Oregon Health Plan and Oregon Health Insurance Marketplace Enrollment Updates

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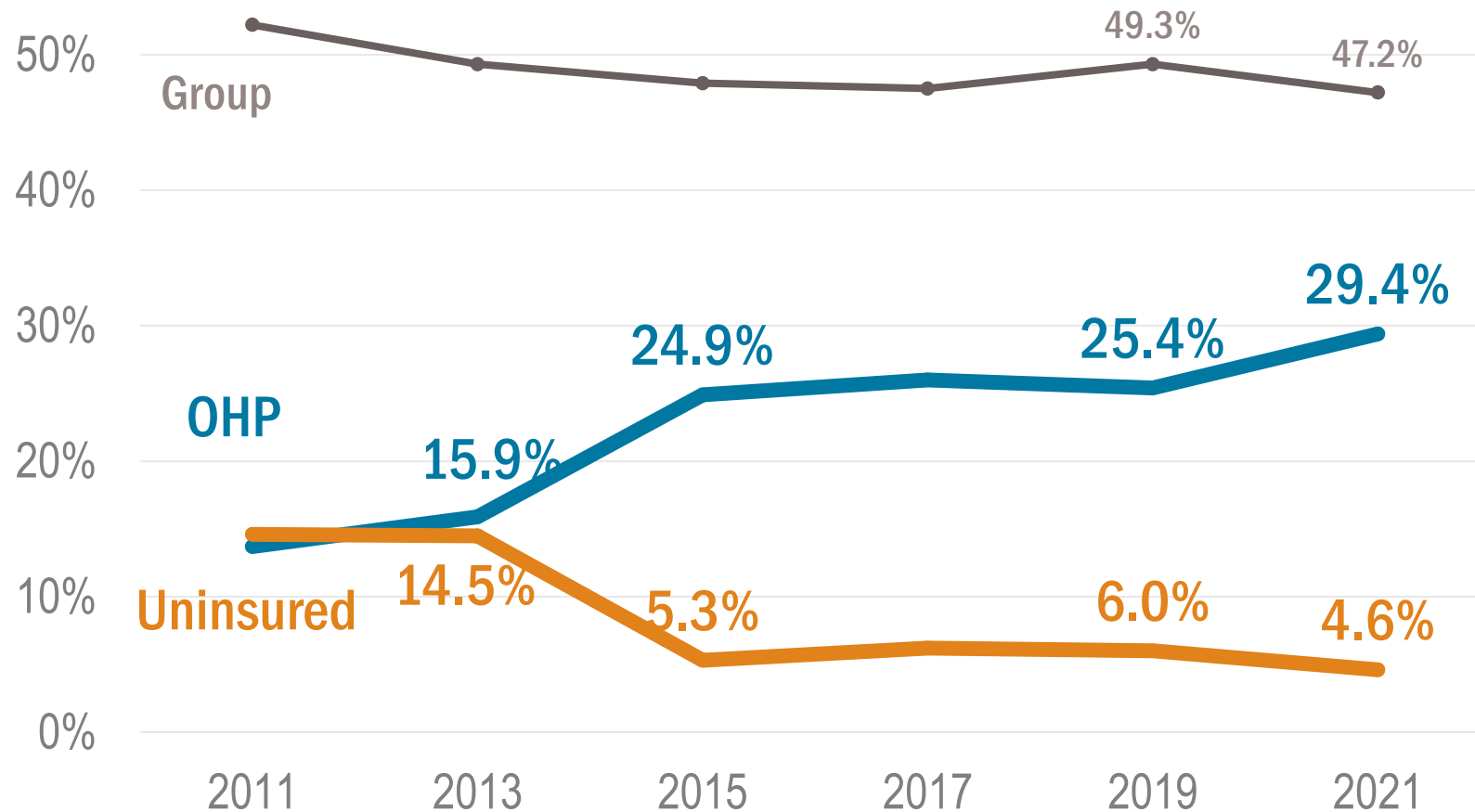
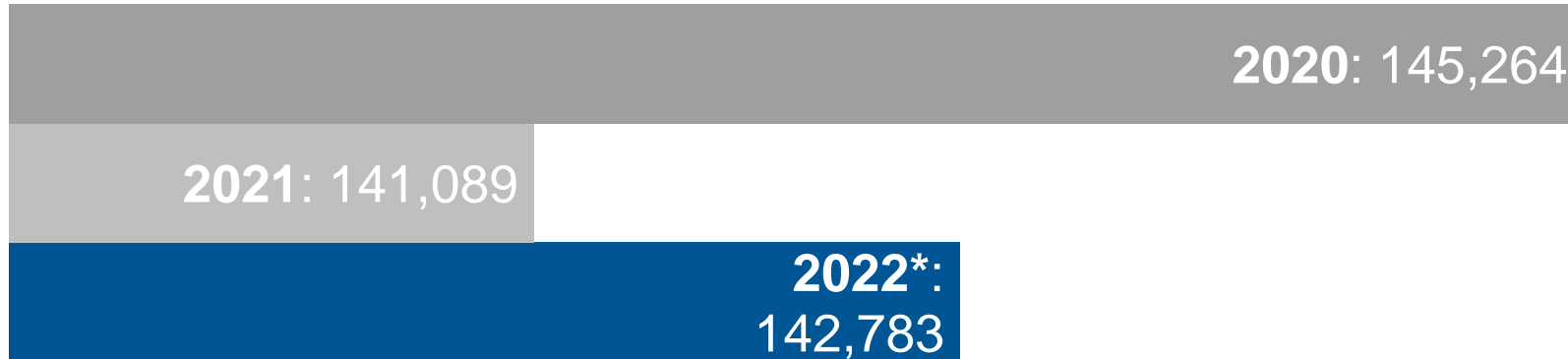House Health Care Committee

January 13, 2022

Agenda

▶ Insurance Coverage Update

▶ Public Option (HB 2010) Update

▶ Oregon Health Plan Redeterminations after Public Health Emergency

Increased OHP Enrollment Drives Decline in Statewide Uninsured Rate

Group
OHP
Uninsured

49.3%   47.2%

29.4%
25.4%
24.9%

15.9%
14.5%   5.3%   6.0%   4.6%

50%
40%
30%
20%
10%
0%

2011   2013   2015   2017   2019   2021

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Open enrollment update: Nov. 1 2021 to Jan. 15, 2022

Total plan selections by plan year

2020: 145,264
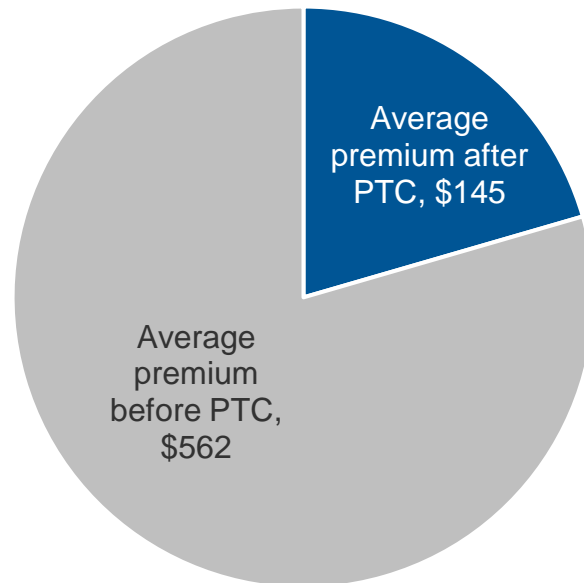
2021: 141,089

2022*: 142,783

Most viewed plans on the Oregon Window Shopping tool by plan tier between Nov. 1, 2021 and Jan. 4, 2022:

- Bronze: Navigator Bronze HSA 7000
- Silver: Kaiser Permanente Oregon Silver 4500-40
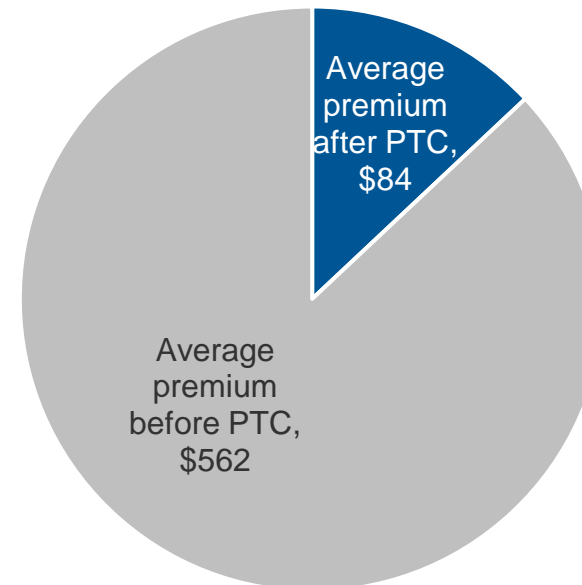- Gold: Providence Oregon Standard Gold Choice Network

*Plan selections Nov. 1 through Dec. 15, 2021

Additional monthly savings due to American Rescue Plan Act (ARPA)

2021 enrollment, prior to ARPA taking effect

2021 enrollment, after ARPA taking effect*

Average premium after PTC, $145

Average premium before PTC, $562

Average premium after PTC, $84

Average premium before PTC, $562

46% reduction in average monthly premium after PTC due to American Rescue Plan expansion*

*Impact of ARPA expanded subsidies on 2022 plan selections are not yet available.

Oregon Health Authority

Advancing Health Equity in Future Insurance Coverage Options

► Minimize disruptions in care

- Reduce "churn" for individuals with fluctuating income

- Investing in robust outreach and education efforts

- Aligning provider networks across markets (especially primary care)

► Better align quality & access measures across markets

► Accountability for contain costs and total cost of care

► Incorporate equity-focused CCO elements into new option (e.g. community voice, equity plans, social determinants of health)

Public Option Update

Public Option: Implementation Plan (HB 2010)

► 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

► Report Submitted to Legislature December 30th; Public Engagement Begins

- HIMAC Community Conversation

- Engagement Opportunities During 2022 Legislative Session

- Ongoing Engagement Through Remainder of 2022

Public Option: Key Policy Goals

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

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

Comprehensive & Affordable

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

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

Public Option Report: Key Recommendations

► Focus on Health Equity by:

- Planning design efforts focused on health equity
- Aligning with CCO networks and equity provisions
- Considering market-wide equity efforts

► Consider Colorado's Premium Reduction Target Approach to:

- Invest in additional cost-sharing assistance
- Fund dental benefits
- Lower monthly premiums for unsubsidized consumers

Oregon Health Authority

Oregon Health Plan Eligibility Redeterminations in 2022

Continuous Medicaid coverage during the public health emergency

► Beginning March 18, 2020, Congress passed the Family First Coronavirus Recovery Act which provided 6.2% enhanced federal Medicaid funding for states to maintain continuous Medicaid coverage and not disenroll Medicaid enrollees for the duration of the federal public health emergency (PHE).

- *Exceptions to continuous coverage: death, confirmed out-of-state residency, incarceration, and voluntary request.*

► PHE has been extended by 90 days several times, continuing the policy.

► PHE currently set to expire 1/16/22 but is expected to be extended another 90 days.

► The OHP caseload has increased almost 27% as a result of continuous coverage.

OHP enrollment as of January 10, 2022

Total Oregon Health Plan (OHP) Enrollment
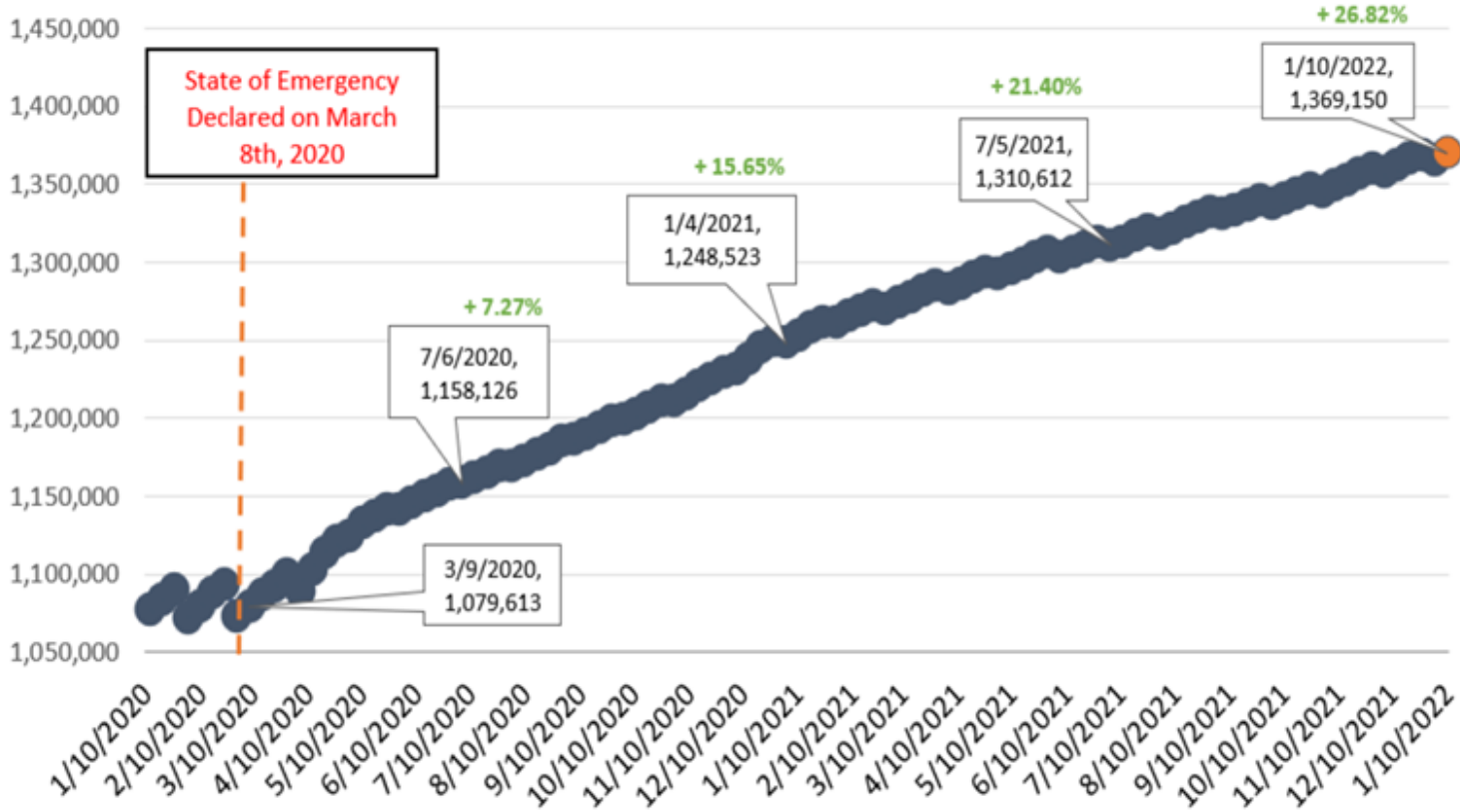
OHA PHE flexibilities and permanent changes

► Applicants can attest to most eligibility criteria - *don't have to provide proof of reported information, except for their citizenship/immigration status.*

► Expanded presumptive eligibility and options for remote assistance *– allow hospitals and community partners greater flexibility to assist individuals to get needed benefits.*

► Continued to perform annual renewals *– didn't terminate people if found ineligible.*

Permanent changes to help maintain coverage – in process:

- Extending post-partum coverage period from 60 days post pregnancy to 12 months post pregnancy.

- Income verification to be completed using post-eligibility review process to allow for immediate enrollment.

- Cover All People (CAP) – children on Cover All Kids who turned 19 during PHE. Without CAP, they would likely convert to Citizenship Waived Medical (CWM).

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Federal guidance for ending the PHE

► The Centers for Medicare and Medicaid Services (CMS) has committed to providing states with 60 days advance notice of ending the PHE.

► When/how full redeterminations and disenrollments begin depends on when federal PHE ends, federal requirements, and state disenrollment plans approved by CMS.

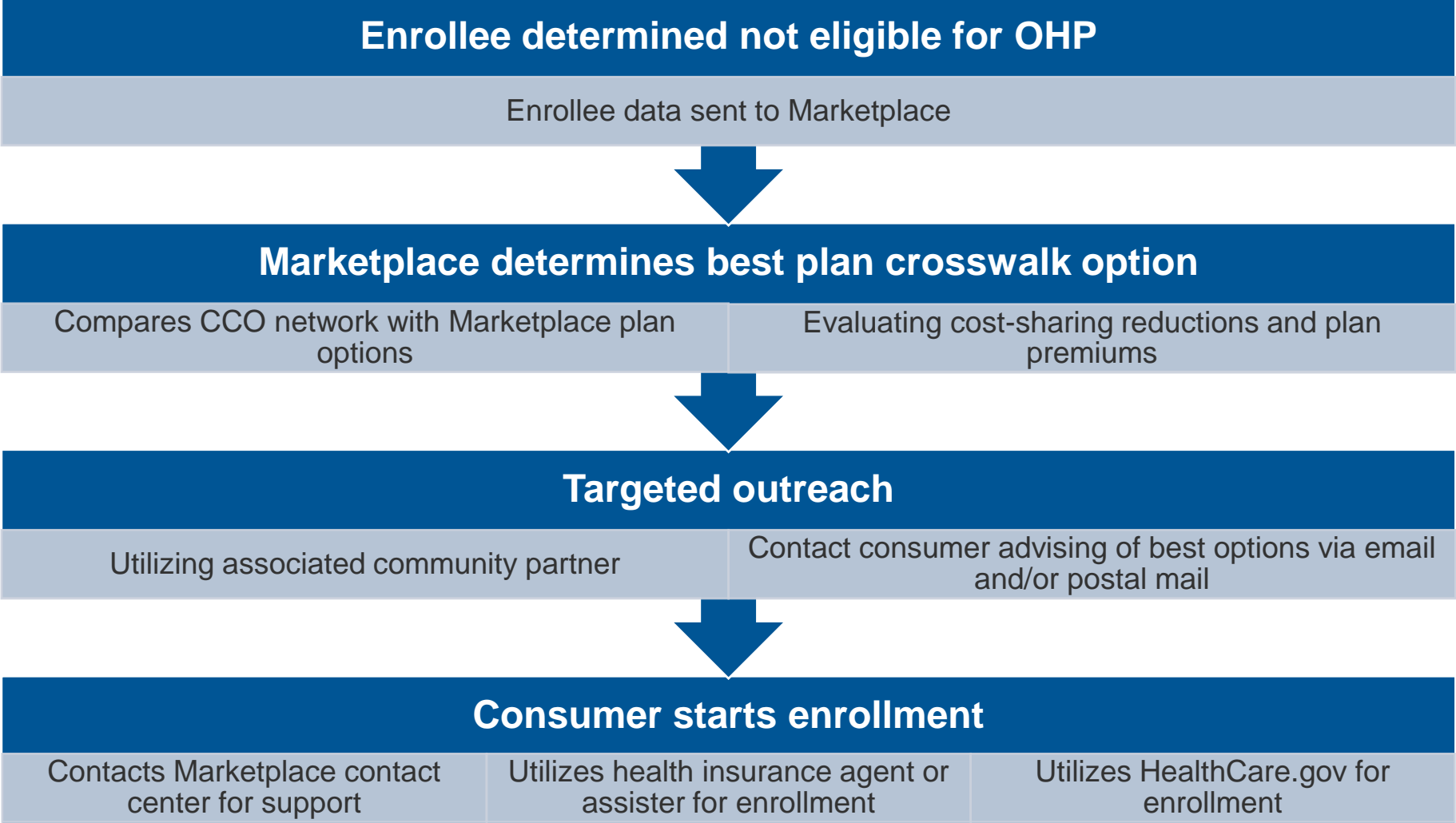► CMS has stated they will provide updated guidance to states with more details when known.

OHA's current plan for transition

► Implement a robust outreach and communication plan to let members know what to expect and encourage them to update their contact information so that their coverage can be renewed. *Assistance by community partners, CCOs, insurers, brokers, navigators, providers, etc. is essential.*

► Ongoing coordination between OHP and the Marketplace to ensure that members who lose OHP are supported in their transition to a private plan.

► Use existing automated renewal process to the maximum extent possible to reduce the burden on members and staff. If coverage cannot be automatically renewed, members receive a pre-populated renewal notice that they must sign and return.

► Perform renewals of everyone on OHP over twelve months. Anyone found no longer eligible will receive advance notice with hearing rights and their information will be sent to healthcare.gov.

Hand-off from OHP to Marketplace:
Consumer Experience

Enrollee determined not eligible for OHP

Enrollee data sent to Marketplace

Marketplace determines best plan crosswalk option

| Compares CCO network with Marketplace plan options | Evaluating cost-sharing reductions and plan premiums |

Targeted outreach

| Utilizing associated community partner | Contact consumer advising of best options via email and/or postal mail |

Consumer starts enrollment

| Contacts Marketplace contact center for support | Utilizes health insurance agent or assister for enrollment | Utilizes HealthCare.gov for enrollment |

Outstanding Planning Issues

► **Timing of Disenrollment**: PHE may be extended. Confirm the timing and process in February with Legislature and CMS.

- Weighing timing of disenrollment to ensure smoothest transition to Marketplace.

► **Resource Needs:** Determine the internal and external resources needed for outreach and enrollment efforts. Costs will be a barrier to individuals moving to Marketplace.

► **Outreach & Engagement:** Will begin engaging with community partners to provide assistance and support. Will require support from those who can reach members.

► **Federal Marketplace Platform:** Address the challenges and limitations with the federal Marketplace platform (does not allow auto-enrollment, poor information sharing).

► **Ensure alignment for continuity of care:** Exploring options to reduce gaps in care.

- Exploring options to maintain coverage of "churn" population with their CCOs.

- Considering other Marketplace plan changes such as aligning providers networks.

Next Steps

► Developing redeterminations plan to share with CMS/Legislature

► Marketplace Community Conversations next week to discuss Marketplace changes and redeterminations planning:

- **January 18 from 10a.m. – noon:** Public Option and Usability of Marketplace Plans

- **January 20 from 10a.m. – noon:** Medicaid Migration to the Marketplace

► Will begin regular conversations will other partners to follow (CCOs, community partners, providers, etc.) to assistant with planning, outreach, enrollment.

► Legislative concept placeholder for output of next week's conversations.

Thank you