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

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

Members not present: Sandy Sampson

Other presenters: Stephanie Kennan, Stephanie Jarem

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

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

Federal health policy movement 0:06:48  
Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C., to present information about current legislation and cases that involve the Affordable Care Act (ACA).  

- Congressional schedule  
  - House and steering committees are out until June 23. They have left things where they can pass bills by unanimous consent in virtual hearings.  
  - The Senate is in until the Fourth of July recess and will be back the last few weeks of July. They hope to be gone early August to campaign and back in September. The plan to leave again for campaigning in October coming back after the elections.  
- It is unsure what is going on with the health care bills because of the shift in priorities due to the pandemic. A bill went out with the money for Medicaid and the hospital safety nets. There is some confusion due to FAQs going out with conflicting information on how to spend the COVID-19 funds. There is concern that the money that will be going out is not going to be enough.  
- At the end of last year, the IRS said that it would permit employers to give employees money to purchase health insurance on exchanges. There has been an uptick in employers providing this option to employees instead of COBRA.  
- The HEROES (Health and Economic Recovery Omnibus Emergency Solutions) Act (HR 680) died in the Senate. There is a lot of discussion on how to help state and local governments. The House was giving the newly insured 100 percent of the premium for COBRA benefits, a special enrollment period (SEP) for Medicare Advantage, and increased Medicaid federal expenditures.  
- There are several court cases that we are watching, they are also meeting virtually.
Jeremy Vandehey and Stephanie Jarem, from the Health Policy and Analytics Division of OHA, presented an update to Senate Bill 770 about developing a plan for a public option or Medicaid Buy-in. See pages 11–16 of the handout package for slides.

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

Sean McAnulty, Enrollment Program Coordinator for Mosaic Medical, presented information on Hospital Financial Assistance and Third-party Payment Programs (TPP). See pages 17–20 of the handout package for slides.

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

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

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

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

- Refer to pages 27-33 of the packet for a handout about the initial plan offerings for 2021.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
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<tbody>
<tr>
<td>Other state-based marketplace transitions</td>
<td>Victor Garcia provided an update on other state-based marketplace transitions. See pages 34–35 of the handout package for slides.</td>
</tr>
<tr>
<td></td>
<td>• The implementation timelines appear to be considerably shorter than other large-scale IT projects because the vendors in this market already have detailed knowledge of state exchange business needs and details.</td>
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<td></td>
<td>• This familiarity carries over into ongoing operations. Example: Nevada’s exchange was able to open an exceptional circumstance SEP just five days after the governor declared a public health emergency. That kind of turnaround time would not be operationally possible if the vendor did not already have mechanisms and workflows in place for such a circumstance.</td>
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<tr>
<td>Draft Marketplace move to OHA legislative concept</td>
<td>Chiqui Flowers reviewed the legislative concept to move the Marketplace over to the Oregon Health Authority. See pages 37–38 of the handout package for the overview.</td>
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<td>• SB 1 (2015) was the bill that abolished Cover Oregon and established the Oregon Health Insurance Marketplace within the Department of Consumer and Business Services (DCBS).</td>
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<td>• SEPs such as a broad-based one due to COVID-19 may be easier to establish, as long as it doesn’t conflict with CMS.</td>
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<td></td>
<td>• We could then stagger the terms of the MAC members.</td>
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<td></td>
<td>• Trying to keep the process streamlined as possible</td>
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<td></td>
<td>• Will be working on transition plans, all contingent on the bill passing, which will be a year out.</td>
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<td>• The bill does not address the technology, wanted to keep it as simple as possible so there isn’t a delay to having it passing. This was at the direction of the Governor’s office, DCBS, and OHA.</td>
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<td>• Concern that there would be a reduction of outreach staff if they integrate our outreach staff with the regional officers at OHA. Another concern is the interaction with the Community Partners.</td>
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<tr>
<td>Prescription discount card</td>
<td>Off-agenda topic from Shannon Salidivar. Discussion about prescription drug discount cards not counting towards out-of-pocket-maximums (MOOP). Federal legislation changed whether or not the discount cards or manufacturer coupons can count towards MOOP. Prior to this, high-need consumers could use the coupons to count towards the MOOP so the insurers then pick up 100 percent of the cost. They can’t count any longer and is impacting consumers.</td>
</tr>
<tr>
<td>Closing</td>
<td>Next meeting is scheduled to be on Thursday, Oct. 8, 2020. Will be reaching out to possibly rescheduling, plan on it being virtual.</td>
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*These minutes include timestamps from the meeting audio in an hours: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee website: healthcare.oregon.gov/marketplace/gov/Pages/him-committee.aspx under 2020 Meetings, June 11, 2020*
Enrollment in various forms of health coverage and employment data

Enrollment data - Oregon Health Plan\(^1\) and Individual market\(^2\)

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

Enrollment data - Other commercial\(^2\)

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

Unemployment data\(^3\)

Unemployment rate by month 2019-2020

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>3.7%</td>
<td>3.3%</td>
<td>-0.4%</td>
</tr>
<tr>
<td>February</td>
<td>4.2%</td>
<td>3.3%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>March</td>
<td>4.2%</td>
<td>3.5%</td>
<td>-0.7%</td>
</tr>
<tr>
<td>April</td>
<td>4.1%</td>
<td>14.9%</td>
<td>10.8%</td>
</tr>
<tr>
<td>May</td>
<td>4.0%</td>
<td>14.3%</td>
<td>10.3%</td>
</tr>
<tr>
<td>June</td>
<td>3.9%</td>
<td>11.6%</td>
<td>7.7%</td>
</tr>
<tr>
<td>July</td>
<td>3.8%</td>
<td>10.4%</td>
<td>6.6%</td>
</tr>
<tr>
<td>August</td>
<td>3.7%</td>
<td>7.7%</td>
<td>4.0%</td>
</tr>
<tr>
<td>September</td>
<td>3.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>3.5%</td>
<td></td>
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<tr>
<td>November</td>
<td>3.4%</td>
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<tr>
<td>December</td>
<td>3.4%</td>
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\(^1\) https://www.oregon.gov/oha/HSD/OHP/Pages/Reports.aspx
\(^3\) https://www.qualityinfo.org/covid-19
Initial unemployment insurance claims filed and processed from 3/7/2020 to 9/19/2020 compared to the same week in 2019

<table>
<thead>
<tr>
<th>2019 Week</th>
<th>Claims Processed</th>
<th>2020 Week</th>
<th>Initial Claims Filed</th>
<th>Initial Claims Processed</th>
<th>Claims Processed Difference</th>
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<td>3/16/2020</td>
<td>3706</td>
<td>3/14/2020</td>
<td>4022</td>
<td>316</td>
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<td>4166</td>
<td>3/28/2020</td>
<td>88600</td>
<td>45799</td>
<td>41633</td>
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<tr>
<td>4/6/2020</td>
<td>4468</td>
<td>4/4/2020</td>
<td>78100</td>
<td>54549</td>
<td>50081</td>
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<td>4/20/2020</td>
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<td>5/2/2020</td>
<td>19600</td>
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<td>22209</td>
<td>15658</td>
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<td>6/1/2020</td>
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<td>5/30/2020</td>
<td>12196</td>
<td>14780</td>
<td>11289</td>
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<tr>
<td>6/8/2020</td>
<td>3548</td>
<td>6/6/2020</td>
<td>8545</td>
<td>16600</td>
<td>13052</td>
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<td>18188</td>
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<td>8/17/2020</td>
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<td>9/19/2020</td>
<td>6552</td>
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## COFA Premium Assistance Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
<th>Premiums paid</th>
<th>Carrier-paid claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>443</td>
<td>$182,939</td>
<td>$1.7 million</td>
</tr>
<tr>
<td>2018</td>
<td>672</td>
<td>$220,862</td>
<td>$3.4 million</td>
</tr>
<tr>
<td>2019</td>
<td>823</td>
<td>$197,783</td>
<td>$3.9 million</td>
</tr>
<tr>
<td>2020</td>
<td>September 832</td>
<td>Jan. – June  $142,167</td>
<td>Jan. – June $2.3 million</td>
</tr>
</tbody>
</table>

### 2020 enrollment by county

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

### 2020 enrollment by country

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

### 2020 enrollment by age

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

* Oldest applicant is 93
Enrollment events
Due to the COVID-19 pandemic, there are no in-person enrollment events scheduled.

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

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

They will be able to return their applications by mail and we will provide their agent with their current information to complete the 2021 health plan enrollment.
Health Care Cost Growth Target
Program Update (SB 889)

October 2020

Implementation Committee Progress

3 month pause due to COVID-19

<table>
<thead>
<tr>
<th>Jan</th>
<th>Cost Growth Target</th>
</tr>
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<tbody>
<tr>
<td>Feb</td>
<td>Data Use Strategy</td>
</tr>
<tr>
<td>Mar</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Committee pause</td>
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<tr>
<td>June</td>
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</table>

Resumed in July with two meetings
Revised Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Action</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>July</td>
<td>Taking Action</td>
<td>Implementation Timeline</td>
</tr>
<tr>
<td>Aug</td>
<td>Taking Action</td>
<td>Transparency</td>
</tr>
<tr>
<td>Sept</td>
<td>Quality &amp; Equity</td>
<td>Data Use Strategy</td>
</tr>
<tr>
<td>Oct</td>
<td>Accountability</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>Hold for any</td>
<td></td>
</tr>
<tr>
<td></td>
<td>remaining</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>Review final</td>
<td></td>
</tr>
<tr>
<td></td>
<td>recommendations</td>
<td></td>
</tr>
</tbody>
</table>

Submit progress report

3 new meetings

Submit final report to legislature in early 2021

Taking Action

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

Increasing Use of VBP

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

What?
- What are we measuring and analyzing?
- What will we do to validate this information?
- What data will be reported?

Who?
- About which payers & providers?

How?
- What are the mechanisms for public reporting?

When?
- When will data be publicly reported?
- How often will we hold public hearings?

Then What?
- What should we do with these reports?
- How can reports drive further action?

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Years</td>
<td></td>
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</tr>
<tr>
<td>Performance relative to the cost growth target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial look at cost drivers</td>
<td>Impact of COVID-19 on cost drivers</td>
<td>Deeper look at cost drivers, including price variation</td>
</tr>
<tr>
<td>Underlying cost trends</td>
<td></td>
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</tr>
<tr>
<td>Baseline analysis of premiums, quality, and consumer spending</td>
<td>Impact of COVID-19 on premiums, quality, and consumer spending</td>
<td>Deeper look at impacts and adverse consequences</td>
</tr>
</tbody>
</table>

How? Three primary modes for releasing data

1. Development and Publication of Reports
2. Publication of Data Files
3. Public Hearings
### When? Public Reports

<table>
<thead>
<tr>
<th>Data collection year</th>
<th>Practice year</th>
<th>First look at impact of COVID-19</th>
<th>First performance year</th>
<th>Second performance year</th>
<th>Ongoing annual process.....</th>
<th>Tenth performance year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
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<tr>
<td>2019</td>
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<td>2030</td>
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### Staff Recommendation: Timing of Public Reporting

- State and market
- State, market, insurer, large provider and regional levels

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### Then what?

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

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

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### Next Steps
October 6th Committee Meeting

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

Committee Progress Report

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

2021 Session

Accountability and Enforcement for Cost Growth Target LC
- Accountability mechanisms begin for 2023 performance year; public reporting begins earlier
- Language clean up

Mergers & Acquisitions LC
- Reporting impacts of M&A on cost growth target
Senate Bill 770 (2019): Report on a Public Option or Medicaid Buy-in

Presentation to the Marketplace Advisory Committee
October 7th, 2020

Reminder: SB 770 Launched Two Paths of Reforms

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

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

Public Option / Medicaid Buy-in

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

Considerations:
- No net cost to the state
- Comprehensive benefits
- Minimal cost sharing
- Use CCO model

- Account for distribution of risk
- Use premium tax credits
- Maximize federal funds
- Use CCO provider networks
Public Option / Medicaid Buy-In

The plan must also include:

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

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

Senate Bill 770
Public Option / Medicaid Buy-In Report Highlights

Three Delivery Models Identified
Manatt further analyzes models initially identified by DCBS & OHA staff:

1. A product offered and delivered by existing Medicaid CCOs
2. A product offered and delivered by commercial insurance carriers
3. A state-backed product delivered by a Third-Party Administrator
**High Level Analysis of Three Models**

<table>
<thead>
<tr>
<th>Model</th>
<th>Overview</th>
<th>Population Best Suited</th>
<th>Risk Pool</th>
<th>Waiver(s)</th>
<th>State Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>COD Model</td>
<td>The state utilizes existing COD law already serving the same service area for a limited delivery of DHP benefits to deliver savings to specific populations</td>
<td>Uninsured</td>
<td>Inside or Outside the Individual Market</td>
<td>Low Risk / High Risk</td>
<td>Medicaid Waived</td>
</tr>
<tr>
<td>Center-LOD Model</td>
<td>The state utilizes commercial insurance contract to deliver a public option product under a contract with specific design provisions</td>
<td>Uninsured</td>
<td>Inside the Individual Market</td>
<td>No Medicaid Waived</td>
<td>Low State</td>
</tr>
<tr>
<td>State TPA Model</td>
<td>The state looks at the plan risk pool and looks at a TPA's implementation, the plan may be modeled on the self-insured plan covering state employees</td>
<td>Uninsured</td>
<td>Inside the Individual Market</td>
<td>Health Care Reform / TPA Waiver</td>
<td>No Medicaid Waived</td>
</tr>
</tbody>
</table>

Source: Manatt Report

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**Cost Savings & Other Cross-Model Challenges**

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

Source: Manatt Report

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**Examining Provider Reimbursement Challenges**

**Aggregate Rate Cap**
- The state sets an aggregate provider reimbursement cap, but allows transactions to operate within the cap
- Performed by providers, last public regulation since the 2000s

**Reference Rate**
- The state sets a reference rate for specific services, all participating providers
- Performed by carriers, likely to face provider opposition

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>Payment for Medicare beneficiaries will be set at an aggregate reimbursement cap of 100% of Medicare allowable costs.</td>
<td>National average rate for Medicare allowable costs.</td>
</tr>
</tbody>
</table>

Source: Manatt Report
Provider / Carrier Participation

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

Including CCO Elements in Plan

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

Incremental Options & Next Steps

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

Report #2 will include a more detailed analysis:

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

Key Challenges

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

COVID-19 introduces more uncertainty

Conclusions: Strengths & Weaknesses of Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Strengths</th>
<th>Potential Weaknesses</th>
<th>Potential Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCO-led Model</td>
<td>Small, the CCO model, scalable for specific population needs, likely to reduce administrative burden</td>
<td>Requires additional CCO administration capacity and fulfillment of required reporting</td>
<td>Offering the plan to small employers reduces potential administrative burden, but may require a trade-off</td>
</tr>
<tr>
<td>Carrier-led Model</td>
<td>Inherently risk and utilization management, may have more flexibility in design and administration</td>
<td>May have limited access to financial support from Medicaid, may require state financial support under same designs</td>
<td>Offering the plan to small employers reduces potential administrative burden, but may require a trade-off</td>
</tr>
<tr>
<td>State/ PHA-led Model</td>
<td>The state leads the plan, can only use a PHA for additional support, which allows for more control and flexibility in building partnerships, may be involved in the actuarial and enrollment stages</td>
<td>Requires the state to make informed decisions, may have limited access to financial support</td>
<td>Offering the plan to small employers reduces potential administrative burden, but may require a trade-off</td>
</tr>
</tbody>
</table>

Source: Manatt Report
Outside open enrollment 2020 for plan year 2021

Outreach Team supports:

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

Outreach and strategy pre-2021 open enrollment/plan year

- Rapid Response and Trade Act sessions with Employment Office and the WorkSource office. These sessions have picked up significantly due to COVID-19 layoffs and are done virtually since mid-March.
- Training offered virtually for consumers: Marketplace 101 and Marketplace Building Blocks.
- Facilitate Oregon-specific statewide virtual Community Partner Certification Training.
Outreach and strategy pre-2021
open enrollment/plan year

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

Outreach and strategy pre-2021
open enrollment/plan year

Dedicated tribal liaison for tribal outreach

Outreach we have done or will be supporting August-October 2020:
- SB 770 Health Cluster
- Presentation at Portland Area CMS/ITU annual meeting
- Virtual tribal check-ins via email
- Marketplace training for tribal assisters
- Tribal constituent work to resolved insurance issues

Outreach and strategy pre-2021
open enrollment/plan year

Dedicated tribal liaison for tribal outreach, continued

- Legislative Commission on Indian Services (LCIS) meetings
- Oregon Native American Chamber (ONAC) meetings.
Outreach and strategy pre-2021 open enrollment/plan year

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

Events, sponsorships, meetings, informational shares: 409

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

Outreach strategies and customer service 2021 open enrollment

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

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

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

Marketplace customer service center

• Provides Oregonians with information and local resources using OregonHealthCare.gov (supported by Outreach team)
• Helps consumers walk through HealthCare.gov, if needed
• Call center maintains a 90% or better customer service level outside of open enrollment and aims to do so during open enrollment
• Call center 2020 OE customer satisfaction survey: 99% of customers were extremely satisfied with the customer service they received
• Outreach team provides detailed support to consumers for escalated and urgent issues via constituent issues liaison

Common issues and the average days to resolve with the FFM:
CARES Act impacted the Oregon Health Plan eligibility, which affected Marketplace consumers:
• Some consumers who accessed SEPs due to loss of employer coverage were retroactively found eligible for OHP, causing overlapping coverage
• OHP members whose benefits ended in March and subsequently accessed Marketplace coverage were later reinstated for OHP retroactively and lost tax credits for Marketplace plans; consumers who preferred to keep Marketplace coverage were forced to stay on OHP

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

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

Partner agent program: PY 2021

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

Partner agent program: PY 2021, continued

- Still working toward a partner presence in SE Oregon
- Partner agents have implemented appropriate operations strategies, as well as safety measures for in-person assistance during the ongoing pandemic
**Plan year 2020/2021 comparison**

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

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**2020-2021 community partner grantees**

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

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

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**2020-2021 community partner Grantees**

- **Asian Health & Service Center** (Portland)
- **Benton County Health Services** (Corvallis)
- **Cascade AIDS Project** (Portland)
- **Interface Network** (Salem)
- **Immigrant & Refugee Community Org.** (Portland)
- **Northeast Oregon Network** (LaGrande)
- **Project Access NOW** (Portland)
PY 2021 Marketplace training

• **Marketplace redesigned its assister training** in plan year 2021, offering online-only versions of the training for the second year due to COVID-19.

• **Marketplace continued to offer training and certification exclusively in Spanish**

PY 2021 Marketplace training

• A “Refresher” training is offered to **assistors** that had completed the highest level of training in the previous two training years. The training was a faster-paced, abridged version of the full Assister training.

• **OHIM implemented a new training software: Mindflash.** This improved efficiency of administrative tasks and recordkeeping associated with training.

PY 2021 Marketplace training

**Training now includes three options:**

• **Marketplace Overview:** About a three-hour training providing information on the ACA, health insurance concepts, and the financial assistance programs available on the Marketplace. This training is intended for everyone who provides health coverage assistance (OHP/QHP).
PY 2021 Marketplace training

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

PY 2021 Marketplace training

- **Completion of Assister or Refresher is required** to assist consumers with HealthCare.gov enrollment.

  - In addition to a live webinar, Assister and Refresher also requires attendees to complete self-directed, pre-recorded modules on the ACA and privacy/security, as well as a 40-question post-training quiz for certification.

PY 2021 Marketplace training

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

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

  - Of those, 760 have started (on-demand modules, live webinars). This could include those that have a training date in the future.

  - Of those, 583 have completed training content, not counting post-training survey or exam.
46 trainings have been provided by the Marketplace team via webinar as of this writing, with an additional nine planned before Nov. 1.

In Oregon, we have currently certified:
- 465 people with some level of Marketplace training (including Overview).
- 305 assisters that can support consumers with the HealthCare.gov application and plan selection process.

The Marketplace outreach team held community-specific trainings with assisters who serve hard-to-reach populations:
- Four trainings held in Spanish (and one additional planned) with 17 Latinx-focused assisters attending.
- One session focused on tribal-specific assisters with 13 people attending.

We will continue to offer Marketplace training after open enrollment
- Our new software allows for self-directed modules, taking some of the training burden from staff
- Live webinars and (when possible) in-person trainings will still be offered, with less frequency, for newly hired assisters or those who prefer direct contact with trainers.
What’s New for 2021

Katie Button
Plan management analyst

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

Individual medical plans
• 6 medical carriers (1 more than 2020)
• 3 statewide medical carriers (2 more than 2020)
• 90 total medical plans
  • 23 gold plans
  • 29 silver plans
  • 36 bronze plans
  • 2 catastrophic plans
Each year, carriers create crosswalks that CMS uses for auto-enrollment. Generally, carriers crosswalk enrollees on their own, but the Marketplace has the authority to direct crosswalks.

**Medical plan crosswalks, continued**

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

#### Standard Bronze Plan

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2020 Amount</th>
<th>2021 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max Out of Pocket/Deductible</td>
<td>$7,900</td>
<td>$8,550</td>
</tr>
<tr>
<td>PCP Visit</td>
<td>$45</td>
<td>$50</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$90</td>
<td>$100</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>No charge</td>
<td>$100</td>
</tr>
</tbody>
</table>

#### Standard Silver Plan

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2020 Amount</th>
<th>2021 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max Out of Pocket – Base Variant</td>
<td>$8150</td>
<td>$8550</td>
</tr>
<tr>
<td>Max Out of Pocket – 73% CSR Variant</td>
<td>$6500</td>
<td>$6800</td>
</tr>
<tr>
<td>Max Out of Pocket – 87% CSR Variant</td>
<td>$2700</td>
<td>$2850</td>
</tr>
<tr>
<td>Deductible – Base Variant</td>
<td>$3550</td>
<td>$3650</td>
</tr>
<tr>
<td>Deductible – 73% CSR Variant</td>
<td>$3350</td>
<td>$3650</td>
</tr>
<tr>
<td>Deductible – 87% CSR Variant</td>
<td>$900</td>
<td>$1200</td>
</tr>
</tbody>
</table>

#### Standard Gold Plan

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2020 Amount</th>
<th>2021 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1000</td>
<td>$1500</td>
</tr>
</tbody>
</table>
2021 medical plan rates

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

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

Individual dental plans

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

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

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

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

Federal messaging

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

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

“Deadline” message
- Final deadline Dec. 15.
- Time’s running out. Enroll by the deadline.

“Importance of coverage” message
- Health coverage has never been more important.
Federal direct response segments

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

State target regions

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

Statewide total subsidy eligible, uninsured: 130,845

Target audiences

- Women
- Older adults
- Younger men

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

• Reuse existing creative:
  o “Basics” videos
    ▪ Spanish language recorded fresh this year
  o Testimonial videos
  o Partner marketing tools

State media plan

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

Public relations

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

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

Timeline

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