

## Welcome



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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 Administrator
    - [chiqui.l.flowers@dhsosha.state.or.us](mailto:chiqui.l.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".

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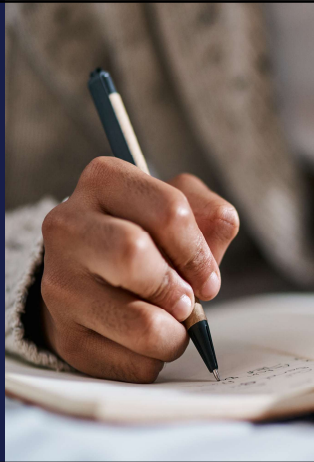
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## Approval of minutes April 2022 meeting minutes




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## Education series: Marketplace plan management



Katie Button

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## Plan Management

### Overview

- Plan Management is the program area responsible for:
  - Plan certification
  - Carrier oversight
  - Public policy work as it relates to plan offerings
- Marketplace works closely with the Division of Financial Regulation (DFR) within the Department of Consumer and Business Services (DCBS)

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## QHP Basics

- Qualified Health Plan
  - ACA-compliant
    - Covers Essential Health Benefits
    - Meets limits on cost-sharing (deductibles, copays, etc.)
    - Falls into one of four plan tiers: catastrophic, bronze, silver, or gold
  - Individual and/or small group
  - Certified by the Marketplace

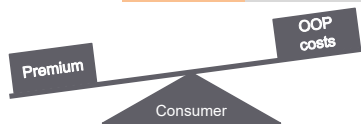
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## QHP Specifics

### Metal Tiers

Metal tier	Bronze	Silver	Gold
Costs covered by insurance carrier (on average)	60%	70%	80%
Costs covered by consumer (on average)	40%	30%	20%



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## QHP Specifics

### Cost sharing reduction (CSR) plans

	Standard Silver with no CSR	CSR plan for 201-250% FPL	CSR plan for 151-200% FPL	CSR plan for up to 150% FPL
Actuarial value	72%	73%	87%	94%
Deductible (individual)	\$4,800	\$4,800	\$1,300	\$125
Maximum OOP limit (indiv.)	\$9,100	\$7,250	\$3,000	\$1,000
Inpatient hospital (after deductible)	30%	30%	10%	10%
Physician visit	\$40	\$40	\$15	\$10

These are examples of how various out-of-pocket charges could be reduced.

Each plan handles cost-sharing reductions differently.

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## QHP Specifics

### CSR Plans, continued

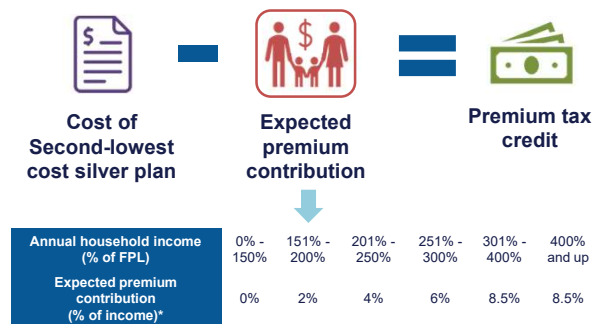
- Members of federally recognized Tribes are eligible for a separate set of CSR plans
- Available at all metal tiers
- Members with incomes under 300% FPL eligible for zero cost-sharing on all services
- Members with incomes over 300% FPL eligible for zero cost-sharing on services received from Tribal providers

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## QHP Specifics

### Tax Credits



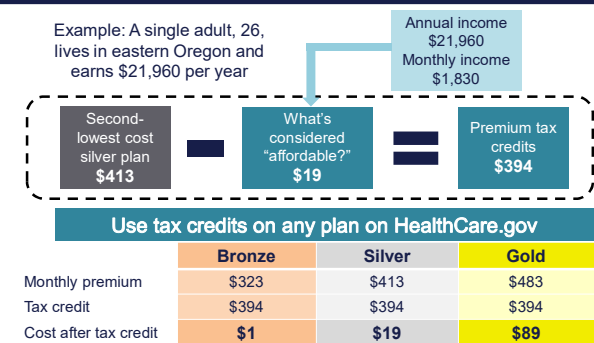
\*For 2022 plan year

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## QHP Specifics

### Tax Credits, continued



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## Stand Alone Dental Plans

- Dental plans are also available
- Tax credits can be used on pediatric dental plans

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## Plan Certification

### RFA

- Request for Applications (RFA)
  - Released every two years
  - Carriers complete a questionnaire and attestation
  - Carriers are approved to participate on exchange
  - Three medical carriers, three dental carriers, and three medical/dental carriers are currently approved to participate

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## Plan Certification

### Plan Review

- Plan Review
  - Coordinate with DFR to set plan requirements and review plans
  - 20 individual dental plans
  - 77 individual medical plans (309 plans with cost-sharing reduction variants)
- DFR reviews
  - Rates
  - Forms
  - Network adequacy
  - Drug formularies

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## Plan Certification

### Plan Review, continued

- Marketplace reviews
  - Essential Community Providers
  - Plan Crosswalk
  - Attestations
  - Quality Improvement Strategies
  - URL Templates
  - Accreditation
- Marketplace and DFR review
  - Standard plans
  - Benefits and cost-sharing

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## Plan Certification

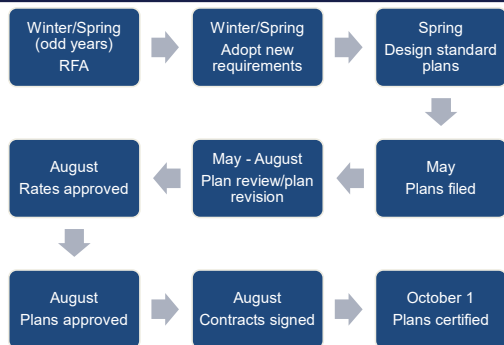
### Plan Data

- Marketplace is responsible for plan data
  - Transmit to HealthCare.gov
  - Display on Window Shopping Tool
  - Decision maker on how to display ambiguous benefits
- Certification occurs after plans are approved by Marketplace and DFR, and carriers attest plan data appears correctly in plan displays

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## Plan Management Timeline



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## Policy Work

- SBM-FP status lets us retain full control of plan management
- Marketplace is best-suited to know what Oregonians need from plans and carriers
- Oregon leverages plan requirements to ensure quality coverage is available everywhere
- Marketplace can take advantage of Oregon's strong insurance market

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## Policy Work

### Standard Plan Design

- DFR designs standard bronze and standard silver base variant
- Marketplace designs cost-sharing reduction variants of standard silver and standard gold
- Standard plans help ensure quality plans are offered to every Oregonian
  - All office visits and urgent care visits ahead of deductible
  - More types of providers covered by PCP charge

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## Policy Work

### Window Shopping Tool

- [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop)
- Enables the Marketplace to do more with Oregon plan data
  - Display all benefits
  - Add information for benefits like telehealth
- Allows us to make quick updates and inform consumer of changes
  - Pandemic Unemployment Assistance
  - Increased subsidies under American Rescue Plan Act
  - Updated Family Glitch calculation

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## Carrier Oversight

- Confirm carriers have complied with CMS requirements
- Act as go-between when carriers and CMS have issues
- Work with carriers to resolve complex consumer issues

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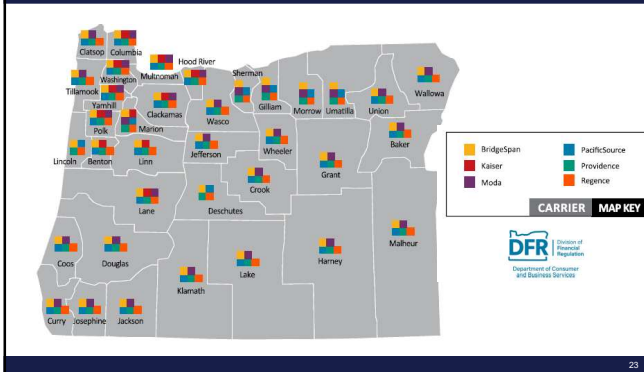
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## 2023 Coverage Map

Proposed



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## 2023 preliminary private health insurance rates

Tashia Sizemore



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**Federal health policy updates**

Stephanie Kennan



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**Public comment**



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**Meet the Oregon Health Authority Director**

Pat Allen



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### OHA Equity & Inclusion Division

- 16+ functions for Oregon Health Authority/State of Oregon
- 8+ functions are state or federally mandated
- Policy, deep systems change, minimal direct service
- Team of 22, in process of expansion to 70+
- Led by community

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### Programs and Policy

- Traditional Health Workers
- Health Care Interpreters and Language Access
- Americans with Disabilities Act
- Civil Rights (workforce and public)
- Race, Ethnicity Language, Disability, Sexual Orientation and Gender Identity Data Collection Standards
- Equity Advancement in the Workforce
- Health Equity Metric for Coordinated Care Organizations
- Regional Health Equity Coalitions

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### Programs and Policy (con'd)

- Cultural Competency Continuing Education
- Equity Plans for Coordinated Care Organizations
- Health Equity Research and Assessment
- Developing Equity Leadership Through Training and Action (DELTA)
- Technical Assistance and Training in Agency and Health Delivery System
- Legislative Development and Review
- Community Engagement

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## OHA's Strategic Goal

To eliminate health inequities in Oregon  
by 2030

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## Health Inequities

- Health inequities are differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.
- Babies born to Black people are more likely to die in their first year of life than babies born to White people.
- This remains true even when controlling for income and education
- Research has shown links between the stress from **racism** experienced by Black people and negative health outcomes. **This is a health inequity** because the difference between the populations is unfair, avoidable and rooted in social injustice.

Boston Public Health Commission <https://www.bphc.org/whatwedo/health-equity-social-justice/what-is-health-equity/Pages/Health-Disparities-vs.-Health-Inequities.aspx>

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## Assumptions and Values

Health is broadly defined as a positive state of physical, mental, and social well-being and not merely the absence of disease.

Inequities in population health outcomes are primarily the result of social and political injustice, not lifestyles, behaviors, or genes

Everyone has the right to a standard of living adequate for health, including nutrition, education, housing, medical care, and necessary social services.

**Addressing health inequities means addressing differences that are not only unnecessary and avoidable but also, unjust and unfair.**

Rural racial/ethnic minority populations have substantial health, access to care, and social determinants of health challenges that can be overlooked when considering aggregated, population-level data. **Equity must be intentionally pursued as a strategy; it will not necessarily happen as a byproduct of other development efforts.**

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## Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the **ongoing collaboration** of all regions and sectors of the state, including tribal governments to address:

- **The equitable distribution or redistribution of resources and power;** and
- **Recognizing, reconciling and rectifying historical and contemporary injustices.**

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## Questions?

- Leann Johnson, MS
- Director of Equity and Inclusion Division, Oregon Health Authority
- [Leann.r.johnson@dhsosha.state.or.us](mailto:Leann.r.johnson@dhsosha.state.or.us)

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## Medicaid Redetermination updates

Vivian Levy



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## Post-Public Health Emergency Eligibility Renewals Planning

July XX, 2022



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### Throughout the Pandemic, OHP Members Have Maintained Their Health Coverage

#### Family First Coronavirus Response Act

- Provides continuous Medicaid coverage for the duration of the federal public health emergency (PHE).
- Removes administrative barriers to Medicaid enrollment.

**When the PHE ends**, states will have 14 months to redetermine eligibility for all 1.4 million people on the Oregon Health Plan.

Oregon must **initiate the redetermination process for each person receiving medical assistance within 10 months** to allow the entire process to be completed by the end of the 14-month period.

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### The Goal: Preserve Benefits

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Ensure **all people and families eligible** for benefits offered through the ONE system **receive and continue to receive services in a timely manner** without interruption

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Give those **no longer eligible for benefits** clear direction and coordination of additional resources

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Give those who assist people receiving benefits clear information about how they can help



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### What We Know

- The Department of Health and Human Services (HHS) officially extended the PHE by 90 days on July 15, 2022.
- The soonest the PHE is set to expire is October 15, 2022.
- States will be given 60 days advance notice prior to the end of the PHE confirming that the expiration will occur on that date.

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### Phased Renewals by Population

#### OHP members grouped into populations:

- Front-load easier cases (i.e., complete information) to process quickly once renewals begin
- Back-load or spread out higher risk cases to allow more time for outreach

#### Examples of higher risk populations:

- People with long-term services and supports in residential care facilities
- People with no permanent address
- People who have indicated 'spoken or written language other than English'

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### System and process changes to support people

#### Self-service option through the ONE Portal

- Update to the ONE Applicant Portal allows members to make non-eligibility related updates without having to formally report a change and trigger a redetermination on member's eligibility

#### Partnering with CCOs to gather contact information updates directly

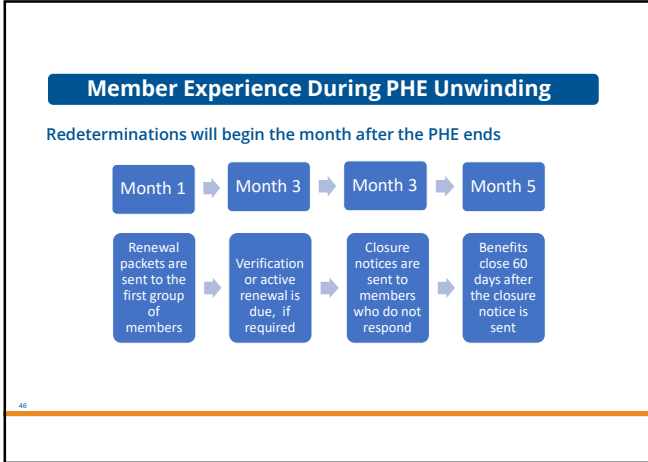
- Pending waiver for approval. May begin receiving updates directly from CCOs in August

#### Extra time to respond to renewals

- During the PHE Unwinding, per HB 4035, members will have 90 days to provide any information required to complete their renewals

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## Bridge Program Task Force: Updates & Next Steps

Health Insurance Marketplace Advisory Committee  
July 21, 2022

Timothy Sweeney, Senior Policy Analyst, Office of Health Policy



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### Goals for today

- Refresher on Bridge Program Task Force charge
- Recap Task Force discussions and decisions to date
- Key decisions and next steps to develop program and report to Legislature
- Task Force conversations on mitigating impact to Marketplace



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### HB 4035 Direction for Bridge Program

- Prioritize health equity
- Minimize costs to enrollees
- Medicaid-like coverage through CCOs
- Consider offering choice between bridge program & marketplace plans
- Maximize federal funding
- Phased implementation
  - Phase 1: Coverage for people leaving Medicaid during PHE unwinding
  - Phase 2: Full implementation to 138-200% FPL population



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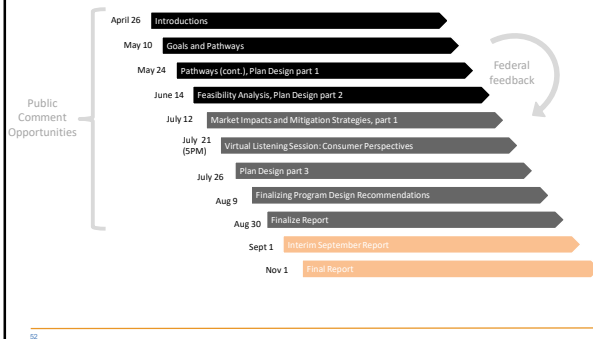
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## Where we've been



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## Key decisions and discussions thus far

### Federal direction – Basic Health Program the most feasible path for federal funds

- Feasibility analysis suggests federal BHP funding would range from \$500-\$600 per member / per month, depending on whether ARPA subsidies are renewed

### Plan design – how to ensure program can meet vision of HB 4035?

- Feasibility analysis suggests funding could support a BHP with OHP-like services, no enrollee costs, and payment rates above CCO reimbursement rates
- Task Force discussing prioritizations and strategies if modifications are needed

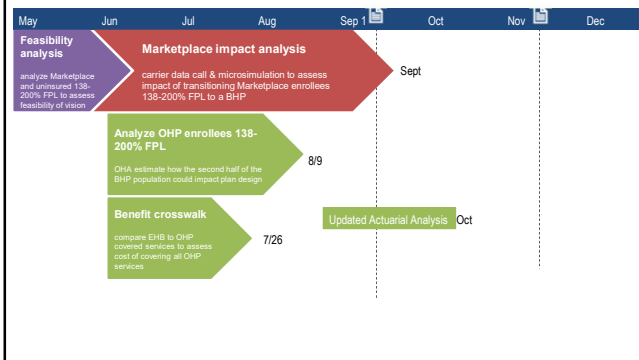
### What additional research is needed to strengthen confidence?

- Comparison of OHP covered services to Essential Health Benefit covered services
- Analysis of OHP population that will become eligible for the BHP
- Carrier data call & microsimulation to assess consumer behavior



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## Upcoming analyses



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## Market impact and mitigation strategies pt 1

### Overview of ACA subsidy structure

- Specific impact of enhanced subsidies under ARPA, implications of expiration

### Overview of Silver Loading policy and resulting market dynamics

- Impact on affordability beyond those eligible for CSR plans
- Impact on plan choice decisions of consumers

### Overview of marketplace implications of creating a BHP

- Impact of lost silver loading
- Compounding impact of multiple issues including ARPA

### Next steps to mitigate negative impact on Marketplace

- Additional analysis & policy development



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## Task Force discussed mitigation ideas

### A narrow amendment to our existing 1332 Waiver

- Reducing Silver Loading will create savings for the Federal government at the expense of Oregon consumers
- A narrow change to our 1332 waiver alongside our BHP Blueprint could be used to recapture these lost federal funds and reduce the consumer impacts
- State "wrap-around" payments to consumers is difficult without an SBM
- OHA/DCBS working with CMS to explore options to capture & use federal savings, plan to present more options to the Task Force in September.

### Consumer Outreach and Education

- Concept: invest in additional consumer outreach work to explain premium changes and / or availability of other mitigation programs.



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## Updated Task Force roadmap

	Jul 12	Jul 26	Aug 9	Aug 30	Sept	Oct	(Oct)	Nov
<b>Market Impact</b>	Silver loading explained Begin mitigation discussion	Mitigation strategy update	Mitigation strategy update		Micro-simulation analysis results Solicit carrier feedback	Mitigation strategies proposal	Mitigation strategies proposal continued if needed	Finalize report
<b>Plan Design</b>	Plan design framework	Plan design updates Covered services COO feedback NY & MN	OHP population Plan design proposal	Tribal feedback Finalize interim report		Actuarial analysis	Actuarial analysis continued if needed	Finalize report
	Jul 12	Jul 26	Aug 9	Aug 30	Sept	Oct	(Oct)	Nov

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Thank You



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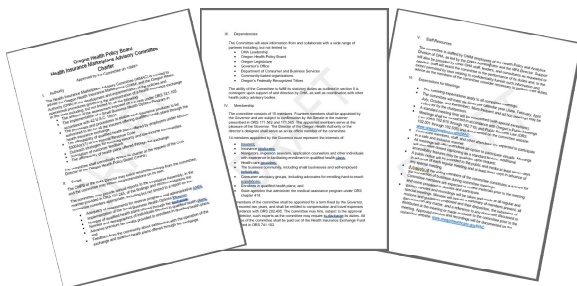
## Other committee business

Kraig Anderson  
Chiqui Flowers



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## Committee charter



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## Committee baseline work plan

Oregon HealthCare		HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE July 2022 - December 2023 Work Plan (DRAFT) (As approved on latest date)									
		2022			2023			2023			
		July	October	December	January	February	April	July	October	December	
Policy	2022 legislative update of relevant										
	2024 Marketplace development										
	2024 Transition legislative concept 101										
Policy Development	Policy group discussion results										
	Outreach and education strategies										
	2023 plan offerings										
Policy Development	Open enrollment design										
	Outreach and education strategies										
	Open plan offerings										
Policy Development	Open enrollment design										
	Outreach strategies										
	Member transition experience										
Policy Development	Project updates										
	Impact on the Marketplace										
	Membership migration										
Policy Development	Development and implementation updates										
	Baseline work plan										
	Outreach										
Other committee business	Decision of chair and vice chair										
	Resolutions to the bylaws										
	Committee update in 2022 Marketplace report										

Note: Tasks are subject to change on the advisory meeting calendar. Additional meetings may be conducted as needed.

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## Call for chair/vice chair nominations

- Main responsibilities for chair and vice-chair
  - Review and approve meeting agenda
  - Facilitate meetings
  - Attend and/or present at OHPB meetings as needed
  - May establish specific procedural rules
  - Call for motions and approval of committee business items

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## Public comment



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**Thank you!**

Next meeting:  
Thursday, October 13



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