



Oregon Health Insurance Marketplace Advisory Committee Meeting

July 20, 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@oha.oregon.gov 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 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information and discussion
9:25 – 10:10 a.m.	Basic Health Program updates*	Tim Sweeney Senior Policy Analyst, Health Policy and Analytics, OHA	Information and discussion
10:10 – 10:15 a.m.	Public comment	Kraig Anderson Committee Chair	
10:15 – 10:25 a.m.	Break		

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

Time	Agenda Item	Facilitators and Presenters	Purpose
10:25 – 10:40 a.m.	2024 Rate Filings updates	<p>Tashia Sizemore Life and Health Insurance Product and Regulation Manager, DFR</p> <p>Katie Button Marketplace Plan Management and Policy Analyst</p>	Information
10:40 – 10:55 a.m.	2023 Legislative Session wrap-up	Phil Schmidt Government Relations, OHA	Information and discussion
10:55 – 11:10 a.m.	SB 972 and SBM Transition Update	<p>Chiqui Flowers Marketplace Director</p> <p>Victor Garcia Marketplace Operations Development Specialist</p>	Information
11:10 – 11:25 a.m.	Unwinding continuous eligibility in Oregon	Vivian Levy Interim Deputy Medicaid Director, OHA	Information
11:25 – 11:40 a.m.	Marketplace Transition Project updates*	Nina Remple Marketplace Transition Project Manager	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, May 25, 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, Paul Harmon, Lindsey Hopper (vice chair), Ines Kemper, Joanie Moore, Holly Sorensen, Om Sukheenai, Drew Tarab, and Nashoba Temperly

In person – Kraig Anderson (chair), Maribeth Guarino, and Shannon Lee

Members not present: None

Other presenters: Stephanie Kennan, Vivian Levy, Phil Schmidt, and Tim Sweeney

Marketplace staff: Chiqui Flowers, director; Victor Garcia, operations development specialist; Nina Remple, marketplace transition project manager; and Dawn Shaw, office support coordinator

Agenda item and time stamp*

Welcome, roll call, 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 January 19 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-7 for the January minutes, and pages 8-9 for the meeting guidelines.)

- Approved January 19, 2023, minutes.

Welcome new committee members 15:21

Welcomed Danielle & Shannon

- Danielle Nichols is a MA (medical assistant) for the Oregon Medical Group and Lane Community College and has been a community assistor for the last six years.
- Shannon Lee, an entrepreneur and human development expert, is joining us as a member of the public.

Federal health policy updates 17:56

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).

- Debt ceiling
 - House is out today for recess but told to stay close in case they need to be called back.
 - Talk of a freeze on spending, and an increase of defense which could mean cuts in other areas. Medicaid and food stamp work requirements are also being discussed.

- The White House was told to help Treasury in moving things around so we don't run out of money on June 1.
- Congressional Budget Office (CBO) published health insurance coverage projections for 2023-2033.
 - Made changes to their model to look at race and ethnicity.
 - Projecting a decline in Medicaid enrollment.
 - If subsidies expire after 2025 the CBO projects 4.9 million will become uninsured. By 2033 there will be a 10% uninsured rate.
 - There is a bounce back on medical spending post pandemic.
- Pharmacy Benefit Management (PBM) reform
 - Just about every member of congress is co-sponsoring or creating their own PBM bill.
 - Defining what is transparency and having a better idea on how they determine prices.
 - The Federal Trade Commission (FTC) is investigating PBM business practices. The FTC is broadening the investigation to include a group purchasing organizations.
- Appropriation bills process is a very slow process.
- Continuing resolutions
 - They will need to figure out how to fund agriculture and the FDA (Food and Drug Administration), it may go to the end of the fiscal year in September.
 - The DEA (Drug Enforcement Administration) announced that flexibilities with prescription of certain drugs will end on a certain date.
 - More to come.
- CMS (Centers for Medicare and Medicaid Services) put out a proposed rule to extend Medicaid, CHIP, and Marketplace coverage for DACA (Deferred Action for Childhood Arrivals) recipients.
- Drew asked if the CBO would dive into state specific metrics. Stephanie responded that they did not go into state level specifics, but it may be included in an expanded report.
- Maribeth wanted to know if there are any conversations on expanded subsidies like ARPA (American Rescue Plan Act) expiring. Stephanie thinks that next year there will be discussions about it.

Basic Health Program updates
34:27

Timothy Sweeney and Laurel Swerdlow presented updates on the Basic Health Program (BHP) including data from the Oliver Wyman report.

(See pages 10-21 of the handout packet for a copy of the slide deck.)

- Kraig wanted to verify the effective date. Timothy replied that July 1, 2024, is the intention but there isn't anything for certain. We can't restrict enrollment to only those moving from OHP. Most will have a January 1, 2025, effective date.
- Maribeth requested clarification that those above 200% of the federal poverty level will still be eligible for tax credits. Tim confirmed.
- Drew inquired if there are going to be three equal stages for people to make their way into the BHP or is it going to be one bolus in 2025 with smaller numbers in 2026 and 2027. Tim stated that the numbers would be reviewed further on in his presentation.
- Paul asked if there had been discussions with CMS and Treasury regarding the Marketplace tax credits. Tim informed that there have been verbal assurances from both CMS and Treasury. Clearer written agreement is in the works.
- Paul additionally commented that it was disappointing that the state assuming the risk could be borne by consumers. Tim answered that none of the task force recommendations that included state funding to mitigate risk went forward, unfortunately.

- Drew expressed concern and would like to see more transparency regarding overall market morbidity as premiums are likely to go up for those individuals that are above 200% FPL and enrolled in a Marketplace plan.
- Gladys wanted clarification on the impact to employer decision to offer coverage. Tim informed that the assumption would be that employer coverage would stay the same.
- Gladys stated that some of her clients who were above 400% of the FPL are struggling to pay premiums. Those clients have already done some metal tiering shifting to alleviate costs. Tim indicated that subsidies through ARPA and IRS should help affordability.
- Paul agreed with Drew's concern about the impact to consumers. Tim understands the concern and states that there are trade offs and there is no easy solution. Laura added that it has been challenging to find a solution and the development of our own state based Marketplace would help alleviate the costs.
- Maribeth questioned if the creation of our state based Marketplace would be too late to ease costs since it will likely happen in 2026/2027. Tim replied that they are looking at ways to get more federal funding. Laurel indicated that Oliver Wyman's analysis suggests that it won't be too late.

Public comment & break
1:35:27

None given.

2023 legislative session updates
1:45:25

Phil Schmidt presented the bills of interest for the Marketplace during the 2023 legislative session.

- The 2023 legislative session has been delayed due to a senate walk out on May 3, 2023. A lot of bills are being held up due to the lack of quorum. No signs of an agreement to come back. Voters approved a constitutional amendment barring legislators from running again if they have ten or more unexcused absences.
- OHA is working on their budget. It is possible that on the last day the senate republicans may be willing to come back and approve bipartisan budget bills. There is talk of a special session to wrap things up.
- SB 972 is the state based Marketplace bill. So far there has not been a ton of partisan opposition and has a good chance of passing. Chiqui and the team have done a great job of educating about the move to a state based Marketplace.
- Scenarios are being discussed if some of the budget is not approved. Redeterminations, Medicaid, and the BHP programs need funding.
- Highlighted a bill to extend CCO contracts by two years which would help the procurement process.
- Kraig wanted to know when session would normally end. Phil informed that June 25 is sine die.
- Maribeth inquired if there has been any word on legal action being taken about the walk outs. Phil said there are rumors but no word yet.

Unwinding continuous eligibility in Oregon
1:59:57

Vivian Levy discussed the plans for the upcoming Medicaid redeterminations. (See pages 25-27 of the handout packet for a copy of the slides.)

- Link to the dashboards: <https://www.oregon.gov/dhs/Benefits/Pages/dashboards.aspx>
- Kraig asked for clarification on the Medical Redeterminations Dashboard if that included people deemed no longer eligible. Kraig suggested adding the complete number onto future iterations of the dashboard.
- Slide 57 the acronym ABAWD is Able-Bodied Adult Without Dependents

-
- Nina wondered, when it comes to the postpartum 12 month coverage and at the end of the 12 months would they be redetermined and if eligible for OHP, would they have the two years of continuous eligibility. Vivian clarified that protected eligibility, which applies only to pregnant people, can run concurrently to continuous eligibility for a total of two years and then they will be moved to the most appropriate program.
 - Om asked about postpartum coverage for those on CWM (citizenship waived medical). Vivian clarified that there is a twelve month postpartum coverage for people on CWM plus and not on Healthier Oregon.
 - Om had an additional question about OHP coverage for people who are being redetermined and are over 65. Vivian and those at OHA have been working with partners at APD (adults and people with disabilities) to get them to the appropriate program.
-

Marketplace transition project updates
2:27:33

Nina Remple, the marketplace transition project manager, provided updates on how the transition is going.

(See pages 27-31 of the handout packet for a copy of the slides.)

- Kraig questioned the notifications for people out-of-state or over 65. Nina confirmed they are eliminating people who have attested to be out-of-state. People over 65 are still getting notifications in case they do not qualify for premium free Part A.
 - Kraig additionally wondered about notification to those who have group coverage eligibility. Nina stated we don't get that information from OHP so we are unable to scrub the data for those individuals.
 - Gladys wondered with all the information going out, how can she and her fellow agents help. Nina suggested going to farmers markets and connecting with community partners.
 - Holly provided an example; her community partner group have collaborated with agents and local clinics to send out a countywide mailer.
 - Nina included that when the mailers go out, we are including an insert of all the partner assisters and agents.
-

Public comment, wrap up & closing
2:42:53

Om asked for clarification about the unwinding and BHP, that people who are below 200% will be moving to BHP. Chiqui confirmed. Om was concerned about it being confusing. Chiqui assured that we do anticipate confusion and there will be robust communication plans that are being developed. More to come in our July meeting. Om did add that she speaks to local rotary clubs to help with outreach.

Kraig suggested facilitating follow up discussions and will reach out to the committee to best go about the discussions. Will make sure to add to the July meeting.

Andrew Stolfi added that the 2024 health rates have been filed with DCBS (Department of Consumer and Business Services). There will be public hearings and he encourages anyone who is interested to go to the DCBS website and submit testimony or opinions.

Links for additional information:

- <https://dfr.oregon.gov/healthrates/Documents/2024-rate-and-county-coverage.pdf>
- https://dfr.oregon.gov/healthrates/Pages/find-filing.aspx?year_select=2024 (public comment links available on each filing)

Next meeting will be Thursday, July 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, May 25.

Health Insurance Marketplace Advisory Committee Meeting

July 20, 2023



Kraig Anderson
Committee Chair




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Welcome

Kraig Anderson
Committee Chair



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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

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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.

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Approval of minutes May 2023 meeting minutes

Kraig Anderson
Committee Chair



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Federal health policy updates

Stephanie Kennan
McGuire Woods Consulting



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Basic Health Program updates

Tim Sweeney
Senior Policy Analyst, Health Policy and Analytics, OHA


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**Basic Health Program:
BHP updates and considerations for next steps to improve Marketplace affordability**

Health Insurance Marketplace Advisory Committee
July 20, 2023



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Contents

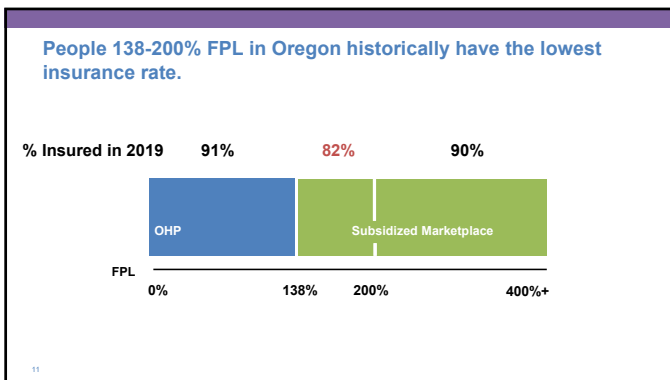
- BHP background and updates
- Marketplace affordability in 2025 & beyond
- Implementation considerations – member communications and outreach

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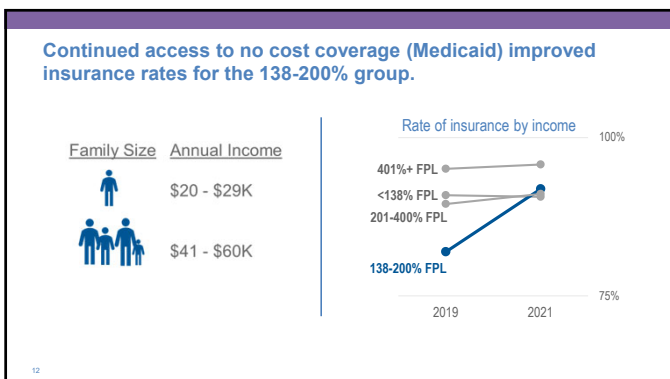
Basic Health Program

Updates and the value of the BHP

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What is a Basic Health Program?

- A **Basic Health Program (BHP)** covers individuals up to 200% FPL who would otherwise be eligible for Marketplace coverage.
- BHPs are authorized under Section 1331 of the Affordable Care Act.
- To establish a BHP, states must apply by submitting a **BHP Blueprint** to Centers for Medicare and Medicaid (CMS).
- To implement a BHP, states receive **federal funding** to cover BHP-eligible enrollees.


Income and Coverage Type

OHP	Basic Health Program	Subsidized Marketplace
0%	138%	200%
FPL 0% 138% 200% 400%+		

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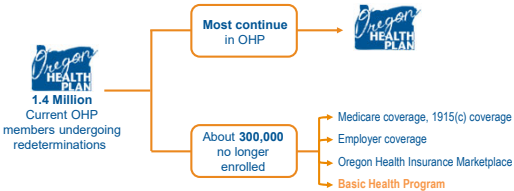
There is nothing basic about Oregon's BHP.

- CCO-administered OHP service package
- No enrollee costs (no premiums or cost-sharing)
- Estimated to cover or preserve coverage for more than 30,000 people who would likely go uninsured in absence of the BHP
- Almost entirely federally funded



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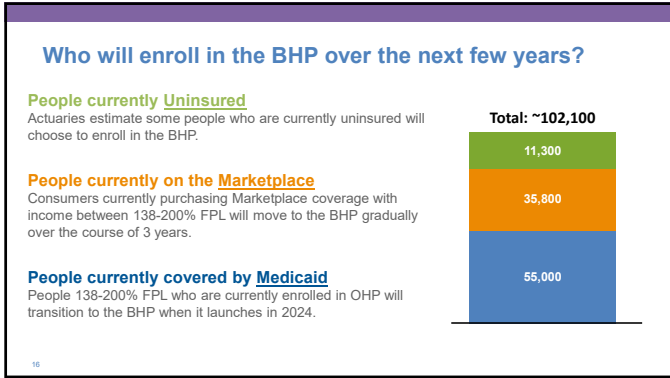
Why do we need a BHP right now?



1.4 Million Current OHP members undergoing redeterminations

- Most continue in OHP → Oregon Health Plan
- About 300,000 no longer enrolled
 - Medicare coverage, 1915(c) coverage
 - Employer coverage
 - Oregon Health Insurance Marketplace
 - Basic Health Program

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Opportunities to improve Marketplace affordability

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Recap of Oregon's mitigation efforts


- Based on Task Force recommendations, Oregon spent 18 months exploring pathways for federal funding to shield consumers from premium increases that could result from the BHP.
- **Without a State-Based Marketplace, none of the pathways for federal funding were operationally feasible for CMS.**
- Oregon's move to a State-Based Marketplace, directed by the legislature to take place in 2027, will help overcome many operational barriers.
- OHA will keep convening carriers to explore state-funded "stopgap" solutions that could operate in 2025 and 2026, until Oregon moves to a State-Based Marketplace in 2027.

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Options explored so far to generate federal funds

- **State-administered subsidy program**
 - Capture federal funds to create a subsidy to reduce the cost of premiums
- **Gold Benchmark on the FFM**
 - Implement a policy that would increase amount of tax credits consumers receive
- **BHP look-a-like**
 - Instead of using Section 1331 authority, use a different federal authority to create a permanent coverage category for this population



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Feasibility of strategies to improve Marketplace affordability

3 variables determine the feasibility of strategies to improve Marketplace affordability:

-  **Implementation:** How do we get funds to consumers or to carriers to reduce costs?
-  **Communications:** How do we inform consumers about reduced costs?
-  **Funding source:** How does the funding source change the ways in which the money can be used?

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Federal barriers and state limitations to proposed strategies		
 Implementation  Communications	Federally Facilitated Marketplace <ul style="list-style-type: none"> • Cannot administer a subsidy • Unwilling to prioritize Gold Benchmark operations 	State-level systems <ul style="list-style-type: none"> • Carriers reported operational challenges to administering subsidies outside FFM
 Funding Source	Federal waiver policies <ul style="list-style-type: none"> • Impact how much funding is available • Restrict how federal funds may be used 	State funding <ul style="list-style-type: none"> • CMS timeline affected ability to seek state funds in 2023 session

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Moving beyond the FFM and federal funding restrictions


- The BHP impact on the Marketplace will occur gradually over three years.
- The BHP will not affect 2024 rate-setting.
- **Oregon will have a State-Based Marketplace in plan year 2027**, which will address issues related to implementation and consumer communications and could enable Oregon to return to federally funded solutions.
- **Plan years 2025-26 require a “stopgap” approach.**



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Next steps to improve Marketplace affordability

- OHA and DCBS have hosted 6 Carrier Tables to collaborate on this issue.
- OHA and DCBS will continue to convene the Carrier Table to consider operationally feasible ideas that do not require the FFM or federal funds and could be implemented as a “stopgap” for Plan Years 2025 and 2026.
 - State-administered subsidy program
 - State-to-Carrier payments
 - Other?



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Additional Carrier Tables

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Future carrier table topics

- Identify stopgap solutions for plans years 2025 and 2026
- Develop options to improve marketplace affordability in the long-term
- BHP implementation needs
 - QHP enrollee communications
 - Plan termination and grace period coordination
 - Continuity of care coordination

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Requested carrier attendees

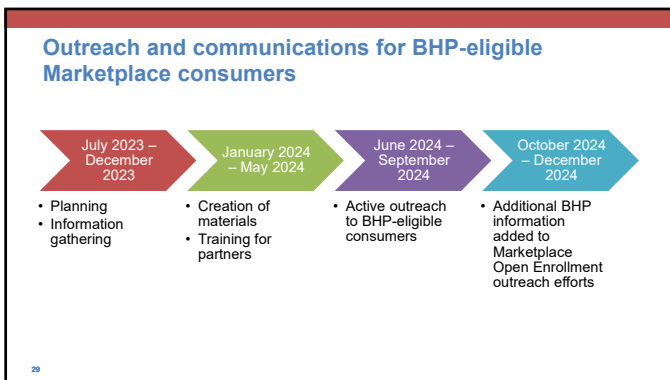
In addition to government relations staff, we may request subject matter experts, depending on the topic of discussion.

- Staff familiar with operational requirements such as billing, tax credit reconciliation, and enrollment file processing
- Actuarial staff
- Marketplace liaisons

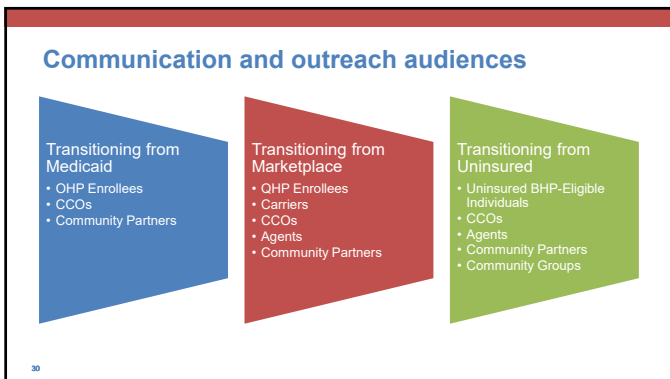
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BHP Outreach and Communications

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Managing Marketplace enrollee disruption

- Aid individuals with staying enrolled in their Marketplace plan when appropriate to ensure continuity of care
- Help enrollees terminate Marketplace plans after BHP enrollment is effective
- Help enrollees stop auto-enrollment, or terminate coverage after auto-enrollment has been effectuated in 2025
- Assist individuals in enrolling in the CCO that covers their Marketplace providers in areas where there is a choice between CCOs, or among CCO plans
- Provide education on what to expect when moving to a CCO with a very different provider network
- Make sure people know where to go for help and questions

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Request for HIMAC feedback

- Which strategies do you recommend to successfully move Marketplace enrollees move to the BHP?
- What other topics related to BHP and the Marketplace are important to you?

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Thank You



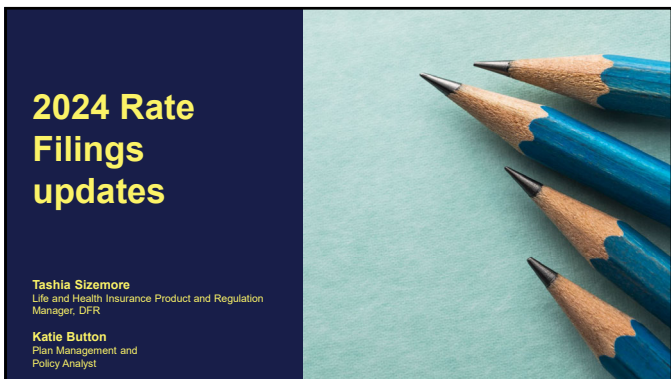
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Changes to Plan Offerings

- Regence is discontinuing 3 plans
 - Bronze Essential 8000 With 4 Copay No Deductible Office Visits Legacy LHP (77969OR5280017) – consumers will be crosswalked to Regence Standard Bronze Plan Legacy (77969OR5290009)
 - Gold 2000 With Dental and Vision Exam Individual and Family Network (77969OR5320001) – consumers will be crosswalked to Gold 2500 Individual and Family Network (77969OR5280023)
 - Gold 2000 With Dental and Vision Exam Legacy LHP (77969OR5320002) – consumers will be crosswalked to Gold 2500 Legacy (77969OR5280027)

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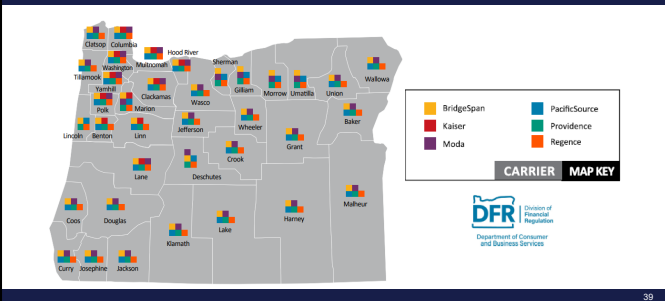
Changes to Plan Offerings, Cont.

- Moda has re-entered Deschutes and will offer 11 Affinity Network plans there
- PacificSource has discontinued their catastrophic plan – consumers will be crosswalked to Navigator Bronze 9400 Exchange (10091OR0750018)

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2024 Proposed coverage map



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\$5 PCP/Behavioral Health Office Visits

- SB 1529 (2022) requires health plans to offer three free PCP visits
- Due to mental health parity requirements, HB 3008 (2023) was amended to include a mental health parity fix for SB 1529 (2022)
- Some health plans offered in 2024 will offer three \$5 office visits spread across primary care provider (PCP), mental/behavioral health, and substance abuse disorder office visits

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\$5 PCP/Behavioral Health Office Visits

- All off-exchange plans and small group plans must include this benefit
- At least one on-exchange individual plan per carrier must include this benefit
- Oregon standard plans must offer this benefit
- Some Moda and Providence non-standard plans include this benefit

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\$5 PCP/Behavioral Health Office Visits

- HealthCare.gov will only display this benefit's information in the limits and exclusions text

Costs for medical care

Deductible	In Network: \$9,100 Individual total Out of Network: \$10,000 Individual total
Out-of-pocket maximum	\$9,100 Individual total
Primary care doctor visit	In Network: No Charge After Deductible Out of Network: 50% Coinsurance after deductible View limits and exclusions

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\$5 PCP/Behavioral Health Office Visits

- After clicking on the limits and exclusions link, a pop up will display the information about the benefits:

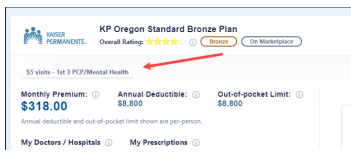
\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met.

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\$5 PCP/Behavioral Health Office Visits

- OregonHealthCare.gov/WindowShop will include a special flag for all plans that include this benefit



The screenshot shows the 'KP Oregon Standard Bronze Plan' with an overall rating of 4 stars. A red arrow points to a 'Special' badge. Below, it lists '\$5 visits - 1st 3 PCP/Mental Health'. Other details include a monthly premium of \$318.00, an annual deductible of \$8,800, and an out-of-pocket limit of \$8,800. There are also links for 'My Doctors / Hospitals' and 'My Prescriptions'.

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\$5 PCP/Behavioral Health Office Visits

- OregonHealthCare.gov/WindowShop automatically displays all explanation and exclusions text

Doctor Visits v

<p>Primary Care Visit to Treat an Injury or Illness</p>	<p>No Charge after deductible</p> <p>Explanation: First three office visits covered in full. Subsequent visits subject to deductible and coinsurance.</p> <p>Exclusion: Missed appointments and get acquainted visits. See policy for more information.</p>
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2024 Standard Plan Changes		
Standard Bronze Plan		
Category	2023 Amount	2024 Amount
Deductible	\$8,800	\$9,450
MOOP	\$8,800	\$9,450
PCP Visit	\$50	\$50*
Other Practitioner Visit	\$50	\$50*
Specialist Visit	\$100	\$150
Mental/Behavioral Health Visit	\$50	\$50*
Substance Abuse Disorder Visit	\$50	\$50*
Generic Drugs	\$20	\$25

*\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met

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2024 Standard Plan Changes		
Standard Silver Base Plan		
Category	2023 Amount	2024 Amount
Deductible	\$4,800	\$5,500
MOOP	\$9,100	\$9,450
PCP Visit	\$40	\$40*
Mental/Behavioral Health Visit	\$40	\$40*
Substance Abuse Disorder Visit	\$40	\$40*

*\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met

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2024 Standard Plan Changes		
Standard Silver 73% CSR Plan		
Category	2023 Amount	2024 Amount
Deductible	\$4,800	\$5,500
MOOP	\$7,250	\$7,550
PCP Visit	\$40	\$40*
Specialist Visit	\$70	\$80
Mental/Behavioral Health Visit	\$40	\$40*
Substance Abuse Disorder Visit	\$40	\$40*
Preferred Brand Drugs	\$55	\$60

*\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met

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2024 Standard Plan Changes		
Standard Silver 87% CSR Plan		
Category	2023 Amount	2024 Amount
Deductible	\$1,300	\$1,325
MOOP	\$3,000	\$3,150
PCP Visit	\$15	\$15*
Mental/Behavioral Health Visit	\$15	\$15*
Substance Abuse Disorder Visit	\$15	\$15*

*\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met

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2024 Standard Plan Changes		
Standard Silver 94% CSR Plan		
Category	2023 Amount	2024 Amount
Deductible	\$125	\$150
MOOP	\$1,000	\$1,075
PCP Visit	\$10	\$10*
Mental/Behavioral Health Visit	\$10	\$10*
Substance Abuse Disorder Visit	\$10	\$10*

*\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met

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2024 Standard Plan Changes		
Standard Gold Plan		
Category	2023 Amount	2024 Amount
Deductible	\$1,800	\$1,800
MOOP	\$7,300	\$7,550
PCP Visit	\$20	\$20*
Mental/Behavioral Health Visit	\$20	\$20*
Substance Abuse Disorder Visit	\$20	\$20*

*\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met

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Reminder: Affordable Employer Coverage Tool

- Tool helps individuals and families determine if an offer of employer coverage is affordable
 - English: orhim.info/ESIttool / Spanish: orhim.info/ESIttool-SP
 - Available from Marketplace homepages:
 - OregonHealthCare.gov
 - CuidadoDeSalud.Oregon.gov

Find out: is coverage offered from your employer considered affordable?



Descubrir: ¿La cobertura ofrecida por su empleador se considera asequible?



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Reminder: Affordable Employer Coverage Tool

Also available within the Window Shopping tool

Who is in your household?
Enter everyone on your tax return, even if they don't have coverage.
 Zipcode: 97301 (Marion County)

1. Myself

Age Rate Your Health (optional)

Ex: 32 ...

Expected Procedures (optional)

...

Additional Factors

Pregnant Uses tobacco

Not **Not Affordable Estimate Tool**

Offered Affordable Coverage

By an employer, Medicare, Oregon health Plan or the military.

Not seeking any coverage

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2023 Legislative session wrap-up

Phil Schmidt
Government Relations, OHA



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2023 Legislative Session
Policy Overview
July 20, 2023



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2023 OHA Legislative Goals

- To eliminate health inequity by 2030 by building health equity infrastructure
- To protect gains and continue to expand health care coverage
- To stabilize and enhance the behavioral health system
- To support Oregon State Hospital operations and patients transitioning into communities
- To strengthen the post pandemic public health system
- To promote and partner on housing access

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Key bills to address the opioid crisis

SB 1043: Naloxone distribution for people discharging from treatment and hospitals

HB 2395: Opioid prevention omnibus

SB 450: Exempts labeling requirements for nasal opioid overdose drug

SB 238: School curricula related to dangers of synthetic opioids.

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Key behavioral health policy bills

- HB 2513:** Enacts a range of technical fixes to Measure 110
- HB 2757/3426:** Provides funding for the 988 Crisis Line and Mobile Crisis Centers
- HB 2235:** Creates a behavioral health workforce work group.
- HB 2767:** Establishes requirements for the creation of new recovery schools
- SB 968:** Modifies statutes relating to the System of Care Advisory Council.

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Key bills impacting the Oregon State Hospital

- HB 2405:** Makes provisions to transport patient back to their home jurisdiction on release from the hospital
- HB 2921:** Requires hospitals to file demographics reports with the Bureau of Labor and Industries
- SB 431:** Creates a post-conviction appeals process for persons found "guilty except for insanity."
- SB 629:** Modifies membership of the Oregon State Hospital Advisory Board.

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Key Health Policy Bills

- SB 966** Study Oregon's CCO Quality Incentive Program to eliminate health inequities
- SB 972** Move to a state-based marketplace
- SB 607** Study membership of Pain Management Commission
- HB 2665** Establish caps on temporary staffing agency costs
- SB 1089** Establishes Universal Health Plan Governance Board (DCBS lead agency)

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Key bills impacting Medicaid program and health equity

HB 2446 2-year CCO contract procurement extension

HB 2002 Reproductive rights and gender-affirming care mandate

HB 2286: 100% FMAP Tribal Savings and Reinvestment Program

SB 216: Confidentiality in Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Data Collection

HB 2278: Flu vaccine for all

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Key policy bills impacting hospital staffing

- **HB 2697** sets new nurse staffing ratios and includes a new penalty structure for missed meal and rest breaks for hospital staff.
- **HB 3396** funds OHA to develop a new reimbursement healthcare provider incentive program to expand on-the-job training and apprenticeship opportunities to support development of health care professionals.
- **HB 2045** makes changes to the Health Care Cost Growth Target Program by exempting front line worker salaries from the cost growth target for hospitals and health care systems.

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OHA Government Relations Team

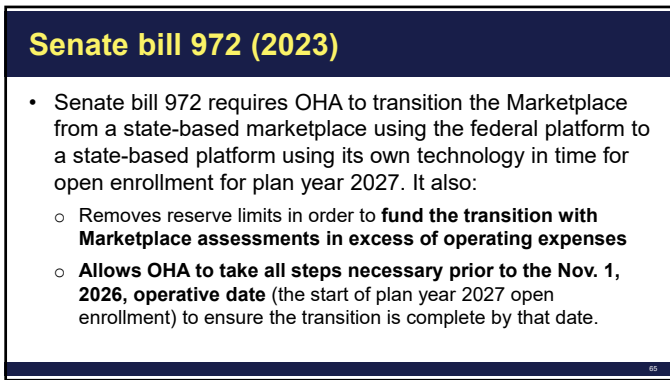
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OHA Government Relations Webpage: <https://www.oregon.gov/oha/ERD/Pages/Government-Relations.aspx>

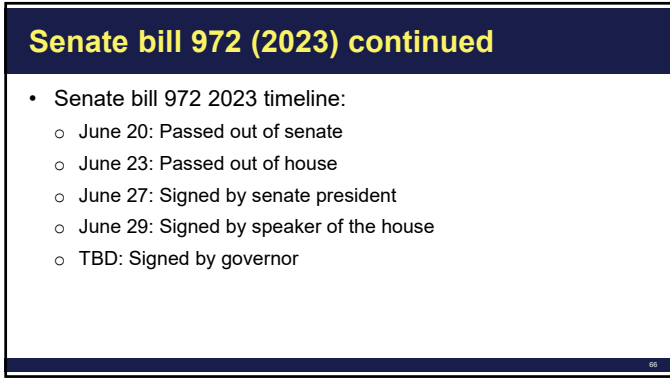
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Next steps

- The IT project will be led by the Office of Information Services (OIS), a central services division shared by OHA and DHS
 - OIS has assigned a project manager to oversee the technology portion of the project, which includes:
 - Detailed project planning that ensures state IT oversight requirements are met
 - Vendor procurement(s) and solution implementation

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Next steps

- The Marketplace will be:
 - Informing the business requirements for the vendor procurement(s)
 - Making the necessary changes to its structure and staff to manage the new abilities and responsibilities that come with an SBM Transition

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Proposed overall timeline

Initiation	Planning	Executing	Closing/Transition to Operations							
2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	
<ul style="list-style-type: none"> • Legislative decision • Formal project initiation and initialize planning • Stage Gate 1 endorsement 	<ul style="list-style-type: none"> • Procurement • Planning and selection <ul style="list-style-type: none"> ◦ QA vendor ◦ RFP / Solution vendor • Detailed budget and schedule • Stage Gates 2 and 3 endorsements • Phase 2 funding request 	<ul style="list-style-type: none"> • Implementation <ul style="list-style-type: none"> ◦ SBM & call center • Stage Gate 4 endorsement 	<ul style="list-style-type: none"> • Product acceptance and Go-Live <ul style="list-style-type: none"> ◦ First operational open enrollment (Nov. 1, 2026 – Jan. 15, 2027) • SBM operations and maintenance • Future enhancements 							
Phase 1			Phase 2							

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Next few months: Target activities			
July	August	September	October
<ul style="list-style-type: none"> • Governor signature (currently pending) • OIS project manager and project advisor assigned • Begin outlines of project initiation documents 	<ul style="list-style-type: none"> • Gather information from other states who have undergone SBM transition 	<ul style="list-style-type: none"> • Complete baseline communications and engagement plan • Complete artifacts for project initiation • Move to Stage Gate 2 deliverables 	<ul style="list-style-type: none"> • Review SBM transition CMS Blueprint



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Unwinding continuous eligibility in Oregon

Vivian Levy
Interim deputy Medicaid director, OHA




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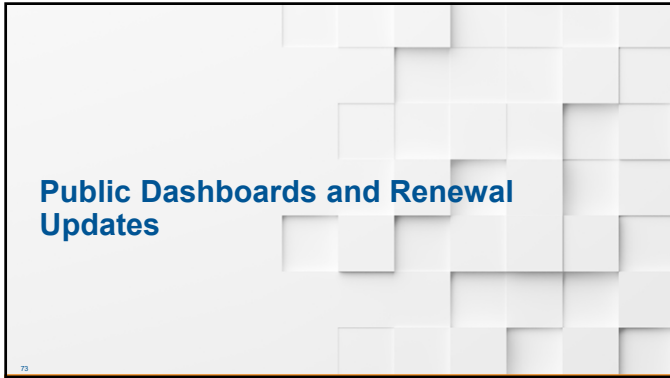



COVID-19 Public Health Emergency (PHE) Unwinding

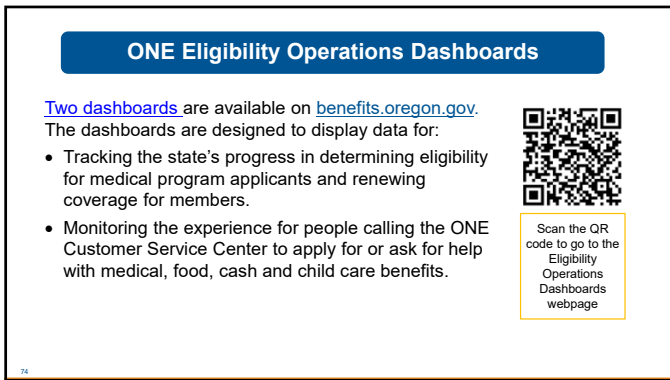
July 20, 2023



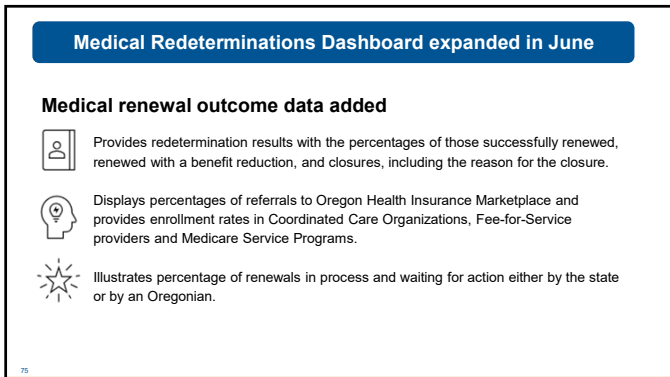
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Projected Updates for Medical Redeterminations Dashboard

Next Update: Total Workload

Describes the total workload, including medical renewals plus work related to the additional benefits issued through the ONE Eligibility system – food, cash and childcare.

This will include volume and timeliness of applications as well as changes and renewals for all programs.

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Medical Redeterminations Dashboard

Overview of the Medical Assistance Program Redetermination Process

Medical Assistance Program Data Dashboard

Information about health coverage renewals for Medicaid enrollees in Oregon

This dashboard has information about people who are Oregon Health Plan (OHP) members or receive other Medicaid benefits and will have their eligibility reviewed by March 31, 2024. It also tracks the impact of changes from the Justice for Medication and Medicaid Justice.

Click on the buttons at the top of the dashboard to see the different types of data.

There are three main types of data in the dashboard:

- Overview**
 - Progress toward completing medical renewals.
 - The number of renewals due each month.
 - Renewals in each stage of the review process.
 - By type of medical program.
- Demographics**
 - For each county.
 - Number of people and cases.
 - Ethnicity, disability status, gender identity, housing status, race, and written language preference.
- Renewals**
 - For each county.
 - By each stage in the review process.
 - By demographic category.
 - Reasons medical coverage ended.

The dashboard is required by the Oregon State Legislature's [Issue SB 4022](#). It is updated daily. Submit your feedback to feedback@ohha.oregon.gov.

Medical renewals for 1.5 million people in Oregon began in April 2023. They will continue through March 2024. Medical renewals are required by the federal government as it phases out the COVID-19 Public Health Emergency (PHE). During the COVID-19 Emergency, states had regulatory flexibilities and funding to provide people with continuous medical coverage even if they no longer met the normal requirements. These flexibilities and funding have ended.

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ONE Customer Service Center Dashboard

ONE Customer Service Center Dashboard

ALL ELIGIBILITY SUPPORT APPLICANT PORTAL

Survey data available starting 9/1/2022

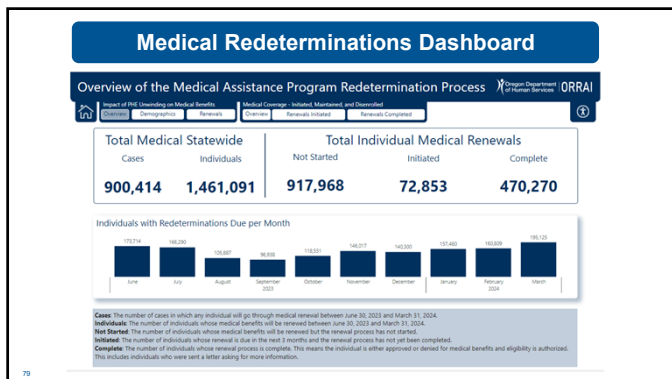
Legend: Disposed (blue), Avg Wait Time (Sec) (yellow)

How would you rate your overall level of satisfaction with the service you received? **3.10**

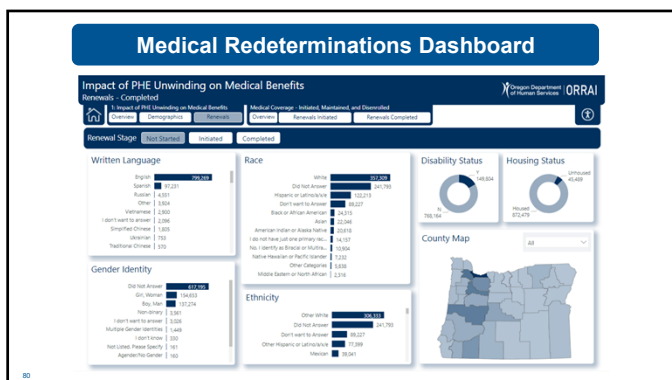
How would you rate ODHHS employees' on their helpfulness, courtesy and respect? **3.38**

How would you rate ODHHS employees' ability to answer your questions? **3.33**

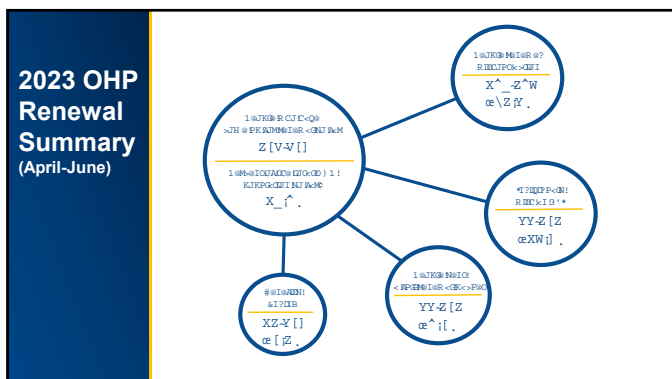
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Help for People Losing OHP Coverage

- The first losses of coverage happened on June 30, 2023. About 8,150 members were expected to lose coverage at the end of June. These members were sent a closure notice in April.
- **Five things to advise people who lose coverage to do:**
 - Review the case summary in your letter to make sure the information used to make the decision was correct, and contact Oregon Health Plan to submit updated information if needed.
 - Explore options through an employer.
 - If the person has or is eligible for Medicare, they can go to OregonHealthcare.gov/GetHelp to find an insurance agent or a helper at the Senior Health Insurance Benefits Assistance Program (SHIBA).
 - Don't assume health coverage is too expensive. Nearly 80 percent of Oregonians qualify for financial help through the Health Insurance Marketplace. Visit OregonHealthCare.gov/WindowShop
 - Need free local help figuring any of this out? People can visit OregonHealthCare.gov/GetHelp to find professional help near them

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Share your feedback with us!

Share your questions, comments and concerns about the end of the COVID-19 Public Health Emergency.

Our goal is to funnel all feedback to a single location where we can **prioritize and resolve urgent equity issues** while also tracking trends to enact changes across state systems.

Partners can share feedback with us at: feedback@odhsoha.oregon.gov

Or directly through our [Feedback Webform](#)



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Marketplace Transition Project updates

Nina Remple
Marketplace Transition Project manager



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Transition Help

- Processing and Call Center vendor is Performance Health Technology (PH Tech)
- Call Center hours of operations Monday – Friday 7 am to 6 pm
 - Calls asking for help with window shopping
 - Transfers to HealthCare.gov
- CMS 30 Day file have reported 8,000 not yet enrolled in QHP
 - Outbound calls to these consumers offering assistance
- [Marketplace Transition Project Dashboard: orhim.info/transition-dashboard](http://orhim.info/transition-dashboard)

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The project so far

Number of people referred to the Marketplace
34,489

Number of people potentially Marketplace-eligible
31,112

Number of Marketplace transition letters sent
24,327

Marketplace Transition letters sent by language

Arabic	23
Chukese	8
English	21,305
Hmong	0
Korean	12
Marshalese	1
Russian	210
Simplified Chinese	85
Somali	75
Spanish	2,424
Tagalog	2
Traditional Chinese	42
Ukrainian	30
Vietnamese	110

Average daily abandonment rate
3%

Average speed of answer (in seconds)
34.2

Average call duration (in minutes)
8.62

Number of calls received to the Help Center

Calls received per day starting April 13, 2023

Data as of Tuesday, July 17, 2023

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Grants

- Six community-based organizations are in the process of executing grant agreements totaling \$835,000
 - Communities of focus:
 - African American and Black Diaspora communities
 - Asian communities
 - LGBTQIA2S+
 - Hispanic and Latino/Latina/Latinx communities
 - Slavic and Eastern European communities
 - Ethiopian and Eritrean communities

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Grantees

- Plan to host information and enrollment events and tabling at community events
- Some have invited us to present Marketplace related topics to educate their communities
- We are sending CPs a list of OHP ineligible members weekly they are associated with to be used for outreach

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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

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How to help people losing OHP benefits

- Offer a referral to a Marketplace expert who can help with application/enrollment
 - English: OregonHealthCare.gov/GetHelp
 - Spanish: orhim.info/encuentrayuda

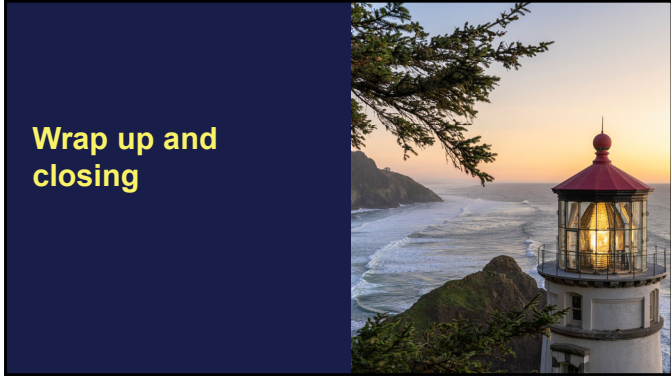
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