Oregon Health Insurance Marketplace
Advisory Committee Meeting

January 27, 2021
9 a.m. – noon
Phone: 503-446-4951
Access code: 144 395 977#

Link to join: Click here to join the meeting
or go to bit.ly/Jan27HIMAC
(you can choose to have the meeting call you)

Please note that this public meeting will be recorded.

A G E N D A

Time	Topic	Presenter(s)
9 – 9:10 a.m.	Welcome and approval of meeting minutes	Dan Field Committee Chair
9:10 – 9:30 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting
9:30 – 9:35 a.m.	Open enrollment updates	Cable Hogue Marketplace Implementation Analyst and Federal Liaison
9:35 – 9:40 a.m.	Proposed 2023 Notice of Benefit and Payment Parameters	Anthony Behrens Marketplace Senior Policy Advisor
9:40 – 9:45 a.m.	Public comment	Dan Field Committee Chair
9:45 – 9:55 a.m.	Marketplace Community Conversations	Chiqui Flowers Marketplace Administrator
9:55 – 10:55 a.m.	Public Option Report: Policy goals and vision for the Marketplace	Dan Field Committee Chair OHIM and HPA Staff
10:55 – 11:45 a.m.	Medicaid Redeterminations: End of the PHE continuous coverage requirement, current Migration to the Marketplace strategy, and other options	Dan Field Committee Chair HSD, OHIM, and HPA Staff

Time	Topic	Presenter(s)
11:45 – 11:50 a.m.	Service recognition	Chiqui Flowers Marketplace Administrator
11:50 – 11:55 a.m.	Public comment	Dan Field Committee Chair
11:55 – noon	Wrap up and closing	Dan Field Committee Chair

Marketplace Advisory Committee Meeting Minutes
Thursday, Dec. 9, 2021 - 9 a.m. to noon
Virtual meeting via Microsoft Teams

Committee members: Kraig Anderson, Dan Field (chairperson), Ron Gallinat, Maribeth Guarino, Jim Houser, Kathleen Jonathan, Sean McAnulty, Ken Provencher, Shanon Saldivar (vice-chairperson), Linzay Shirahama, and Andrew Stolfi (ex-officio)

Members not present: Shonna Butler

Other presenters: Stephanie Kennan, Timothy Sweeney, Jeremy Vandehey, and Tony Lapiz

Marketplace staff: Chiqui Flowers, administrator; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; Misty Rayas, outreach and education section manager; and Dawn Shaw, office support coordinator

Agenda item and time stamp*	Discussion
Welcome and committee housekeeping 00:00:00*	Minutes from Oct. 14, 2021, meeting approved. *See Pages 3-6 of handout package for a copy of the minutes.*
Introduction of new members 00:03:53	Shannon Saldivar introduced new members Ron Gallinat and Maribeth Guarino. *See Pages 7-10 of handout package for bios and updated roster.*

Federal health policy movement 00:09:51	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).
	• We are in the last throes of the first session of this congress.
	• Continuing resolution through Feb. 18 so there will not be a government shutdown at this time. Right now, we are still funding some Trump priorities, they may remain until after the Nov. 2022 mid-term election.
	• Debt ceiling – U.S. House is done and it is over to the U.S. Senate. Not sure when the Senate will take it up.
	• National Defense Authorization Bill nominations took a pause for the ceremony for Bob Dole.
	• Build Back Better (BBB)
	  o Not likely to be passed before Christmas.
	  o Must directly increase or decrease spending.
	  o U.S. Senate and U.S. House versions will be different once U.S. Senate sends back to the U.S. House for their review. Nailing down schedules.
	  o There is a lot in the act in regards to health care.
	  ▪ Extends American Rescue Plan Act (ARPA) subsidies that eliminate income eligibility caps. Will increase premium tax credit (PTC) until 2025.
	  ▪ Extends special Marketplace rule for people receiving unemployment insurance until the end of 2025.

        - Changes the affordability test for employer sponsored health coverage from 9.6 percent to 8.5 percent of total income for tax years 2022-2025.
        - Changes Medicare drug benefit
            - Hard cap on out-of-pocket costs for Part D.
            - Lowering the beneficiaries share of total costs to 23 from 25 percent.
            - Allow the government to negotiate Part B and D drug prices: 10 drugs in 2025, 15 in 2026 and 20 in 2028.
            - Generic companies are concerned about the generic market, the concerns are noted and they are being told that it will be adjusted in regulations.
        - Medicaid provisions will allow states that did not expand Medicaid to be subsidized. Will prevent non-expansion states to claim federal match funds. Will increase the federal match from 90 percent to 93 percent for years 2023-2025.
    - Public health emergency (PHE) has been extended to Jan. 16, 2022. May or may not be extended past then, most projections have it ending by April 1.
    - U.S.House passed a bill this week to prevent sequesters in Medicare reimbursement for physicians and other providers pre-deductibility for employer telehealth in high deductible HSA plans. Expires Jan. 1, not likely to stay.
    - CMS has a 44-page list of provisions they are waiving. So far, they have only termed six items, there is some concern with waiving all of them at once. They will work on phasing them out. The ones they want first have to do with data submissions.
    - Kraig questioned if there was a way to extend the ARPA subsidies if BBB doesn't pass. The answer was only if in a stand-alone bill or attached to another bill. There aren't many bills available to attach it to. Attaching to the continuing resolution won't work.

Ending of the COVID-19 public health emergency and the Marketplace
00:24:38

Misty Rayas and Cable Hogue discussed the pending end of the PHE due to COVID-19.
See Pages 11-14 of handout package for a copy of the presentation.

- Ken wanted to know if there has been any provider mapping being done. The answer is we haven't done any yet. They are some ideas and a potential algorithm and we are looking for the best method.
- Kraig was curious if there has been a collaboration with carriers and if workgroups were happening. The response is the topic is being mentioned in the Department of Financial Regulation (DFR) industry communications meetings. There will be expanded carrier communications when we have more details, hopefully in January.
- There will be a data call and starting the conversations.
- Maribeth wondered how long it will take. The answer is it will be similar to renewal periods, but still in early planning.
- Sean asked about outreach to dual covered individuals. Cable said that if there are any issues, reach out to us and we can help resolve the issue on the Marketplace side.
- Shanon wanted to know if there will be a plan to reach out to community health workers to help bridge any gaps. This is a great idea and they want to avoid just sending out letters.

Oregon State public option report
00:53:35

Timothy Sweeney and Jeremy Vandehey presented about updates in developing the public health option.
See Pages 15-20 of handout package for a copy of the presentation.

- Working with Manatt to develop a report. They will have recommendations on what has worked with other states and their public health option proposals.
- Jim asked if the target demographics that are anticipated are people, by income, that don't currently qualify for OHP or any subsidies and are low-wage workers. The answer is not necessarily, it will be people in the 138 to 250 percentile of the federal poverty limit (FPL). Additionally, Jim asked if the cost sharing bill that didn't pass a while ago would be considered. Currently that bill is not a part of the public option process.
- Shanon wondered if unintended consequences would be looked at. The answer is that they are looking at the market stability and how it will affect carriers.
- Kraig asked if there will be a chance for feedback before the final report. They are getting feedback as the report is being written and will inform on recommendations.
- Chiqui proposed having a series of conversations in January. By that time, we will:
    - Know how open enrollment went;
    - Have more information about ARPA (American Rescue Plan Act) and BBB (Build Back Better);
    - Hopefully the federal actuarial value calculator will have come out;
    - The proposed 2023 Notice of Benefit and Payment Parameters will have come out.

Gov. Kate Brown's health policy priorities for 2022
01:22:54

Tony Lapiz introduced himself and went over Gov. Kate Brown's health policy priorities.

- Legislature will go into a special session on Monday.
- There will be a short session in 2022 starting in February. Short sessions squeeze what happens in six months for the long session into one month.
- Legislative concepts were due Nov. 19. Lawyers are working on writing the bills and are expected to be back Jan. 10.
- Have had meetings with health care chairs and members to get an overview of what they are working on.
- Legislative days are coming:
    - Jan. 10 through 13 will be informational hearings.
    - Around Jan. 14 or 15 the legislative concepts will be introduced.
    - Feb. 1 the legislature starts.
    - March 7 will be the last day, but it can end earlier.
    - The first couple of weeks determines if a bill will stay alive or not.
- Most of the focus would be on bills that almost passed in the 2021 long session but needed some more work.
    - Surgical tech apprenticeships
    - IVF coverage
    - Home visiting topics
    - Technical fix for reproductive health equity act that passed in 2017
    - Public option
- The Governor's three priority bills are:
    - Private Forest Support Act
    - Renaming the Environmental Justice Task Force to Environmental Justice Council

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- Oregon Future Ready Work Force – will look at the impact of COVID-19 on the workforce and how to go forward. This includes health care providers.
- The Governor is looking at which policies increase coverage, access, and quality.

House Bill 2992 01:33:11	Victor Garcia reviewed House Bill 2992 and how it will affect this committee. *See Pages 21-24 of handout package for a copy of the presentation* • Attestation forms will be sent out shortly. • Shanon wondered how the general public will be informed. The answer is we are not sure, it is still being rolled out. It can depend on if the board is Governor or agency appointed and how they choose to send out the information.
OHPB Committee Membership workgroup update 01:44:32	Susan Otter discussed updates for the Oregon Health Policy Board Committee Membership workgroup. *See Pages 25-27 of the handout package for a copy of the presentation.* • The survey is to have more situational awareness and baseline. It won't impact membership with the committee.
Upcoming committee seat vacancies & committee information 02:01:47	Chiqui Flowers went over members who are terming out February 2022 and other committee information. *See Page 29 of the handout package for a list of outgoing members.* • Work is still coming out in the next few weeks. • Deadline for new applications is Dec. 20 for a February confirmation. • Even though members are leaving they are still welcome to attend meetings. • Lindsey Hopper from PacificSource has applied. • We are hoping in the future to stagger the terms so there isn't such a big exodus. It usually depends on when members are confirmed. • There was a press release from CMS touting a good open enrollment season. There have been 4.6 million enrollments through HealthCare.gov. Oregon has 52,379 plan selections so far, this does not count the auto enrollments. Feeling optimistic that we will meet and beat last years baseline of 141,089. The enrollment numbers may be up due to ARPA subsidies. The last half of open enrollment, we will be pushing our various messages out and using HealthCare.gov's marketing, which has had a boost due to the current administration.
Public comment, wrap up, and closing 02:16:10	No public comments made. Next meeting is scheduled to be virtual on Thursday, Jan. 27, 2022, from 9 a.m. to noon. Email Chiqui with any agenda items. Open enrollment ends Jan. 15, 2022. The physical move of the Marketplace from the Labor and Industries building to the Health Services building on Summer Street will be complete by the end of February. Happy Holidays!!

*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 2021 Meetings, Dec. 9.

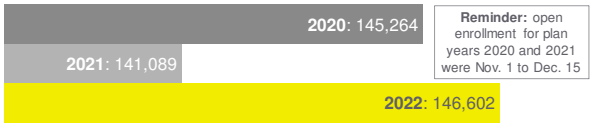
Open enrollment updates

Cable Hogue
Implementation Analyst & Federal Liaison

2022 open enrollment update

Nov. 1, 2021 to Jan. 15, 2022

Total plan selections by plan year



Reminder: open enrollment for plan years 2020 and 2021 were Nov. 1 to Dec. 15

Most viewed plans on the Oregon Window Shopping tool by plan tier between Nov. 1, 2021 and Jan. 4, 2022:

- Bronze: Navigator Bronze HSA 7000
- Silver: Kaiser Permanente Oregon Silver 4500-40
- Gold: Providence Oregon Standard Gold Choice Network

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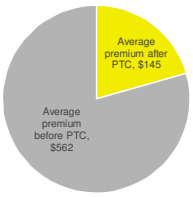
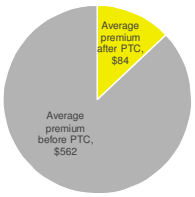
Additional monthly savings due to American Rescue Plan Act (ARPA)

2021 enrollment, prior to APRA taking effect



2021 enrollment, after APRA taking effect*



46% reduction in average monthly premium after PTC due to American Rescue Plan expansion*

*Impact of ARPA expanded subsidies on 2022 plan selections are not yet available.

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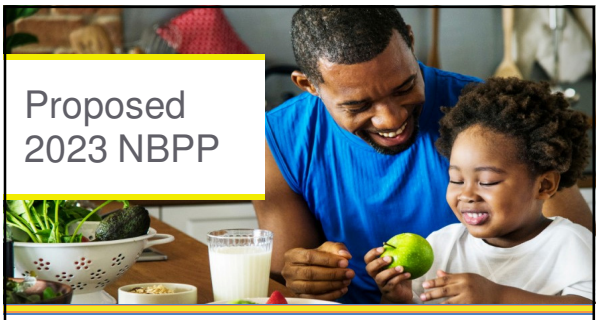


Proposed 2023 NBPP

Anthony Behrens
Senior Policy Advisor

Notice of Benefit and Payment Parameters

- Restores protections against discrimination on the basis of sexual orientation or gender identity. HHS is also seeking comment on matters related to health equity and climate change.
- Requests feedback on whether to limit the number of plans that a carrier can offer.

Notice of Benefit and Payment Parameters

- Requires federal standard plans, eliminated during the Trump Administration. Oregon is specifically exempted except for display requirements.
- Proposes a new guideline under which QHP issuers would be required to address health and health care disparities as a specific topic area within their Quality Improvement Strategies, in addition to at least one other topic area.

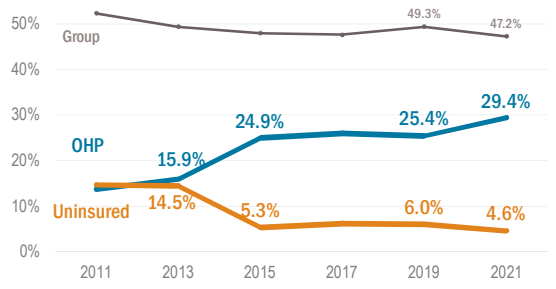
Advancing the mission through the Marketplace (Public Option report policy recommendations)

Jeremy Vandehey
Director
Health Policy and Analytics Division, OHA

Chiqui Flowers
Administrator
Oregon Health Insurance Marketplace

Background and mission

Lower the statewide uninsured rate



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Advancing the mission through the Marketplace

- Guiding principles
  - Focus on health equity
  - Improve continuity of care
  - Simplify the Marketplace
  - Help lower the total cost of care

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MCC: Public option and usability of Marketplace plans

- Need for cost-reduction policies beyond provider reimbursement rates (durable medical equipment and pharmacy specifically mentioned)
- Importance of public option to provide better behavioral health coverage
- Affordability still a big issue - monthly premium and out-of-pocket costs
- Learn lessons from Colorado's waiver proposal (key elements: cultural competency requirements, equity-focused plan design, premium reduction targets)
- State-based technology needed to enable innovation
- Fixing the "family glitch" still needed

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Focus on 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.

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Focus on health equity

Definition

- 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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Focus on health equity
Public option report recommendations

- Develop plan design elements to improve health equity
- CCO model elements including community role in governance and decision-making
- Equity measures in value-based payments and other efforts to pay for performance
- Consider market-wide interventions to focus on health equity

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Focus on health equity
Options for Marketplace plans

- Encourage consumers to report race and ethnicity information during application process
  - Currently a significant number of enrollees do not report
  - CMS considering requiring carriers to collect this information separately from the hc.gov application

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Focus on health equity
Options for Marketplace plans

- Adopt CCO metrics on translation services at the provider level
- Increase access to culturally appropriate care via telehealth and broader coordination with essential community providers (ECPs)

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Focus on health equity
CCO levers to address social determinants of health

- The original CCO vision (2011) was to **improve member health** by comprehensively supporting their needs via both medical care and SDOH.
- While notable progress was made, for the second CCO contract (2020), Oregon's Governor requested enhanced contractual requirements for SDOH and health equity

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Focus on health equity
CCO levers to address social determinants of health

- CCO social determinants of health levers
  - Health-related services
  - Supporting Health for All through Reinvestment (SHARE) Initiative
  - Community advisory councils
  - Community health assessments and improvement plans
  - Potential SDOH/social needs screening measure

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Improve continuity of care
Public option report recommendations

- Incorporate CCO networks as much as possible
- Expand use of traditional health workers
- Fund services to address the social determinants of health

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Improve continuity of care
Expanding essential community provider requirement

- Currently, carriers are required to cover 20% of available ECPs in their networks, or explain why they do not meet the standard
- Comparing providers on the traditional health worker (THW) registry to the ECP list may highlight deficiencies that could be addressed using the ECP requirements

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Improve continuity of care
Expanding essential community provider requirement

- Encouraging THWs to apply for inclusion in the ECP list increases the likelihood carriers will contract with them
- Marketplace can serve as a liaison to connect THWs and carriers for contracting

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Help lower the total cost of care
Public option report recommendations

- Utilize Marketplace to take advantage of federal funds
- Consider 1332 waiver options to reduce premiums and reinvest federal pass-through funds
- Prioritize additional funds to increase plan generosity and provide dental coverage

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Help lower the total cost of care

Public option report recommendations

- Align value based payment efforts across markets (OHP, PEBB/OEBB, Commercial)
- Consider how to align plan design and oversight with cost growth target program

Medicaid redeterminations: End of the PHE continuous coverage requirement

Chiqui Flowers
Administrator
Oregon Health Insurance Marketplace

Continuous Medicaid coverage during the public health emergency

► Beginning March 18, 2020, Congress passed the Family First Coronavirus Recovery Act which provided 6.2% enhanced federal Medicaid funding for states to maintain continuous Medicaid coverage and not disenroll Medicaid enrollees for the duration of the federal public health emergency (PHE).

- *Exceptions to continuous coverage: death, confirmed out-of-state residency, incarceration, and voluntary request.*

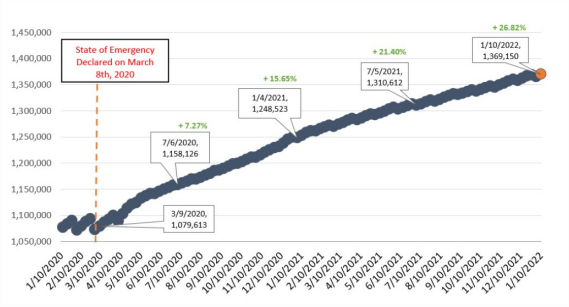
► PHE has been extended by 90 days several times, continuing the policy.

► PHE currently set to expire April 19, 2022.

► The OHP caseload has increased almost 27% as a result of continuous coverage.

Oregon Health Authority

Total Oregon Health Plan Enrollment



OHA PHE flexibilities and permanent changes

► Applicants can attest to most eligibility criteria - *don't have to provide proof of reported information, except for their citizenship/immigration status.*

► Expanded presumptive eligibility and options for remote assistance – *allow hospitals and community partners greater flexibility to assist individuals to get needed benefits.*

► Continued to perform annual renewals – *didn't terminate people if found ineligible.*

Permanent changes to help maintain coverage – in process:

- Extending post-partum coverage period from 60 days post pregnancy to 12 months post pregnancy.
- Income verification to be completed using post-eligibility review process to allow for immediate enrollment.
- Cover All People (CAP) – children on Cover All Kids who turned 19 during PHE. Without CAP, they would likely convert to Citizenship Waived Medical (CWM).

Federal guidance for ending the PHE

► The Centers for Medicare and Medicaid Services (CMS) has committed to providing states with 60 days advance notice of ending the PHE.

► When/how full redeterminations and disenrollments begin depends on when federal PHE ends, federal requirements, and state disenrollment plans approved by CMS.

► CMS has stated they will provide updated guidance to states with more details when known.

OHA's current plan for transition

► Implement a robust outreach and communication plan to let members know what to expect and encourage them to update their contact information so that their coverage can be renewed. *Assistance by community partners, CCOs, insurers, brokers, navigators, providers, etc. is essential.*

► Ongoing coordination between OHP and the Marketplace to ensure that members who lose OHP are supported in their transition to a private plan.

► Use existing automated renewal process to the maximum extent possible to reduce the burden on members and staff. If coverage cannot be automatically renewed, members receive a pre-populated renewal notice that they must sign and return.

► Perform renewals of everyone on OHP over twelve months. Anyone found no longer eligible will receive advance notice with hearing rights and their information will be sent to healthcare.gov.

Oregon Health Authority

Medicaid migration to the Marketplace

- At the end of the Public Health Emergency (PHE) for COVID-19, Medicaid enrollment will resume its regular process of redetermining eligibility and terminating Medicaid coverage for those members no longer eligible.
  - Up to 300,000 Oregonians enrolled in OHP will no longer be eligible after the PHE.
  - Can lead to a large influx of new QHP-eligible enrollees over the following year.

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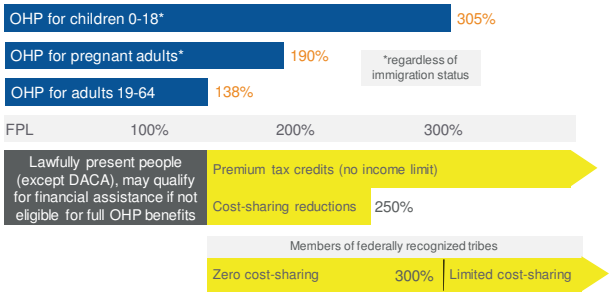
Income eligibility

OHP vs. Marketplace



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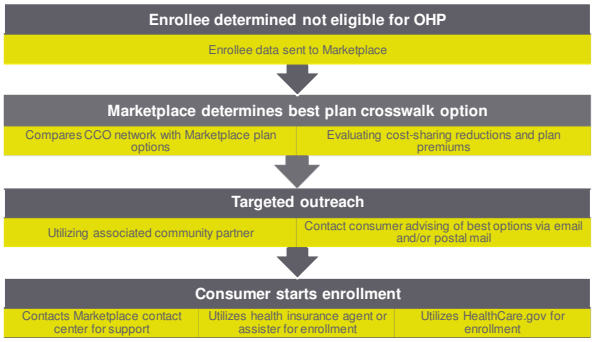
Medicaid migration project update

Consumer experience



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MCC: Medicaid migration to the Marketplace

- Consumer contact preference maybe text
- Employer-sponsored coverage and how that effects coverage
- Community partners and insurance agents should be fully involved in the process of migration
- CPs/agents review outreach templates prior to approving final version
- Best contact methods vary widely among demographics
- Premium sponsorship program
- Window shopping tool, get help tool will be important to get information out to people

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Medicaid to Marketplace hierarchy discussion

Katie Button
Plan Management Analyst
Oregon Health Insurance Marketplace

Cross-walking OHP members to Marketplace plans

- Complexities of Marketplace plans
  - Many carriers and plans to choose from
  - Different networks in different service areas
  - Premiums can vary widely by carrier and county

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Cross-walking OHP members to Marketplace plans

- Silver plans are likely the best option
  - Cost-sharing reductions for enrollees who qualify
  - Lower cost-sharing than bronze plans
  - Significant portion of premiums covered by tax credits

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Cross-walking OHP members to Marketplace plans

- Get information on most visited providers for each enrollee leaving Medicaid, and determine which Marketplace plans cover some or all of those providers
- Provide enrollee with highest value silver plan that covers those providers
- Also provide enrollee with least expensive highest value silver plan, which may not cover those providers

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Considering additional coverage options post-PHE expiration

- OHA exploring ideas to keep people in current CCO coverage longer
- Exploring options to develop new marketplace plan options (bridge plan?)

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Keeping people in CCOs longer

- State general funds to cover costs of keeping people in OHP after coverage "terminates"
- Secure federal funds under BHP-like plan to cover monthly CCO costs
- Off-marketplace public option for people leaving OHP (1332 needed for federal pass-thru funds)

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Medicaid to Marketplace bridge plan

- A 2023 plan could be designed specifically for folks moving from Medicaid to the Marketplace
- This plan could be created within the current ACA-compliant plan parameters
- Plan design could begin with the 94% cost-sharing reduction silver plan and work down to the base level silver plan

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Medicaid to Marketplace bridge plan

- Marketplace could work with carriers to offer it, similar to how carriers offer the standard plans
- Premiums would likely be high, so solutions such as leveraging the CCO networks or other reduced provider rates would be necessary for premium affordability
- Most significant benefits to individuals at or below 150% FPL

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Plans and benefits

- Still too expensive
  - Knowing managing actuarial value requires balance, are there suggestions about which benefits we could decrease cost-sharing on, and which ones we could increase, to make more usable plans?

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Plans and benefits

- Sean McAnulty suggested making information about hospital and clinic payment assistance more available
  - Are there concerns with inadvertently making care more expensive if more consumers access these funds, or is there enough to go around, and consumers should be encouraged to take advantage of these programs?

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Information and enrollment help

- Professionals and consumers alike indicated health insurance is still too complicated
  - Are there more ways we can encourage folks to connect with an agent or community partner?

Departing members

Service recognition

- Members with terms 2/17/16-2/16/22
  - Shonna Butler
  - Dan Field
  - Jim Houser
  - Sean McAnulty
  - Ken Provencher
  - Shanon Saldivar