, Kaiser, Moda, PacificSource, Providence, and Regence
- 77 medical plans – 26-62 plans per county
- 6 dental carriers: Delta Dental (ODS), Dental Health Services, Dentegra, Dominion, Kaiser, and PacificSource
- 20 dental plans – 14-20 plans per county

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2023 Standard plan changes

	Category	2022 Amount	2023 Amount
Standard Bronze	Deductible	\$8700	\$8800
	MOOP	\$8700	\$8800
Standard Silver – Base	Deductible	\$3650	\$4800
	MOOP	\$8550	\$9100
Standard Silver – 73% CSR	Deductible	\$3650	\$4800
	MOOP	\$6800	\$7250
Standard Silver – 87% CSR	Deductible	\$1200	\$1300
	MOOP	\$2850	\$3000
Standard Silver – 94% CSR	Deductible	\$100	\$125
	MOOP	\$1000	\$1000
Standard Gold	Deductible	\$1500	\$1800
	MOOP	\$7300	\$7300

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Regence network changes

- Regence discontinuing OHSU network
 - Current enrollees will be cross-walked to the same plans on the Individual and Family Network
 - Covers the same providers
 - Consumers in these three plans will be eligible for loss of coverage (MEC) special enrollment period (SEP)
 - 77969OR5310001: OHSU Health Gold 750 with Dental and Vision Exam
 - 77969OR5310002: OHSU Health Gold 2000 with Dental and Vision Exam
 - 77969OR5310003: OHSU Health Silver 7000 with Dental and Vision Exam

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Public comment

Kraig Anderson
Acting Committee Chair



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Break



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**Bridge Program
and Marketplace
Mitigation updates**

Tim Sweeney
Katie Button
Lindsey Hopper




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**Bridge Program Task Force:
Updates & Next Steps**

Health Insurance Marketplace Advisory Committee
October 13, 2022

Timothy Sweeney, Office of Health Policy



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**Building a
Bridge Program**

- Task Force progress and what's next
- Preview of analysis coming this fall
- Strategies to mitigate negative impacts to the Marketplace
- Questions and discussion



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**Bridge Health Care Program
Task Force**


Legislative direction and progress so far

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Legislative direction to the Task Force

- Develop a proposal for a Bridge Program to:
 - provide affordable health insurance coverage and
 - improve the continuity of coverage

for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income.
- Develop strategies to ensure market stability and limit coverage disruptions in the individual and small group markets





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Additional guidance on building the bridge


HB 4035 envisions a plan that:

- Advances Oregon's goal to eliminate health inequities
- Uses existing CCOs to keep people in their current plan
- Has little-to-no costs for enrollees
- Is fully federally funded
- Is ready when the PHE ends

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Where we've been



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Interim Task Force report recommendations*

1. Establish Bridge Program through a Section 1331 BHP
2. Phase implementation (phases 1-3)
3. Continue to explore "optionality" (phase 4)
4. Administered by CCOs
5. Eventual enrollment through exchange
6. Align contracting and implementation processes with OHP
7. Capitation rates that enable higher-than OHP provider payment
8. Adequately reimburse safety net providers
9. CCO service package
10. No enrollee costs
11. Waive 1331 requirement for plan choice




*Pending further actuarial analysis and federal approvals.

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Implementation phases: Bridge Program for people 138-200% of the federal poverty level

Phase I 2023	Phase II PY 2024	Phase III PY 2025	Phase IV (if desired) PY 2026
1115 Current enrollees temporarily stay in Medicaid	1331 Start Basic Health Program for current Medicaid enrollees	1331 "Full" Basic Health Program open to everyone	1332 Bridge Program with BHP-like product + Marketplace
	OHP Enrollees Only	OHP Enrollees + Marketplace + Uninsured	

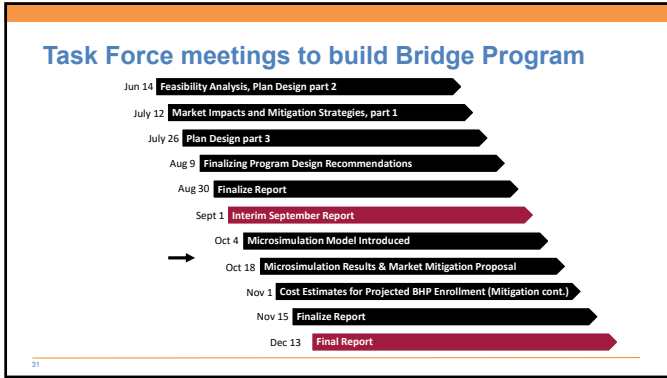


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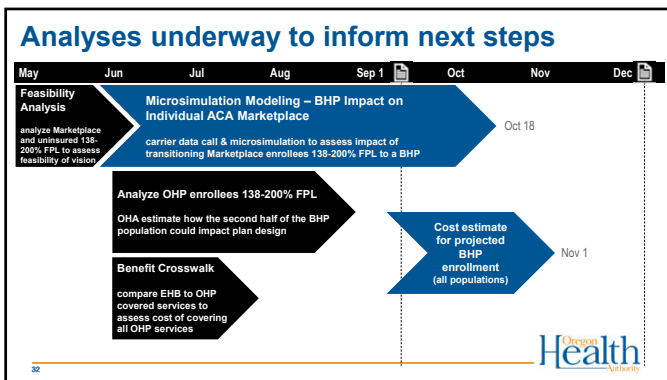
What's next this fall?

Additional analysis to inform plan design and mitigation strategies

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Next steps toward final report

Finalizing plan design:

- Analysis underway to estimate bridge program costs and projected federal funding
- Working with CCOs to understand operational challenges

Finalizing strategies to mitigate negative impact on Marketplace


- Microsimulation analysis that illustrates projected impact of bridge program on Marketplace
- Ongoing work with carriers to examine and refine proposed mitigation strategies
- Working with CMS to explore Oregon's options

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Mitigation plan – state subsidy program

Goals:

- Making consumers as close to whole as possible for premium assistance losses incurred due to the BHP
- Providing subsidies that are as equitable as possible in addressing affordability challenges
- Minimizing complexity for consumer, insurers and the state



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Designing carrier-administered premium subsidies

Oregon must design subsidy program with consideration of federal marketplace limitations as well as gaps in data available to carriers

Proposed approach: flat per-policy subsidy tailored based on the following factors:

- Family composition – additional subsidy per family member
- Age – additional subsidy amount, for either older or younger people




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Base subsidy - flat amount per policy

Beginning the state subsidy program with a flat additional payment per person to carriers

- **Benefits:**
 - Administratively straightforward
 - Easy for Consumers to Understand
 - Covers a greater share of lower-income enrollees' net premiums
 - Roughly approximates impact of silver loading
- **Limitations:**
 - May not be as equitable as a more granular state subsidy




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Family composition

An additional subsidy amount per family member; could be uniform for each person, lower for children, and could be capped at a certain number of subsidies per policy

- **Benefits:**
 - Accounts for family members
 - Administratively straightforward
 - Easy for consumers to understand
- **Limitations:**
 - May not be as equitable




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Age-based adjustments to subsidies

A separate adjustment could be made based on the age of enrollees

- **Benefits:**
 - Increased affordability for older enrollees
 - Incentivizes younger enrollees potentially improving the risk pool
 - More targeted, could address inequities of a flat amount
- **Limitations:**
 - Administrative complexity
 - Potential consumer confusion
 - Potential negative impacts on risk pool



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Process for finalizing proposal

Ongoing conversations with Marketplace carriers to refine proposal

- Next meetings: 10/14 & 10/24
- Task Force recommendations in final report

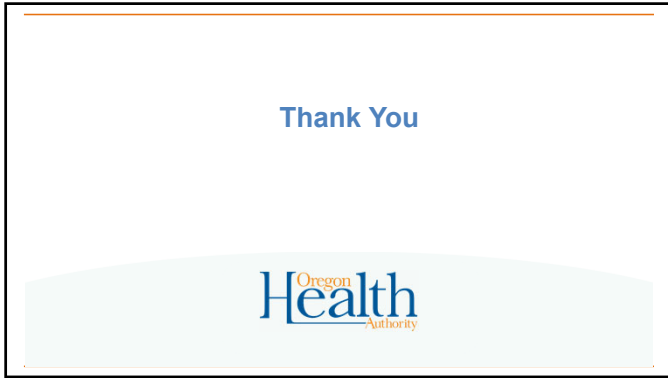
Ongoing conversations CMS to pursue federal funding for chosen state subsidy program

- Operational considerations related to Healthcare.gov platform
- Legal considerations to ensure federal approval and funding

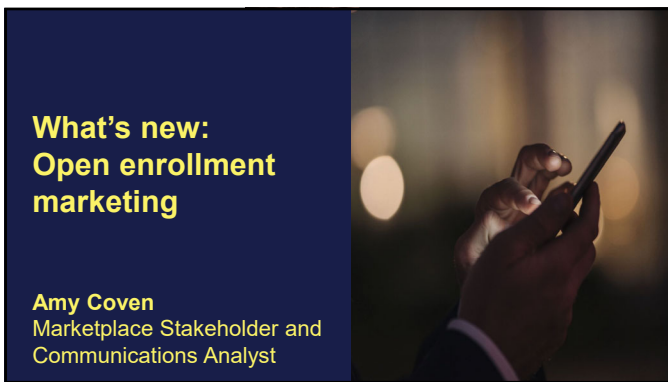


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Focus groups
Methodology

- Participants met income eligibility requirements for health insurance subsidies, with efforts to ensure diversity by race and ethnicity, immigration status, age, gender, identity, and current health insurance coverage

Group	Date	Size	Cultural Expertise
Rural	7/14/2022	10 participants	
Mix of Rural/ Suburban	7/16/2022	9 participants	Latino/a/x and immigrant communities
Urban	7/19/2022	11 participants	Slavic and immigrant communities

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Focus groups
Perceptions

Cost is the clear top healthcare issue, in terms of up-front costs, additional costs, and uncertainty.

List the most important issues related to healthcare that you want addressed

Cost	23
Breadth of care	11
Holistic care	8
Local availability	7
Equity	5

"I'm paying extra in addition to already paying the premiums. I'm paying extra for other things." —Urban Group

"I was treated, and they couldn't even tell me how much it was going to cost. They said, 'Oh, it might be covered. It may not be covered.' I've had providers say that it's covered, then it's not covered, or say that it's one amount, and then, it's the other amount." —Mixed Group

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Focus groups
Perceptions

Access is another key issue, as Oregonians face barriers to get the healthcare they want and need.

List the most important issues related to healthcare that you want addressed

Cost	23
Breadth of care	11
Holistic care	8
Local availability	7
Equity	5

"I'm thinking, could there be more options that would cover more alternative care? To me, that's the biggest obstacle that I find." —Urban Group

"I have to go 30–50 miles, only to see a dentist." —Rural Group

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Focus groups
Perceptions

Oregonians want healthcare that is personalized and patient-centered.

- Tailored to specific health needs and preferences, such as alternative care options
- Responsive to cultural experiences and identity

"Listening to others, I can also quickly say that the coverage thing is important to me, because I like alternative care. I like naturopathy. A lot of these plans don't cover these things." —Urban Group

"Affordable; proper amount of attention from physicians; easy to access; equally available to all demographics." —Urban Group

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Focus groups
Perceptions

Nearly all were pleasantly surprised to learn that 96% of Oregonians have health insurance*

- Most estimated coverage between 30 and 75 percent
- Some rural participants still raised concerns about meaningful access to care

"It is surprising, because it doesn't seem like people are getting the care and systemic backing that they need in the current state of the world, so that's the first good thing that I've heard in a long time"
—Urban Group

Source: Oregon Health Insurance Survey, Types of Insurance Coverage, 01/2022. Retrieved from [https://www.ohi.org/insurance/insurance-coverage](#)

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Focus groups
Perceptions

Benefits of coverage	Barriers to coverage
<ul style="list-style-type: none"> • Avoid financial stress • Take care of physical health • "Peace of mind" 	<ul style="list-style-type: none"> • Costs (22 of 29) • Monthly premiums • Additional costs, such as prescriptions and copays • Lack of meaningful, affordable access provided by insurance • Confusion and lack of transparency

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State strategy
Incorporating feedback from focus groups

- Focus less on "making the case" for insurance
- Larger focus on removing the perceived barriers to signing up for and utilizing insurance through the Marketplace
- Remove confusion
- Simplify the process
- Clarify what plans cover what
- Promote access to free help to guide people through the decision-making process and enrollment steps

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Alignment with federal strategy

- Improve awareness and availability of new lower prices due to a new law.
- Use testimonials to carry affordability and value messages.
- Targets include uninsured, African Americans, AANHPI (Asian American & Native Hawaiian/Pacific Islander), Spanish and English-speaking Latinos.
- Provide a toolkit for Navigators.
- Utilize top performing digital tactics from SEP and past years.

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Alignment with federal strategy

- Use a mix of traditional and digital outreach and continue to optimize daily.
- Use direct response (e.g., email, texting, autodial) to remind customers it is time to enroll.

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Target audiences

- Underserved communities including:
 - BIPOC (Black, Indigenous, and people of color), immigrant, Latinx, Russian/Slavic/Eastern European communities
 - Community members for whom a language other than English is their primary language
- Rural communities, particularly in the following counties
 - Deschutes
 - Josephine/Coos/Curry
 - North Central Oregon – The Dalles

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Target audiences

- Secondary audience groups include:
 - Families who may have been previously ineligible for the Marketplace due to the family glitch

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Overall goals

- Increase enrollment overall
- Increase subsidy-eligible enrollment
- Increase the percentage of BIPOC and immigrant enrollees
- Reduce disparities in key geographic markets that are identified as having some of the largest remaining uninsured populations (Deschutes, Josephine/Coos/Curry, North Central Oregon – The Dalles)

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Creative plan

- New video spots:
 - In the same “Basics” style we have done in the past
 - English- and Spanish-language videos
- Simple graphics and messaging across all channels

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Open enrollment marketing tactics

	Federal	State (OHIM)
Paid traditional media	<ul style="list-style-type: none"> • National TV • Local TV • Radio • Out-of-home 	<ul style="list-style-type: none"> • Local TV • Radio • Out-of-home • Print
Paid digital	<ul style="list-style-type: none"> • Search • Social (Facebook) • Display • High impact placements • Streaming audio • Video (YouTube) • Over-the-top TV (Hulu, Roku, Fire TV) 	<ul style="list-style-type: none"> • Streaming audio • Social (Facebook, Instagram, LinkedIn, Pinterest, Twitter) • Display • Video (YouTube) • Over-the-top TV (Hulu, Roku, Fire TV)
Earned media	<ul style="list-style-type: none"> • Radio and satellite media tours to get news coverage 	<ul style="list-style-type: none"> • Radio interviews • TV interviews
Direct response	<ul style="list-style-type: none"> • Email • SMS (text messaging) • Auto-dial 	<ul style="list-style-type: none"> • Email • SMS (text messaging) • Postal mail

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State public relations strategy

- Series of window-shopping/enrollment events:
 - Portland metro area
 - Salem
 - Bend
 - Medford
- Using the media buy to gain added value opportunities
- Pitch stories on the “family glitch” going away and what it means for Oregon families

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Other committee business

Kraig Anderson
Acting Committee Chair

Chiqui Flowers
Marketplace Administrator



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Chair and Vice-Chair elections



Chair – Craig Anderson

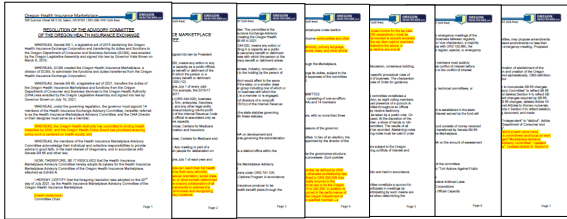


Vice Chair – Lindsey Hopper

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Vote on changes to by-laws



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Public comment



Kraig Anderson
Acting Committee Chair

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