Meeting Minutes
Thursday, June 11, 2020 - 11 a.m. to 1 p.m.
Virtual meeting via Adobe Connect

Committee members: Kraig Anderson, Shonna Butler, Stephanie Castano, Dan Field (chair), Numi Griffith, Jim Houser, Sean McAnulty, Ken Provencher, Shanon Saldivar (vice-chair), Andrew Stolfi (ex-officio), Jeremy Vandehey (ex-officio), and Jenn Welander

Members not present: Sandy Sampson

Other presenters: Stephanie Kennan, Stephanie Jarem

Marketplace staff: Chiqui Flowers, administrator; Katie Button, plan management analyst; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; and Dawn Shaw, division support coordinator

Agenda item and time stamp*	Discussion
Welcome and introductions, committee housekeeping 0:0:00*	Minutes from Jan. 23, 2020 meeting approved. *See pages 3–9 of handout package for a copy of the minutes.*

Federal health policy movement 0:06:48	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).
	
	• Congressional schedule
	  ○ House and steering committees are out until June 23. They have left things where they can pass bills by unanimous consent in virtual hearings.
	  ○ The Senate is in until the Fourth of July recess and will be back the last few weeks of July. They hope to be gone early August to campaign and back in September. The plan to leave again for campaigning in October coming back after the elections.
	• It is unsure what is going on with the health care bills because of the shift in priorities due to the pandemic. A bill went out with the money for Medicaid and the hospital safety nets. There is some confusion due to FAQs going out with conflicting information on how to spend the COVID-19 funds. There is concern that the money that will be going out is not going to be enough.
	• At the end of last year, the IRS said that it would permit employers to give employees money to purchase health insurance on exchanges. There has been an uptick in employers providing this option to employees instead of COBRA.
	• The HEROES (Health and Economic Recovery Omnibus Emergency Solutions) Act (HR 680) died in the Senate. There is a lot of discussion on how to help state and local governments. The House was giving the newly insured 100 percent of the premium for COBRA benefits, a special enrollment period (SEP) for Medicare Advantage, and increased Medicaid federal expenditures.
	• There are several court cases that we are watching, they are also meeting virtually.

Oregon state option report
0:20:12

Jeremy Vandehey and Stephanie Jarem, from the Health Policy and Analytics Division of OHA, presented an update to Senate Bill 770 about developing a plan for a public option or Medicaid Buy-in.
See pages 11–16 of the handout package for slides.

- COVID-19 has prompted a switch in priorities and we are waiting to see what the resulting impact will be. All the assumptions were pre-COVID and a lot has been put on hold.
- The Washington Cascade Care is a version of the public option plan. On slide 13, option 2 is what they chose. They also set a target reimbursement rate.
- On slide 7, "Uninsured" should be 6% and "Medicare" should be 15%.
- Indications on which way they will likely go will be clearer after the fall report.
- Question on if there is going to be an opportunity for the public and stakeholders to virtually comment before the fall report. They are planning on doing so, but working on logistics.

Third party payment programs and hospital financial assistance
0:47:40

Sean McAnulty, Enrollment Program Coordinator for Mosaic Medical, presented information on Hospital Financial Assistance and Third-party Payment Programs (TPP).

See pages 17–20 of the handout package for slides.

- May be easier to implement in rural areas. It may be harder to implement in areas with multiple healthcare systems.
- There has been a ban for dialysis systems to provide a TPP.
- COVID will likely require more of a need for publically supported health insurance.
- Question on if it is possible for this to be implemented in this open enrollment period, more likely next. Project Access NOW could easily set a program up.

2020 open enrollment data and 2021 target counties
1:12:47

Cable Hogue presented an update of open enrollment data received from CMS.
See pages 21–23 of the handout package for slides.

- We were missing a slide deck for the PUMA (public use microdata area) target area county information. This portion will be pushed to the October meeting.
- We get limited data from CMS, we are trying to track how COVID had an impact on enrollment through SEPs. There has been a 28 percent increase from the previous year. In the month of April, 2020 vs. 2019 had a 59 percent increase. Mostly due to a loss of MEC (minimum essential coverage).

2021 Marketplace carrier landscape and preliminary rates
1:25:17

Katie Button presented updates for the 2021 landscapes and rates.
See pages 25–33 of the handout package for slides.

- Refer to pages 27-33 of the packet for a handout about the initial plan offerings for 2021.

Other state-based marketplace transitions 1:30:37	Victor Garcia provided an update on other state-based marketplace transitions. *See pages 34–35 of the handout package for slides.* • The implementation timelines appear to be considerably shorter than other large-scale IT projects because the vendors in this market already have detailed knowledge of state exchange business needs and details. • This familiarity carries over into ongoing operations. Example: Nevada's exchange was able to open an exceptional circumstance SEP just five days after the governor declared a public health emergency. That kind of turnaround time would not be operationally possible if the vendor did not already have mechanisms and workflows in place for such a circumstance.
Draft Marketplace move to OHA legislative concept 1:39:41	Chiqui Flowers reviewed the legislative concept to move the Marketplace over to the Oregon Health Authority. *See pages 37–38 of the handout package for the overview.* • SB 1 (2015) was the bill that abolished Cover Oregon and established the Oregon Health Insurance Marketplace within the Department of Consumer and Business Services (DCBS). • SEPs such as a broad-based one due to COVID-19 may be easier to establish, as long as it doesn't conflict with CMS. • We could then stagger the terms of the MAC members. • Trying to keep the process streamlined as possible • Will be working on transition plans, all contingent on the bill passing, which will be a year out. • The bill does not address the technology, wanted to keep it as simple as possible so there isn't a delay to having it passing. This was at the direction of the Governor's office, DCBS, and OHA. • Concern that there would be a reduction of outreach staff if they integrate our outreach staff with the regional officers at OHA. Another concern is the interaction with the Community Partners.
Prescription discount card 1:53:29	Off-agenda topic from Shannon Salidivar. Discussion about prescription drug discount cards not counting towards out-of-pocket-maximums (MOOP). Federal legislation changed whether or not the discount cards or manufacturer coupons can count towards MOOP. Prior to this, high-need consumers could use the coupons to count towards the MOOP so the insurers then pick up 100 percent of the cost. They can't count any longer and is impacting consumers.
Closing	Next meeting is scheduled to be on Thursday, Oct. 8, 2020. Will be reaching out to possibly rescheduling, plan on it being virtual.

*These minutes include timestamps from the meeting audio in an hours: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee website: healthcare.oregon.gov/marketplace/gov/Pages/him-committee.aspx under 2020 Meetings, June 11, 2020

Enrollment in various forms of health coverage and employment data

Enrollment data- Oregon Health Plan[1] and Individual market[2]

- As of 9/28/2020, there are 1,198,095 members enrolled in OHP – an increase of 4,303 members over the last week (0.36%) and 118,482 members since the March 8th Emergency Declaration (10.97%)
- As of 06/30/2020 enrollment in the individual market was:
  - On exchange: 129,092
  - Off exchange:45,880
  - Total: 174,851

Enrollment data- Other commercial[2]

- As of 6/30/2020 enrollment in non-individual market commercial, self-insured, and stop loss only insurance plans was:
  - Small group: 171,484
  - Large group: 586,300
  - Associations, Trusts, & MEWAs: 147,792
  - Student plans: 9,412
  - Self-Insured: 922,297
  - Stop Loss Only: 320,402
  - Total: 2,157,687

Unemployment data[3]

Unemployment rate by month 2019-2020

Month	2019	2020	Change
January	3.7%	3.3%	-0.4%
February	4.2%	3.3%	-0.9%
March	4.2%	3.5%	-0.7%
April	4.1%	14.9%	10.8%
May	4.0%	14.3%	10.3%
June	3.9%	11.6%	7.7%
July	3.8%	10.4%	6.6%
August	3.7%	7.7%	4.0%
September	3.6%		
October	3.5%		
November	3.4%		
December	3.4%		

[1] https://www.oregon.gov/oha/HSD/OHP/Pages/Reports.aspx
[2] https://dfr.oregon.gov/business/reg/reports-data/annual-health-insurance-report/Pages/health-ins-enrollment.aspx
[3] https://www.qualityinfo.org/covid-19

Initial unemployment insurance claims filed and processed from 3/7/2020 to 9/19/2020 compared to the same week in 2019

2019 Week	Claims Processed	2020 Week	Initial Claims Filed	Initial Claims Processed	Claims Processed Difference
3/9/2020	6732	**3/7/2020**		3892	-2840
3/16/2020	3706	**3/14/2020**		4022	316
3/23/2020	3855	**3/21/2020**	76500	21300	17445
3/30/2020	4166	**3/28/2020**	88600	45799	41633
4/6/2020	4468	**4/4/2020**	78100	54549	50081
4/13/2020	4352	**4/11/2020**	53800	47721	43369
4/20/2020	4021	**4/18/2020**	36700	31720	27699
4/27/2020	3275	**4/25/2020**	28500	29675	26400
5/4/2020	3038	**5/2/2020**	19600	30286	27248
5/11/2020	3333	**5/9/2020**	14100	25082	21749
5/18/2020	3258	**5/16/2020**	15890	17075	13817
5/25/2020	3651	**5/23/2020**	17443	22209	18558
6/1/2020	3491	**5/30/2020**	12196	14780	11289
6/8/2020	3548	**6/6/2020**	8545	16600	13052
6/15/2020	3504	**6/13/2020**	7868	18188	14684
6/22/2020	3933	**6/20/2020**	8326	12742	8809
6/29/2020	3771	**6/27/2020**	7731	8464	4693
7/6/2020	4915	**7/4/2020**	8550	7679	2764
7/13/2020	4972	**7/11/2020**		8994	4022
7/20/2020	3436	**7/18/2020**		7142	3706
7/27/2020	3148	**7/25/2020**		6142	2994
8/3/2020	3262	**8/1/2020**		4928	1666
8/10/2020	3358	**8/8/2020**		4432	1074
8/17/2020	2972	**8/15/2020**		4057	1085
8/24/2020	3264	**8/22/2020**		3911	647
9/1//2020	3191	**8/29/2020**		3817	626
9/8/2020	3182	**9/5/2020**		4062	880
9/14/2020	3867	**9/12/2020**		3854	-13
9/21/2020	3637	**9/19/2020**		6552	2915

COFA Premium Assistance Program

Year	Enrollment	Premiums paid	Carrier-paid claims
2017	443	$182,939	$1.7 million
2018	672	$220,862	$3.4 million
2019	823	$197,783	$3.9 million
2020	September 832	Jan. – June $142,167	Jan. – June $2.3 million

1

COFA Premium Assistance Program

2020 enrollment by county

Marion/Polk	54%
Metro Tri-County	33%
Union/Umatilla	10%
Remaining counties	3%

2020 enrollment by country

Federated States of Micronesia	61%
Republic of the Marshall Islands	34%
Republic of Palau	5%

2

COFA Premium Assistance Program

2020 enrollment by age

19-30 years	200
31-39 years	155
40-49 years	144
50-65 years	244
66 and older*	103

* Oldest applicant is 93

3

COFA Premium Assistance Program

Enrollment events

Due to the COVID-19 pandemic, there are no in-person enrollment events scheduled.

The COFA program partner agent has been successfully conducting virtual appointments with new and existing clients.

4

COFA Premium Assistance Program

The COFA program is piloting an application renewal process this year. Of 846 current enrollees, 475 qualified to receive renewal applications by mail.

They will be able to return their applications by mail and we will provide their agent with their current information to complete the 2021 health plan enrollment.

5

Health Care Cost Growth Target Program Update (SB 889)

October 2020

Oregon Health Authority

Implementation Committee Progress

3 month pause due to COVID-19

Jan	Cost Growth Target	
Feb		Data Use Strategy
Mar		
Apr	*Committee pause*	
May		
June		

Resumed in July with two meetings

Oregon Health Authority

Revised Timeline

July	Taking Action	Implementation Timeline
Aug	Taking Action	Transparency
Sept	Quality & Equity	Data Use Strategy
Oct		Accountability
Nov	Hold for any remaining discussion	
Dec	Review final recommendations	

Submit progress report

3 new meetings

Submit final report to legislature in early 2021

Taking Action

SB 889 requires Implementation Committee to identify opportunities to lower cost, including looking at innovative payment models and transparency.

Increasing Use of VBP

- Committee to adopt principles to accelerate the adoption of advanced VBP models across the state
  - Update from October 6th Committee meeting
- VBP principles → voluntary compact
- Voluntary compact → Implementation workgroup

Transparency

What?	• What are we measuring and analyzing? • What will we do to validate this information? • What data will be reported?
Who?	• About which payers & providers?
How?	• What are the mechanisms for public reporting?
When?	• When will data be publicly reported? • How often will we hold public hearings?
Then What?	• What should we do with these reports? • How can reports drive further action?

Oregon Health Authority

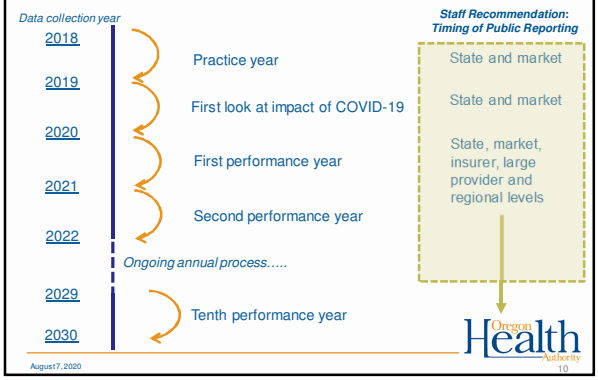
	First Public Report	Impact of COVID-19 Report	First Performance Report
Release Date (est.)	2021	2021	2022
Years	2018-2019	2018-2020	2018-2021
Performance relative to the cost growth target	*Change 2018-2019* • State level • Market level	*Change 2019-2020* • State level • Market level	Change 2020-2021 • State level • Market level • Insurer level • Provider level
Underlying cost trends	Initial look at cost drivers	Impact of COVID-19 on cost drivers	Deeper look at cost drivers, including price variation
Impact of the cost growth target	Baseline analysis of premiums, quality, and consumer spending	Impact of COVID-19 on premiums, quality, and consumer spending	Deeper look at impacts and adverse consequences

How? Three primary modes for releasing data

1. **Development and Publication of Reports**
2. **Publication of Data Files**
3. **Public Hearings**

Oregon Health Authority
9

When? Public Reports



Then what?

What should the State and other stakeholders do with the public information to Take Action to meet the Cost Growth Target or improve the performance of the health system?

- Increase the use of VBP (voluntary compact)
- Identify opportunities to reduce low value care to reduce costs and improve quality
- Improve price transparency and reduce price variation

Next Steps

October 6th Committee Meeting

- Principles to increase advance VBP models
- Which payers and providers will be reported on (population thresholds)
- Initial quality and equity conversation

Committee Progress Report

Submitted progress report to Legislature on Sept 30th with information about Implementation Committee decisions in each workstream to date.


Sustainable Health Care Cost Growth Target
Implementation Committee Status Report to the Oregon Legislature
Senate Bill 889 (2019)
September 30, 2020

https://www.oregon.gov/oha/HPA/HP/Pages/Sustainable-Health-Care-Cost-Growth-Target.aspx

2021 Session

Accountability and Enforcement for Cost Growth Target LC

- Accountability mechanisms begin for 2023 performance year; public reporting begins earlier
- Language clean up

Mergers & Acquisitions LC

- Reporting impacts of M&A on cost growth target

Senate Bill 770 (2019): Report on a Public Option or Medicaid Buy-in

Presentation to the Marketplace Advisory Committee
October 7th, 2020

Oregon Health Authority

Reminder: SB 770 Launched Two Paths of Reforms

Public Option / Medicaid

OHA is developing proposals to provide an affordable coverage option for more Oregonians. OHA plans two reports in 2020.

Task Force on Universal Health Care

The Task Force has resumed meetings and plans to issue a report to the Legislature in June 2021.

Oregon Health Authority

Public Option / Medicaid Buy-In

SB 770 directs OHA to develop a plan to "provide an affordable health care option to all Oregon residents" with a focus on those "who do not have access to health care."

Considerations:

- No net cost to the state
- Comprehensive benefits
- Minimal cost sharing
- Use CCO model
- Account for distribution of risk
- Use premium tax credits
- Maximize federal funds
- Use CCO provider networks

Oregon Health Authority

Public Option / Medicaid Buy-In

The plan must also include:

- Potential eligibility requirements
- Legislative changes needed to implement
- Federal approval needed to implement
- Options for specific populations

  - Residents with income 4-6x federal poverty level who cannot afford insurance
  - Residents who cycle through Medicaid and employer coverage
  - Other groups that face significant barriers to accessing health care

Senate Bill 770

Public Option / Medicaid Buy-In Report Highlights

Three Delivery Models Identified

Manatt further analyzes models initially identified by DCBS & OHA staff:

1. A product offered and delivered by existing Medicaid CCOs
2. A product offered and delivered by commercial insurance carriers
3. A state-backed product delivered by a Third-Party Administrator

High Level Analysis of Three Models

Model	Overview	Population Best Suited	Risk Pool	Waiver(s)	State Control
CCO-Led Model	The state utilizes existing CCOs—ideally serving the same service area for which they deliver OHP benefits—to offer a product available to a broader population	Churn Population	Inside or Outside the Individual Market	1332 Waiver Needed, if Using Tax Credits	Moderate State Control
Carrier-Led Model	The state utilizes commercial insurance carriers to deliver a public option product under a contract with specific design provisions	Unsubsidized; Tax-Credit Eligible	Inside the Individual Market and/or on the Marketplace	No Federal Approval Needed	Low State Control
State/ TPA-Led Model	The state holds the plan risk and uses a TPA for implementation; the plan may be modeled on the self-insured plan covering state employees	Unsubsidized	Inside or Outside the Individual Market	Qualified Health Plan Certification/ 1332 Waiver Potentially Needed	High State Control

Source: Manatt Report

Cost Savings & Other Cross-Model Challenges

- Report considers plan design opportunities more than health delivery system reforms
  - Provider payment rates and methodologies could be considered
  - Prescription drugs reforms and Oregon's Cost Growth Target are outside the report focus
- Ensuring provider participation a key challenges
- Value-based payments and investment to meet patients' social need

Examining Provider Reimbursement Challenges

Considerations for Provider Reimbursement

Aggregate Rate Cap

- The state sets an aggregate provider reimbursement cap, but allows carriers to negotiate within the cap
- Preferred by providers, but puts negotiation onus on the carrier

Example

Washington's Cascade Care: Plans will be subject to an **aggregate reimbursement cap of 160% of Medicare rates**, with reimbursement floors for:

- Primary care physicians at 135% of Medicare allowable costs
- Rural hospitals at 101% of Medicare allowable costs

Exceptions: If the cap will raise premiums; if plans can achieve 10% premium reductions through other means; and/or if plans are unable to form adequate networks given the reimbursement restrictions

Reference Rate

- The state sets a reference rate for specific services for all participating providers
- Preferred by carriers; likely to face provider opposition

Examples

PEBB and OEBB: Payments for inpatient and outpatient hospital services are limited to 200% of the amount Medicare would pay for the services

Colorado Health Insurance Option: The state recommended a base rate of **155% of Medicare** for hospitals, with the opportunity for increases based on the hospital type:

- 20% increase for independent or critical access hospitals
- Up to 30% increase for having a high share of Medicaid/Medicare patients
- Up to 40% increase for managing underlying costs of care

Source: Manatt Report

Provider / Carrier Participation

- Ideas from other states:
  - Voluntary participation w/ RFP
  - Connect to ability or scoring of Medicaid or public employee plan contracts
  - Requirements to participate
    - Compelling carriers with a large enough footprint
    - Compelling hospitals to participate

Including CCO Elements in Plan

- Focus on integrative primary and behavioral health services
- Additional spending to address SDOH
- Access to traditional healthcare workers
- Reinvestment in community-based activities
- Connection to Community thru Advisory Councils
- Specific health equity and language-access metrics
- Targets for value-based payment arrangements (70% of CCOs' payments to providers by 2024)
- Address language and cultural barriers to care access

Incremental Options & Next Steps

- Many options to phase-in potential models
  - Target limited populations & expand over time
  - Limited market segments and expand over time
- Additional stakeholder / public engagement
- Additional work to refine plan design to address health disparities and advance health equity
- More quantitative analysis coming in Report #2

Quantitative Report Content

Report #2 will include a more detailed analysis:

- Reimbursement rate analysis
- Refine premium and enrollment analysis to reflect reimbursement rate analysis
- Deeper dive into CCO-led model for limited off-marketplace populations

Report offers considerations for multiple models and provides guidance for next steps

Key Challenges

- No model can solve all policy goals or meet the needs of all Oregonians
- Model design depends on which populations and policy goals are prioritized
- There are tradeoffs between affordability, participation, financing, and other challenges that need to be understood

COVID-19 introduces more uncertainty

Conclusions: Strengths & Weaknesses of Models

Model	Strengths	Potential Weaknesses	Potential Mitigation Strategies
CCO-Led Model	✓ Spreads the CCO model ✓ Tailorable to specific population needs ✓ Likely to offer a more affordable plan option	× Requires additional CCO administrative capacity and financial risk × May have limited access to tax credits, unless on the Marketplace × May require state financial support under some designs	Offering the plan to select populations may limit potential risk and alleviate operational burden on existing CCOs, though a targeted option may require a SBM.
Carrier-Led Model	✓ Limits state risk and utilizes existing infrastructure ✓ May improve premiums for current and new enrollees	× Limited affordability impact × Unknown carrier and/or provider participation without incentives/penalties × May fail to (or may negatively) impact subsidized enrollees, without a 1332 waiver to capture savings	The carrier-led model can be offered in a tiered fashion by first providing a more affordable off-Marketplace option to populations <400% of the FPL; later it can be offered on the Marketplace under a waiver to capture savings.
State/ TPA-Led Model	✓ The state holds the plan risk and uses a TPA for implementation, which allows the state flexibility and control in establishing parameters ✓ May be modeled on the self-insured plan covering state employees	× Increased state infrastructure needs and risk × Requires state-funded reserves × Risk pool issues, depending on enrollee health profile	The state may need to wait for a SBM before implementing this kind of plan and fully taking advantage of its flexibilities.

Source: Manatt Report


Questions?
16

Outreach Customer Service Center Partner Agent Program Community Partner Program

Outreach and strategy pre-2021 open enrollment/plan year

Outside open enrollment 2020 for plan year 2021 Outreach Team supports:

- Statewide outreach and education events: Includes events that draw millennials, events that are tribal focused, multicultural events, African American events, Latino events, Russian cultural events, LGBTQ+ events, Rural events, events that may draw APTC-eligible, health fairs, college resource events, faith-based events, school outreach using virtual fliers, and Peachjar delivery system.
- Due to COVID-19, all in-person events halted in mid-March; canceled through the end of this year; most being rolled to 2021.

2

Outreach and strategy pre-2021 open enrollment/plan year

- Rapid Response and Trade Act sessions with Employment Office and the WorkSource office. These sessions have picked up significantly due to COVID-19 layoffs and are done virtually since mid-March.
- Training offered virtually for consumers: Marketplace 101 and Marketplace Building Blocks.
- Facilitate Oregon-specific statewide virtual Community Partner Certification Training.

3

Outreach and strategy pre-2021 open enrollment/plan year

- Co-present and attend Statewide Collaborates with OHA partner virtually including attend OHA COVID19 regional listening sessions.
- Attend Statewide virtual Service Integration Team meetings
- Virtual- meetings with Agents and Community Partners throughout the State.
- Work with County Marriage license offices to include info in marriage packets, Wedding show lists & Oregon Education Board-layoff lists

4

Outreach and strategy pre-2021 open enrollment/plan year

Dedicated tribal liaison for tribal outreach

Outreach we have done or will be supporting August-October 2020:

- SB 770 Health Cluster
- Presentation at Portland Area CMS/ITU annual meeting
- Virtual tribal check-ins via email
- Marketplace training for tribal assisters
- Tribal constituent work to resolved insurance issues

5

Outreach and strategy pre-2021 open enrollment/plan year

Dedicated tribal liaison for tribal outreach, continued

- Legislative Commission on Indian Services (LCIS) meetings
- Oregon Native American Chamber (ONAC) meetings.

6

Outreach and strategy pre-2021 open enrollment/plan year

Outreach events: Pre-open enrollment (January to September 2020)

Events, sponsorships, meetings, informational shares: 409

Note: Does not including trainings, collaboratives, or general required outreach in regions or regional specific outreach

7

Outreach strategies and customer service 2021 open enrollment

Outreach events: Open enrollment (Nov. 1, 2020 – Dec. 15, 2020), scheduled to date

- Outreach events: All cancelled due to COVID-19
- Enrollment events: Working on supporting virtual enrollment events with community partners and agents.
- Sponsorships: 1

Note: Does not including trainings, collaboratives, or general required outreach in regions or regional specific outreach, CP enrollment events or agent enrollment events

8

Marketplace customer service center

- Provides Oregonians with information and local resources using OregonHealthCare.gov (supported by Outreach team)
- Helps consumers walk through HealthCare.gov, if needed
- Call center maintains a 90% or better customer service level outside of open enrollment and aims to do so during open enrollment

9

Marketplace customer service center

- Call center 2020 OE customer satisfaction survey: 99% of customers were extremely satisfied with the customer service they received
- Outreach team provides detailed support to consumers for escalated and urgent issues via constituent issues liaison

10

Marketplace customer service center - constituent issues

Common issues and the average days to resolve with the FFM:

CARES Act impacted the Oregon Health Plan eligibility, which affected Marketplace consumers:

- Some consumers who accessed SEPs due to loss of employer coverage were retroactively found eligible for OHP, causing overlapping coverage
- OHP members whose benefits ended in March and subsequently accessed Marketplace coverage were later reinstated for OHP retroactively and lost tax credits for Marketplace plans; consumers who preferred to keep Marketplace coverage were forced to stay on OHP

11

Marketplace customer service center - constituent issues

- Oregon's ability to retroactively terminate Marketplace plans due to overlapping coverage with Medicaid has been largely successful in resolving overlapping coverage issues
- Process still has occasional issues with CMS properly routing the HICS escalation or carrier following directions on issuer action request

12

Marketplace customer service center - constituent issues, continued

- Average duration of successfully resolved HICS cases submitted by Oregon is typically less than 30 days. Longest case is now more than 200 days, due to above-mentioned issues.
- Oregon has now initiated more than 17 escalations directly in HICS, mostly submitted in the past six months.

13

Partner agent program: PY 2021

- 28 partner agencies awarded grants this year
- Total grant awards to partner agencies: $305,500
- More than one-third of our partner agencies are bilingual, with assistance available in Spanish, Thai, Chinese, and Russian
- Maintained good overall geographic coverage

14

Partner agent program: PY 2021, continued

- Still working toward a partner presence in SE Oregon
- Partner agents have implemented appropriate operations strategies, as well as safety measures for in-person assistance during the ongoing pandemic

15

Plan year 2020/2021 comparison

- We awarded 28 vs. 32 partners this year vs. last
- Total partner agency grants awards down $9,000, from $314,500 last year to $305,500 this year
- Number of bilingual partner agencies continues to increase year-over-year
- Improved ordering process, and fewer available options will reduce marketing supplies/signage costs for PY 2021
- Working more actively with partner agents to align Marketplace/partner agent marketing strategies

16

2020-2021 community partner grantees

Marketplace has contracts **with seven organizations** to provide outreach and enrollment assistance to consumers in Oregon from August 2020 through July 2021. All partners this year have been grantees in previous years.

For this grant year, all awards **total $400,000**. Grants are awarded after an open and competitive process.

17

2020-2021 community partner Grantees

- **Asian Health & Service Center** (Portland)
- **Benton County Health Services** (Corvallis)
- **Cascade AIDS Project** (Portland)
- **Interface Network** (Salem)
- **Immigrant & Refugee Community Org.** (Portland)
- **Northeast Oregon Network** (LaGrande)
- **Project Access NOW** (Portland)

18

PY 2021 Marketplace training

- **Marketplace redesigned its assister training** in plan year 2021, offering online-only versions of the training for the second year due to COVID-19.
- **Marketplace continued to offer training and certification exclusively in Spanish**

PY 2021 Marketplace training

- **A "Refresher" training is offered to assisters** that had completed the highest level of training in the previous two training years. The training was a faster-paced, abridged version of the full Assister training.
- **OHIM implemented a new training software: Mindflash**. This improved efficiency of administrative tasks and recordkeeping associated with training.

PY 2021 Marketplace training

Training now includes three options:

- **Marketplace Overview**: About a three-hour training providing information on the ACA, health insurance concepts, and the financial assistance programs available on the Marketplace. This training is intended for everyone who provides health coverage assistance (OHP/QHP).

PY 2021 Marketplace training

- **Marketplace Assister**: About a five-hour presentation which illustrates the specific duties of a Marketplace assister, including: applications, comparing plans, service equity, post-enrollment follow-up, preventing fraud, appeals, and security/privacy, among other topics.
- **Marketplace Refresher:** The previously mentioned abridged version of the Assister training.

PY 2021 Marketplace training

- **Completion of Assister or Refresher is required** to assist consumers with HealthCare.gov enrollment.
- **In addition to a live webinar, Assister and Refresher also requires** attendees to complete **self-directed, pre-recorded modules on the ACA and privacy/security, as well as a 40-question post-training quiz** for certification.

PY 2021 Marketplace training

July 8, 2020, to Sept. 30, 2020:

773 community partner assisters have created accounts for training in our Mindflash system.

- **Of those, 760 have started (on-demand modules, live webinars).** This could include those that have a training date in the future.
- **Of those, 583 have completed training content,** not counting post-training survey or exam.

PY 2021 Marketplace training

46 trainings have been provided by the Marketplace team via webinar as of this writing, with an additional nine planned before Nov. 1.

In Oregon, we have currently certified:

- 465 people with some level of Marketplace training (including Overview).
- 305 assisters that can support consumers with the HealthCare.gov application and plan selection process.

PY 2021 Marketplace training

The Marketplace outreach team held community-specific trainings with assisters who serve hard-to-reach populations:

- **Four trainings held in Spanish** (and one additional planned) with 17 Latinx-focused assisters attending.
- **One session focused on tribal-specific assisters** with 13 people attending.

PY 2021 Marketplace training

We will continue to offer Marketplace training after open enrollment

- Our new software allows for self-directed modules, taking some of the training burden from staff
- Live webinars and (when possible) in-person trainings will still be offered, with less frequency, for newly hired assisters or those who prefer direct contact with trainers.

What's New for 2021

Katie Button
Plan management analyst

OREGON HEALTH INSURANCE MARKETPLACE

County expansions

- Medical carriers are moving back into counties in 2021
  - BridgeSpan will offer plans statewide
  - PacificSource is moving back into Douglas, Josephine, and Jackson counties
- Regence has been approved to offer plans on-exchange and will be offering plans statewide
- Lincoln County will have three carriers; all other counties will have at least four
- All counties will have nonstandard plan options for the first time since 2017

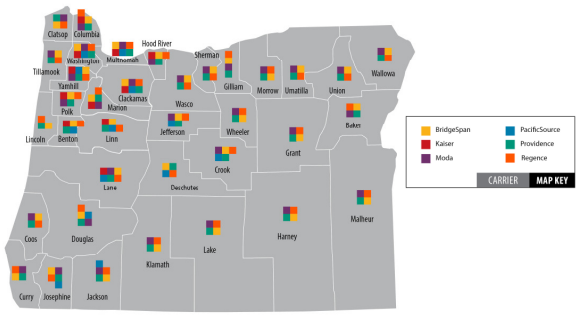
2

Individual medical plans

- 6 medical carriers (1 more than 2020)
- 3 statewide medical carriers (2 more than 2020)
- 90 total medical plans
  - 23 gold plans
  - 29 silver plans
  - 36 bronze plans
  - 2 catastrophic plans

3

2021 on-exchange carriers by county



4

Medical plan crosswalks

Each year, carriers create crosswalks that CMS uses for auto-enrollment

Generally, carriers crosswalk enrollees on their own, but the Marketplace has the authority to direct crosswalks

5

Medical plan crosswalks, continued

- Kaiser catastrophic plan enrollees will move to Kaiser standard Bronze plan
- Moda Deschutes County standard plan enrollees will move to corresponding Providence standard plans
- BridgeSpan members on nonstandard plans will move to Regence versions of those plans

6

Standard plan changes

Standard Bronze Plan

Benefit	2020 Amount	2021 Amount
Max Out of Pocket/Deductible	$7,900	$8,550
PCP Visit	$45	$50
Specialist Visit	$90	$100
Generic Drugs	$15	$20
Urgent Care	No charge after deductible	$100

7

Standard plan changes, continued

Standard Silver Plan

Benefit	2020 Amount	2021 Amount
Max Out of Pocket – Base Variant	$8150	$8550
Max Out of Pocket – 73% CSR Variant	$6500	$6800
Max Out of Pocket – 87% CSR Variant	$2700	$2850
Deductible – Base Variant	$3550	$3650
Deductible – 73% CSR Variant	$3350	$3650
Deductible – 87% CSR Variant	$900	$1200

8

Standard plan changes, continued

Standard Gold Plan

Benefit	2020 Amount	2021 Amount
Deductible	$1000	$1500

9

2021 medical plan rates

Company	Average rate increase/ decrease	Final Portland Silver 40-year-old rate
Kaiser	-3.5%	$425
Moda	4.7%	$442
Providence	1.4%	$450
Regence	2.5%	$454
PacificSource	4.2%	$460
BridgeSpan	11.1%	$466

https://dfr.oregon.gov/healthrates/Pages/index.aspx

10

Individual dental plans

- 6 dental carriers (same as 2020)
- 4 statewide dental carriers (same as 2020)
- 19 total dental plans

11

2021 Marketplace Open Enrollment Communications Plan

Amy Coven

OREGON HEALTH INSURANCE MARKETPLACE

Federal marketing tactics

Paid digital tactics:
- Search
- Social – Facebook and Instagram
- Display – Desktop and mobile display
- Video –YouTube, Hulu

Earned media:
- Radio and satellite media tours to get news coverage

Direct response tactics:
- Email
- SMS (text messaging)
- Autodial

2

Federal messaging

"Now Open"
- HealthCare.gov is the place to shop for plans and enroll in coverage.
- Now is the time to shop and compare plans.

"Coverage" message
- Get covered. Find a health plan today.
- Enroll now. Get covered.

"Deadline" message
- Final deadline Dec. 15.
- Time's running out. Enroll by the deadline.

"Importance of coverage" message
- Health coverage has never been more important.

3

Federal direct response segments

- Standard chase text messages and emails to three segments:
  - Existing consumer
    - **Sub-segments (9):** No Auto Re-Enroll, Shop for Plan (Cross Issuer), Shop for Plan (Different Product, Same Issuer), Losing APTC, Cost Increase 25%+, No/Low Financial Help, Financial Help, Update Info
  - Prior experience
    - **Sub-segments (4):** Prior Experience Subscriber, Account Only, Prior Year App, High Priority Prior Year App (new for OE8; consumers who submitted an application during 2020 but did not enroll; high likelihood of enrolling in OE8)
  - Active applicant
    - **Sub-segments (4):** First Time Subscriber, Apply, No/Low Financial Help, Financial Help

4

State target regions

Target counties/PUMA	Remaining APTC eligible, uninsured	Remaining eligible density per sq. mile
Multnomah	22,512	52.23
Washington	14,030	19.38
Marion	11,830	10.01
Clackamas	11,633	6.22
Jackson	10,828	3.89
Lane	16,477	3.62
Yamhill/Polk	5,212	3.58
Columbia, Lincoln, Clatsop, and Tillamook	6,980	1.96
Deschutes	4,903	1.62

Statewide total subsidy eligible, uninsured: 130,845

5

Target audiences

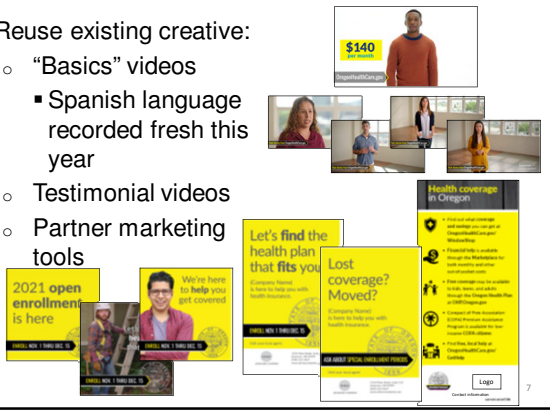
- Women
- Older adults
- Younger men

Oregonians who have never needed to explore options through the Marketplace are shopping for the first time.

6

Creative plan

- Reuse existing creative:
  - "Basics" videos
    - Spanish language recorded fresh this year
  - Testimonial videos
  - Partner marketing tools



7

State media plan

- In house
  - Paid search (Google)
  - Paid Facebook and Instagram ads and boosted posts
- Coates Kokes
  - Programmatic display/video
  - TV/cable/connected TV/over the top
  - YouTube
  - Streaming
  - Radio
  - Out-of-home

8

Public relations

- Coates Kokes will create materials for DCBS to use and send
  - Before OE: Setting the stage
  - Week 1: Launch week
  - Week 2: Unleash the partners
  - Week 3: Added value week
  - Week 4: Thanksgiving
  - Week 5: Real people
  - Week 6: Update on how OE is going
  - Week 7: Time is almost out

9

How we will measure success

- Clicks to OregonHealthcare.gov.
- Unique visits to OregonHealthcare.gov
- Conversions as shown by traffic clicking on specific links :
  - Window shopping
  - Find local help
- Ad metrics
- Search metrics
- Social media metrics
- Earned media results

10

Timeline

- 9/14 Blog launched (posts each Monday)
- 10/2 Newsletter launched
  Grantee orders processed
- 10/19 School fliers sent via PeachJar
  Window shopping tool PR published
- 11/1 Newsletter sent
- 11/4 Marketplace OE communications tactics launch
- 11/4 Legislative outreach for MP OE
- 11/30 End of OE PR published
- 12/1 Newsletter sent

11