



**Oregon Health Insurance Marketplace  
Advisory Committee Meeting  
January 19, 2023  
9 a.m. - noon**

In-person

Barbara Roberts Human Services Building  
500 Summer St. NE, Conference Room 160  
Salem, OR 97301

Virtual

[Click here to join the meeting](#)  
(You can choose to have the meeting call you)  
Phone: 971-277-2343  
Access code: 123 544 724#

*Please note that this public meeting will be recorded and transcribed.*

**A G E N D A**

Time	Agenda Item	Facilitators and Presenters	Purpose
9:05 – 9:15 a.m.	Welcome, meeting guidelines, and approval of previous meeting’s minutes	Kraig Anderson Committee Chair	Information and voting
9:15 – 9:30 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information
9:30 – 9:50 a.m.	Open enrollment initial debrief - outreach, education, and enrollment	Chiqui Flowers Marketplace director	Discussion
9:50 – 10:15 a.m.	Basic Health Program updates*	Tim Sweeney Policy Analyst, Health Policy and Analytics, OHA  Lindsey Hopper HIMAC Representative, Bridge Program Task Force	Information and discussion
10:15 – 10:20 a.m.	Public comment	Kraig Anderson Committee Chair	
10:20 – 10:30 a.m.		Break	

\*As approved in the [committee workplan](#) on 07/21/2022.

Time	Agenda Item	Facilitators and Presenters	Purpose
10:30 – 11:10 a.m.	Proposed plans for the Marketplace transition post continuous eligibility unwinding*: <ul style="list-style-type: none"> <li>• Consumer experience</li> <li>• Marketplace plan options for transitioning members</li> <li>• Community partner and agent grants</li> </ul>	Marketplace Team	Information and discussion
11:10 – 11:30 a.m.	Unwinding continuous eligibility in Oregon	Vivian Levy Integrated Eligibility Policy Business Director	Information
11:30 – 11:45 a.m.	2023 legislative bills of interest for the Marketplace and legislative session updates*	Mackenzie Carroll Legislative Lead, Health Policy and Analytics Division, OHA  Phil Schmidt Government Relations, OHA	Information
11:45 – 11:50 a.m.	Public comment	Kraig Anderson Committee Chair	
11:50 – 11:55 am	Departing members and member recruitment	Chiqui Flowers Marketplace director	Information
11:55 – 12:00 a.m.	Wrap up and closing	Kraig Anderson Committee Chair	

Everyone is welcome to join [Health Insurance Marketplace Advisory Committee \(HIMAC\) meetings](#). For accessibility questions or requests, please contact [dawn.a.shaw@dhsosha.state.or.us](mailto:dawn.a.shaw@dhsosha.state.or.us) or call 503-951-3947 at least 3 business days prior to the meeting.

\*As approved in the [committee workplan](#) on 07/21/2022.

## Health Insurance Marketplace Advisory Committee Meeting Minutes

**When:** Thursday, December 8, 2022 - 9 a.m. to noon

**Where:** Virtual via Microsoft Teams

---

**Committee members:** Kraig Anderson (chair), Gladys Boutwell, Ron Gallinat, Paul Harmon, Lindsey Hopper (vice chair), Ines Kemper, Joanie Moore, Linzay Shirahama, Holly Sorensen, Andrew Stolfi (ex-officio), Om Sukheenai, Drew Tarab, and Nashoba Temperly

**Members not present:** Maribeth Guarino and Kathleen Jonathan

**Other presenters:** Colleen Benson, Matthew Green, Jesse O'Brien, Gina Sherick, and Tim Sweeney

**Marketplace staff:** Miranda Amstutz, community partner liaison; Katie Button, plan management and policy analyst; Amy Coven, stakeholder and communications analyst; Chiqui Flowers, director; Cable Hogue, implementation analyst and federal liaison; and Dawn Shaw, office support coordinator

<b>Agenda item and time stamp*</b>	<b>Discussion</b>
--	-------------------

---

<b>Welcome, meeting guidelines, and approval of previous meeting minutes</b>	Introduction of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff <i>See the handout packet pages 1-2 for a copy of the agenda, pages 3-7 for the October minutes, and pages 8-9 for the meeting guidelines.</i> <ul style="list-style-type: none"><li>• Approved October 13, 2022, minutes.</li></ul>
--	---

---

<b>Federal health policy updates 12:56</b>	Gina Sherick, filling in for Stephanie Kennan from McGuire Woods Consulting, called in from Washington, D.C., to present information about current legislation and cases that involve the Affordable Care Act (ACA). <ul style="list-style-type: none"><li>• Control of the House flipped to the Republicans with the elections and the speaker of the House position is up for grabs. The senate remains mostly Democratic.</li><li>• 2023 will have the bulk of congressional work in preparation of the presidential elections.</li><li>• Continuing resolution, the government is funded until December 16 so far. It likely will run into the next year. Senate Democrats may issue their own omnibus if negotiations fall apart.</li><li>• Public health emergency will go into the beginning of next year, possibly going until June.</li><li>• On November 30, CMS (Centers for Medicare and Medicaid Services) released an RFI (request for information) that is statutorily required to review the essential health benefits framework. They will talk about high out-of-pocket (OOP) drug costs and if the classifications need to be updated. Comments are due within sixty days. There is a push to have CMS address high OOP costs and to align with the ACA (affordable care act).</li></ul>
--	---

---

- Kraig asked about the mood in Washington D.C. Gina indicated that there is a lot of end-of-the-year stress.
- Kraig also wondered about the alignment of the metal tiers and if it should be done by the 2024 rate setting. Gina believed it should but will check, it is in the beginning stages.

**OHA's 2023 legislative concepts**  
22:02

Matthew Green and Colleen Benson reviewed the Oregon Health Authority (OHA) legislative concepts for 2023.

*See pages 10-15 of the handout packet for a copy of the slides.*

- LC (legislative concept) 471 – we [HIMAC] have been recommending an SBM (state-based marketplace) since 2019 and now we finally have an LC to put forward with that recommendation. Having our own SBM will allow for better, real-time access to data and improved customer service.
- Drew wondered if the fees would be higher or lower than the current exchange. Matthew stated that the initial projection is that the fees are expected to be lower, \$10 million vs. the current \$20 million. The technology is better, and we can get an off-the-shelf solution.
- Kraig wondered about the process for legislative days. OHA has presented to Governor Brown and she is supportive. Will be presenting to the next governor who will be appointed January 9. Usually, the governor puts forward the LC and it becomes a bill. The bills go to committee, then the House, followed by the Senate. The governor would then have the option to veto it.
- POPs (policy option packages) are for things not currently in the budget.
- Drew wanted to know about funding for the BHP (basic health plan), could it come out of reinsurance. Matthew thought it would be a better question during the bridge program presentation. Matthew will also offer up Phil Schmidt to come to a future meeting to discuss.
- Paul was curious about the likelihood of it going through. Matthew was unsure as with new legislation, 10 percent of bills pass.
- Kraig noticed a placeholder for the SBM but no dollar amount, what is the plan? Chiqui indicated that the current plan is to have two phases. The first will be to move forward with the LC and second to launch the RFP (request for proposals) to get a better idea of the costs.

**Medicaid Migration to the marketplace project updates**  
55:41

Amy Coven presented about the outreach and communication plans for the Medicaid Migration to the Marketplace project and Miranda Amstutz went over the proposed community partner and partner agent grant proposal solicitation process.

*See pages 16-19 of the handout packet for a copy of the slides.*

- Drew was curious about the provider outreach. Amy responded that we will be piggybacking with OHP (Oregon Health Plan) and letting them take the lead. We will be working collaboratively to make sure the transition has better messaging.
- Om wondered if there was a database to view the progress of OHP applications. Amy suggested reaching out to the CPOP (Community Partner and Outreach Program) coordinator for your area to help get access. Linzay in the past she has reached out to someone with MMIS access.
- Chiqui reminded about the end of the PHE (Public Health Emergency) and that the Community and Partner Work Group has been meeting. Nashoba and Gladys have been attending, and they are going over what will be needed. Reach out to Chiqui if you have any questions or concerns.
- Holly asked in the chat if they could use the CP (community partner) consent form to request the status. Amy will look into this, with the help of Cable to get an answer.

- Kraig wondered how the pre-PHE ending communication is going. Amy informed that there were some partner webinars that are averaging 200 participants. OHP had a “pink letter campaign”, and they were looking for holes and gaps in the returned mail. It appears that the outreach is going well so far.
- Kraig also questioned about the federal Marketplace plans. Amy stated that they are not prequalifying anyone. The feds will send out a letter to let consumers know they no longer qualify for OHP. We will be finetuning a letter that we will send out. Amy will send out the letter for committee review. Consumers will also be getting text messages and calls. Chiqui added that CMS will be sending out 30day and 60-day notices.

**Public comment**  
01:20:55

None given.

**Break**  
01:21:39

**Bridge Program Task Force and Marketplace mitigation updates**  
01:35:41

- Timothy Sweeney, Katie Button, and Lindsey Hopper presented updates on the Bridge Program Task Force and the Marketplace mitigation.  
*See pages 20-27 of the handout packet for a copy of the slide deck.*
- Kraig wondered why there aren’t any years on slide 44. Tim explained because if they put years on there, the slide would be out of date when the PHE is extended.
  - Drew wondered about the differences between subsidized and unsubsidized members. Tim will need to check with the actuarial folks. Drew followed up by asking about the out-of-pocket costs for subsidized members. Tim replied that the cost depends on the metal tier and the tax credit. Katie agreed and said that it is mitigated by having plans that offer pre deductible coverage. Actuarial slides [olis.oregonlegislature.gov/liz/202111/Downloads/CommitteeMeetingDocument/257287](https://olis.oregonlegislature.gov/liz/202111/Downloads/CommitteeMeetingDocument/257287).
  - Drew also asked if the funds from the reinsurance program could be used to make the insureds whole. Tim did state that it is his understanding that the goal is to maintain the same reinsurance targets that are in place now and we would have to make sure that we have enough pass through in the existing reinsurance waiver.
  - Holly asked about the impact on people with a \$0 tax credit and Tim responded that depending on the scenarios, some people may have \$3 tax credit instead.

**DFR’s 2023 legislative concept**  
02:16:42

- Jesse O’Brien reviewed the Division of financial Regulation’s (DFR) 2023 legislative concepts.  
*See pages 30-32 of the handout package for a copy of the slide deck*
- Kraig was curious if the DCBS (Department of Consumer and Business Services) process for legislative concepts is similar to OHA’s. Jesse explained that at DCBS, everyone can submit a suggestion for an LC. Each division reviews all the requests and the final LCs go to Andrew Stolfi for final approval before they go to the governor.

**Marketplace Open Enrollment 2023 updates**  
02:30:08

- Cable Hogue went over the updates for the 2023 open enrollment.  
*See pages 27-29 of the handout package for a copy of the slide deck*
- Chiqui wanted to include the partner agents in the update but had to remove from the agenda due to time.
  - Kraig wanted to know if there has been any feedback from the agents and community partners about this open enrollment. Chiqui has heard from community members that they like the ads that were created by Coates Kokes and Amy Coven. Holly responded as a community partner that open enrollment is going well. There is a trend of people

with gold plans switching to silver. Pre-deductible coverage helped with the selection of silver plans.

- Kraig asked Cable how this year's open enrollment compares to last year's. Cable reviewed the spreadsheet from last year's enrollment from CMS and last year we had about 146,000 enrollments, 117,000 was re-enrollees and of the re-enrollees, 83,000 to 84,000 passively enrolled. Passive enrollment is when they do not take any action and are automatically re-enrolled in their plans. The highest enrollment numbers are January through March.

---

**Public  
comment,  
wrap up &  
closing**  
02:45:27

No public comment given.

Happy Holidays to you and your families. If you need anything from the committee, please feel free to reach out to Kraig, Lindsey, and/or Chiqui.

Next meeting will be Thursday, January 19, 2023, 9 a.m. to noon. Unless notified otherwise the meeting will be a hybrid of virtual and in-person.

---

\*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2022 Meetings, December 8.



APPLICANT NAME  
MAILING ADDRESS  
CITY, STATE ZIP CODE

## DATE

Dear [applicant name],

Recently the Oregon Health Plan (OHP) sent a notice to let you know that your benefits will be ending. The Oregon Health Insurance Marketplace is here to help you enroll in other health coverage to avoid a gap in coverage and health care. You must enroll within 60 days of your OHP benefits ending to avoid having no health coverage for the rest of 2023.

### Financial help

We see that you may qualify to purchase a plan with financial help through the Marketplace. This is based on your information that we got from OHP.

- You may qualify for \$xxx in premium tax credits which may lower plan premiums to as low as \$xx per month.
- You may also qualify for xx percent in cost-sharing reductions. These savings will lower the out-of-pocket costs you pay to use your benefits, like copayments, coinsurance, and deductibles. To see these savings, you must enroll in a Silver level plan.

To qualify for financial help through the Marketplace, you must:

1. Enroll in health coverage through the Marketplace, and
2. Not be offered health coverage including through a job or a public program like OHP, Medicare, or VA benefits.

### Health plan choice

You have many plan options available to you when you enroll through the Marketplace. We hope to make choosing a plan easier for you.

- The plan that has the lowest monthly premium is [plan name].  
Insurance company: [name]  
Plan ID number: [number]  
Monthly premium: \$xx  
Link to plan: [http:](#)

- The plan that has the lowest estimated cost over the plan year is [plan name].  
Insurance company: [name]  
Plan ID number: [number]  
Monthly premium: \$xx  
Link to plan: http:

If you like either these plans, click “Select Plan” and you will find instructions about how to enroll.

To view all of your plan options visit [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop). You will need to answer a few quick questions about your household to preview plans with the savings available to you.

### **Deadline to enroll**

Losing health coverage due to no fault of your own opens a special enrollment period for you. You must enroll in health coverage through the Marketplace within 60 days of your OHP benefits ending. You can also enroll before your OHP benefits end to avoid a gap in coverage. You may need to provide proof of losing OHP benefits. Keep your closure notice from OHP in a safe place.

If you miss this special enrollment period, you will need to wait until open enrollment to enroll for next year. Open enrollment is Nov. 1 to Dec. 15 each year.

### **Free local assistance**

Changing from OHP benefits to private insurance can be a confusing process. Health coverage experts can help you to apply and enroll in health coverage.

You worked with [community partner name] to get your OHP benefits. They can also help you enroll through the Marketplace. You can reach them by calling xxx-xxx-xxxx.

You can find local help at [OregonHealthCare.gov/GetHelp](https://OregonHealthCare.gov/GetHelp). Their help is free to you.

The Oregon Health Insurance Marketplace Transition Help Center is also available to help you. You can call us from Monday through Friday from 8 a.m. to 5 p.m. at 833-699-6850 (toll-free).

Oregon Health Insurance Marketplace



## **Financial help may be available through a local clinic or hospital near you**

Depending on your household income, you may qualify for free health care or care at a sliding scale at not-for-profit hospitals, health systems, and affiliated clinics. This financial help is available whether you have health coverage or not and applies after insurance is billed. When you receive care from a participating facility, you should request cost forgiveness or financial assistance.

Most Oregon hospitals and their health systems and affiliated clinics are not-for-profit. To see if your preferred hospital is considered for-profit and not part of this program, see page two of the document at [orhim.info/ORHospitals](http://orhim.info/ORHospitals). Some examples of non-participating facilities are Zoom Care, McKenzie Willamette (Eugene), Willamette Valley (McMinnville), some standalone urgent care offices, and ambulatory surgery centers.

Remember, hospitals are not allowed to deny care based on your lack of ability to pay for care or services. Hospitals are also required to post and disclose their financial assistance policy.

## **Other formats and languages**

You can get this letter in other languages, large print, braille or a format you prefer free of charge. Please contact the Oregon Health Insurance Marketplace Transition Help Center to request other formats or languages.

- Phone: 833-699-6850 (toll-free)
- Email: [info.marketplace@oregon.gov](mailto:info.marketplace@oregon.gov)

We accept relay calls or you may dial 711.

## **OHA discrimination policy**

DHS|OHA and its partners must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex, or sexual orientation.

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. DHS|OHA will make reasonable changes to policies, practices and procedures by talking with you about your needs. To report concerns or get more information, please contact the diversity, inclusion and civil rights executive manager one of these ways:

- Phone: 844-882-7889, 711 TTY
- Email: [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us)
- Web: [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)



APPLICANT NAME  
MAILING ADDRESS  
CITY, STATE ZIP CODE

**DATE**

Dear [Applicant Name],

Recently the Oregon Health Plan (OHP) sent a notice to let you know that you are eligible for CWM, or emergency only health benefits. The Oregon Health Insurance Marketplace is here to help you enroll in full health coverage to avoid missing important routine health care.

**Financial help**

We received your information from the OHP team and have determined that you may qualify to purchase a plan with financial help through the Marketplace.

- You may qualify for \$xxx in premium tax credits which may lower plan premiums to as low as \$xx per month.
- You may also qualify for xx percent in cost-sharing reductions. These savings will lower the out-of-pocket costs you pay to use your benefits, like copayments, coinsurance, and deductibles. To see these savings, you must enroll in a Silver level plan.

To qualify for financial help through the Marketplace, you must:

1. Enroll in health coverage through the Marketplace, and
2. Not be offered health coverage including through a job or a public program like full OHP benefits, Medicare, or VA benefits.

**Health plan choice**

You have many plan options available to you when you enroll through the Marketplace. We hope to make choosing a plan easier for you.

- The plan that has the lowest monthly premium is [plan name].  
Insurance company: [name]  
Plan ID number: [number]  
Monthly premium: \$xx  
Link to plan: [http:](#)

- The plan that has the lowest estimated cost over the plan year is [plan name].  
Insurance company: [name]  
Plan ID number: [number]  
Monthly premium: \$xx  
Link to plan: http:

If you like either these plans, click “Select Plan” and you will find instructions about how to enroll.

To view all of your plan options visit [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop). You will need to answer a few quick questions about your household to preview plans with the savings available to you.

### **Free local assistance**

Changing from OHP benefits to private insurance can be a confusing process. Health coverage experts can help you to apply and enroll in health coverage.

You worked with [community partner organization] apply for OHP benefits. They can also help you enroll through the Marketplace. You can reach them by calling xxx-xxx-xxxx.

You can find local help at [OregonHealthCare.gov/GetHelp](https://OregonHealthCare.gov/GetHelp). Their help is free to you.

The Oregon Health Insurance Marketplace Transition Help Center is also available to help you. You can call us from Monday through Friday from 8 a.m. to 5 p.m. at 833-699-6850 (toll-free).

Oregon Health Insurance Marketplace

## **Financial help may be available through a local clinic or hospital near you**

Depending on your household income, you may qualify for free health care or care at a sliding scale at not-for-profit hospitals, health systems, and affiliated clinics. This financial help is available whether you have health coverage or not and applies after insurance is billed. When you receive care from a participating facility, you should request cost forgiveness or financial assistance.

Most Oregon hospitals and their health systems and affiliated clinics are not-for-profit. To see if your preferred hospital is considered for-profit and not part of this program, see page two of the document at [orhim.info/ORHospitals](http://orhim.info/ORHospitals). Some examples of non-participating facilities are Zoom Care, McKenzie Willamette (Eugene), Willamette Valley (McMinnville), some standalone urgent care offices, and ambulatory surgery centers.

Remember, hospitals are not allowed to deny care based on your lack of ability to pay for care or services. Hospitals are also required to post and disclose their financial assistance policy.

## **Other formats and languages**

You can get this letter in other languages, large print, braille or a format you prefer free of charge. Please contact the Oregon Health Insurance Marketplace Transition Help Center to request other formats or languages.

- Phone: 833-699-6850 (toll-free)
- Email: [info.marketplace@oregon.gov](mailto:info.marketplace@oregon.gov)

We accept relay calls or you may dial 711.

## **OHA discrimination policy**

DHS|OHA and its partners must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex, or sexual orientation.

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. DHS|OHA will make reasonable changes to policies, practices and procedures by talking with you about your needs. To report concerns or get more information, please contact the diversity, inclusion and civil rights executive manager one of these ways:

- Phone: 844-882-7889, 711 TTY
- Email: [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us)
- Web: [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)



APPLICANT NAME  
MAILING ADDRESS  
CITY, STATE ZIP CODE

**DATE**

Dear [applicant name],

Recently the Oregon Health Plan (OHP) sent a notice to let you know that your benefits will be ending. The Oregon Health Insurance Marketplace is here to help you enroll in other health coverage to avoid a gap in coverage and health care. You must enroll within 60 days of your OHP benefits ending to avoid having no health coverage for the rest of 2023.

**Health plan choice**

We see that you may qualify to purchase a plan through the Marketplace. This is based on your information that we got from OHP. You have many plan options available to you when you enroll through the Marketplace. We hope to make choosing a plan easier for you.

- The plan that has lowest monthly premium is [plan name].  
Insurance company: [name]  
Plan ID number: [number]  
Monthly premium: \$xx  
Link to plan: http:
- The plan that has the lowest estimated cost for the plan year is [plan name].  
Insurance company: [name]  
Plan ID number: [number]  
Monthly premium: \$xx  
Link to plan: http:

If you like either these plans, click “Select Plan” and you will find instructions about how to enroll.

To view all of your plan options visit [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop). You will need to answer a few quick questions about your household to preview plans with the savings available to you.

## **Deadline to enroll**

Losing health coverage due to no fault of your own opens a special enrollment period for you. You must enroll in health coverage through the Marketplace within 60 days of your OHP benefits ending. You can also enroll before your OHP benefits end to avoid a gap in coverage. You may need to provide proof of losing OHP benefits. Keep your closure notice from OHP in a safe place.

If you miss this special enrollment period, you will need to wait until open enrollment to enroll for next year. Open enrollment is Nov. 1 to Dec. 15 each year.

## **Free local assistance**

Changing from OHP benefits to private insurance can be a confusing process. Health coverage experts can help you to apply and enroll in health coverage.

You worked with [community partner name] to get your OHP benefits. They can also help you enroll through the Marketplace. You can reach them by calling xxx-xxx-xxxx.

You can find local help at [OregonHealthCare.gov/GetHelp](https://OregonHealthCare.gov/GetHelp). Their help is free to you.

The Oregon Health Insurance Marketplace Transition Help Center is also available to help you. You can call us from Monday through Friday from 8 a.m. to 5 p.m. at 833-699-6850 (toll-free).

Oregon Health Insurance Marketplace

## **Financial help may be available through a local clinic or hospital near you**

Depending on your household income, you may qualify for free health care or care at a sliding scale at not-for-profit hospitals, health systems, and affiliated clinics. This financial help is available whether you have health coverage or not and applies after insurance is billed. When you receive care from a participating facility, you should request cost forgiveness or financial assistance.

Most Oregon hospitals and their health systems and affiliated clinics are not-for-profit. To see if your preferred hospital is considered for-profit and not part of this program, see page two of the document at [orhim.info/ORHospitals](http://orhim.info/ORHospitals). Some examples of non-participating facilities are Zoom Care, McKenzie Willamette (Eugene), Willamette Valley (McMinnville), some standalone urgent care offices, and ambulatory surgery centers.

Remember, hospitals are not allowed to deny care based on your lack of ability to pay for care or services. Hospitals are also required to post and disclose their financial assistance policy.

## **Other formats and languages**

You can get this letter in other languages, large print, braille or a format you prefer free of charge. Please contact the Oregon Health Insurance Marketplace Transition Help Center to request other formats or languages.

- Phone: 833-699-6850 (toll-free)
- Email: [info.marketplace@oregon.gov](mailto:info.marketplace@oregon.gov)

We accept relay calls or you may dial 711.

## **OHA discrimination policy**

DHS|OHA and its partners must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex, or sexual orientation.

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. DHS|OHA will make reasonable changes to policies, practices and procedures by talking with you about your needs. To report concerns or get more information, please contact the diversity, inclusion and civil rights executive manager one of these ways:

- Phone: 844-882-7889, 711 TTY
- Email: [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us)
- Web: [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)

**Health Insurance Marketplace Advisory Committee Meeting**

**January 2023**



**Kraig Anderson**  
Committee Chair




1

---

---

---

---

---

---

---

---

**Welcome**

**Kraig Anderson**  
Committee Chair



2

---

---

---

---

---

---

---

---

**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 – 503-884-6017  
[chiqui.j.flowers@dhsosha.state.or.us](mailto:chiqui.j.flowers@dhsosha.state.or.us)

3

---

---

---

---

---

---

---

---



### 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.

4

---

---

---

---

---

---

---

---

### Approval of December 2022 meeting minutes

**Kraig Anderson**  
Committee Chair



5

---

---

---

---

---

---

---

---

### Federal Health Policy Updates

**Stephanie Kennan**  
McGuireWoods Consulting



6

---

---

---

---

---

---

---

---

**Open enrollment initial debrief**

**Chiqui Flowers**  
Marketplace Director



7

---

---

---

---

---

---

---

---

**Open enrollment initial debrief discussion**

- What are we hearing regarding how OE went in general?
  - From Consumers?
  - From Communities?
  - From Community partners?
  - From Agents?
- Have you heard any success stories or customer service needs we should work on?

8

---

---

---

---

---

---

---

---

**Open enrollment initial debrief discussion**

- By the next HIMAC meeting in April we should have all our outreach and education data, community partner data and agent data from OEP compiled and analyzed is there anything specific you would like to hear about at the April meeting regarding our compiled data?

9

---

---

---

---

---

---

---

---

**Basic Health Program updates**

**Tim Sweeney**  
Oregon Health Authority



10

---

---

---

---


---

---


---

---

**Agenda**



- Refresher: Legislative direction & Task Force Recommendations
- Federal submissions planned to establish Bridge Program and mitigation strategy
- Timeline in 2023-2024



11

---

---

---

---

---

---

---

---

**Legislative direction and Task Force recommendations**

12

---

---

---

---

---


---

---

---

**Health coverage and the PHE**

- Continuous Medicaid coverage during the PHE leads to the highest rate of health insurance coverage in the state's history
- The largest gains were among low-income adults between 138-200% FPL as fewer people reported being uninsured due to losing OHP
- In order to maintain these gains and improve the overall health of people living in Oregon, HB 4035 directed a Task Force to develop a Bridge Program to cover these people.



13

---

---

---

---

---

---

---

---

**Task Force charge**

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 mitigate any negative effects on the Health Insurance Marketplace

14

---

---

---

---

---

---

---

---

**HB 4035: Bridge Program vision**

- Adults with income 138-200% FPL **stay in their CCOs**
- **Little-to-no costs** for enrollees
- Plan covers **robust set of benefits**
- Capitation rates that enable **higher-than OHP provider payment**
- **Choice** between Basic Health Program (BHP) and subsidized Marketplace coverage



15

---

---

---

---

---

---

---

---

**Joint Task Force on the Bridge Health Care Program**  
 Final Report to Legislature submitted in December 2022

**Task Force Summary:**

- 19 members, 2 co-chairs (Sen. Steiner and Rep. Prusak)
- 13 meetings total between April and December 2022
- 2 reports published in September and December
- Actuarial analysis and microsimulation completed by Oliver Wyman

**Task Force Recommendations\*:**

1. Establish Bridge Program through a <b>Section 1331 BHP</b>	8. Adequately reimburse safety net providers
2. Phase implementation (1-3)	9. CCO service package
3. Continue to explore "optionality" (phase 4)	10. No enrollee costs
4. Administered by CCOs	11. Waive 1331 requirement for plan choice
5. Eventual enrollment through exchange	12. Incentivize Health Related Services
6. Align contracting and implementation processes with OHP	13. Ongoing consumer engagement/oversight
7. Capitation rates that enable higher-than OHP provider payment	14. Gold benchmark or other mitigation strategy

\*Pending further actuarial analysis and federal approvals.

---

---

---

---

---

---

---

---

---

---

16

Recapping planned Federal implementation pathways

1331 Basic Health Program Blueprint & 1332 Waiver Amendment

---

---

---

---

---

---

---

---

---

---

17

**What is a Section 1331 Blueprint?**

- Under **Section 1331**, states can implement a **Basic Health Program (BHP)** for individuals up to 200% FPL who would otherwise be eligible for Marketplace coverage
- States that operate a BHP receive **federal funding** equal to 95% of tax credits and cost sharing reductions that would have otherwise been provided to eligible individuals if they purchased Marketplace coverage
- States interested in establishing a BHP must submit a **BHP Blueprint** to make an official request for certification as set forth in 42 CFR 600.110
- The Blueprint documents **BHP design choices** and provides a full description of the **operations and management of the program** and its **compliance with federal rules**

---

---

---

---

---

---

---

---

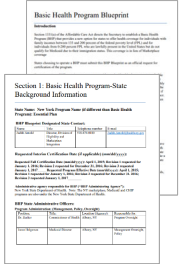
---

---

18

### Blueprint substance and existing direction

- **BHP design choices** – shaped by Bridge Health Care Program Task Force recommendations and HB 4035 (2022)
- **Compliance with federal rules** – guided by Minnesota application
- **Operations and management of the program** – alignment with existing OHP processes and structures



19

---

---

---

---

---

---

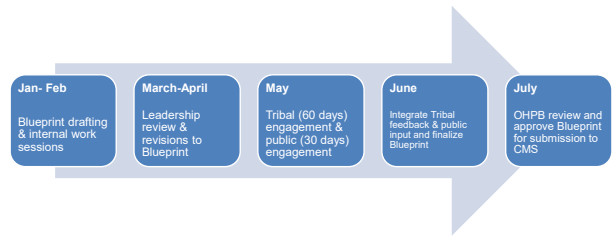
---

---

---

---

### Basic Health Program Blueprint draft 2023 timeline



- Jan- Feb**: Blueprint drafting & internal work sessions
- March-April**: Leadership review & revisions to Blueprint
- May**: Tribal (60 days) engagement & public (30 days) engagement
- June**: Integrate Tribal feedback & public input and finalize Blueprint
- July**: OHPB review and approve Blueprint for submission to CMS

20

---

---

---

---

---

---

---

---

---

---

### Task Force directed DCBS/OHA to pursue 1332 waiver amendment for mitigation strategy

- Actuarial analysis shows removing BHP population from Marketplace is expected to have a modest overall impact on the remaining Marketplace
  - Enhanced federal subsidies (ARPA/IRA) keep enrollment relatively constant, as most enrollees have lower premiums than pre-ARPA;
  - Premiums for unsubsidized consumers decline
  - Purchasing power for subsidized consumers declines due to lower silver loading, likely leading some consumers to move between metal tiers, as silver becomes less expensive relative to gold/bronze plans
- Impact on consumers varies by age and income more than rating region

21

---

---

---

---

---

---

---

---

---

---

### Members with Incomes Over 200% FPL are Expected to Experience Little Movement Despite the Revised Premium Rates

Plan Type	Bronze Subsidized	Bronze Non-Subsidized	Silver 75% CSR	Silver Non-CSR Subsidized	Silver Non-Subsidized	Gold Subsidized	Gold Non-Subsidized	Other Insurance	Uninsured	Total
<b>Baseline Coverage (200% + FPL Only)</b>	37,000	25,300	11,500	13,800	17,300	21,400	15,900	200	0	<b>142,400</b>
<b>Coverage with BHP in Place (Step 2)</b>	36,800	25,900	14,200	12,800	18,900	15,600	17,300	100	900	
<b>Net Change</b>	(200)	600	2,700	(1,000)	1,600	(5,800)	1,400	(100)	900	

Represents Individual ACA Market Members

- There is little movement in enrollment among the non-subsidized population as the rates available to them decrease 1.5%, relative to the baseline
- The subsidized population experiences reductions in their APTCs, leading to higher net premiums for Bronze and Gold coverage, relative to the baseline, while the premium they pay for Silver coverage is largely unchanged
  - As a result there is some movement from Bronze and Gold, into Silver
  - The decrease in premium rates for the SLSP due to Silver loading being reduced also results in some households that previously qualified for APTCs no longer qualifying, as the full premium for Silver coverage is now below the applicable percentage of their income

New and column totals for a given metal level do not tie to totals in the prior slide due to rounding

22

---

---

---

---

---

---

---

---

---

---

### Focused 1332 to mitigate Marketplace impact

- Multiple mitigation strategies discussed/considered by Task Force
- Task Force requested a meeting series with carriers to advise next steps
  - 4 Carrier Table meetings September – November 2022
  - Presentations and discussions with HIMAC in October and December
- Carriers advised that implementing a federally funded, carrier-administered state subsidy by 2025 would be a significant undertaking
- **Instead exploring a 1332 waiver to tie the value of premium tax credits to a gold rather than silver tier benchmark plan in the Marketplace**
  - This would de-couple tax credits from the value of the second lowest cost silver plan and create a new **gold benchmark**, giving subsidized consumers roughly the same (or greater) purchasing power as before the BHP, with some regional variation

23

---

---

---

---

---

---

---

---

---

---

### Next steps to evaluate Gold Benchmark

- Working with Oliver Wyman & Manatt for feasibility analysis
- High level analysis to estimate whether combining Oregon's reinsurance program with move to Gold benchmark is "deficit neutral" for federal gov't.
- Initial analysis will inform next steps with CMS, including developing more in-depth analysis needed to develop 1332 waiver amendment in 2023



24

---

---

---

---

---

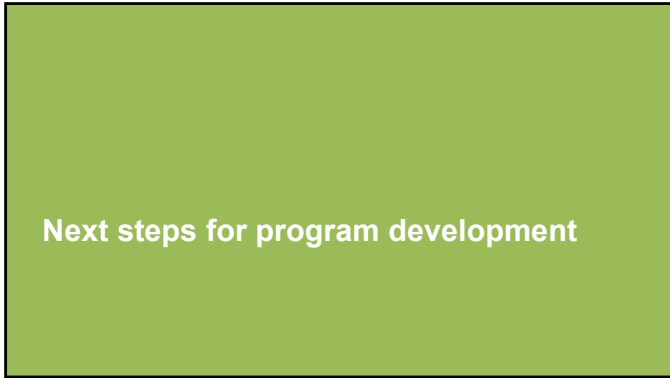
---

---

---

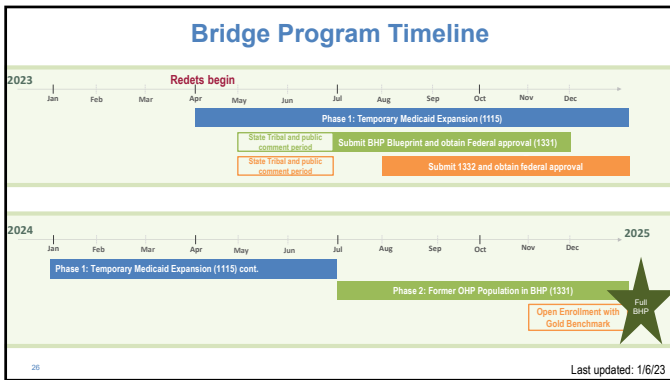
---

---



25

Horizontal lines for notes



26

Horizontal lines for notes



27

Horizontal lines for notes



**Public comment**

**Kraig Anderson**  
Committee Chair



28

---

---

---

---


---

---

---

---

**Break**



29

---

---

---

---

---

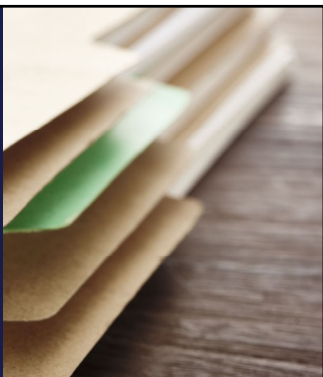
---

---

---

**Marketplace  
Transition  
proposed plans**

Marketplace Team



30

---

---

---

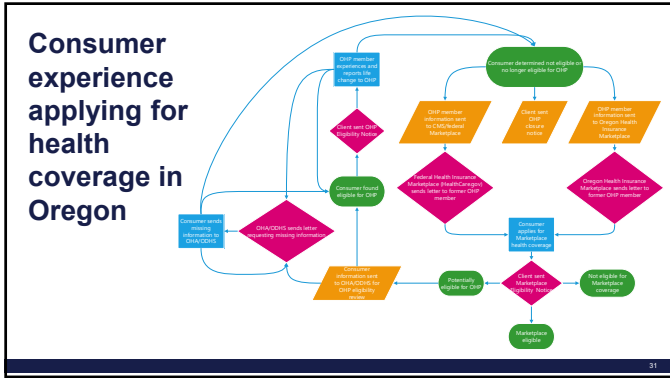
---

---

---

---

---



31

---

---

---

---

---

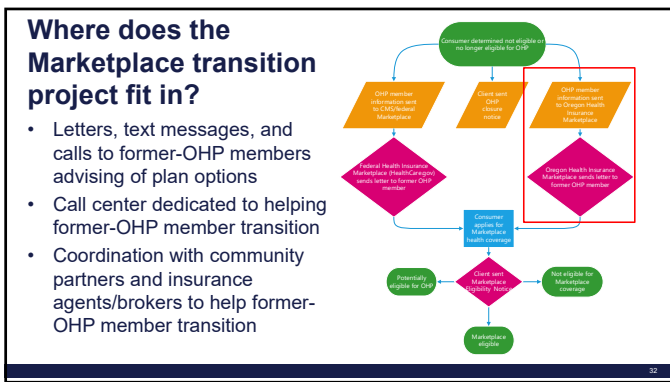
---

---

---

---

---



32

---

---

---

---

---

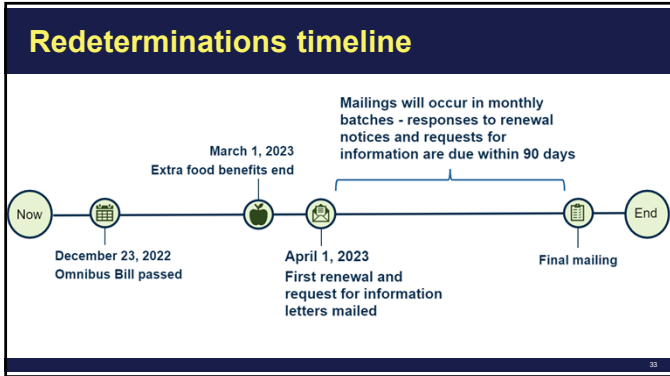
---

---

---

---

---



33

---

---

---

---

---

---

---

---

---

---

### Overarching unwinding strategy

A three-phase communications approach

	Before Continuous Eligibility Ends Spring 2022 – Jan. 2023	Ending Notice Feb. – April 2023	Renewal Period Beginning April 2023
<b>Calls To Action for Benefit Recipients</b>	Encourage people receiving benefits to update their contact information.	<ul style="list-style-type: none"> <li>Let people receiving benefits know what to expect and how to prepare.</li> <li>Reinforce importance and urgency of updating contact information.</li> </ul>	<ul style="list-style-type: none"> <li>Let people receiving benefits know what they need to do to maintain coverage and benefits or seek other services.</li> <li>Encourage people receiving benefits to respond to renewal notices right away.</li> </ul>
<b>General Approach</b>	<ul style="list-style-type: none"> <li>Equip internal staff with scripts and supporting materials to use in every client interaction.</li> <li>Share information and tools with community partners, providers and assisters so they can help those they serve navigate changes.</li> <li>Reach people through broad and targeted awareness campaigns, preferred channels, and trusted senders to meet them where they are with the information they need when they need it.</li> <li>Provide ongoing training and resources for eligibility workforce so they have the tools they need to help with renewals and answer questions.</li> <li>Solicit and use partner, benefit recipient and Community and Partner Work Group (CPWG) feedback to identify and address equity issues and improve PHEU efforts.</li> </ul>		<ul style="list-style-type: none"> <li>Coordinate with the Marketplace and SHIBA to ensure people who lose OHP are supported in their transition to a private plan or to Medicare.</li> <li>Promote the Bridge Plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.</li> </ul>

34

---

---

---

---

---

---

---

---

---

---

### Timeline of Marketplace notices

**Marketplace special enrollment period**  
Begins 60 days before OHP benefits close  
Ends 60 days after OHP benefits close

OHP enrollee receives closure notice (no longer eligible)  
Member receives 60-day closure notice for OHP benefits

Marketplace Transition Team sends letter  
Letter sent to members losing OHP benefits advising of Marketplace options

Federal Marketplace sends letter  
Letter sent from HealthCare.gov 30 days before the end of the SEP to people who have not enrolled

35

---

---

---

---

---

---

---

---

---

---

### Feedback on consumer experience

36

---

---

---

---

---

---

---

---

---

---

**Marketplace plan options for transitioning members**

**Katie Button**  
Marketplace Plan Implementation Analyst



37

---

---

---

---

---

---

---

---

**Plan recommendations**

The Marketplace cannot actually enroll consumers, but will provide some plan recommendations to consumers leaving the Oregon Health Plan (OHP)

- Using our Window-Shopping tool, we can provide consumers with information specific to their households
- We can send a link to particular plans
- Consumers can use the same link to view all the plans offered in their area

38

---

---

---

---

---

---

---

---

**Plan recommendations - CCOs**

- Four Marketplace carriers are also affiliated with Coordinated Care Organizations (CCO): Kaiser, Moda, PacificSource, and Providence
- There has been interest in directing consumers to the carrier affiliated with their CCO when the Medicaid continuous coverage requirement ends
  - Anticipated to provide better continuity of care
  - Possibility of better tracking between the CCO and the commercial carrier to ensure consumers enroll in Marketplace plans

39

---

---

---

---

---

---

---

---

**Plan recommendations - CCOs**

Issues: availability

- One third of Oregon counties do not have a commercial affiliate: Benton, Clatsop, Columbia, Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lincoln, Linn, Tillamook, and Yamhill Counties
- There is also no affiliate for CareOregon and OHSU enrollees under HealthShare in Clackamas, Multnomah, and Washington Counties
- A different recommendation criteria must be created for these OHP members

40

40

---

---

---

---

---

---

---

---

**Plan recommendations – CCOs**

Issues: premiums

- Premiums vary widely across carriers and plans
- In some counties, plans offered by the CCO-affiliated carrier are significantly more expensive than the second-lowest cost silver plan
- Price differences remain constant regardless of tax credit and income amounts
- For a 40-year-old, price differences range from \$4.96 to \$127 more than the second-lowest cost silver plan

41

41

---

---

---

---

---

---

---

---

**Plan recommendations - CCOs**

Issues: enrollment distribution

- Most counties have one CCO option, but 5 carrier options
- Recommending the CCO-affiliated carrier might give that carrier an unfair advantage in enrollments
- Recommending the CCO-affiliated carrier might give that carrier an unmanageable number of enrollments, especially outside of Open Enrollment
- Regence and BridgeSpan would never be recommended
- Unclear if the HealthShare membership would be reported to us with the carrier information to allow for Providence and Kaiser plans to be recommended

42

42

---

---

---

---

---

---

---

---

**Plan recommendations - CCOs**

Issue: choice influence

- Previous consumer activity suggests consumers are heavily influenced by plan recommendations from the state or HealthCare.gov
- When consumers are cross-walked to a different plan or carrier, they often actively enroll, but choose the cross-walked plan
- Recommending the CCO-affiliated carrier may inadvertently dissuade consumers from comparing more affordable options

43

43

---

---

---

---

---

---

---

---

**Plan recommendations**

Suggested hierarchy

- When a consumer's primary care physician is known, they should be provided with information on the two least expensive silver plans that cover that provider
- If those are not the two least expensive plans in the consumer's service area, they should also be provided with information on the two least expensive silver plans
- If a consumer's primary care physician is not known, or is not in-network with any Marketplace carriers, the consumer should be provided with information on the two least expensive silver plans in their area

44

44

---

---

---

---

---

---

---

---

**Plan recommendations**

Suggested hierarchy

- The two least expensive silver plans in every service area provide primary care visits and generic drugs ahead of deductible
- With the exception of one plan in Yamhill County, these plans also offer specialty care visits ahead of deductible
- Every carrier except BridgeSpan is the second-lowest cost silver plan in at least one county

45

45

---

---

---

---

---

---

---

---

**Plan recommendations**  
Discussion

- Concerns?
- Other suggestions?
- Other items to consider?

katie.button2@dhsoha.state.or.us

46

---

---

---

---

---

---

---

---

**End of continuous eligibility: Marketplace transition grants**

Micheil Wallace  
Miranda Amstutz



47

---

---

---

---

---

---

---

---

**Overview**

- Over 300,000 Oregonians will have their Medicaid eligibility be redetermined.
- More Oregonians will be informed of their health coverage options and have access to affordable health coverage with the help of trusted coverage experts.
- Many Oregonians moving from the Oregon Health Plan to a Marketplace plan may not know how to utilize their plan or navigate their health coverage.

48

---

---

---

---

---

---

---

---

**Overview**

- The Marketplace Transition Program will provide funding and support to community partners and partner agents providing outreach and enrollment assistance in Oregon.
- Grant funds will support an increase of Marketplace outreach and enrollment assistance for Oregon’s communities that are at a higher risk of being harmed by health inequities, experiencing disadvantage, and most affected by social inequities.

49

49

---

---

---

---

---

---

---

---

**Objective**

**Budget**

- The budget allocated under HB4035 for Agent and Community Partner support during the Marketplace Transition period is \$2.5M (\$2M to community partners and \$500,000 to agents).
- Grant funding will be made available to all current partner grantees to ensure continued support throughout the redetermination period.

50

50

---

---

---

---

---

---

---

---

**Objective**

**Budget**

- Grant funds will also support new grantee partnerships to address potential equity gaps in identified communities of focus.
  - New grantees will support Marketplace enrollment and health coverage education throughout the redetermination period, prioritizing expanding their reach into communities that are at a greater risk of being harmed by healthcare inequities, experience disadvantage, and most affected by social inequities.

51

51

---

---

---

---

---

---

---

---



### Current grantee support

Our current grantees prioritize assistance and support to communities harmed by health inequities and most affected by social inequities. Our partner support is more robust than it has ever been, reaching all regions of the state.

- Our current grant agreements will be ending July 31, 2023
- Are there any communities that are not listed that need our focus?

52

---

---

---

---

---

---

---

---

### Marketplace Community Partner Grantees

- Adapt
- Asian Health and Service Center (AHSC)
- Cascade AIDS Project
- Centro Latino Americano
- Grand Ronde Tribal Health Clinic
- Immigrant & Refugee Community Organization (IRCO)
- Interface Network
- Mosaic Medical
- Northeast Oregon Network (NEON)
- One Community Health
- Project Access NOW
- Unete Center for Farmworker Advocacy
- Urban League of Portland
- Waterfall Community Health Center

53

---

---

---

---

---

---

---

---

### Marketplace Partner Agent Grantees

- Aaron Burns Insurance
- Abel Insurance
- Bancorp Insurance
- Boone Insurance Associates
- Chehalem Insurance Associates
- Country Financial
- Gordon Wood Insurance
- Grace Insurance Services
- HE Cross Co.
- Health Insurance Place
- Health Plans in Oregon
- HealthMarkets Insurance
- Healthwise Insurance Planning
- Healthy, Wealthy & Wise
- High Desert Insurance
- Hillock Insurance Agency

54

---

---

---

---

---

---

---

---

### Marketplace Partner Agent Grantees

- iCover Oregon
- Insurance By Design
- Insurance Marketplace
- K Insurance Group
- Klamath Insurance Center
- Linda Dugan Insurance
- M&G Insurance
- Matthew Woodbridge Insurance
- Premier NW Insurance
- RJS & Associates Insurance
- Shanon Saldivar Insurance
- Tomlin Health Insurance
- Valley Insurance

55

---

---

---

---

---

---

---

---

### Timeline

CP organizations are assisting people who are impacted by redeterminations

- Reach out to current partners and potential new grantees and offer Medicaid to Marketplace Migration (3M) funds

January 2023
- Potential end of the PHE

April 2023
- Extensions of current agreements with additional funds and direct awards to new grantees executed

May 2023
- Current grant agreements will end July 31, 2023 if not extended

July 2023

56

---

---

---

---

---

---

---

---

### Service gaps

- The Marketplace used Public Use Microdata Areas (PUMAs) and cross-referenced with current grantees. The following gaps for community partner or additional service needs were identified.

Additional Service Needs	Gaps Identified
Southern Oregon	Benton county
Deschutes county	Linn county
Clackamas county	Yamhill county
Multnomah county	
Douglas county	
Josephine county	
Jackson county	

57

---

---

---

---

---

---

---

---

### Service gaps

- The Marketplace used prior years' HealthCare.gov enrollment data to identify the following needs

Community-based Organization (CBO)	Currently supporting	Additional support needed
Latino, Latina, Latinx community	Yes	No
Asian community	Yes, one CBO	Yes
Russian, Slavic, Ukrainian communities	Yes, minimal	Yes

Agent Support	Currently supporting	Additional support needed
Latino, Latina, Latinx community	Yes	Jefferson county
Asian community	Yes	Lane county

58

---

---

---

---

---

---

---

---

---

---

### Service gaps

ONE System Demographic Data

The chart shows the following data:

Language	Percentage
Spanish	88.29%
Russian	0.68%
Vietnamese	1.03%
Simplified Chinese	1.03%
Ukrainian	0.68%

- The remaining languages are under 1% with the majority being less than 0.10%. This data did not identify any additional service gaps when compared to the other data analysis methods

The above data was applicable to the period December 2021- November 2022

59

---

---

---

---

---

---

---

---

---

---

### Service gaps

Community input has identified the following gaps or additional service needs:

- There is a gap in the Russian, Slavic, and Ukrainian communities.
- Marketplace grantees identified the need to bolster assistance for the Spanish-speaking community, but no additional gaps.

60

---

---

---

---

---

---

---

---

---

---

**Service gaps**

Sources:

- Community and Partner Workgroup (CPWG)
- Marketplace grantees survey
- Marketplace CP grantee monthly meetings and monthly enrollment outcome reports
- Marketplace Outreach and Education coordinators
  - Out in the field and hear about community support needs.

61

---

---

---

---

---

---

---

---

**Grant funding**

Current partners and new:

- The focus of this funding would be to allow our grantees to add additional assisters and agents to support the redetermination workload.
- Current partner allocation of funds will be determined by partner interest, work plans submitted, equity and language support of communities most harmed by healthcare inequities and most affected by social inequities, and the capacity of the partner to support additional Marketplace enrollment.

62

---

---

---

---

---

---

---

---

**Grant funding**

Should we:

- Allocate most of the funding to current Marketplace grantees and allocate some funding to direct award new grantees to support service gaps or additional service needs.

or

- Allocate all funding to current Marketplace grantees with the ask to extend reach into communities we have identified there is an equity or service gap in.

63

---

---

---

---

---

---

---

---



64

---

---

---

---

---

---

---

---



65

---

---

---

---

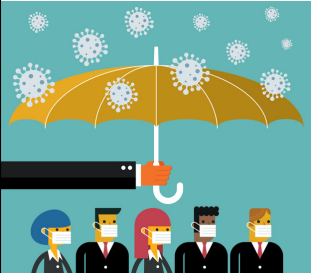
---

---

---

---

**Through the Public Health Emergency (PHE), people have had continuous Medicaid coverage**



**Family First Coronavirus Response Act**

1. Provides continuous Medicaid coverage for the duration of the federal public health emergency.
2. Removes administrative barriers to enrollment

When the continuous eligibility requirement ends, states will have to redetermine eligibility for all members.

**Oregon will redetermine eligibility for all 1.4 million people on the Oregon Health Plan.**

66

---

---

---

---

---

---

---

---

**Implications of the FY23 Omnibus Bill**

- President Joe Biden signed the FY23 Continuing Appropriations Act in late December 2022 which funds the federal government and programs at approx. \$1.67 trillion through September 30, 2023.
- The law also included language which gave notice to states related to continuous coverage eligibility for medical and also Supplemental Nutrition Assistance Program Emergency Allotment (SNAP EA).
  - These were originally tied to the federal declaration of ending the public health emergency and this law no longer uses the federal public health emergency as the driver for when states should take action.

67

---

---

---

---

---

---

---

---

**Implications of the FY23 Omnibus Bill**

**The new law:**

- Requires states to maintain continuous coverage eligibility policies for medical through March 31, 2023, as well as guides states to begin initiating renewals, post-enrollment verification, etc., on April 1, 2023, and over a 12-month period.
- Provides new reporting requirements for states over the Unwind transition period and requires states to maintain updated contact information for beneficiaries.
- Requires continuous coverage of youth under age 19 for 12 months regardless of change in circumstances. Note: Oregon's 2022-2027 Medicaid 1115 Demonstration waiver allows for continuous enrollment from birth until age 6 and enrollment for 24 months for youth 6 years and older.
- Makes the postpartum continuous coverage option permanent.
- Sunsets the SNAP EA with the February 2023 issuance.

68

---

---

---

---

---

---

---

---

**Implications of the FY23 Omnibus Bill**

**What does this mean?**

- OHA and ODHS are now planning to initiate/process renewals on the new federal timeline and in accordance with HB 4035 (Oregon state law).
- OHA and ODHS continue to learn and adapt to new information as it becomes available. Oregonians will be informed what they need to keep their coverage.
- OHA and ODHS will be updating communications and plans including training timelines for the eligibility workforce, etc.
- There may be other program/eligibility provisions that are still connected to the PHEU or due to Oregon strategies. This is still being researched for understanding, and we will provide more information as it becomes available.

69

---

---

---

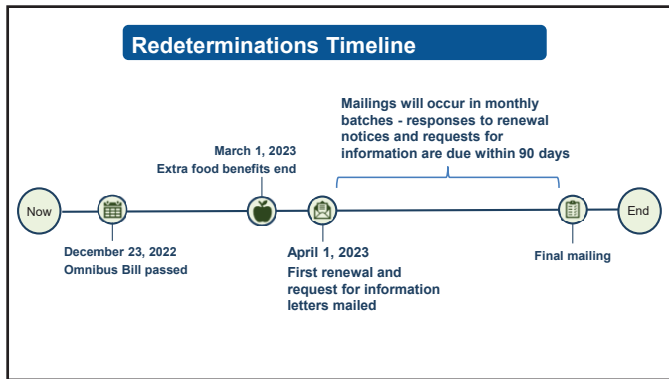
---

---

---

---

---



70

---

---

---

---

---

---

---

---

---

---

### The Goal: Preserve Benefits

- 1** 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
- 2** Give those no longer eligible for benefits clear direction and coordination of additional resources
- 3** Give those who assist people receiving benefits clear information about how they can help

**Oregon Health**  
Division of Community Care

71

---

---

---

---

---

---

---

---

---

---

	Before Continuous Eligibility Ends	Ending Notice	Renewal Period
	Spring 2022 – Jan. 2023	Feb. – April 2023	Beginning April 2023
<b>Calls To Action for Benefit Recipients</b>	Encourage people receiving benefits to update their contact information.	<ul style="list-style-type: none"> <li>Let people receiving benefits know what to expect and how to prepare.</li> <li>Reinforce importance and urgency of updating contact information.</li> </ul>	<ul style="list-style-type: none"> <li>Let people receiving benefits know what they need to do to maintain coverage and benefits or seek other services.</li> <li>Encourage people receiving benefits to respond to renewal notices right away.</li> </ul>
<b>General Approach</b>	<ul style="list-style-type: none"> <li>Equip internal staff with scripts and supporting materials to use in every client interaction.</li> <li>Share information and tools with community partners, providers and assisters so they can help those they serve navigate changes.</li> <li>Reach people through broad and targeted awareness campaigns, preferred channels, and trusted senders to meet them where they are with the information they need when they need it.</li> </ul>		<ul style="list-style-type: none"> <li>Coordinate with the Marketplace and SHIBA to ensure people who lose OHP are supported in their transition to a private plan or to Medicare.</li> <li>Promote the Bridge Plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.</li> </ul>
	<ul style="list-style-type: none"> <li>Provide ongoing training and resources for eligibility workforce so they have the tools they need to help with renewals and answer questions.</li> <li>Solicit and use partner, benefit recipient and Community and Partner Work Group (CPWG) feedback to identify and address equity issues and improve PHE-U efforts.</li> </ul>		

72

---

---

---

---

---

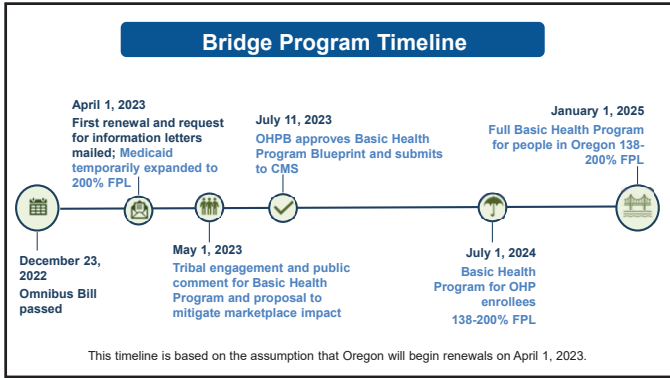
---

---

---

---

---



73

---

---

---

---

---

---

---

---

---

---



74

---

---

---

---

---

---

---

---

---

---



75

---

---

---

---

---

---

---

---

---

---



**2023 Legislative Session**

Philip Schmidt  
Mackenzie Carroll



76

---

---

---

---

---


---

---

---

**Disclaimer**

- This presentation is for information only.
- OHA does not have a position on any of these bills.
- OHA is not asking the Committee to take a position on any of these bills.



77

---

---

---

---

---

---

---

---

**2023 Legislative Session – Key Dates**

January 17: Legislative Session Begins  
 March 17: 1<sup>st</sup> Chamber Work Session Posting Deadline  
 April 4: 1<sup>st</sup> Chamber Deadline  
 May 5: 2<sup>nd</sup> Chamber Work Session Posting Deadline  
 May 19th: 2<sup>nd</sup> Chamber Deadline  
 June 15: Target Sine Die  
 June 25: Constitutional Sine Die

78

---

---

---

---

---

---

---

---



79

Seven horizontal lines for notes.

Insurance Coverage Bills
• HB 2538 – requires health insurance coverage of health care interpretation services that are legally mandated.
• HB 2545 – requires health insurance reimbursement of cost of behavioral health care services provided by master’s degree level students under clinical supervision.
• SB 491 – requires health insurance coverage of specified fertility services and treatments.
• SB 628 – requires health benefit plan and health care service contract coverage of pediatric autoimmune neuropsychiatric disorders.

80

Seven horizontal lines for notes.

Other bills of interest
• HB 2044 – Dental assessment
• SB 704/HB 2558 – Universal health care
• HB 2878 – Aligning for Health (Global Budget pilot)
• A variety of workforce proposals
• Multiple bills regarding pharmacy and PBMs

81


Seven horizontal lines for notes.

**For More Information**

**Oregon Legislative Information System (OLIS)**

- Sign up to follow bills
- Watch hearings and work sessions

<https://olis.oregonlegislature.gov/>



82

---

---

---

---

---

---

---

---

---

---

**Public comment**



**Kraig Anderson**  
Committee Chair

83

---

---

---

---

---

---

---

---

---

---

**Departing members and member recruitment**



**Chiqui Flowers**  
Marketplace Director

84

---

---

---

---

---

---

---

---

---

---

**Departing members**

Terms ending 2/28/2023:

- Linzay Shirahama – consumer advocate
- Kathleen Jonathan – COFA community advocate

85

---

---

---

---

---

---

---

---

85

**Wrap up and closing**

**Kraig Anderson**  
Committee Chair



---

---

---

---

---

---

---

---

86