Oregon Health Insurance Marketplace
500 Summer Street NE E-56, Salem, OR 97301 | 855-268-3767 (toll-free)

Qualified Health Plan RFA Carrier Questionnaire

Instructions

This questionnaire identifies the Patient Protection and Affordable Care Act (ACA) requirements that a carrier must meet before a contract is finalized between the Oregon Health Insurance Marketplace and the carrier. Please respond to each question and explain how you will meet the requirements.

If the space allotted does not allow for complete answers, please add additional pages or documentation. Include the document title in the explanation text field. Documents must be clearly labeled to indicate the corresponding question.

Transparency

Transparency — ORS §741.001(3): "Empower Oregonians by giving them the information and tools they need to make health insurance choices that meet their needs and values."

The Oregon Health Insurance Marketplace seeks to empower Oregonians by providing the information and tools customers need to make good choices and be informed about their coverage.

1. In the space provided below, please describe how you provide enrollees with timely information about plan benefits and cost sharing, provider networks, changes to the foregoing, and the steps necessary for a member to locate this information on your website.

Health Equity

The Oregon Health Authority is working to eliminate health inequities by 2030. As part of that work, OHA has established the following definition of health equity:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:

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

2. How do you communicate important information to your members about your health benefit plans and company policies in a culturally and linguistically appropriate manner?

Quality — ORS §741.001(4): "Improve health care quality and public health, mitigate health disparities linked to race, ethnicity, primary language and similar factors…"

In addition to the Quality Improvement Strategies required in 45 CFR §156.1130, the Oregon Health Insurance Marketplace is working to align with quality initiatives in place or in progress with the Oregon Health Authority.

3. Some individual or small group market commercial plans may have quality incentive or value-based payment strategies that are also in place in coverage offered through the Oregon Health Plan (OHP), the Public Employees Benefit Board (PEBB), and/or the Oregon Educators Benefit Board (OEBB). If you currently include, or plan to include, any of these quality incentive or value-based payment strategies in your individual or small group market commercial plans, please provide the following information for each strategy you include or plan to include in these plans:
   - Name of the strategy or initiative and effective date
   - Describe how the strategy has performed in OHP, PEBB, and/or OEBB – explain the annual change in per-member cost and/or quality scores for the program's success metrics
   - If currently implemented in individual or small group commercial plans, describe how the strategy has performed – identify the plans/networks and scope of providers that participate in the quality incentive or value-based program, and explain the annual change in per-member cost and/or quality scores for the program's success metrics
   - If not currently implemented in individual or small group commercial plans, describe how the strategy is expected to perform – explain the program's success metrics and the targeted change in those metrics

4. If you previously included quality incentive or value-based payment strategies from OHP, PEBB, and/or OEBB in your individual and small group commercial plans, but have discontinued those strategies in your commercial plans, please provide the following information for applicable strategies:
   - Name of the strategy or initiative, and effective and termination dates
   - Describe how the strategy has performed in OHP, PEBB, and/or OEBB – explain the annual change in per member cost and/or quality scores for the program's success metrics
   - Describe how the strategy performed or failed to perform in your individual and small group commercial plans - explain the annual change in per member cost and/or quality scores for the program's success metrics
   - Any other information that provides the rationale for discontinuing the use of the strategy in your commercial plans

   If you have not discontinued any of the strategies described here, please put N/A.

5. Do you currently include any value-based payment strategies in your provider networks not described above? If so, please list and describe each strategy, including the plans in which it is employed, and the effective date. Explain the annual change in per-member cost and/or quality scores for each program's success metrics. If you do not use any value-based contracting strategies in your provider networks, please indicate why.

Access – ORS §741.001(4): "…ensure access to affordable, equitable, and high-quality health care throughout the State."

6. Are there communities within your geographic service area that heavily rely on essential community providers and would benefit from expanded contracts with such providers? Do you currently include essential community providers in your health benefit plan networks? If not, how and when do you plan to contract with them in the future?

7. Please describe your referral process and prior authorization process when an Indian Health Service or Tribal 638 facility is not a participating provider in your network. What is your payment structure with IHS or tribal clinics when members receive services there?

Submission Information

Carriers must submit the attestation and questionnaire responses via email to katie.button2@dhsoha.state.or.us no later than 5 p.m. PST on March 3, 2023. Please make sure the email subject line reads: **[CARRIER NAME] RFA Submission.** The questionnaire must be complete and include complete responses. **Fax, regular mail, and physical deliveries will NOT be accepted.** You will receive an email confirming your submission.

By submitting this questionnaire, I certify that the information contained herein is true and correct to the best of my knowledge.

Name and title of the person submitting this questionnaire: _____

For: _____ Date: _____

(Company name)