Welcome

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:
  o Chiqui Flowers, Marketplace Administrator
    • chiqui.flowers@dhsoha.state.or.us
    • 503-884-6017

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”.


Approval of minutes April 2022 meeting minutes

Education series: Marketplace plan management
Katie Button

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

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

QHP Specifics

Metal Tiers

<table>
<thead>
<tr>
<th>Metal tier</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost covered by insurance carrier (on average)</td>
<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Cost covered by consumer (on average)</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
</tr>
</tbody>
</table>

QHP Specifics

Cost sharing reduction (CSR) plans

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

These are examples of how various out-of-pocket charges could be reduced.
Each plan handles cost-sharing reductions differently.
CSR Plans, continued

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

QHP Specifics

CSR Plans, continued

- Members of federally recognized Tribes are eligible for a separate set of CSR plans
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QHP Specifics

Tax Credits

<table>
<thead>
<tr>
<th>Annual household income (% of FPL)</th>
<th>Expected premium contribution (% of income)</th>
</tr>
</thead>
</table>
| 0% - 150%                        | 0%  
| 151% - 200%                     | 2%  
| 201% - 250%                     | 4%  
| 251% - 300%                     | 6%  
| 301% - 400%                     | 8.5% 
| 400% and up                      | 8.5% |

Annual income: $21,960

Monthly income: $1,830

What’s considered “affordable?” $19

Premium tax credits $394

Example: A single adult, 26, lives in eastern Oregon and earns $21,960 per year

Bronze | Silver | Gold
---|---|---
Monthly premium: $323 | $413 | $483
Tax credit: $394 | $394 | $394
Cost after tax credit: $1 | $19 | $89
Stand Alone Dental Plans

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

Plan Certification

RFA

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

Plan Certification

Plan Review

- Plan Review
  - Coordinate with DFR to set plan requirements and review plans
  - 20 individual dental plans
  - 77 individual medical plans (309 plans with cost-sharing reduction variants)

- DFR reviews
  - Rates
  - Forms
  - Network adequacy
  - Drug formularies
Plan Certification
Plan Review, continued

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

Plan Certification
Plan Data

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

Plan Management Timeline
Policy Work

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

Policy Work

Standard Plan Design

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

Policy Work

Window Shopping Tool

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

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

2023 Coverage Map

Proposed

2023 preliminary private health insurance rates

Tashia Sizemore
Break

Education series: OHA’s Equity and Inclusion Program

Leann Johnson

Equity and Inclusion Division, Oregon Health Authority

Leann Johnson, MS
Director, Equity and Inclusion Division, OHA
OHA Equity & Inclusion Division

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

Programs and Policy

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

Programs and Policy (con’d)

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

To eliminate health inequities in Oregon by 2030

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**Health Inequities**

- Babies born to Black people are more likely to die in their first year of life than babies born to White people.
- This remains true even when controlling for income and education.
- Research has shown links between the stress from racism experienced by Black people and negative health outcomes. This is a health inequity because the difference between the populations is unfair, avoidable, and rooted in social injustice.


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**Assumptions and Values**

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

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

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

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

Rural racial/ethnic minority populations have substantial health, access to care, and social determinants of health challenges that can be overlooked when considering other development efforts.
Health Equity Definition

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

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

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

Questions?

• Leann Johnson, MS
• Director of Equity and Inclusion Division, Oregon Health Authority
• Leann.r.johnson@dhsoha.state.or.us

Medicaid Redetermination updates

Vivian Levy
Throughout the Pandemic, OHP Members Have Maintained Their Health Coverage

Family First Coronavirus Response Act
• Provides continuous Medicaid coverage for the duration of the federal public health emergency (PHE).
• Removes administrative barriers to Medicaid enrollment.

When the PHE ends, states will have 14 months to redetermine eligibility for all 1.4 million people on the Oregon Health Plan.
Oregon must initiate the redetermination process for each person receiving medical assistance within 10 months to allow the entire process to be completed by the end of the 14-month period.

The Goal: Preserve Benefits

1. Ensure all people and families eligible for benefits offered through the ONE system receive and continue to receive services in a timely manner without interruption.
2. Give those no longer eligible for benefits clear direction and coordination of additional resources.
3. Give those who assist people receiving benefits clear information about how they can help.
What We Know

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

Phased Renewals by Population

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

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

System and process changes to support people

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

Partnering with CCOs to gather contact information updates directly
- Pending waiver for approval. May begin receiving updates directly from CCOs in August

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

Redeterminations will begin the month after the PHE ends

- Month 1: Renewal packets are sent to the first group of members
- Month 3: Verification or active renewal is due, if required
- Month 3: Closure notices are sent to members who do not respond
- Month 5: Benefits close 60 days after the closure notice is sent

Questions

Bridge Program Task Force

Timothy Sweeney
Bridge Program Task Force: Updates & Next Steps

Health Insurance Marketplace Advisory Committee
July 21, 2022

Timothy Sweeney, Senior Policy Analyst, Office of Health Policy

Goals for today

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

HB 4035 Direction for Bridge Program

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

April 26

Goals and Pathways

May 10

Pathways (cont.), Plan Design part 1

May 24

Feasibility Analysis, Plan Design part 2

June 14

Market Impacts and Mitigation Strategies, part 1

July 12

Market Impacts and Mitigation Strategies, part 2

July 26

Plan Design part 3

Aug 9

Finalizing Program Design Recommendations

Aug 30

Public Comment

Sept 1

Interim September Report

Nov 1

Final Report

Key decisions and discussions thus far

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

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

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

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

What additional research is needed to strengthen confidence?

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

Upcoming analyses

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
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<tbody>
<tr>
<td>May</td>
<td>Feasibility analysis, analyze Marketplace impact analysis, Carrier data call &amp; microsimulation to assess consumer behavior, Analyze OHP enrollee 138-200% FPL, Benefits crosswalk, Updated Actuarial Analysis</td>
</tr>
<tr>
<td>Jun</td>
<td>Marketplace impact analysis, Market Impacts and Mitigation Strategies, Update Actuarial Analysis</td>
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<tr>
<td>Jul</td>
<td>Analyze OHP enrollee 138-200% FPL, Update Actuarial Analysis</td>
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<tr>
<td>Aug</td>
<td>Analyze OHP enrollee 138-200% FPL, Update Actuarial Analysis</td>
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<tr>
<td>Sep</td>
<td>Analyze OHP enrollee 138-200% FPL, Update Actuarial Analysis</td>
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<td>Oct</td>
<td>Analyze OHP enrollee 138-200% FPL, Update Actuarial Analysis</td>
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<tr>
<td>Nov</td>
<td>Analyze OHP enrollee 138-200% FPL, Update Actuarial Analysis</td>
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<tr>
<td>Dec</td>
<td>Analyze OHP enrollee 138-200% FPL, Update Actuarial Analysis</td>
</tr>
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Market impact and mitigation strategies pt 1

Overview of ACA subsidy structure
• Specific impact of enhanced subsidies under ARPA, implications of expiration

Overview of Silver Loading policy and resulting market dynamics
• Impact on affordability beyond those eligible for CSR plans
• Impact on plan choice decisions of consumers

Overview of marketplace implications of creating a BHP
• Impact of lost silver loading
• Compounding impact of multiple issues including ARPA

Next steps to mitigate negative impact on Marketplace
• Additional analysis & policy development

Task Force discussed mitigation ideas

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

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

Updated Task Force roadmap

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</thead>
<tbody>
<tr>
<td>Silver Loading explained</td>
<td>Mitigation strategy update</td>
<td>Mitigation strategy update</td>
<td>Micro-simulation analysis results</td>
<td>Mitigation strategies proposal</td>
<td>Mitigation strategies proposal continued if needed</td>
<td>Finalize report</td>
<td></td>
</tr>
<tr>
<td>Plan design framework</td>
<td>Plan design updates</td>
<td>Covered lives</td>
<td>Outreach feedback</td>
<td>Tribal feedback</td>
<td>Finalize interim report</td>
<td>Finalize report</td>
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<tr>
<td></td>
<td>OHP population</td>
<td>Plan design proposal</td>
<td></td>
<td>Industrial analysis</td>
<td>Industrial analysis continued if needed</td>
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Thank You

Other committee business

Kraig Anderson
Chiqui Flowers

Committee charter
## Committee baseline work plan

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

## Call for chair/vice chair nominations

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  - Review and approve meeting agenda
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## Public comment
Thank you!

Next meeting:
Thursday, October 13