

# Marketplace Community Conversations

Public option and  
usability of  
Marketplace plans



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# Agenda for today's conversation

- Housekeeping and general overview
- HB 2010 – Public option implementation plan overview
  - Discussion
- Usability of Marketplace plans overview
  - Discussion

# What is the Marketplace?

- Part of state government
- State-based exchange that uses federal platform (HealthCare.gov)
- Oversee plans sold to Oregonians on HealthCare.gov
- Assist with enrollment, and support agents and partners who also provide assistance
- Conduct outreach and education about health coverage and financial assistance

# What is the Health Insurance Marketplace Advisory Committee?

- Formally the Health Insurance Exchange Advisory Committee
- Advises in the governance and operation of the Oregon Health Insurance Marketplace
- Focus of the HIMAC:
  - Plan affordability
  - Accessibility of coverage in the individual market, including access through the Marketplace

# What are Marketplace Community Conversations?

- Provide information and collaborate with the community on key issues facing the Marketplace:
  - Public option (HB 2010) and other opportunities for state responses to federal policy direction/opportunities
  - Medicaid redeterminations in the wake of the COVID-19 public health emergency expiration and connecting people to Marketplace plans
  - 2023 plan design to respond to consumer needs and move towards the simplification and streamlining of plans
  - Improve continuity of care and align provider networks
  - Other topics coming out of the 2022 Legislative session

# Our goal for today

## Deep listening

- We will not respond to what you share
- We will attempt to provide a solution to resolve the question or concern that you bring today
- We will also not interject to correct inaccurate comments that are shared as fact
- We will bring it fully into our awareness, understand it as an important consideration for our work, and listen with that kind of careful attention, respect, and honor that you deserve

# Request

## Providing verbal responses

- We are hoping to not have to limit the amount of time for community members to provide any verbal responses but we ask you to avoid lengthy responses if you can
- Written and verbal public comments will be reviewed and discussed following each meeting by the Health Insurance Marketplace Advisory Committee chairs and staff to determine the appropriate next steps



# HB 2010 – Public option implementation plan



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Health Policy Analyst





# Topics

- HB 2010 background and the evolving federal landscape
- High level policy goals and report conclusions
- Discussion of key goals and challenges

# Public option implementation plan

- Implementation plan to provide guidance to policymakers on potential implementation timeline and work necessary to launch a new health plan
- OHA / DCBS worked with Manatt & actuarial subcontractors for policy development, quantitative analysis, report writing

# Public option implementation plan

- Report submitted to Oregon Legislature on Dec. 30; Public engagement begins
  - Marketplace Community Conversation
  - Engagement opportunities during 2022 Legislative session
  - Ongoing engagement through remainder of 2022

# Federal landscape affects state efforts

- Uncertainty surrounding Congressional extension of enhanced federal tax credits from the American Rescue Plan Act
- Additional resources for states may be available from the Build Back Better proposal currently in Congress
- Colorado 1332 Waiver application could provide new insight and options to Oregon and other states considering

# Key policy goals fall into broad categories



## Focus on health equity

- Utilize Coordinated Care Model elements and equity-focused plan design
- Align provider networks for care continuity
- Consider market-wide approaches to achieve health equity



## Comprehensive and affordable

- Low cost-sharing to address affordability challenges
- Comprehensive benefits including EHB and dental coverage

# Key policy goals fall into broad categories



## Maximize federal support

- Plan available on the Marketplace to all people eligible for federal tax credits
- Consider 1332 waivers as possible to obtain federal pass-through savings



## Aligned with other state efforts

- Align with state efforts to pay for value and improve quality of care
- Align with Oregon's cost growth target and other cost containment efforts



# Helping Oregon achieve health equity by 2030

- Develop equity-focused plan design features and incorporate equity-focused CCO elements, including governance requirements and focus on social determinants of health

# Helping Oregon achieve health equity by 2030

- Minimize disruptions in care for people moving from the Oregon Health Plan by investing in robust outreach and education efforts and increasing alignment of provider networks across markets
- Better align quality and access measures across markets

# Maximizing federal funding and ensuring access

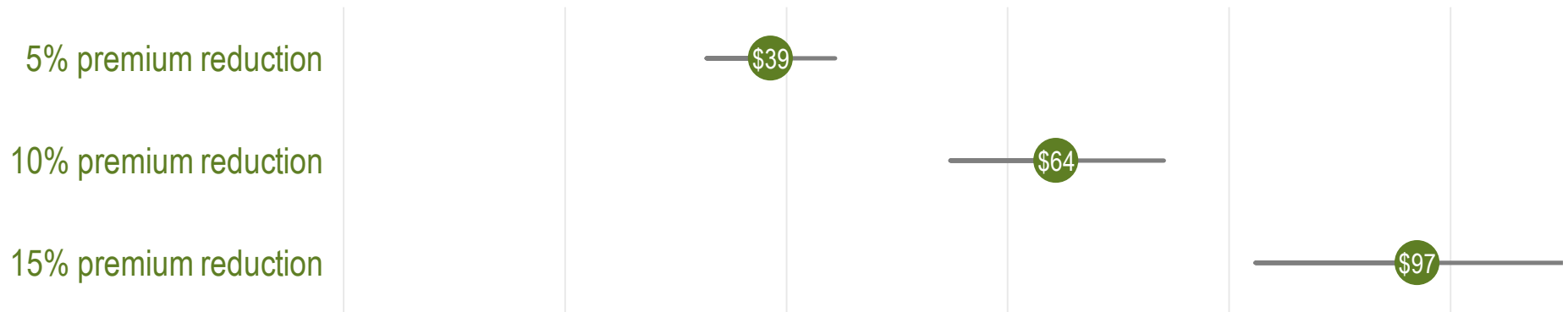
- New coverage option would be available on the Marketplace and eligible for federal tax credits
- Considering how a 1332 waiver could provide federal pass-through savings that could be used to increase affordability and comprehensiveness of coverage

# Targeted premium reductions to fund greater financial assistance

- Colorado model sets targets for plans to reduce monthly premiums by 15 percent over three years
- Includes state levers to reduce provider payment rates if carriers cannot achieve premium targets
- Savings from premium reductions used to pay for key state priorities: Manatt analysis examines adding dental benefit for adults and increasing cost-sharing assistance

# Pass-thru savings through premium reductions could help offset costs

## Estimated federal pass-thru savings with...



## Cost to the state associated with...



# Ensuring affordability and a comprehensive benefit package

- Develop options for additional cost-sharing subsidies that improve usability of coverage at the point of service (**contingent on funding**)
- Improving the benefit package by covering dental services for adults (**contingent on funding**)



# Ensuring affordability and a comprehensive benefit package

- Considering how to increase access to services provided by traditional health workers and other services / providers focused on improving health

# HB 2010 directs examination of state technology platform

- Many ideas to provide additional state-funded subsidies would benefit from state-based platform
- Report Examines potential financial implications of developing / implementing state technology platform, Manatt concludes that:

“...having a full SBM platform would provide the state with a suite of more advanced tools for improving the consumer shopping and enrollment experience, including more robust data collection, ability to customize the enrollment interface, enhanced consumer shopping tools and customer services, improved eligibility systems (likely enabling better continuity of coverage), and the ability to modify open enrollment periods.”

# Discussion questions

- How can Oregon develop plan-design ideas to improve health equity?
- What is the target population Oregon should focus investments to improve affordability?
- How can a public option take advantage of reform efforts in the Oregon Health Plan and Oregon's public employee plans (PBB/OEBB)?

# Discussion questions

- What are the benefits and challenges of a Colorado-like approach to generate federal pass-through savings?
- What other options for reinvesting federal savings would make sense for Oregon to consider?
- How can or should Oregon respond to address premium affordability if ARPA subsidy enhancements expire?

# Usability of Marketplace plans



Katie Button  
Plan Management Analyst



# Health insurance overview

## Types of health coverage in Oregon

- Employer coverage
- Oregon Health Plan
  - Oregon's Medicaid program
- Medicare
  - People age 65 or older
  - People with certain disabilities
- Individual plans
  - Marketplace coverage



# Health insurance overview

## Common insurance terminology

- **Cost-sharing**
  - Health insurance company and enrollee shares the cost of covered benefits.
  - Includes: deductibles, copays, coinsurance, and out-of-pocket maximum
- **Deductible**
  - The amount you pay before the plan starts to pay for some covered services.
  - There are many services covered by health plans, either in full or at least in part, before meeting the deductible.

# Health insurance overview

## Common insurance terminology

- Out-of-pocket maximum
  - The most you have to pay for covered services in a plan year.
  - After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100 percent of the costs of covered benefits.
- Copayment
  - A fixed amount you pay for a covered health care service; \$20 for a visit with the doctor, for example.

# Health insurance overview

## Common insurance terminology

- Coinsurance
  - The percentage of costs of a covered health care service you pay; 20 percent for an X-ray, for example.
- Office visit
  - Services received in an out-patient setting, like a doctor's office.
  - Examples: primary and specialty care, rehabilitative care, and behavioral health

# Health insurance overview

## Specifics of Oregon plans

- Standard Bronze, Silver, and Gold plans
  - Designed by the state
  - Offered by every carrier in every service area
  - Copayments on all office visits and generic drugs
- Non-standard plans
  - Designed by carriers
  - Many offer services before deductible
  - Vary by carrier and service area

# Scope of discussion today

- Out of scope
  - Premiums
  - Changes that require changes to laws
- In scope
  - Changes to cost-sharing
  - Access to services
  - Changes that improve health equity
  - Provider networks or types of covered providers

# Discussion questions

- When thinking about the benefits covered by your health plan, are there services you would like to take advantage of but can't because of cost?



# Discussion questions

- Are there benefits that you think should be more accessible to advance health equity?
  - These could be benefits that are currently covered by health plans, but are inaccessible due to cost.

# Discussion questions

- What benefits are included in your plan that you really like?
- Are there services that you wish were covered by your health plan and are not?
- Have you met your deductible in previous years?

# Discussion questions

- Have you had trouble finding an in-network provider?
  - If so, what kind of provider and what area of the state have you been looking?

# Discussion questions

- Insurance companies, are there areas of the state which you find it hard to contract with local providers?
  - What challenges are you facing with this?

# Discussion questions

- Before you enrolled in health coverage, did you use the Oregon Health Insurance Marketplace window shopping tool, or did you compare plans only on HealthCare.gov?
  - Do you have feedback about your experience using either?

# Discussion questions

- Do you think health plan coverage and cost are adequately represented on the Oregon Health Insurance Marketplace window shopping tool to help inform consumer choice?

# Discussion questions

- Did you get help from an insurance agent or application assister to enroll in health coverage this year?

# Closing thoughts

- Public Comments
  - Submit the form at <https://go.usa.gov/xtxt6>
  - Public comments are due Friday, Jan. 21 at 11:59 p.m.
- Next meeting:
  - Medicaid Migration to the Marketplace
    - January 20, 2022
    - 10 a.m. to noon
    - How to join: <https://bit.ly/3qLBW6l>