



**Oregon Health Insurance Marketplace
Advisory Committee Meeting
May 25, 2023
9 a.m. - noon**

In-person

Barbara Roberts Human Services Building
500 Summer Street NE, Conference Room 166
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#

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

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 – 9:10 a.m.	Welcome, meeting guidelines, and approval of previous meeting’s minutes	Kraig Anderson Committee Chair	Information and voting
9:10 - 9:15 a.m.	Welcome new committee members	Kraig Anderson Committee Chair	Information
9:15 – 9:30 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information and discussion
9:30 – 10:20 a.m.	Basic Health Program updates*	Tim Sweeney Senior Policy Analyst, Health Policy and Analytics, OHA	Information and discussion
10:20 – 10:25 a.m.	Public comment	Kraig Anderson Committee Chair	
10:25 – 10:35 a.m.	Break		
10:35 – 11:00 a.m.	2023 Legislative Session updates	Phil Schmidt Government Relations, OHA	Information and discussion

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

Time	Agenda Item	Facilitators and Presenters	Purpose
11:00 – 11:20 a.m.	Unwinding continuous eligibility in Oregon	Vivian Levy Interim Deputy Medicaid Director, OHA	Information
11:20 – 11:40 a.m.	Marketplace Transition Project updates	Nina Remple Marketplace Transition Project manager Chiqui Flowers Marketplace director	Information and discussion
11:40 – 11:45 a.m.	Public comment	Kraig Anderson Committee Chair	
11:45 – 11:55 a.m.	Wrap up and closing	Kraig Anderson Committee Chair	

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

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, January 19, 2023 – 9 a.m. to noon

Where: Virtual via Microsoft Teams

In-person at the Barbara Roberts Human Services Building
500 Summer St NE, Salem OR 97301

Committee members:

Virtual – Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Ines Kemper, Joanie Moore, Linzay Shirahama, Holly Sorensen, Om Sukheenai, and Drew Tarab. TK Keen filling in for Andrew Stolfi.

In person – Kraig Anderson (chair), Lindsey Hopper (vice chair)

Members not present: Kathleen Jonathan, Andrew Stolfi (ex-officio), and Nashoba Temperly

Other presenters: Stephanie Kennan, Vivian Levy, Phil Schmidt, 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; Victor Garcia, operations development specialist; Misty Rayas, outreach and education section manager; Dawn Shaw, office support coordinator; and Micheil Wallace, agent liaison

Agenda item and time stamp*

Welcome, meeting guidelines, and approval of previous meeting minutes

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the December 8 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the December minutes, and pages 16-17 for the meeting guideline. Slides 1-4 in the slide deck.)

- Approved December 8, 2022, minutes.

Federal health policy updates 17:57

Stephanie Kennan from McGuire Woods Consulting called in from Washington, DC to present information about current legislation and cases that involve the Affordable Care Act (ACA).

- January has been both quiet and crazy in some ways with the new Congress.
- In the health committee in the Senate there is a focus on prescription costs.
- The equivalent committee in the House, the Energy and Commerce Committee, will be reviewing where the money went with COVID in general. The Committee has a broad range.
- In the House, the Rules Committee determines which bills go through and how much time will be allotted for each. Three members were appointed to the Rules Committee that do not like to spend money. This may impact programs like Medicare and Social Security. The House and Senate used to operate as “pay go” which is if your proposal spent money than you had to pay for it. The House has now adopted a “cut go” if the bill increases spending in the budget increases in five to ten years there must be decrease in mandatory spending program budgets, like Social Security. Likely this change will make it hard to pass anything healthcare related that increases spending.

- Today we hit the debt limit the House negotiate to reduce spending. The debt limit means we cannot borrow any more money. The receipts in June or July will not have any money to pay them. The House would like to look at reducing spending in the budget or determine which receipts have priority.
- Rescue committee in the Senate will be looking into budgets for Medicare, Social Security, the highway trust funds, and potentially Medicaid.
- February the House Appropriations Hearing changes and will look at other programs not reauthorized but received money in the appropriations process.
- Mental health and opioid abuse are still big issues. Will investigate other areas like organ transplants.
- This year is the year to get things done due to the upcoming presidential election.
- Gladys wondered about the changes to transplants. Stephanie replied that they want to track organs to help with patient safety. They wonder why there is an increase on the organs not being used. More systemic changes, not determinations on who get transplants. Kidneys are often removed before there is a match due to the high demand. The discard rate is high. Kidneys and livers do not travel with a team, other organs do.
- FDA (Federal Drug Administration) will propose changes to prescriptions and over the counter medications to reduce prescription drug costs.
- Darrell White with the Urban League of Portland asked if the Legislature look at people who do not qualify for dental or vision coverage and must go through OHP (Oregon Health Plan). Stephanie replied that it is not necessarily a federal issue and there was some discussion to add dental and vision to Medicare.

Open enrollment debrief on outreach, education, and enrollment
32:42

Chiqui Flowers led an initial debrief of open enrollment (OE).

(See page 18 of the handout package for a copy of the slide deck.)

- Initial numbers show this open enrollment with lower enrollment numbers than last year. Centers for Medicare and Medicaid Services (CMS) should be releasing the official numbers next week.
- Feedback on how the Committee felt open enrollment went.
 - Ines as a consumer and cancer patient used HealthCare.gov. Tried to put her two providers (oncologist and primary care) in and in the 15 plans, only three had both on the provider lists. Was wanting to look at lifetime maximums, was told that most insurance carriers would only cover three PET (positron emission tomography) scans in a lifetime. Could not find that information. Tried to find prescription maximums as well. Cancer drugs are very expensive.
 - Gladys as a broker had more calls this year. Most found her online through the Find Local Help tool on OregonHealthCare.gov. Some carriers appeared to be overwhelmed and there is a delay in application processing especially with data mismatches. Other brokers may have worked more due to carriers being understaffed, especially with group insurance. It took two weeks to correct a birthday in the system. More consumers appeared to be more aware of what they were wanting in an insurance plan and were seeking out help. Some clients found her through Facebook. First year an increase in consumers finding her on social media.
 - Kraig wondered why there was an increase due to social media or what the change was. Gladys answered questions and there were referral tags from clients. Posted more informational education posts and consumer decision to look for more help.
 - Ron as a broker found that clients would use Google to search for HealthCare.gov and select the first option, then they would be bombarded by spam. Had a client with a family of five that talked to another agent and the agent did not give out information about HealthCare.gov, so they didn't get

information on tax credits, which would have been around \$600 per month over the last few years. Would like a requirement for agents to look at HealthCare.gov when advising clients. Was looking at a Medicare Part D plan and for one generic cancer drug it had a cost of \$8,400 through Part D, Good Rx brought the cost down to \$1,400, and Cost Plus went down to \$173.

- Ines also agreed that Good Rx is a great way to look and compare prescription costs. Online pharmacies can be cheaper as well, cannot ship refrigerated medications in most cases.
- Chiqui thanked everyone for the suggestions and any future suggestions please email her.
- TK added that previously when the Marketplace was with Department of Consumer and Business Services (DCBS) the messaging was left to the Marketplace. Now with the move to Oregon Health Authority (OHA) there may be opportunity for Division of Financial Regulation (DFR) and DCBS to push information out to their networks.
 - Chiqui agreed to take this offline to find opportunities to synchronize messaging.
- Om as an agent stated that most people do not know when open enrollment is. Was able to send information through social media and postcards. Had a lot of Zoom appointments. People know they want health insurance but do not know how to get it. Did get some referrals from the Find Local Help tool on OregonHealthCare.gov. Made sure to ask about the client's situations, especially how they file the taxes and how much they are paying out-of-pocket. Most were changing from bronze plans to silver. Agreed with Ron that Cost Plus is a good resource.
- Holly as a community partner wondered about the data mismatch issue Gladys brought up and if any tax credits or out-of-pocket cost changes on the carrier side were reported.
 - Gladys replied that some clients were confused about what the tax household was. One client's husband's kids were being claimed on their taxes, but the kids did not live with them. That reduced the deductible and maximum out-of-pocket (MOOP) significantly with the change from a household of three to a household of five. Haven't heard of any increases of MOOP.
 - Om did add that there was an application submission on 1/13 and has been trying to submit a correction of income to the application and it isn't happening. Om mentioned that summary of benefits is a good place to look for MOOP.
 - Gladys emails clients the summary of benefits.
 - Chiqui will have Katie follow up with Holly on the findings and figure out next steps.
- Chiqui asked Miranda and Micheil what feedback they were hearing from other community partners and agents.
 - Miranda
 - Holly will provide her update. Nashoba could not attend and he works with the LGBTQ+ community and he reported an increase of health literacy. Need/demand for information is changing from needing full application assistance to help finding a plan. Other community partners reported more immigrants needing assistance. Less people impacted by the family glitch fix than anticipated.
 - Holly asked her team as they are doing more of the one-on-one assistance. Wallowa had positive trends. There is a data mismatch from the Marketplace to Moda, the billing ends up being inaccurate. More people are not going with individual dental insurance and are choosing to go to the FQHCs (federally qualified health centers) and the sliding scale. With an increase

in plan offerings Moda is looked at for premiums and deductibles and PacificSource for the national network. There has been an increase of people going to the Marketplace from faith-based insurance plans. Consumers in Eastern Oregon often must travel to get care.

- Micheil
 - Same as Miranda. Agents reported that open enrollment went well overall, fewer technology issues with HealthCare.gov and Health Sherpa. A few reported a slower OE, by in large most were busier. Happy with how it went and thankful for the agents.

Basic Health Program updates

01:04:29

Timothy Sweeney presented updates on the Basic Health Program (BHP). (See pages 19-24 of the handout packet for a copy of the slide deck.)

- Lindsey added that through a lot of meetings there was unanimous support on the recommendations. Most strongly held views were around coordinated care organization (CCO) service packages, no enrollee costs, and provider reimbursement. HIMAC's ongoing consumer feedback was taken into consideration.
- Om had a question about providers being in-network and no cost premium, copay, and deductibles like OHP.
 - Lindsey stated that this doesn't include people remaining on Medicaid but would be for folks who are transitioning and not be much different from OHP.
- Gladys wondered if the money is being taken from current enrollee's tax credits but would be the money uninsured would have gotten if they had been enrolled. Tim responded that it would not affect the tax credit and plan costs, but there may be secondary impacts.
- Gladys also wondered if the program would be finite. Tim replied that if they remain in the federal poverty level (FPL) range of 138 to 200 percent they would remain on the program. People will not be restricted by time but income and income variations.
- Looking at Minnesota as a model for our BHP.

Public comment & break

01:37:57

None given.

Marketplace transition proposed plans

1:44:39

Amy Coven, Katie Button, Miranda Amstutz, and Micheil Wallace reviewed the plans for the continuous eligibility unwinding.

(See pages 25-37 of the handout packet for a copy of the slides.)

- Reminder that the 150% of FPL special enrollment period (SEP) and Tribal enrollment periods provide further enrollment opportunities.
 - Om requested a clarification on the deadline, starting in April and up to August still in OHP? Amy, yes, they will. Another question, most people on CWM (Citizen Waived Medical) are not eligible for Marketplace coverage? Amy answered that some CWM who may have a lawful permanent status of less than five years or other considerations, we will get tailored letters to make sure that they understand their options.
 - Kraig wondered if the notifications would be going out in batches. Amy responded that there will be phasing based on the work of the Community and Partner Workgroup, who analyzed which groups are higher risk. We will push to the front people not needing as much help, leaving people needing more work to the end. The phasing is still being worked on and will send out the information out when it is finalized.
-

- Gladys expressed concern about sending consumers to carriers directly because they would not get tax credits. Katie will send info to HealthCare.gov and will be recommending agents for the best plan for the consumer.
- Kraig just to clarify if in a CCO going with that plan would be more familiar or they could go with the second-lowest cost silver plan providing their providers are in-network.
- Carissa Bishop in chat wanted to add people with disabilities to the list on slide 52 about current grantee support communities.
- On slide 63:
 - Om is concerned that some agents just enroll consumers in the cheapest plan and make sure that they are assisting getting them the best plan.
 - Gladys said it depends, look at both options and what the ask is for and if it can be accommodated with the current grantees.

Unwinding continuous eligibility in Oregon
2:26:41

Vivian Levy discussed the plans for the upcoming Medicaid redeterminations. (See pages 37-40 of the handout packet for a copy of the slides.)

- Paul asked about if the temporary Medicaid program has been approved. Vivian said 1115 waiver request pending with CMS to create the program. Paul then wondered if we were confident of getting the waiver approved and if there were contingency plans. Vivian indicated that we have informed CMS that we would need a response by the end of February. We have everything set in place and are ready to begin the work and have plans in place if it doesn't get approved.
- Kraig wanted to have an explanation of why there will be ten batches. Vivian, we have a mandate from CMS that we will complete the process in 14 months. Oregon Department of Human Services (ODHS) already has a backlog. Balance people out over the ten months for processing in time.

2023 legislative bills of interest for the Marketplace
02:41:19

Phil Schmidt presented the bills of interest for the Marketplace during the 2023 legislative session. (See pages 40-43 of the handout package for a copy of the slide deck.)

- Slides were added during the meeting and the handout packet was updated online.
- Phil will come back for future meetings to update on progress, legislative session just started.
- Chiqui informed that Phil that committee members are interested in providing comments or testimony and wondered how the best way for them was to do so. Phil replied that you can provide comments as a member of the public but not as a HIMAC member.

Public comment, member recruitment, wrap up & closing
02:51:30

No public comment given.

Bid farewell to Kathleen Jonathan and Linzay Shirahama, their terms are up 2/28/2023 and they will not be applying for another term. With the new governor there may be some changes to the application process. Please let Chiqui know if you have any suggestions for new members.

The annual report is due April 15, Chiqui will be emailing a copy for comments and/or feedback.

Next meeting will be Thursday, April 20, 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 2023 Meetings, January 19.

Health Insurance Marketplace Advisory Committee Meeting

May 25, 2023



Kraig Anderson
Acting 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
chiqui.flowers@oha.oregon.gov
503-884-6017

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 minutes January 2023 meeting minutes

Kraig Anderson
Committee Chair



5



Welcome new committee members!

Kraig Anderson
Committee Chair



6

New members

<p>Shannon Lee</p> 	<p>Danielle Nichols</p> 
--	---

7

Federal health policy updates



Stephanie Kennan
McGuireWoods Consulting

8

Basic Health Program updates






Tim Sweeney
Health Policy and Analytics,
OHA


9

Basic Health Program: CMS updates and Marketplace impact

Health Insurance Marketplace Advisory Committee
May 25, 2023

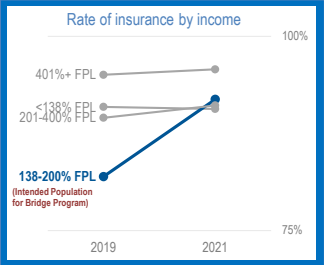
10



- BHP overview & refresher
- Updated implementation requirements
- Federal funding options explored
- Mitigating Marketplace impact with three year phase-in

11

Low-income adults gained coverage during the PHE as fewer people became uninsured due to loss of OHP




Family size	138% FPL	200% FPL
1	\$20,120	\$29,160
2	\$27,214	\$39,440
3	\$34,307	\$49,720
4	\$41,400	\$60,000

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

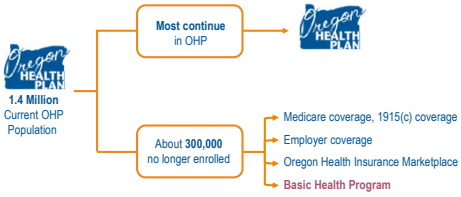
Program goals: HB 4035 and Task Force

- Preserve PHE coverage gains
- Maximize federal funding
- Administered by CCOs
- CCO service package
- No enrollee costs
- Capitation rates that eventually enable higher-than OHP provider payment
- Explore strategies to minimize premium increases and coverage loss for consumers >200% FPL who remain on the Marketplace



14

Pathways to coverage following redeterminations



15

Who will enroll in the BHP over the next few years?

People Moving From Uninsured
Based on the uninsured population in 2021, actuaries estimated BHP enrollment among the uninsured using microsimulation modeling, projected for 2025.

People Moving From ACA Individual Market
Includes people currently covered in the Marketplace with income between 138-200% FPL in 2021, projected to 2025. This population will move to the BHP gradually over the course of 3 years.

People Moving From Medicaid
Includes the 138-200% FPL population that will transition to the Temporary Medicaid Expansion category following the end of the PHE, who would otherwise be eligible for the Marketplace.

Total: ~102,100

11,300
35,800
55,000

16

What is a Section 1331 Basic Health Program?

- A **Basic Health Program (BHP)** covers individuals up to 200% FPL who would otherwise be eligible for Marketplace coverage
- To establish a BHP, states must apply by submitting a **BHP Blueprint**
- To implement a BHP, states receive **federal funding** to cover BHP-eligible enrollees
- The Blueprint documents:
 - BHP design choices
 - Description of the operations and management of the program
 - Compliance with federal rules

17

BHP implementation requirements

Recap and update

18

Task Force direction for phased implementation

- **Phased BHP implementation over six months:**
 - Phase 0: Temp Medicaid Expansion during redeterminations
 - Phase 1: OHP members transition to BHP mid-2024
 - Phase 2: All BHP-eligible can enroll for January 2025

19

Update: CMS direction

- **Temporary Medicaid Expansion**
 - Amendment was approved 4/20/23!
- **Phased BHP implementation over three years**
 - BHP implementation must allow for all eligible individuals to enroll at launch
 - However, due to FFM auto-re-enrollment, the transition of BHP-eligible Marketplace consumers will occur over three years

20

Mid-2024 plan for Marketplace enrollees

- When the BHP launches mid-2024, BHP-eligible Marketplace enrollees will have the option to enroll through the FFM or ONE System.
 - BHP-eligible Marketplace enrollees will NOT be automatically migrated to the BHP
 - Marketplace enrollees must update their FFM application or apply via ONE
 - Because Marketplace enrollees may auto-re-enroll in their plans, migration of BHP-eligible marketplace enrollees will happen over time from launch through end of 2026
- BHP-eligible individuals who update their FFM application will no longer be eligible for Marketplace tax credits.

21

Operational implications of revised phase-in

- **State systems and readiness:**
 - ONE system and MMIS must be fully ready to accept new applicants at BHP launch
 - CCO capitation rate development must consider enrollment of individuals currently covered by Marketplace plans or uninsured
- **CCOs and Marketplace plans**
 - CCOs could receive new enrollees at launch
 - Marketplace plans likely need guidance during rate development processes
- **Consumers / members:**
 - Communications needed to minimize confusion among Marketplace enrollees, who will lose access to tax credits once they update their FFM application

22

22

Oregon Seeking Federal Guidance

- **Marketplace / individual market:**
 - Working with CMS to make assumptions for consumer responses to BHP launch
 - Enrollment assumptions will inform guidance to carriers
- **Consumers / members:**
 - Consider options to minimize disruption for Marketplace enrollees who prefer to remain in their plan for remainder of 2024
 - Working with CMS/Treasury to minimize risk of consumer repayment of marketplace tax credits
- **CCOs and state systems**
 - Ensuring system development work adheres to BHP structure

23

23

Using federal funds for mitigation
Options explored

24

Task Force direction to consider federal funds for mitigation

- **State administered premium assistance subsidy program**
 - Would capture federal dollars saved by reducing premiums on the Marketplace
 - Create a subsidy to further reduce the cost of premiums for subsidized enrollees
 - **Placed on hold:** Carriers indicated operationally burdensome; CMS concerned the simplified design of the subsidy needed for HealthCare.gov would violate the affordability guardrail
- **Gold Benchmark on federally facilitated exchange (FFM)**
 - Increase Marketplace consumers' purchasing power by replacing the second lowest cost silver plan with the lowest cost gold plan as the State's benchmark
 - Actuarial analysis, requested by CMS, showed approach feasible with small state cost
 - **Placed on hold:** CMS not willing to prioritize the operational changes needed, and therefore unwilling to consider outstanding policy questions

25

"BHP look-a-like"

- CMS proposed covering adults 138-200% FPL using a 1332 waiver instead of a Section 1331 BHP Blueprint
 - Modify provisions defining who qualifies for QHP subsidies on the Marketplace to exclude the BHP population from premium tax credits and cost-sharing reductions
 - The State would then recoup the federal savings to create an entirely new affordable coverage program under the waiver that replicates many of the features of a BHP and additionally applies savings to mitigation efforts
 - Would require 1332 application submitted by end of June 2023
- State would be at risk for enrollment increases if the BHP resulted in more people being covered than would be covered in the "no BHP" baseline
 - Questionable if funding would cover BHP population let alone cost of mitigation

26

New mitigation approach: 3-year phase-in

- Marketplace enrollees who allow for auto-re-enrollment and do not update information in their Marketplace application are automatically re-enrolled in their same health plan from one year to the next
- Because the Federal marketplace platform cannot override this function, BHP-eligible people who do NOT update their application will remain in their current plan and NOT move to the BHP
 - Approximately 30% of Marketplace members on CSR plans automatically re-enrolled in their same plan from 2022 to 2023
- **Considering auto-re-enrollment patterns will enable Oregon carriers to gradually reduce silver loading and give consumers and plans time to adjust over three years**

27

Mitigating Marketplace impact with three year phase-in

28

Key assumptions to note

29

- Premium rates for individual market plans based on 2023 premiums, trended forward at 6.8% /yr to 2025, 2026, and 2027
 - Adjustments made to account for changes to CSR loading and expected morbidity
- Annual claims trended at 6.8% /yr for 2025, 2026, and 2027
 - Adjustments made to account for changes to CSR loading and expected morbidity
- **ARPA/IRA subsidies assumed to be extended through at least 2027**
 - Other adjustments made to calibrate historical (pre-ARPA) data
- No significant impact to employers' decisions to offer coverage to employees or to required employee contribution rates during 2023-2027 timeframe

Summarizing Marketplace impact

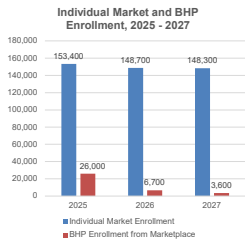
30

- BHP enrollment from the Marketplace will take place over three years, allowing for a gradual reduction in silver loading that:
 - Slows down the premium impact of the BHP on those remaining in the Marketplace
 - Gives the State an opportunity to course-correct if actual impacts differ from projected ones
- Oregonians on the Marketplace may be impacted in three ways:
 - **Net premium increases:** there will be an overall increase in net premiums, but those increases will be mostly concentrated in the 400+% FPL category
 - **Shift in coverage:** Some people are projected to shift coverage types, primarily shifting away from Gold to Silver or Bronze coverage, as the net premiums for their current coverage increases
 - **Drop coverage:** projected 1,800 people will drop coverage over three years

30

BHP Impacts to Individual Market Enrollment

- The Oliver Wyman analysis projects individual market would cover 181,500 people in 2025 with no BHP.
- With the BHP in place, individual market enrollment decreases as BHP enrollment grows.
- Approximately 70% (26,000) of BHP-eligible individuals will move into the BHP in 2025
 - 6,700 follow in 2026, and 3,600 more in 2027.
- Note that the individual market population stays level from 2026 to 2027 even with continued enrollment into the BHP.



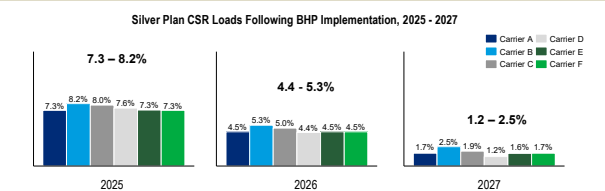
Year	Individual Market Enrollment	BHP Enrollment from Marketplace
2025	153,400	26,000
2026	148,700	6,700
2027	148,300	3,600

31

31

CSR Silver Loading Gradually Decreases

The rate at which BHP-eligible individuals move over to the BHP impacts the level of silver loading remaining in the Marketplace. The baseline 2025 CSR silver load would have been between 13.8 – 15.0; following BHP implementation, silver loading gradually decreases over time.



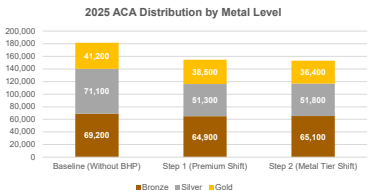
Year	Carrier A	Carrier B	Carrier C	Carrier D	Carrier E	Carrier F	Range
2025	7.3%	8.2%	8.0%	7.6%	7.3%	7.3%	7.3 - 8.2%
2026	4.5%	5.3%	5.0%	4.4%	4.5%	4.5%	4.4 - 5.3%
2027	1.7%	2.5%	1.9%	1.2%	1.6%	1.7%	1.2 - 2.5%

32

32

Changes in Metal Levels in 2025

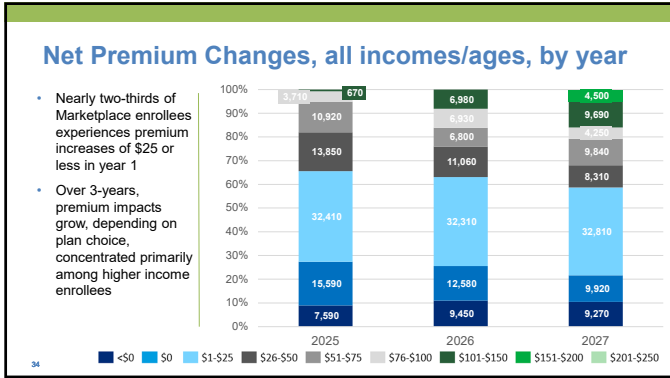
- As a result of the revised premium rates, individuals will re-assess coverage decisions. This leads to dynamic changes in consumer behavior that results in further adjustments to the market morbidity and CSR loading and continues until the market reaches a new equilibrium.
- Individuals in Gold coverage decrease slightly (36,400 instead of 38,500) and individuals in Bronze coverage increase slightly (64,900 to 65,100).



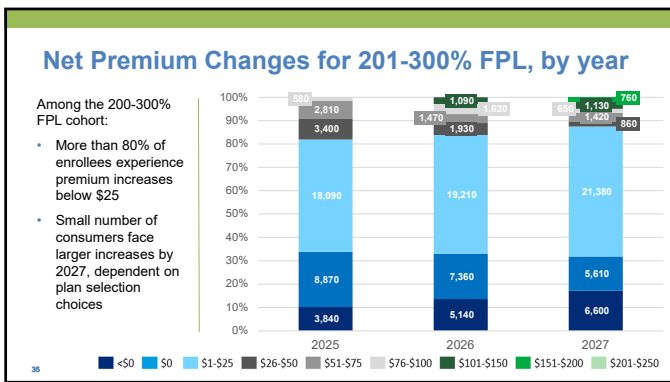
Scenario	Bronze	Silver	Gold
Baseline (Without BHP)	69,200	71,100	41,200
Step 1 (Premium Shift)	64,900	61,300	38,500
Step 2 (Metal Tier Shift)	65,100	61,800	36,400

33

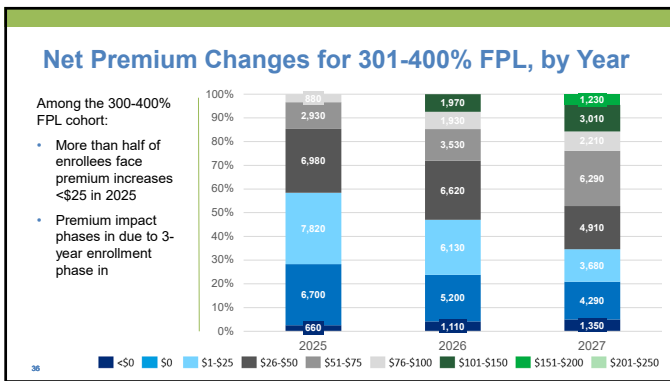
33



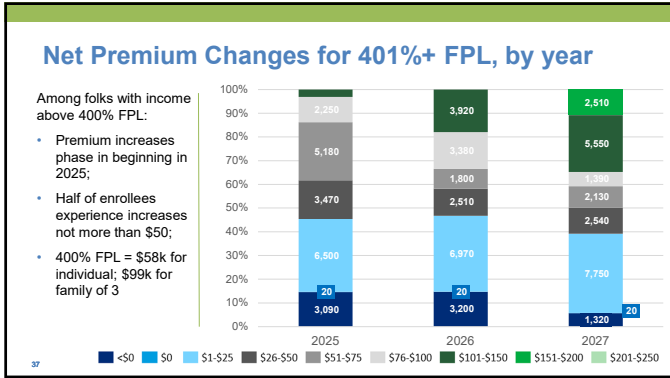
34



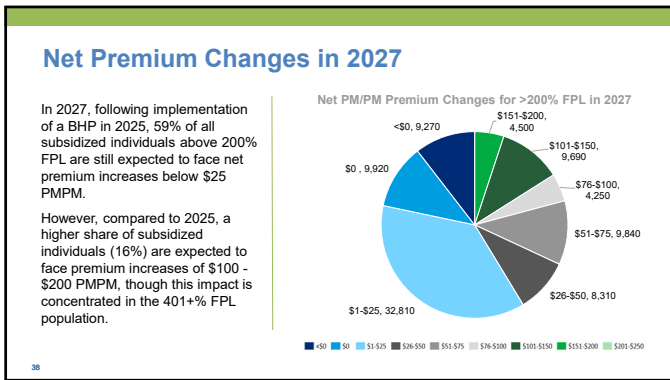
35



36



37



38

Bridge Program protects pandemic coverage gains

- BHP will preserve continuous coverage for ~55,000 people 138-200% FPL who will lose Medicaid
- This preservation will be modestly offset by 1,800 people dropping Marketplace coverage over three years
- Without a BHP, more than 20,000 people could lose coverage during the Medicaid to Marketplace migration process


39

Key takeaways

- **BHP enrollment from the Marketplace will take place over three years, which:**
 - Slows down the premium impact of the BHP on those remaining in the Marketplace
 - Gives Oregon opportunities to course-correct if impacts differ from projections
- **Modest impact on most Marketplace enrollees:**
 - Premium increases mostly concentrated in the 400+% FPL category
 - Coverage shifts away from Gold to Silver or Bronze coverage, based on premiums
- **Combined with Temp Medicaid Expansion, BHP best protects coverage gains:**
 - Estimated 1,800 people will drop Marketplace coverage over 3-years, due to BHP
 - Potentially 20,000 people could lose coverage if required to enroll in Marketplace plans instead of remaining in a CCO via BHP

40

- Incorporate public comments into Oregon's BHP Blueprint and prepare for OHPB review & July submission to CMS
- Work with DCBS to develop 2024 enrollment assumptions to inform DCBS guidance for carriers
- Develop communications and outreach plan for mid-2024 launch



41

Thank You



42


Public comment

Kraig Anderson
Acting Committee Chair



43

Break



44

2023 legislative session updates

Phil Schmidt
Government Relations,
OHA



45

Unwinding continuous eligibility in Oregon

Vivian Levy
Interim Deputy Medicaid Director, OHA




46

Oregon Department of Human Services | Oregon Health


COVID-19 Public Health Emergency (PHE) Unwinding

May 25, 2023

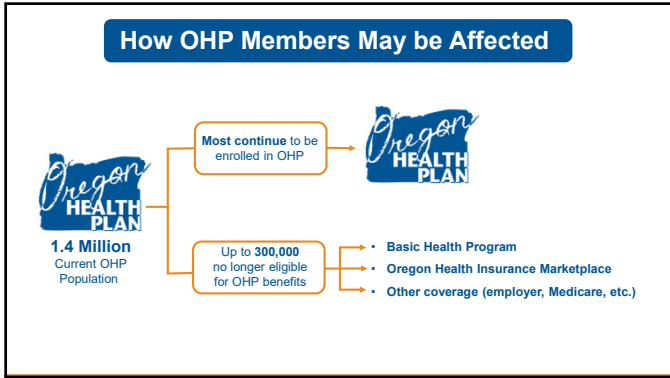


47

Oregon Health Plan Redeterminations



48



49

Changes to OHP

What is changing in 2023:

- All states have 14 months to redetermine eligibility for everyone on OHP. Oregon began this process in April.
- Once members are renewed for OHP:
 - Children under age 6 will not need to renew each year
 - Children ages 6 and over and adults will only need to renew every two years
- Oregon will cover postpartum individuals on OHP for 12 months, except for those who are on Citizen Waived Medical Plus (CWM+) program who will only have 60 days postpartum coverage.

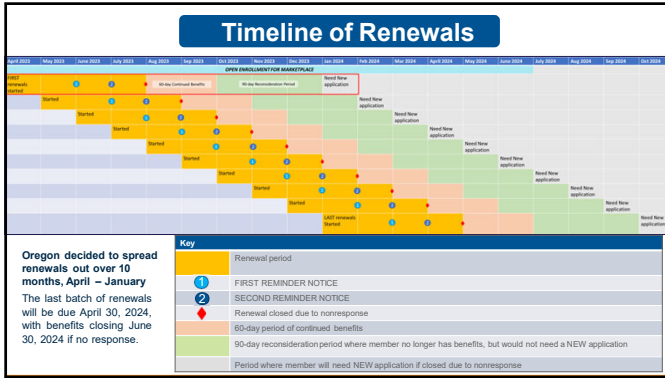
50

Changes to OHP

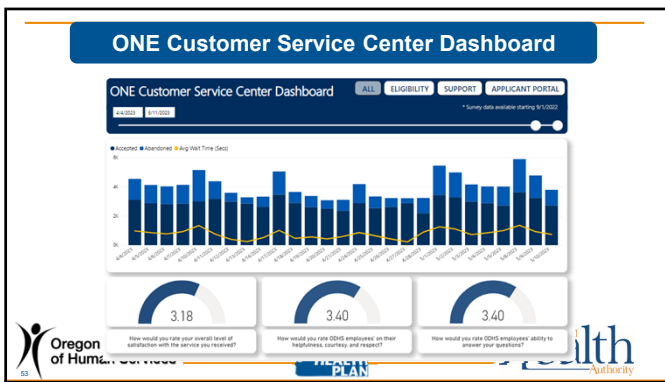
What does this mean for people who rely on benefits?

- People in Oregon will be informed on what they need to do to keep or change their coverage.
 - OHP members will have 90 days to submit information to renew their coverage
 - People who are not longer eligible for OHP coverage will have 60 more days before their benefit ends
 - The Marketplace Team will contact people no longer covered by OHP to help them move to the Marketplace

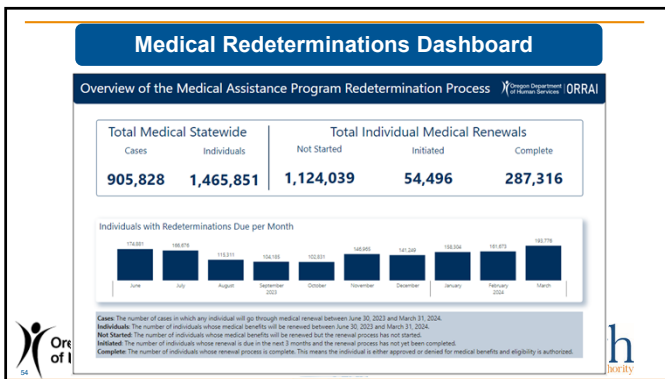
51



52



53



54



55

Partners Resources

Keep Covered Partner Newsletter

The [Keep Covered partner newsletter](#) shares the latest information about changes coming for people with Oregon Health Plan (OHP) and other benefits, including services and supports for people with disabilities and older adults, and food benefits.

Benefits updates

Change Tools

Resources

Use to assist the community with:

- Responding to benefit questions
- Using change tools to support people receiving benefits
- Finding additional resources and supports for members

Partner Webpage, Toolkit and Webinars

PHE Unwinding Partner Webpage

- Visit www.oregon.gov/covid-phe-partners for COVID-19 PHE information, previous PHE webinar recordings and presentations, partner editorial calendar, change tools, ONE Notices Guides and the partner toolkit.

PHE Unwinding Partner Toolkit

- This toolkit provides community partners with background information and resources to prepare the people you serve for potential changes in their health coverage and other benefits as the PHE phases out.
- [Access the partner toolkit and creative assets](#), available in 13 languages

PHE Unwinding Partner Webinars

- [Register](#) for the 10 to 11 a.m. PST May 9, 2023 English webinar
- [Register](#) for the 10 to 11 a.m. PST May 18, 2023 Spanish webinar

56

Change Tools

Partners can use the PHE Unwinding Change Tools to educate people receiving medical and nonmedical benefits about their renewals and changes to their benefits. Each collection provides **journey maps that show what people can expect to experience during the renewal process**, as well as actions they can take and resources they can use along the way.

Change Tools include:

- [OHP and Long-Term Care](#)
- [SNAP Emergency Allotments](#)
- [SNAP for College Students](#)
- [SNAP for People with ABAWD Status](#)

Links to these tools are [here](#).

57

Uhvrxufh=R Q H Q rwlFhv J x lghv

Overview: ONE Notices Guides outline the general sections and content of different types of notices. Partners can use these guides to help people receiving benefits understand what to expect and how to navigate the renewal process. Access these tools [here](#).

Sample Page

The cover page summarizes people's current benefit status and outlines any actions they need to take.

The QR code in the upper left corner is for the person's benefit renewal.

Arrows marked in double brackets, as we will vary based on program, highlight important information on the notice, such as Case ID number and what they need to do.

Each notice has a "What to Action" box that shows the purpose of the notice. The text in this box will vary based on the program, situation and what the user needs to know. The text around this box will vary based on whether people's benefits were successfully renewed (green) or partially renewed, denied, or closed (orange).

The "What You Need To Do" section provides an overview of what people need to do to stay on their program. It is designed to provide a clear path of the steps to meet information they need. This text will vary based on the type of notice.

Information specific to people
Single (<-) and double brackets (<<->>) throughout indicate areas that include people's unique information, like their name, address, Case ID number, and actions they need to take.

Detailed page notes
Paragraphs to the right of the notice image highlight specific elements or sections of each page.

Title and page summary
Descriptions to the left of the notice image summarize the information included on each page.

58

Share your feedback with us!

Share your questions, comments and concerns about the end of the COVID-19 Public Health Emergency. We will use your feedback to help improve our services.

We value your input and partnership!

Submit your feedback to:
feedback@odhsoha.oregon.gov

59

Marketplace Transition Project updates

Nina Remple
Marketplace Transition Project Manager

60

Transition help

- Processing and Call Center vendor is Performance Health Technology (PH Tech)
- Call Center hours of operations M – F, 7 am to 6 pm
- Types of calls:
 - Questions about the letters mailed
 - Asking for help with applications
- [Marketplace Transition Project Dashboard: orhim.info/transition-dashboard](http://orhim.info/transition-dashboard)

61

Marketplace transition notices

- Potential financial assistance eligibility
 - Based on information OHP used to determine eligibility
- Information about health plan choices
 - Two plan options for most people
 - Least expensive plan option for Tribal members
- Sent in 14 languages depending on preferences

62

The project so far

Number of people referred to the Marketplace
18,003

Number of people potentially Marketplace-eligible
15,898

Number of Marketplace transition letters sent
14,305

Marketplace Transition letters sent by language

Arabic	13
Chaukese	5
English	12,339
Hmong	0
Korean	7
Marshallese	0
Russian	125
Simplified Chinese	61
Somali	6
Spanish	1650
Tagalog	0
Traditional Chinese	22
Ukrainian	5
Vietnamese	72

Marketplace Transition Help Center Dashboard

Average daily abandonment rate	5%
Average speed of answer (in seconds)	32.3
Average call duration (in minutes)	8.22

Data as of Wednesday, May 23, 2023

63

What are we hearing?

- The work is slowly ramping up.
 - PH Tech is focusing on quality assurance of letters and calls.
- Partners are reporting that they are surprised they haven't heard much from the community.
- Insurance agents are ready and engaged for the members transitioning to the Marketplace when consumers are ready to enroll.

64

Ensuring people receive information

- Returned mail
 - Outbound calls made to people to offer help by phone or referral to partner insurance agents or community partner organizations.
- CMS "30-day file"
 - Second notice to people who have not started an application at HealthCare.gov
 - A list of people who received a second notice
- We will use this opportunity to do direct outreach through text, email, and outbound calls to help with enrollment

65

Grants

- Grant agreements totaling \$635,000 are in process for four community-based organizations.
 - Communities of focus:
 - African American and Black communities
 - Asian communities
 - LGBTQIA2S+
 - Hispanic and Latino/Latina/Latinx communities
 - Slavic and Eastern European communities
 - Plan to host information and enrollment events and tabling at community events.
 - Some are willing to translate information to share with their community.
 - We will be sending CPs a weekly list of ineligible members they are associated with to be used for outreach.

66

Community partner grantee renewal outreach

- OHP renewal-specific messaging using:
 - Social media platforms that are culturally specific to communities of focus
 - Word-of-mouth from trusted partners in communities of focus
 - A variety of newsletter outlets
 - Outreach materials while attending events
 - Distribution of materials through partners such as faith-based organizations, school districts, other community-based organizations, and small culturally specific businesses

67

Partner agent grantee renewal outreach

- OHP renewal-specific outreach efforts:
 - Digital and print ads/messaging
 - Social media posts with specific messaging
 - Radio ads/messaging, Q&A sessions
 - Presentations at local events
 - Banners/signage at agency locations
 - Outreach to orchards/farms, restaurants, hotels, and small businesses
 - Tribal outreach

68

Outreach to special groups

- Outreach to employers and associations
- Direct outreach to people who are self-employed through partnerships with licensing agencies

Losing OHP benefits? You have options!

You may sign up with your employer's health plan if you are eligible for your employer's group health plan.

If your employer doesn't offer health insurance to employees or if you aren't eligible for their plan, you can find new health coverage through the Oregon Health Insurance Marketplace at OregonHealthCare.gov.

Savings are available for most Marketplace enrollees, having 80 percent of families who enroll through the Marketplace and apply for financial assistance are getting help paying for their monthly cost to have coverage and care.

To qualify for financial assistance, you must not be offered other coverage that is considered affordable, including through your or a family member's employer. To see if coverage offered for you or your family is considered affordable visit acton.hhs.gov/acton.

Need help?
If you have questions or need help:

- Call the Marketplace Transition Help Center at 800-541-2222 (toll-free, all major cell carriers).
- Askling through Monday noon (PST) to 5 p.m.
- Find a local health coverage expert for in-person or virtual help at OregonHealthCare.gov/acton.

Visit OregonHealthCare.gov



69

How to help people losing OHP benefits

- Advise of financial assistance programs available through not-for-profit hospitals and affiliated clinics/health systems
 - See list of participating facilities at orhim.info/ORHospitals
- Educate about their options through the Marketplace
 - Window Shopping tool:
 - English: OregonHealthCare.gov/WindowShop
 - Spanish: orhim.info/ObtengaCobertura
- Offer a referral to a Marketplace expert who can help with application/enrollment
 - English: OregonHealthCare.gov/GetHelp
 - Spanish: orhim.info/encuentreyuda

70

Public comment



Kraig Anderson
Committee Chair

71

Wrap up and closing



Kraig Anderson
Committee Chair

72
