



Public response and comments

Public option discussion

Email inbox for public option: public.option@dhsosha.state.or.us

Andrew Tarab – Providence

CCO's and OHP have the ability to manage costs by having services above and below the "line". It allows OHP to manage high cost technology and low value care in an explicit way. Would the Marketplace have a similar mechanism available to help manage costs?

Response from Jeremy Vandehey, OHA:

We haven't taken a recent look at this and it is good feedback and something to think about.

Dr. Jones – American College of Physicians (ACP) - Oregon chapter

It seems the best way to manage costs is to rein in reimbursements for providers on things like medical devices, pharmaceuticals and other large ticket items if there are to be premium caps, other than direct provider reimbursements.

Dr. Santa

Wondered about benefit differentials across public programs.

Response from Tim Sweeney, OHA:

We will look into this they had not considered this, the plan doesn't pick or suggest going to the Medicaid benefit package or some other benefit package besides the essential health benefits.

Response from Katie Button, Marketplace:

Information about EHB guidelines: <https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb>

Sophie Goodwin-Rice – Oregon State Public Interest Research Group (OSPIRG)

In favor of the public option plan, particularly the cost-containment in premiums. Also support transitioning to an SBM.

Sophia Crawford – Tigard

Mother started a new job and was injured. Her employer coverage isn't great, and she wasn't able to get into a doctor for a few months and had to take days off of work. There's a need for higher quality health care to be more affordable, and the public option will help that.

Liz Hagan – United States of Care, Director of Policy Solutions

Non-profit, non-partisan group that's done a lot of work on public option. Commend OHA on this work. The premium reduction targets will bring a lot of relief to Oregonians. Cost-containment strategies aligning with other programs will bring more affordability Reducing the out of pocket costs for certain services, like those where people experience disparities, and making them pre-deductible will help.

Jim Houser from chat:

I want to remind folks that on September 23, 2019 the HIMAC officially requested Oregon move toward a fully state-based marketplace/technology program of the type mentioned today by Timothy Sweeney. This technology transition is integral to any next step to increase quality, equity, access and affordability of healthcare in Oregon. Hopefully through the campaign to further HB2010 in the coming 2022 legislative session we can move to creating this State Based Marketplace.

Richard Bruno – PCP in Oregon, family physician

This public option plan will address many of the pressings issues he sees as a family physician. The high cost of unaffordable care is one of the largest barriers people are seeing, and causes people to delay their care and put their lives at risk. Had a patient that couldn't afford her insulin and ended up in the hospital with a costly stay that could have been prevented. Many doctors are supportive of taking these steps to reduce costs.

Robert Florek – Cardiologist, Portland

The economic consequences of our current inadequate system are under-appreciated. When people are uninsured, they often only seek care when they are ill. They are forced to seek costlier emergent care, which they cannot pay for. Patients enter the uninsured cycle: crisis care when they are sick, and no care when they aren't. With each cycle people get sicker and sicker. The system has to absorb that cost. When we can provide basic medical care, we save money, and increase everyone's quality of life. Strongly encourage folks to support this plan.

Jamie Adenium – Oregon State Public Interest Research Group (OSPIRG) Assistant Director

Had an experience at 18 with needing emergency care but being uninsured and not wanting to go to the ER because of the cost, especially the ambulance ride. At the time she was living a distance from the hospital. The public option would have protected them from the costs.

Christine Bugas – ER doctor

Single payer option would greatly assist Oregonians. Family member on standard bronze plan with a high deductible and copay, and can't afford to go to the doctor. The public option has the chance to help Oregonians. Half of Oregonians are struggling to pay for care. We have a disease management system, not a healthcare system. Most of the world manages their healthcare better than us by negotiating between pharmaceuticals and insurers. They are able to deliver better outcomes. The system is getting worse with COVID.

Vince Porter – Cambia Government Relations

Encourage the state to look at cost-growth containment and see how that impacts various markets. The Colorado 5 percent premium reductions don't connect with tangible ways to get to those reductions. Encourage the state to create tools to get to those reductions rather than just mandating the reductions.

Andrew Tarab from chat:

I'd like to ask a clarifying question. If one of our objectives is to reduce premiums by 15%, is it a fair expectation that provider payment rates would fall by at least this amount?

Response from Amy Coven, Marketplace:

This is a good question and would pass it along to the committee.

Response from Timothy Sweeney, OHA:

Setting premium targets acknowledges that reducing costs goes beyond provider reimbursement rates, but certainly there's evidence that high payment rates can drive ongoing premium growth. setting targets acknowledges the complicated nature of the issue. I don't think we'd be able to say whether rates would change by the same amount or how carriers/providers might work together to achieve the premium reduction targets in a way that limits reimbursement rates cuts.

Kelsey Wood from chat:

Premiums are high and unaffordable because medical costs; Hospital, lab, clinical, therapeutic, pharmacy are costly and lack transparency and competition. Insurers are not raking in profits, they are one of the only negotiators of price ie; PPO, EPO OR HMO fee schedules. Also know, under cost Medicare and OHP fee schedules cause cost shifting to the private market. Don't think "Medicare for all" can be a solution, and it's costs are subsidized by the private market

Katie Shriver – SEIU

Target population should focus on the people who are moved out of Medicaid after that redeterminations. There will be an equity component as the people affected are primarily black, Latinx, and other people of color. We encourage the state to consider a BHP to assist in that.

Usability of Marketplace plans discussion

Molly Stein – own a small massage therapy business in Welches

As a small business owner, my income fluctuates a lot due to tourism. There is only one doctor in the area who isn't always open. A lot of people don't get insurance because there isn't anywhere to use it. I lost my Marketplace coverage due to income, she has asthma and a heart condition. I would have loved the option to opt into Marketplace coverage and keep my provider. There seems to be a lack of know-how in the rural communities and certain age groups, especially with preventive care and how to sign up for insurance. It would help to get the information out there more. Suggest that OHA reach out to non-profits that target vulnerable communities to get information out.

Mark S – agent in Jackson County

The high cost of healthcare in Oregon is a huge part of the oppression of the American workers. We need to tie all prices into a controlled systems, one Medicare and one private pay. There is a cure for Parkinson's current proposal is to charge \$60k a year. Would encourage a national claims processing center be created similar to the French system.

Holly Sorenson – Northeast Oregon Network (NEON)

In regards of networks and types of providers we should consider how we can utilize the traditional health workforce as a type of provider or a member of the treatment team. This roll is gaining recognition as a key member of the treatment team. Medicaid and the CCOs are already billing for certain traditional health worker services. They improve the ability to provide health equity.

Robert Mulcare – Insurance agent in Klamath Falls

Biggest challenge is education. Getting the proper information out to people is hard. So much misinformation and misconceptions out there. People don't know what their benefits are. It's a foreign language. People are inundated with mailings. I can explain it to you today, then six months from now, you need care, but you don't know how to access it. Simplifying the way

benefits are explained would help a lot. There's so much information that it's overwhelming. The whole system has to be simplified so that the common person can understand what's going on.

QUESTION POSED TO THE GROUP FROM DAN FIELD, HIMAC:

What are the pain points from consumers about cost sharing and policy design?

Mark S – Insurance agent

The reactions we get from people who are paying their premiums are that they can't believe how high the premiums are. Every year the deductibles go up. People think they're being ridiculously overcharged. 1/3 of Oregonians are on OHP and can't pay their own premiums. Public assistance is demeaning. It should be a taxed system that is automatically available to everyone.

Sean McAnulty – Mosaic Medical

It's very common for Marketplace folks on bronze plans to have significant bills, but most people don't know that many Oregon hospitals have to offer payment assistance. We could put information out to Oregonians letting them know how to access these and reduce their out of pocket costs, particularly on bronze plans.

Liz Hagan

Colorado requires their networks to be culturally competent and look more like the communities they serve. That's something that could address health equity. Public options in general are designed to address equity and disparities.

Mark S – Insurance agent

Too many health plans available. Many folks on group coverage who can't get tax credits, but would qualify for them. That hurts those folks. They should be able to move off the group coverage to individual and get the tax credit.

Gladys Boutwell – Insurance agent

Only met deductible when she ended up in the ER. Only met MOOP when she had surgery. I ask my clients, how are you using it? Are you using it for expected services, or just keeping it for emergency. I wasn't expecting to hit my MOOP and deductible. I had to negotiate and get on payment plans to be able to pay it back. Love that acupuncture and chiropractic are included and visits increased. A lot of my clients use them. Using alternative care is one way to keep people healthy.

Laura Beegle – Insurance agent

Having alternative care available on all plans has really helped consumers find plans that address all their needs. Weight management services and other methods to be more proactive with their care have gone away. Gastric bypass used to be covered. We have a lot of clients wish that was still available. Some of the preventive services – health classes, incentives – are really beneficial and encourage folks to take charge of their health. I have someone on a bronze plan, but he can't really do anything on his plan because his deductible is so high. He has to wait until he has an accident or something that will hit his max before he can get necessary care, like his ankle replacement.

Kelsey Wood – Insurance agent from chat:

Frankly, prohibition of 3rd party pay, employer plans force all into individual plans, thus full accountability instead of someone else paying for something not valued

Om Sukheena – Insurance agent from chat:

Speaking on behalf of consumers, Better benefits/ plan design, one key component is broader network or freedom to see any providers. Currently it is very limit with marketplace plans

Sean McAnulty from chat:

One immigration equity point: OHP has data on many CAWEM emergency-only members with documented immigration status, but is unable to directly to connect these folks to the marketplace coverage they're eligible for. These folks are usually eligible for silver plans under \$10/mo with \$100 deductibles. OHA's outreach staff and grant funded community partners and agents do try to reach out to that population, but the separation of benefits between the separate marketplace and OHP systems has meant many marketplace eligible immigrants go without full coverage. Increasing dual enrollment in CAWEM and marketplace coverage would be another benefit of moving to state based platform.

Linzay Shirahama – Project Access NOW (PANOW)

Looking at the amounts we spend on uncompensated care and taking that and spending I on community health. People don't understand how insurance works. People would benefit from a navigator who can hold their hand to help them get the most out of their care (scheduling appointments, coordinating different types of care and treatments). More information about Project Access NOW's Premium Assistance program:

<https://www.projectaccessnow.org/premium-assistance/>

Sean McAnulty – Mosaic Medical from chat:

Would love to see the state promote premium assistance programs like Linzay's. With our hospital financial assistance mandate, it makes financial sense for health systems to fund programs like PANOW's to get folks coverage, rather than only paying for medical services. On average, the reductions in uncompensated care more than pay for the funds spent on those programs. Washington's exchange has a state sponsorship system for those programs, and now has 18 of them serving 3200+ people. I'd love to see Oregon start up something like that structure in order to spread those programs to other areas of the state.

Zac Aulson – Regence/BridgeSpan

We have an awesome state-based marketplace. Having helped set up the public option in Washington, both their model and the CO model are young and unproven. Here in Oregon, we have the right goals identified, but the real question is, who's going to pay for it? We need an SBM to support a public option? Will the potential federal funding be enough to cover the decreased costs to consumers, or will providers have to take a pay cut. We can build rich benefit packages, but unless providers take a pay cut, or you have subsidies, you can't reduce costs to consumers. The rich benefits of the Washington standard plans aren't attractive to the young invincibles.

Rick Blackwell – PacificSource

We'd like to have a discussion about how a state alternative may fit in with all of the systems we have within the state. Another option on the table should be making sure folks leaving Medicaid have a bridge.

In a private chat with Katie Button, Marketplace, Rick Blackwell asked

Are standard plans offered on- and off-exchange?

Response from Katie Button, Marketplace:

Gold plans are required for carriers that offer coverage only off-exchange. Bronze and silver are required for all carrier in the individual and small group markets. If carriers offer gold plans on-exchange, they are required to offer them off-exchange.

Mark S – Insurance agent

Bankruptcy is high in my area. There's something wrong with getting people from OHP onto QHPs. A lot of the seniors who move from hc.gov to Medicare spend more on insurance and get worse benefits.