

Oregon Health Policy Board

AGENDA

February 9, 2010

Market Square Building
1515 SW 5th Avenue, 9th floor
8 am to 12 noon

WEB STREAMED AT: [Oregon Health Policy Board Live](#)

#	Time	Item	Presenter	Action Item
1	8:00	Welcome and call to order Consent agenda: <ul style="list-style-type: none">• Minutes from Jan. 12, 2010 meeting• Final Charter for Health Incentives and Outcomes Committee.• Letter to the federal delegation in support of state pilot projects	Chair	X
2	8:10	Director's Report	Bruce Goldberg	
3	8:20	Membership confirmations and chair selections for: <ul style="list-style-type: none">• Health Incentives and Outcomes Committee• Appt. of new members to State Health Improvement Committee	Chair	X
4	8:30	Nancy Turnbull: The Massachusetts Exchange Experience	Nancy Turnbull	
5	9:15	Health Insurance Exchange Design Considerations	Barney Speight Nora Leibowitz	
6	10:00	Invited Testimony		
	10:15	Break		
7	10:30	Panel and board discussion	Barney Speight Nancy Turnbull Cory Streisinger	
8	11:30	Public Comment		
9	Noon	Adjourn	Chair	

Next meeting:

March 9th, 2010

1 pm to 5 pm

Market Square Building

1515 SW 5th Avenue (Between Market and Clay)

9th floor

Oregon Health Policy Board Minutes
January 12, 2010
1:00 pm – 5:00 pm
Market Square Building, Portland, Oregon

Item 1 – Call to Order/Roll Call

Eric Parsons called the Oregon Health Policy Board (OHPB) meeting to order. All Board members were present. Oregon Health Authority (OHA) staff: Bruce Goldberg and Tina Edlund. The Board thanked Dr. Robertson for making the facility available to the Board.

Agenda – minutes of last meeting, The December 8, 2009 minutes were reviewed. Changes to the Minutes were noted and will be made. Revised minutes will be posted to the web.

2010 Board schedule. In addition to the meeting locations noted on the 2010 Board schedule, the Board will also meet in other locations around the state during the year; those locations will be posted on the web as soon as they are scheduled.

Final Charters for Health Care Workforce Committee, Public Employers Health Care Purchasers Committee, State Health Improvement Committee, and Health Systems Performance Committee – The Board suggested moving the Health Systems Performance Committee discussion to the February 9 meeting. Lillian Shirley moved to adopt the minutes with the noted changes and clarifications; Chuck Hofmann seconded the motion. There was no further discussion by the Board. The minutes were approved.

Item 2 – Director’s Report

Dr. Goldberg presented the Director’s report. A written report will be presented next month. The report outlines operations issues, budget and financial issues, performance metrics and policy issues.

OHA Transition – The first phase was completed on time and we are moving ahead as scheduled. Business processes between agencies will be completed on December 31, 2010. We will be doing work on the OHA organizational structure along with mission roles, and governance of shared services. We appreciate board comments.

February session—It is unlikely that substantive policy initiatives will be taken up during the short February session.

Healthy Kids and OHP Standard program update – The Centers for Medicare and Medicaid Services (CMS) approved Oregon’s waivers on Dec. 24, 2009. For OHP Standard, this means we can begin to repopulate the reservation list and begin the random selection process. We will draw a set number of names each month and will be actively repopulating the list over the next several months. On the Healthy Kids side, we have approval to offer subsidized commercial health insurance coverage to children in families earning between 200% and 300% of the federal poverty level. Families will have a choice of either a statewide or regional insurance carrier. Kids are currently being enrolled and coverage begins February 1. We have 30,755 children enrolled at this time.

Item 3 – Review and adopt Medical Liability Taskforce Charter

The Board reviewed the Medical Liability Taskforce charter. The committee solicited information from stakeholders. The Board had no further questions. Eileen Brady moved to accept the charter; seconded by Joe Robertson. No further discussion. Motion carried by a unanimous voice vote.

Item 4 - Membership confirmations and Chair Selections

Health Systems Performance Committee

The Board suggested moving the Health Systems Performance Committee discussion to the February 9 meeting.

State Health Improvement Program Committee – More than 100 people applied for the State Health Improvement Program Committee. It was noted that even with the number of nominees, business and rural areas of the state are under-represented. Chuck Hofmann motioned to accept the membership as proposed with direction to the staff to seek additional business and rural representation; Lillian Shirley seconded the motion. No further discussion. Motion was carried by a unanimous voice vote.

Lillian Shirley moved to nominate Tammy Bray from Oregon State University (Benton Co.) as Chair and Lila Wickham from Multnomah County Health Dept as Vice-Chair of the Committee. Carlos Crespo seconded the motion. No further discussion. Motion was carried by a unanimous voice vote.

Medical Liability Taskforce—Membership confirmation under consideration

Item 5 – OHA Work Plan Consent Items

Insurance Market Reform Plan – Staff from the Office for Health Policy and Research (OHPR) were available for questions. The Board asked that once we have a better idea of federal reform, that OHPR develop a more detailed work plan relating to deliverables and intended outcomes. The Board would like the work plan to explicitly examine cost reductions. OHPR staff will provide the information at the February 9 meeting.

Comprehensive Coverage and Financing Plan – The Board reviewed the plan and asked that the work plan be made more specific and that the work plan explicitly include cost containment mechanisms and infrastructure. Board would like to ensure that the discussion of a universal health care program may or may not involve a mandate. The deliverable needs to include estimates of number of people covered and projected costs.

Essential Benefit Plan – The Board reviewed the plan. Staff will provide the Board with detailed background information from work done previously for the Oregon Health Fund Board.

Administrative Simplification – The Board reviewed the plan and asked staff to provide an estimate on costs as part of the deliverables. Staff will provide the Board with estimated impacts.

The Board applauded the work staff has done. Board asked that staff develop a matrix that shows deliverables and outcomes of all work plans.

Item 6 - Progress Reports

Patient-centered Primary Care Standards Advisory Committee – Dr. Smith outlined the core attributes of a patient-centered primary care home as developed by this committee. The report includes detailed work and performance measures and distinct standards for framework. OHP and PEBB integrated timelines are noted in the key deliverables. The intent is to promote change in behavior.

Health Information Technology Oversight Council (HITOC) - Carol Robinson provided a summary of the duties, goals and strategic plan of HITOC. The duties as set forth in HB 2009 include setting goals and developing a strategic HIT plan, coordination and leverage of existing resources, adopting standards for a purchasing collaborative for electronic health records (EHR), educating the public and providers of health care, supporting and overseeing the health records bank, and developing a reimbursement program for EHR use and HIT loan program.

Item 9 - All Payer All Claims Database Update (APAC)

Sean Kolmer presented an update on the All Payer All Claims Database (APAC). An all payer, all claims data is a tool for better understanding of cost, quality, and utilization across Oregon's health care system. His review included where the data comes from, how it is used and what has driven implementation of this database in other states. The Board asked about the three month timeline for implementation, and cautioned staff about spending wisely and selecting the correct vendor.

Staff reported that HITOC and APAC are on parallel tracks. Dr. Robertson asked to go on record that he is very optimistic about this process. APAC provides strong tools to bend cost curves. Excluding any payer would make this tool less effective. This information can be formatted into information that health providers are used to looking at.

Item 10 – All-Payer All Claims Data Invited Testimony

Tom Aschenbrenner, President of the Northwest Health Foundation. While the Northwest Health Foundation supports this effort, Mr. Aschenbrenner noted that the political and legal challenges for collecting data are phenomenal and the effort expensive. It is important to standardize data across the board to allow for a level playing field. Making data available to the people who deliver the care is critical, and it should be a shared public/private partnership. It is important to know how we use this data for public health, and we have not heard this in the conversation today. A public and private partnership, along with the trust of the providers is critical, but data collection should be done on a regulatory basis; not on a voluntary basis. Regulatory compliance is important in this process. The data should be used for population-based health and for the health of Oregon.

Laura Etherton – Testified as an OSPIRG health care advocate. OSPIRG is involved in the APAC rules advisory committee and rule making process. APAC is a critical piece of health care reform. We won't know details to solve the problems if we don't have the data. If we come up with solutions, we won't know if they are working without the data. This is critical for individual consumers. How do we get America to have local health care at a price we can afford? It is important to keep this in the forefront. OSPIRG will be glad to have the data. We are here to help and encourage you to move forward with APAC.

Denise Honzel – an independent health care consultant working with the Health Leadership Task Force (HLTF) to address health care cost issues to bring costs to a more affordable level. The Health Leadership Task Force supports the efforts of APAC – it will be critical for payment reform for the medical home. Accountability will drive health care reform in the state. The HLTF encourages the Board to work with Oregon Health Care Quality Corporation (Quality Corp). Their experience with claims data is critical and may help to expedite the process.

Nancy Clarke – testified that she is the Executive Director of Oregon Health Care Quality Corporation. There is significant variation in health care in Oregon, and we would know a lot more if we work together. Those are the drivers for APAC. Three important things to keep in mind 1) build a shared community asset. We are into new territory to figure out legal, financial and technical challenges. 2) Staged implementation is another thing to think about and 3) Vendor procurement.

Board comments were that this data base is critical. It has been a very public process (legislative, committee hearings, rules process. The Board should be advocates for sustainable funding. We collect data and measure: it is critical for cost containment. Staff is asked to open source technologies in the procurement process. The Board enthusiasm comes with caution. We need to make sure that this process is done correctly and with enough time and continued financial viability. The next intersection point for the Board and the APAC is to outline for staff what the three or four key questions they would want addressed by data in the APAC. Next intersection after that is an opportunity to weigh in on the Request for Proposal process and then when data comes in the fall.

Item 11 – Public Comment

No public comment

No other business. Meeting adjourned. 4:53 pm.

Next meeting

The Market Square Building

February 9, 2010

8:00 am to 12 noon

**Oregon Health Policy Board
Health Incentives and Outcomes Committee**

Approved by OHPB on (insert date)

I. Authority

The Oregon Health Policy Board, under House Bill 2009, Section 8(1) may establish advisory and technical committees as the Board considers necessary to aid and advise in performance of its functions. The Board establishes the Health Systems Performance Committee to recommend to the Board and continually refine uniform, statewide health care quality standards for use by all purchasers of health care, third-party payers, health care providers and consumers. The Committee will be guided by the Triple Aim of improving population health, improving the individual's experience of care and reducing per capita costs. The Committee will also be guided by the Oregon Health Fund Board's final report, "Aim High: Building a Healthy Oregon," (November 2008), particularly in reference to Building Block 2: Setting High Standards:

Improve population health by:

- Developing a complete picture of where Oregon is doing well and where there is room for improvement so that effective, targeted initiatives aimed at improving population health can be developed
- Coordinating a statewide strategy to improve quality of care
- Providing communities with information about resource utilization that is needed to make health planning decisions that maximize population health

Improve the individual's experience of care by:

- Giving people the information they need to compare available health plans
- Allowing health care consumers to make informed decisions about the providers they see based on the quality of care they provide

Reduce per capita costs by:

- Providing a clear picture of how resources are used in health care
- Allowing for the identification of providers/regions that are providing cost-effective and high-value care and those that are utilizing more resources without achieving better outcomes, thereby reducing variations in care patterns and the provision of unnecessary care
- Increasing public accountability for the way health dollars are spent
- Encouraging competition between health plans and between providers based on the value of services provided and thus allowing health care purchasers to make informed purchasing decisions
- Giving providers the information they need to benchmark their performance, identify opportunities for quality improvement, and design effective quality improvement initiatives that allow for better health outcomes at a lower cost

This charter shall be reviewed annually to ensure that the work of the committee is aligned with the Oregon Health Policy Board's strategic direction.

II. Committee and Sub-Committee Makeup

The Health Systems Performance Committee will have two subcommittees: one focusing on recommendations for payment policy and standards and the second focusing on standards and metrics related to value: both quality and cost in health care. The two subcommittees together will constitute the Committee. Each subcommittee may bring in additional content experts to assist them in developing their recommendations for methodologies, standards and metrics. Recommendations to the Board require a majority vote of the full Health Systems Performance Committee.

III. Deliverables

The Health Systems Performance Committee is established to investigate, evaluate and develop recommendations to the Board for transparent payment methodologies that provide incentives for cost-effective, patient-centered care and reduce variations in cost and quality of care. The Committee will provide technical performance measurement and reporting expertise and make recommendations to the Board about and continually refine uniform, statewide health care quality standards in support of a high performing health system and the further development of value-based benefit design for use by all purchasers of health care, third-party payers and health care providers.

Short Term

1. A report recommending to the Board transparent payment methodologies that may be incorporated in health care purchasing programs of state and local government and private sector entities and that provide incentives for the efficient delivery of care which (April 2010).
2. A report recommending to the Board a set of core quality and efficiency measures that align with the priorities of the State Health Improvement Plan, the Patient-Centered Primary Care Advisory Committee and are based on nationally validated, evidence-based metrics addressing variations in utilization and cost. The report will include recommendations for statistically valid levels of reporting by geography and/or provider level (e.g., hospital, hospital system, accountable care organization, clinic, etc.). Once adopted by the Board, the Oregon Health Authority will produce a performance dashboard which includes the recommended core measures. (Core measures recommendation: April 2010, OHA dashboard: September 2010)

Long Term

1. Based on data from the Oregon Health Authority on utilization, outcomes and cost, a report recommending areas for attention by the Board by procedure, condition and geography by June 2011.
2. Recommend and develop an Oregon Health Systems Scorecard that includes key quality, cost/efficiency metrics. The scorecard will include standardized, comparable measures of quality, cost and efficiency and will include geographic and provider-level analysis where statistically appropriate. The first Oregon Health System Scorecard will be completed no later than June 2011.

The Committee will also perform other duties and responsibilities, consistent with this Charter and governing by-laws, as may be delegated to the Committee by the Board.

IV. Committee Dependencies

The Health Systems Performance Committee will seek information from:

- a. Patient-Centered Primary Care Advisory Committee
- b. State Health Improvement Plan Steering Committee
- c. Health Care Workforce Committee
- d. Health Resources Commission
- e. Health Services Commission
- f. The Oregon Health Care Quality Corporation
- g. The Health Leadership Taskforce
- h. The Oregon Coalition of Healthcare Purchasers

The Health Systems Performance Committee will provide information to:

- a. Public Employers Health Care Purchasers Committee
- b. Health Resources Commission
- c. Health Services Commission
- d. The Oregon Health Care Quality Corporation
- e. The Health Leadership Taskforce
- f. The Oregon Coalition of Healthcare Purchasers

The Health Systems Performance Committee will provide draft recommendations for input to:

- a. OHA senior staff
- b. Public Employers Health Care Purchasers Committee
- c. Oregon Health Policy Board

Quality standards will be developed and reviewed by the Committee on an ongoing basis. Updates and recommendations will be made to the Board on a quarterly basis.

V. Staff Resources

Quality and Efficiency Subcommittee: Gretchen Morley

Payment Reform Subcommittee: Jeanene Smith, Barney Speight, Rob Stenger

VI. Committee Membership

Insert membership table

DRAFT

Dear

The Oregon Health Policy Board urges your support for an amendment to allow early implementation pilots for establishment of a health insurance exchange, expansion of Medicaid before 2014 and other market reforms proposed in the H.R. 3590 and H.R. 3962. These pilots will assist Oregon in moving forward with our Healthy Communities pilot projects as well. As the citizen-led Board charged with overseeing the new Oregon Health Authority, we have been actively following the federal health reform bills as they move through Congress. We applaud your efforts to expand access to more Americans and to implement systems reforms to begin controlling the cost of health care while maintaining quality outcomes.

As you know, the Oregon Legislature passed HB 2009 during the 2009 session with the goal of reforming the health care delivery system to improve quality and contain the skyrocketing costs of health care in Oregon. That legislation provided a funding vehicle for immediate health insurance coverage for 95% of Oregon's uninsured children, created the Oregon Health Authority and the Oregon Health Policy Board and charged them with implementing a healthcare system that reduces cost increases and provides complete access to healthcare. It set key deliverables to be presented to the Oregon Legislature no later than December 31, 2010, including a plan for the creation of a health insurance exchange for the state and an essential baseline benefit package for the exchange.

An early implementation pilot will provide Oregon and a few other states that have been working toward reform the federal support necessary to move to the next stage in our reform efforts without having to wait until the 2013/2014 implementation dates outlined in the House/Senate bills. In return, our work will serve as a case study for implementation for the administration that could greatly enhance the prospects for successful implementation of federal reforms in other states.

The Oregon Health Policy Board's vision for Healthy Communities projects will build upon advanced implementation of federal health reform and are envisioned to include:

- large regional communities with one or more hospital systems
- experimental payment reform plans
- overall of the delivery system largely designed by medical professionals
- emphasis on innovation and incentives
- focus on significant reduction of chronic disease management costs
- focus on prevention
- integrating of population health goals and sick care management
- integrating of the Exchange as a tool for lowering costs

As Congress and the White House work to finalize health care reform in this 111th Congress, we ask for your support of the amendment drafted by Senator Merkley to authorize early implementation pilot projects. Oregon is doing the background planning work currently and is on track to move forward on an expedited timeline as a demonstration state if federal resources can be made available to support our expansion and reform efforts. In addition to adequate funding,

sufficient flexibility and waiver authority to develop policies and rules for pilot implementation will be essential to our success.

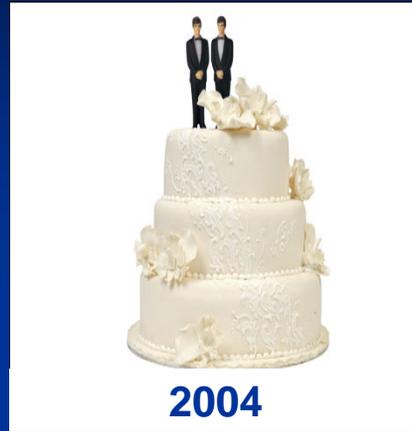
Thank you again for your efforts on health reform. We look forward to working with you to ensure that all Oregonians and all Americans have access to quality, affordable health care.

Sincerely,

Don't Blame Me...I'm
from Massachusetts



1972



2004



2006

Blame Me...I'm from
Massachusetts



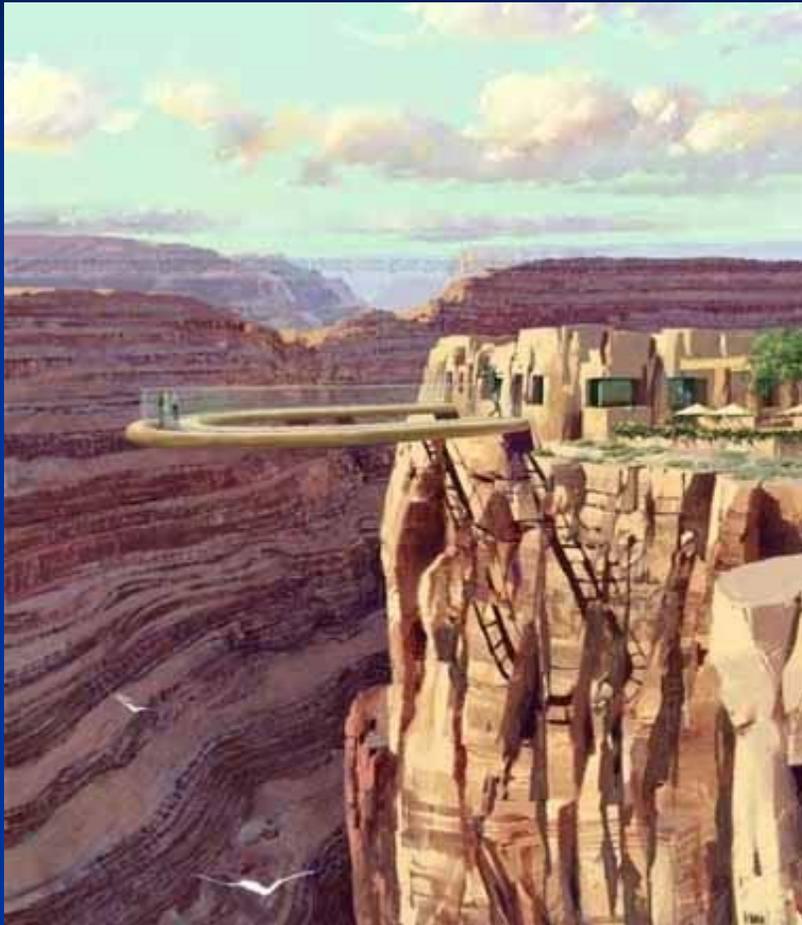
2010

The Massachusetts Exchange Experience

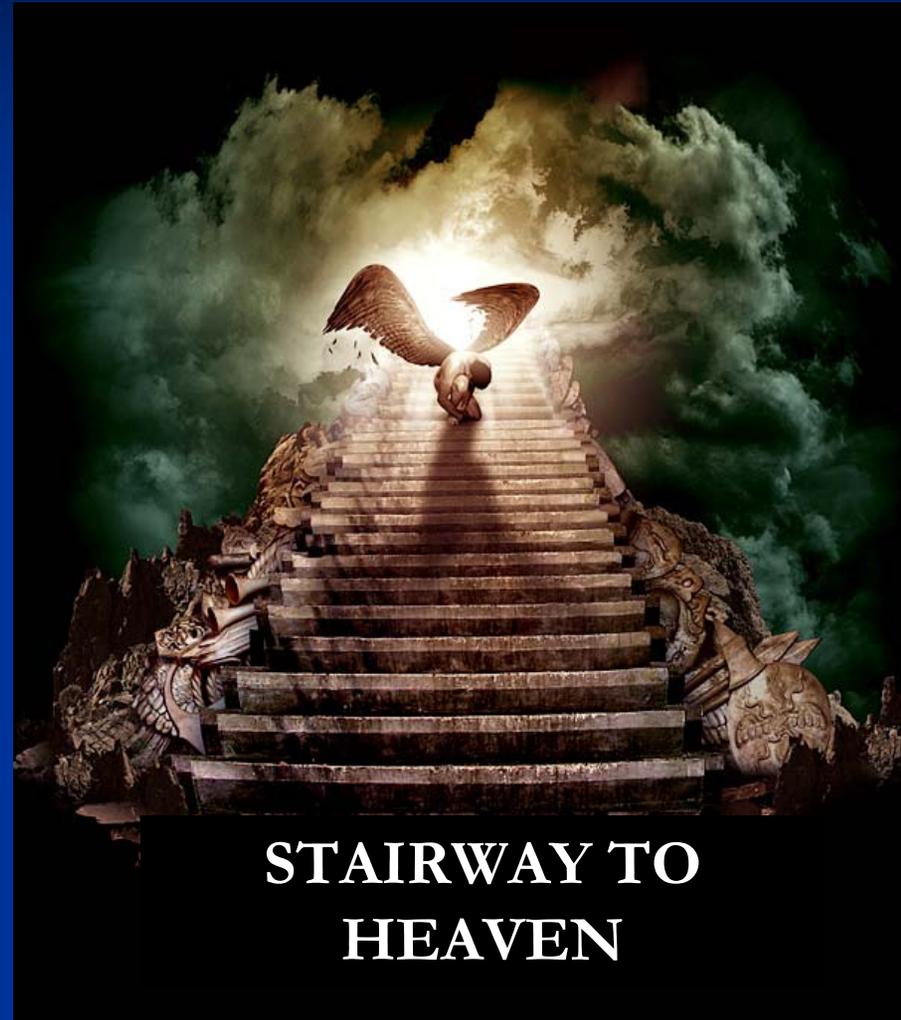
Nancy Turnbull, Harvard School of Public Health and
Board Member Massachusetts Health Insurance Connector

To the Oregon Health Policy Board, February 2010

Two Visions of Exchanges



BRIDGE TO NOWHERE



**STAIRWAY TO
HEAVEN**

What consumers might get...



Major Components of Massachusetts Health Reform Law

- **Subsidize insurance for low and moderate income**
 - Medicaid expansions (mostly for children)
 - *Commonwealth Care* (for adults up to 300% FPL)
- **Reform the non-group/individual market**
 - Merger of individual and small group markets
 - Health Insurance “Connector”
 - Young Adult Plans
 - Dependent coverage to age 26
- **Require individuals age 18+ to have health insurance—if it’s affordable**
 - Or pay state income tax penalties
- **Require employers w/ 11+ FTE-employees to**
 - Provide health coverage or make a “Fair Share” contribution
 - Offer a pre-tax, payroll deduction plan for health coverage (S. 125 plan)

The Roles of the Massachusetts Connector

- Operates two exchanges
 - Commonwealth Care: subsidized program
 - Commonwealth Choice: unsubsidized plans
- Policy making body for individual mandate
 - “Minimum Creditable Coverage”
 - Schedule of Affordability
- Facilitates expansion of coverage in the state through information, outreach and marketing
 - Individual responsibilities under reform law
 - Availability of coverage through Connector

Two Exchanges

#1: Exclusive exchange for *Commonwealth Care*

- State is the purchaser for program of subsidized coverage for low income uninsured adults (<300% FPL)
- Standard benefit package (slightly different <100% FPL)
- Offered primarily through Medicaid Managed Care Organizations
- Premiums vary by income (\$0-116 per month for member)
- ~150,000 members

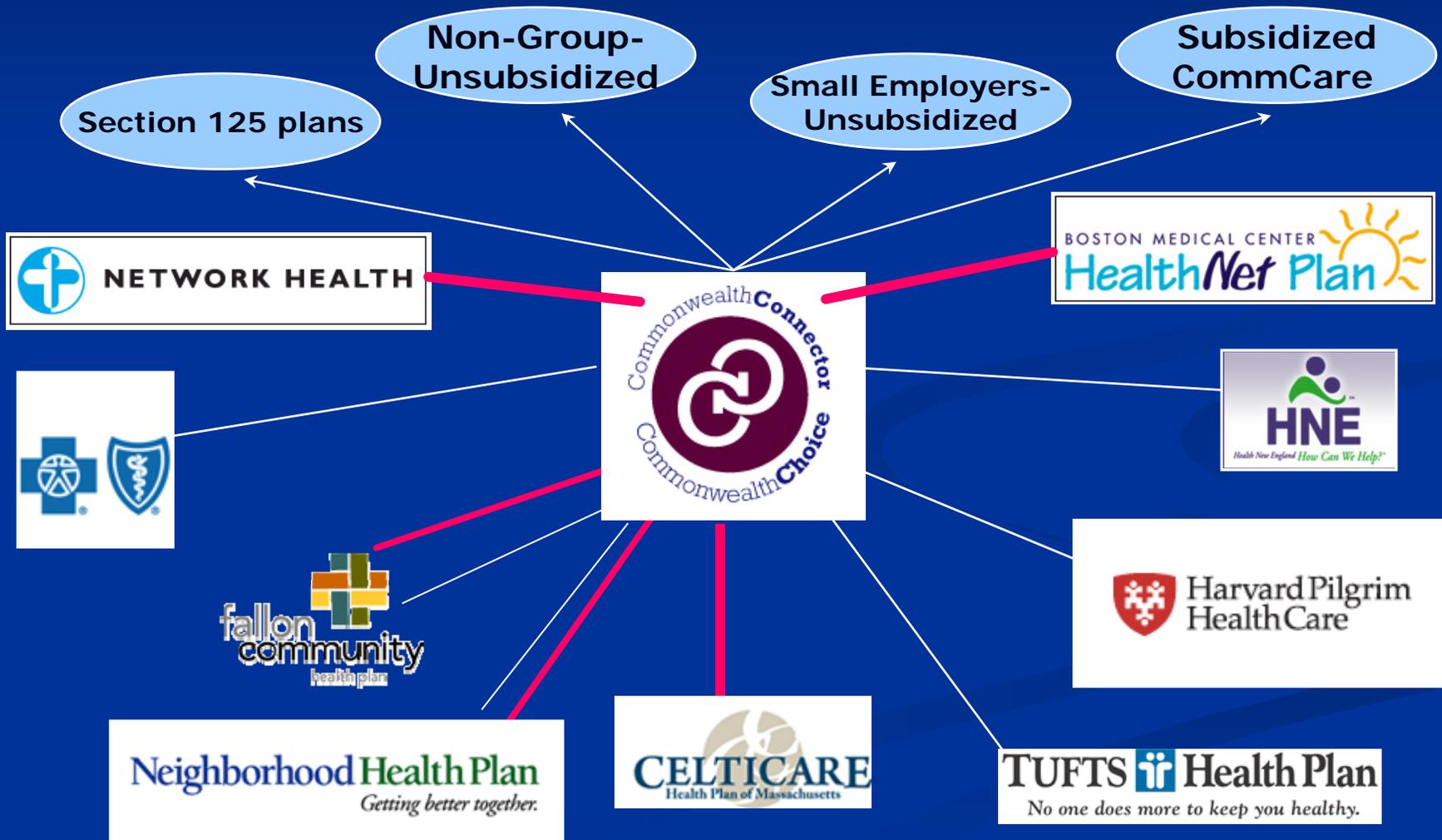
Two Exchanges

#2: Alternative distribution channel for *Commonwealth Choice*, unsubsidized individual and small group

- Competes side-by-side with regular insurance market
- Connector is a distributor not a purchaser
- Four product tiers: Bronze, Silver, Gold, Young Adult Plans (exclusive distributor for YAPs)
- Connector evaluates and give “Seal of Approval” to plans indicating that a health benefit plan meets certain standards regarding quality and value
- Carriers with 5,000 or more members in small group market are required to propose SoA plans
- Connector not required to offer all carriers that propose plans
- ~24,000 members in individual/nongroup plans
- Small employer plan “pilot” (~200 members)

Massachusetts Connector

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SEARCH

You need insurance. The state's Health Connector can help.



Find the right health plan for you or your family.

- Compare plans. We'll let you know if you might qualify for a low or no-cost plan.

[GET STARTED](#)

Individuals & Families



Young Adults



Employees



Employers



Brokers

Welcome to the Health Connector!

We are an independent state agency that helps you find the right health plan and avoid tax penalties. [Learn More...](#)

[Commonwealth Choice](#) offers many options from brand-name health plans. We negotiate prices and benefits. You shop, compare and enroll.

[Commonwealth Care](#) is low or no-cost health insurance for people who qualify.

Find out what's available to you.

Health Connector Success Stories



Andre from Milton

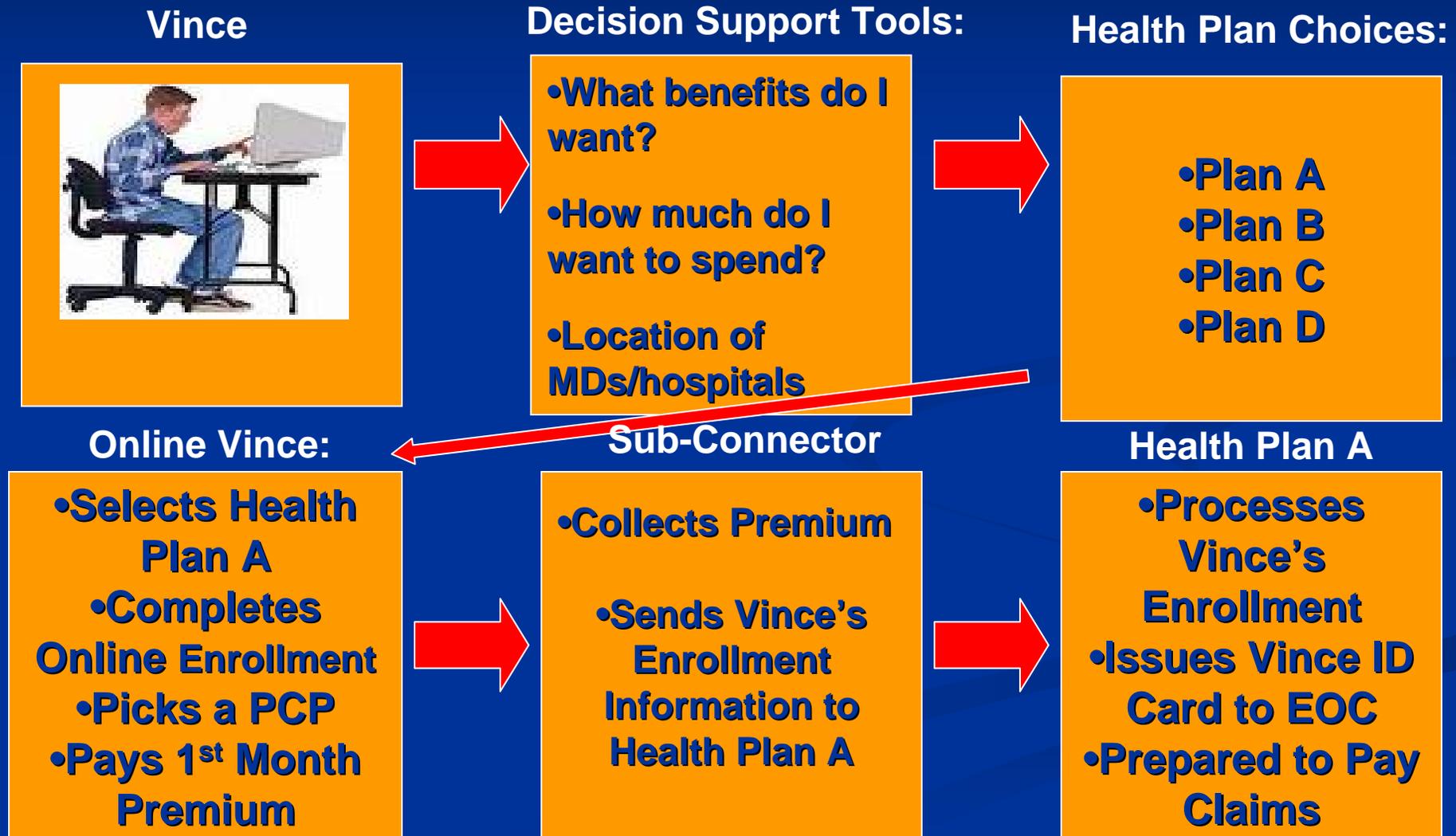
"I didn't know how I was going to be able to afford the rising cost of health insurance. Fortunately, my wife told me about the Health Connector, which provided me with many different options ..." [read more](#)

Already a Commonwealth Care Member?

- [Register](#) for access to your account
- [Log in](#) to choose a health plan and view account information



Make it easier to buy insurance



Ten Lessons from Massachusetts about Exchanges

1. **P**ublic Accountability
2. **P**ublic subsidies
3. **P**rogram Coordination
4. **P**urging pernicious insurance practices
5. **P**ooling
6. **P**rotection (against adverse selection)
7. **P**roduct standardization
8. **P**artnerships
9. **P**urchasing Power
10. **P**olitics

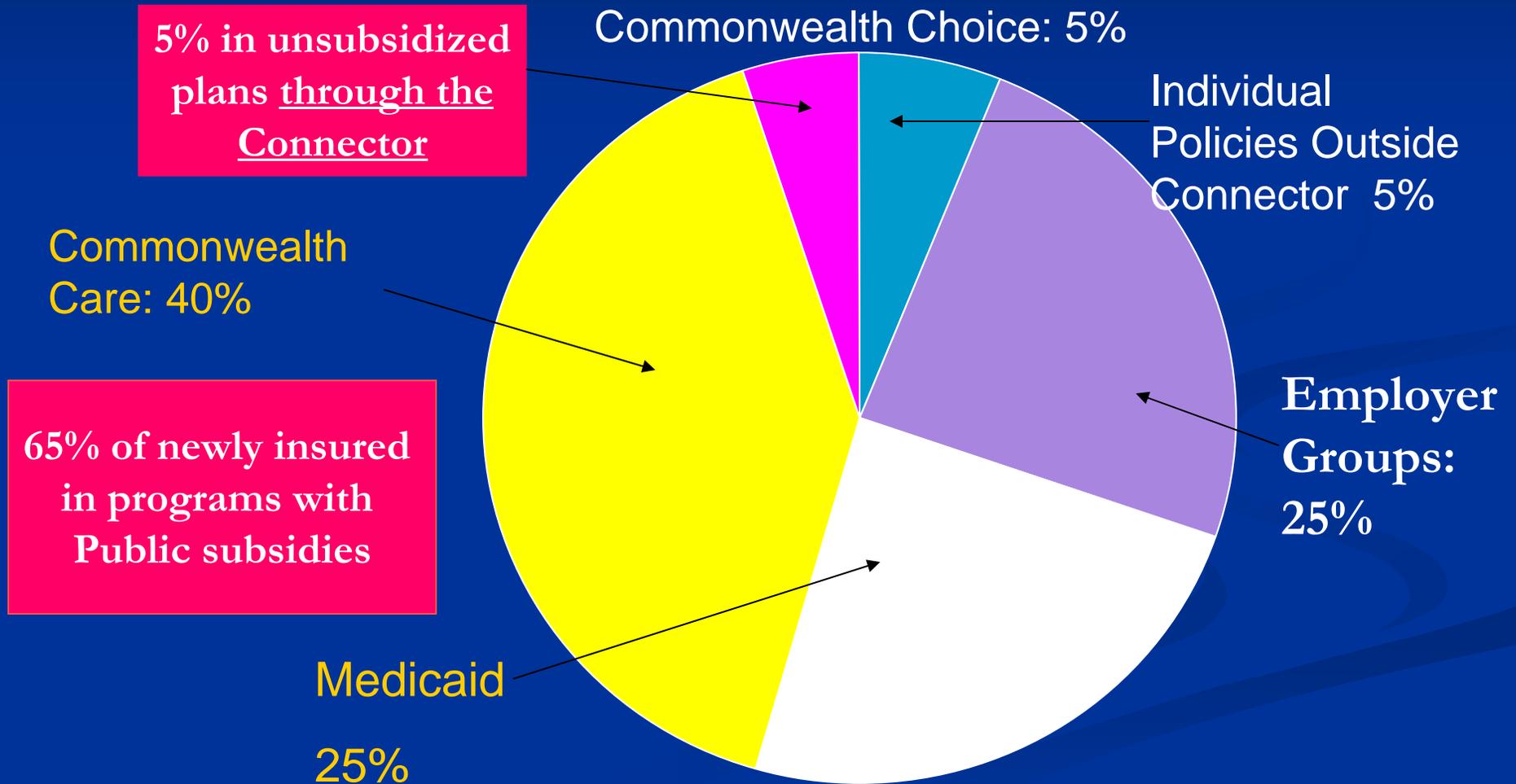
#1: Public Accountability



- Semi-independent public agency--self-governing
- Board composition: 10 members
 - 4 ex officio state officials: Secretary of Administration and Finance (chair), Insurance Commissioner, Medicaid Director, head of state employee benefits agency
 - 3 appointed by governor: business rep, health economist, actuary
 - 3 appointed by attorney general: consumer rep, labor rep, rep from health and welfare trust fund
- All meetings are public
 - No more than 3 board members can meet together without being subject to open meeting law
- Strong connections between AG representatives and the consumer advocates
 - Regular meetings and phone calls, including before every board meeting
 - Labor rep is member of the steering committee of the Affordable Care Today (ACT) coalition

#2: Public Subsidies

Newly Insured in Massachusetts



Source: Division of Health Care Finance and Policy

#3: Program Coordination

Medicaid

- Program has staffing and systems to determine income eligibility
- “One front door” for subsidized health programs in MA
- “Virtual Gateway” on-line system screens for
 - Medicaid, Commonwealth Care, Healthy Start, Health Safety Net, Children’s Medical Security Plan
 - Child Care, Food stamps, WIC, and range of other state programs
- Volatility of enrollment and loss of coverage for administrative reasons is constant challenge

Division of Insurance

- Young adult plans
- Licensing and regulation of health plans

Dept of Revenue

- Enforces the individual mandate

#4: Purging Pernicious Practices

Make insurance work as well for sick as the healthy

Massachusetts has had since 1990s

- Guaranteed issue and renewal; limit on pre-X (but no carriers use pre-X)
- No medical underwriting
- No rating on health status, medical claims, gender
- Modified community rating
 - 2:1 rating bands
- All products available to everyone



#5: Pooling

Massachusetts has

- Individual and small group markets are combined
- All products at each carrier in one rating pool
 - Includes Young Adult Plans
- Same rating pool inside and outside exchange for each carrier



Pooling Matters



#6: Protecting against adverse selection

Massachusetts has

- Same insurance rules inside and outside the exchange
- Same rating pool inside and outside Connector
- Insurer must sell “Seal of Approval” products inside and outside the Connector
- Individual mandate
- Standardized products in the Connector for the individual market

Massachusetts lacks

- Insurers can sell non-standardized products outside the Connector
 - Minimum creditable coverage rules set a floor of coverage in the market
- No risk adjustment across insurers (except in subsidized Commonwealth Care)

#7: Product Standardization Massachusetts 1.0: “Actuarial Value”

Find Insurance: *Individuals & Families*

STEP 4 OF 6 - COMPARE PLANS (OVERVIEW)

Click "View Plan" to see details. You can also compare **up to 3 plans** at a time. Check the box next to the plans you want to compare. Then click "Compare Selected Plans."

Compare Selected Plans

Tier	Plan	Premium* ?	Deductible ?	Co-Payments ?			Hospital Stay ?
				Doctor	RX	ER	
B	<input type="checkbox"/> Neighborhood Health Plan NHPTThree Select	\$314.15	\$2,000/\$4,000	\$25	\$15 after Rx deductible / 50% co-insurance after Rx deductible / 50% co- insurance after Rx deductible	\$100 after deductible	20% co- insurance after deductible
B	<input type="checkbox"/> Fallon Community Health Plan FCHP Direct Care	\$392.00	\$2,000/\$4,000	\$25	\$15 / \$50 / \$100	\$200	\$500 per admission after deductible
B	<input type="checkbox"/> Tufts Health Plan Advantage HMO Select 2000 <i>(Limited choice of doctors & hospitals)</i>	\$421.38	\$2,000/\$4,000	\$40	\$20 after Rx deductible / \$50 after Rx deductible / \$75 after Rx deductible	\$200	\$0 after deductible
B	<input type="checkbox"/> Harvard Pilgrim Health Care Harvard Pilgrim Core Coverage 1750	\$451.56	\$1,750/\$3,500	\$25 copay up to 3 medical care office visits per individual (or 6 per family); next visits are subject to the deductible; then 20% co-insurance thereafter	\$15 / 50% co-insurance after Rx deductible / 50% co-insurance after Rx deductible	\$250	20% co- insurance after deductible
B	<input type="checkbox"/> Fallon Community Health Plan FCHP Select Care	\$454.00	\$2,000/\$4,000	\$25	\$15 / \$50 / \$100	\$200	\$500 per admission after deductible
B	<input type="checkbox"/> Blue Cross Blue Shield of Massachusetts HMO Blue Basic Value	\$476.13	\$250 per plan year / \$500 per plan year	\$25	\$15 / 50% co-insurance after Rx deductible / 50% co-insurance after Rx deductible	\$150	35% co- insurance after deductible

Premiums for 50-year-old resident of Boston for effective date of June 2009

Mass 2.0: Standardized Products



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Sort plans by Benefits Package close instructions

You've Selected:

Benefits Package

Bronze

Silver

Gold

Narrow Your Plans by:

Monthly Cost

[Less than \\$300](#) (15)

[\\$301 - \\$400](#) (19)

[\\$401 - \\$500](#) (10)

[\\$501 - \\$600](#) (2)

[\\$601 - \\$700](#) (7)

[Greater than \\$701](#) (2)

Annual Deductible

[None](#) (15)

[\\$250 - \\$500](#) (8)

[\\$500 - \\$1,000](#) (8)

[\\$1,000 - \\$2,000](#) (8)

[\\$2,000 - \\$4,000](#) (16)

Insurer

[Blue Cross Blue Shield](#) (7)

[Celticare](#) (7)

[Fallon](#) (13)

[Harvard Pilgrim](#) (7)

[Health New England](#) (7)

[Neighborhood](#) (7)

[Tufts](#) (7)

Show Plans. Then choose up to 3 to compare. Click **Continue** at bottom.

	\$ Monthly Cost	Annual Deductible	Annual Out of Pocket Max.	Doctor Visit	Generic Rx	Emergency Room	Hospital Stay
STANDARD BENEFITS FOR ALL BRONZE LOW PLANS							
Bronze Low Benefit Package 8 plans available	as low as \$211	\$2,000 (ltd.) \$4,000 (fam.)	\$5,000 (ltd.) \$10,000 (fam.)	annual deductible, tier \$25	annual deductible, tier \$15 copay	annual deductible, tier \$100 copay	annual deductible, tier 20% co-insurance
STANDARD BENEFITS FOR ALL BRONZE MEDIUM PLANS							
Bronze Medium Benefit Package 8 plans available	as low as \$251	\$2,000 (ltd.) \$4,000 (fam.)	\$5,000 (ltd.) \$10,000 (fam.)	\$30 copay	\$10 copay	annual deductible, tier \$150 copay	annual deductible, tier \$500 copay
<input type="checkbox"/>  Celticare	\$251.12	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>  Fallon Community	\$252.67	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>  Tufts Health Plan	\$255.23	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>  Neighborhood Health Plan	\$268.89	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>  HNE	\$276.09	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>  Fallon Community	\$289.78	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>  Harvard Pilgrim Health Care	\$339.56	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>  Massachusetts	\$341.34	↑	↑	↑	↑	↑	↑
STANDARD BENEFITS FOR ALL BRONZE HIGH PLANS							
Bronze High Benefit Package 8 plans available	as low as \$273	\$250 (ltd.) \$500 (fam.)	\$5,000 (ltd.) \$10,000 (fam.)	\$25 copay	\$15 copay	\$150 copay	annual deductible, tier \$250

Still Too Much Choice and Price Variation?

- 54 years old in Boston area
- 41 choices through Connector
- 7 products

- Bronze Low, Med, High

- Silver Low, Med, High

- Gold

6

insurers

--Premiums range from \$320-\$996/month
Premium variation within product tier: Up to
70+%

- 50+ choices directly from health insurers

ONE
CONSUMER



**25-year-old has 61 plan choices ranging from \$152-554 per month

#8: Partnerships



■ Connector Operations

- Medicaid program for eligibility determination and re-enrollment for Commonwealth Care
- “Subconnector”: small business intermediary provides enrollment and premium billing for Commonwealth Choice
- Subcontract for multi-lingual customer call and service center

■ Outreach and enrollment

- State grants to dozens of community-based organizations

■ Marketing

- Relationship with selected brokers for small group product

■ Public support

- Framing and messaging campaign supported by broad-based coalition

Lots of Social Marketing



Good thing
he's got health
insurance.

Having health insurance is required in Massachusetts—and now there are increasing penalties if you don't. The state's Health Connector website is the easiest place to compare the widest range of affordable plans that well-known insurance companies offer. Visit our site, choose the plan you like best, and get covered—medically and financially. Do it today. Because #)*!(%i@**&! happens.

What it could cost you if you
don't have health insurance:

Broken arm – \$2,670
Broken leg – \$11,277
Appendectomy – \$14,265

Tax penalties: up to \$912 this year

1-877-MA-ENROLL
MAhealthconnector.org



Good thing
he's got health
insurance.

Avoid tax penalties: up to \$912 this year.
Sign up today.



HealthConnector

1-877-MA-ENROLL **MAhealthconnector.org**

Even the ultimate endorsement



PRESS RELEASE

05/22/2007 11:29 AM ET

Connector teams up with Red Sox to build enrollment in new health insurance plans

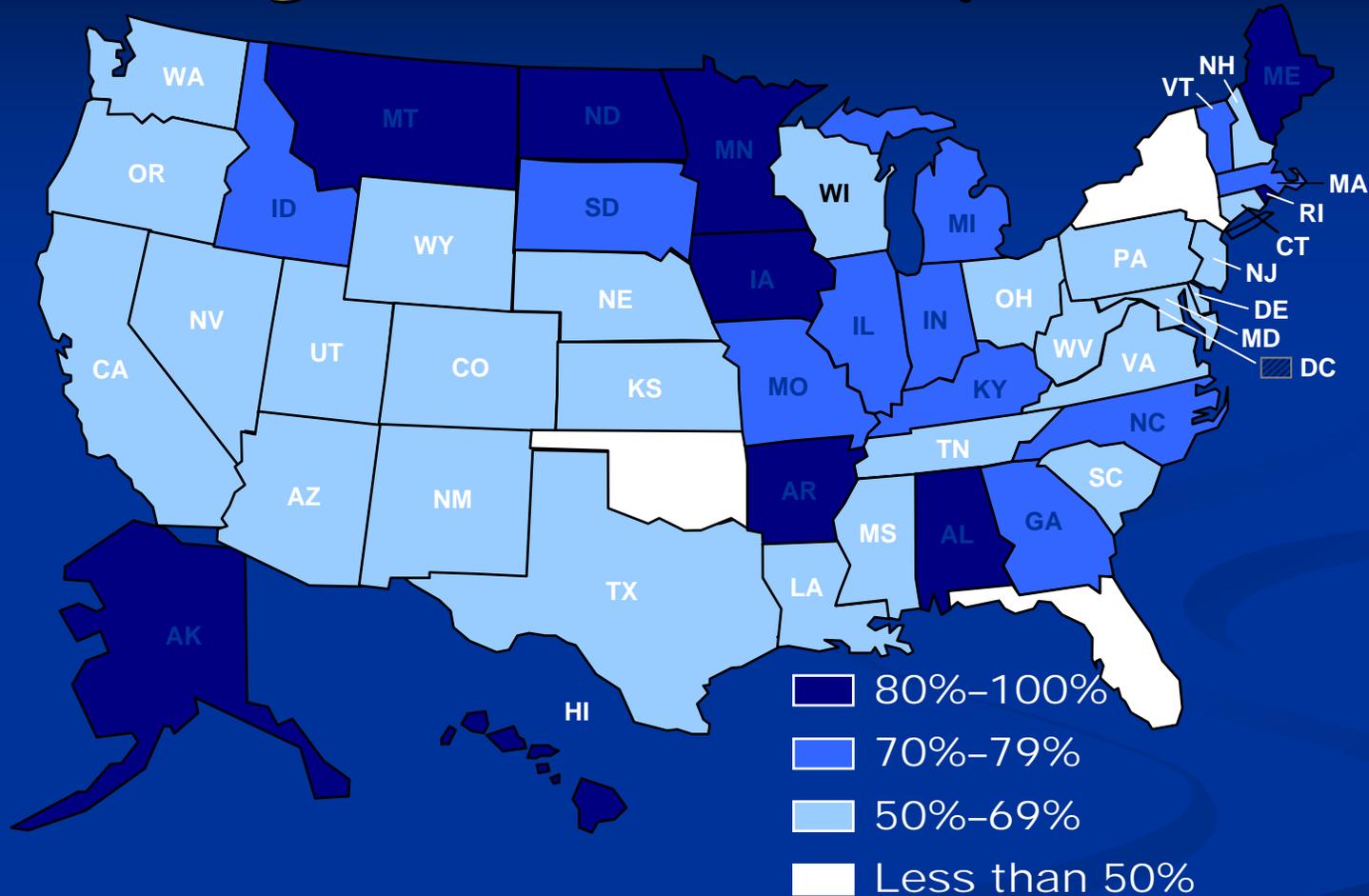
Other corporate/civic partnerships announced as part of
public education campaign

#9: Purchasing Power



Health Insurance Exchange

Concentrated Insurance Markets: Market Share of Two Largest Health Plans, by State, 2006

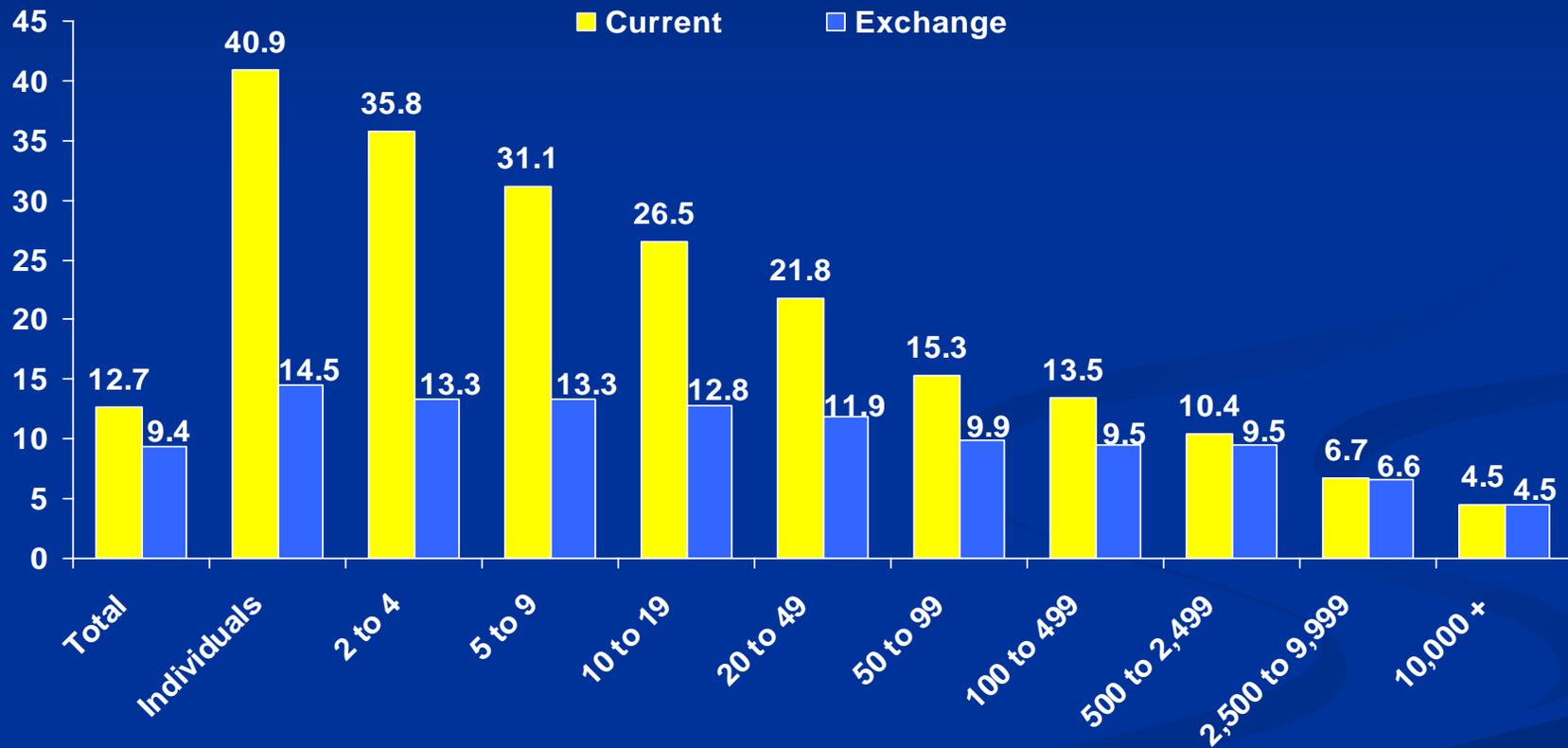


Note: Market shares include combined HMO+PPO products. For MS and PA share = top 3 insurers 2002-2003.
Source: American Medical Association, *Competition in health insurance: A comprehensive study of U.S. markets, 2008 update*; MS and PA from J. Robinson, "Consolidation and the Transformation of Competition in Health Insurance," *Health Affairs*, Nov/Dec 2004; ND from D. McCarthy et al., "The North Dakota Experience: Achieving High-Performance Health Care Through Rural Innovation and Cooperation," The Commonwealth Fund, May 2008.

Cost of Administering Health Insurance as a Percentage of Claims Under Current Law and Potential with Exchange, by Group Size

Percentage

Potential with Exchange, by Group Size



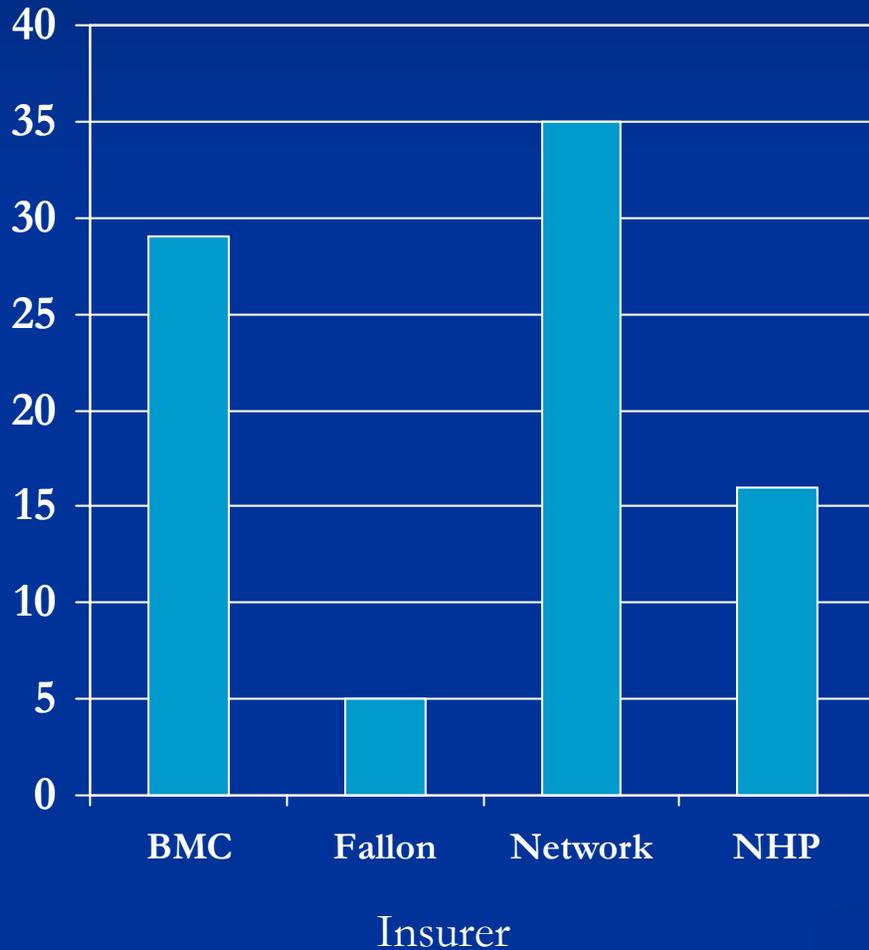
Source: Estimates by The Lewin Group for The Commonwealth Fund published in *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: Commonwealth Fund, Feb. 2009).

Exclusivity Enhances Value of Exchange

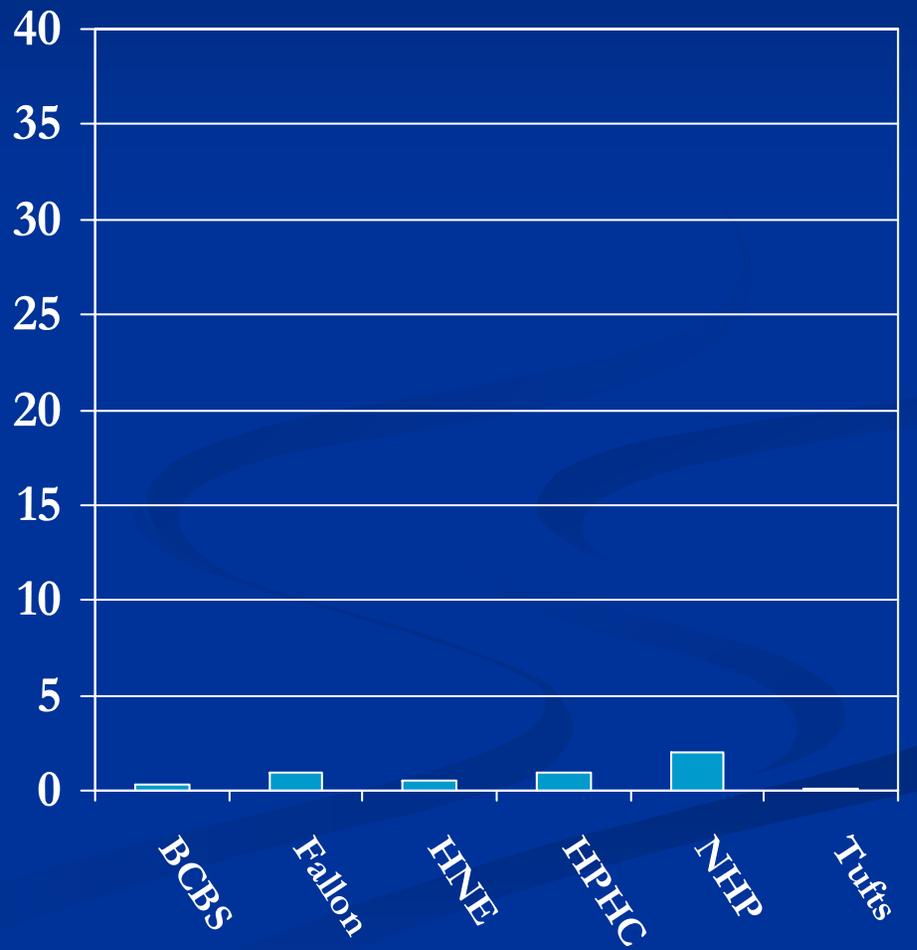
- Maximizes enrollment and ability to be active purchaser
- Easier for consumers to understand and navigate
- Prevents gaming by insurers
 - Can compete based on risk selection by offering different plans outside the Exchange
- Forces broader pooling of risk
 - Spreads benefits of younger people buying coverage
- Enables risk adjustment across carriers
- Lowers administrative costs
- Allows innovation without concerns about impact on/response of market outside of Exchange

Connector's Current Market Power

Commonwealth Care as % Total Insurer Members



Commonwealth Choice as % Total Insurer Members

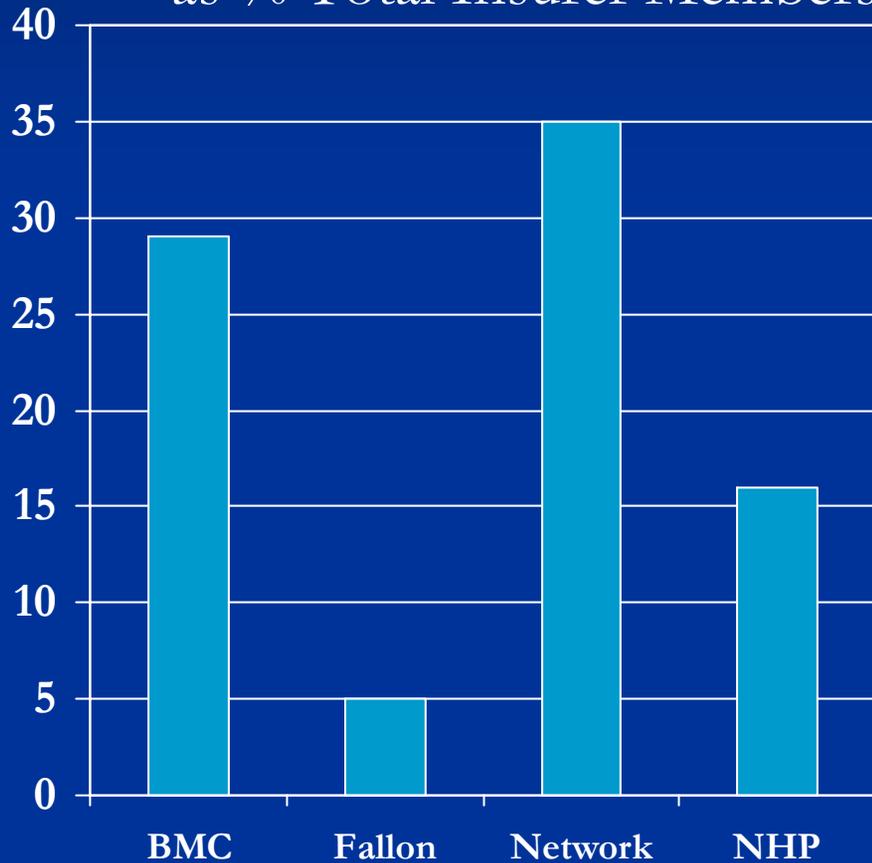


As of 12/31/08; non-Medicare members

Connector Potential Market Power

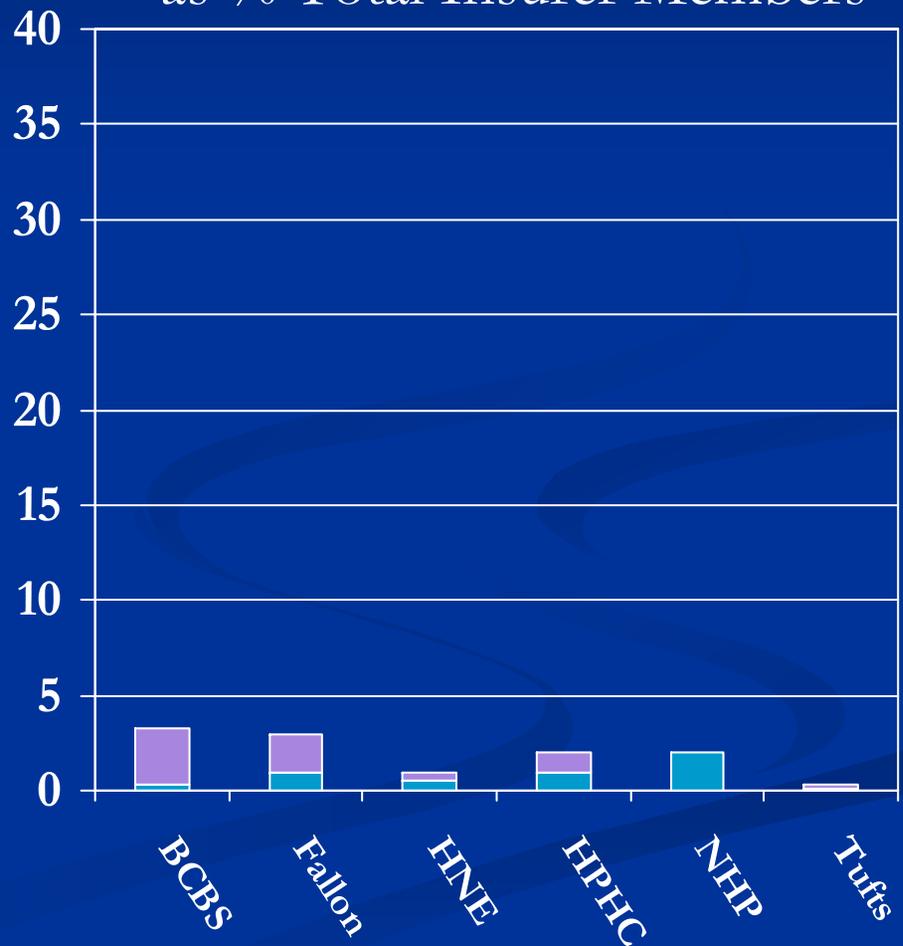
Commonwealth Care

as % Total Insurer Members



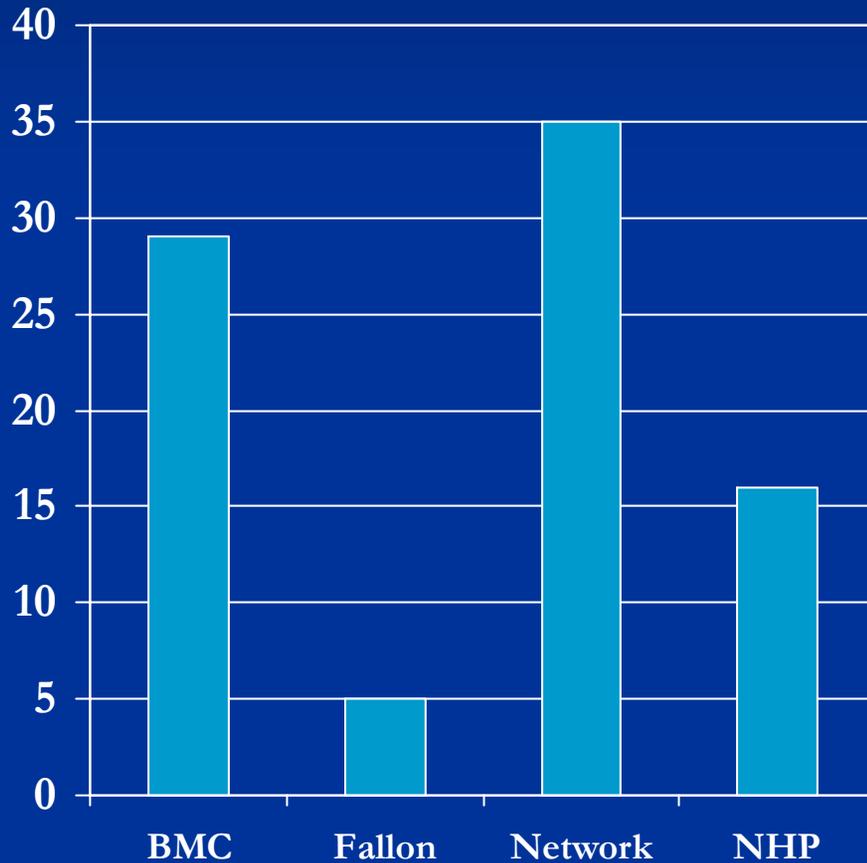
All Individual

as % Total Insurer Members

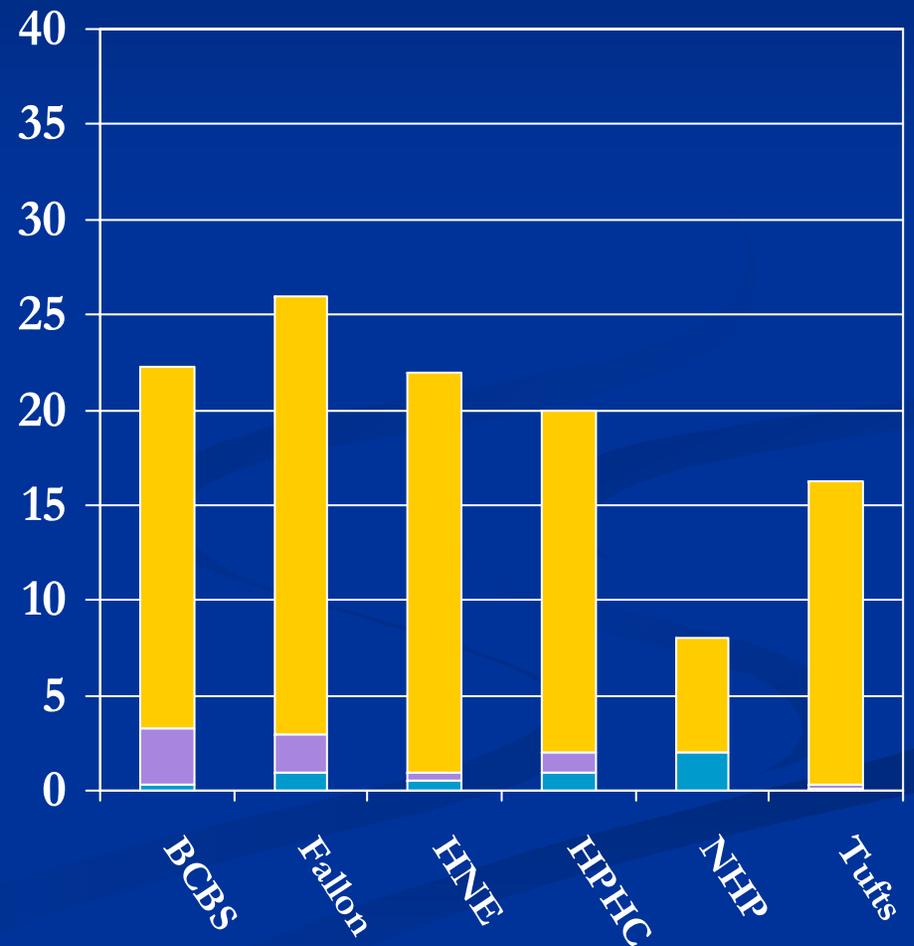


Connector Potential Market Power

Commonwealth Care
as % Total Insurer Members



All Individual and Small Employer <50
as % Total Insurer Members



MassACT!
MASSACHUSETTS
AFFORDABLE CARE TODAY!



Health Care for
all
Real change for real people

#10: POLITICS



Mass
Medical
Society

**MASSACHUSETTS LEAGUE OF
COMMUNITY HEALTH CENTERS**
*Good health. Right around the
corner.*

Harvard Pilgrim
Health Care



NETWORK HEALTH

Neighborhood Health Plan
Getting better together.

FOUNDATION
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

The
Heritage Foundation



AIM | the employer's
voice & resource
ASSOCIATED INDUSTRIES OF MASSACHUSETTS

BOSTON MEDICAL CENTER
HealthNet Plan

PARTNERS
HEALTHCARE

SEIU
Stronger Together

MBR
MASSACHUSETTS BUSINESS ROUNDTABLE

Greater Boston
Chamber
The Hub of Business

TUFTS Health Plan
No one does more to keep you healthy.

**fallon
community
health plan**

Massachusetts Taxpayers Foundation

**Greater Boston
Interfaith Organization**

**BOSTON
MEDICAL
CENTER**

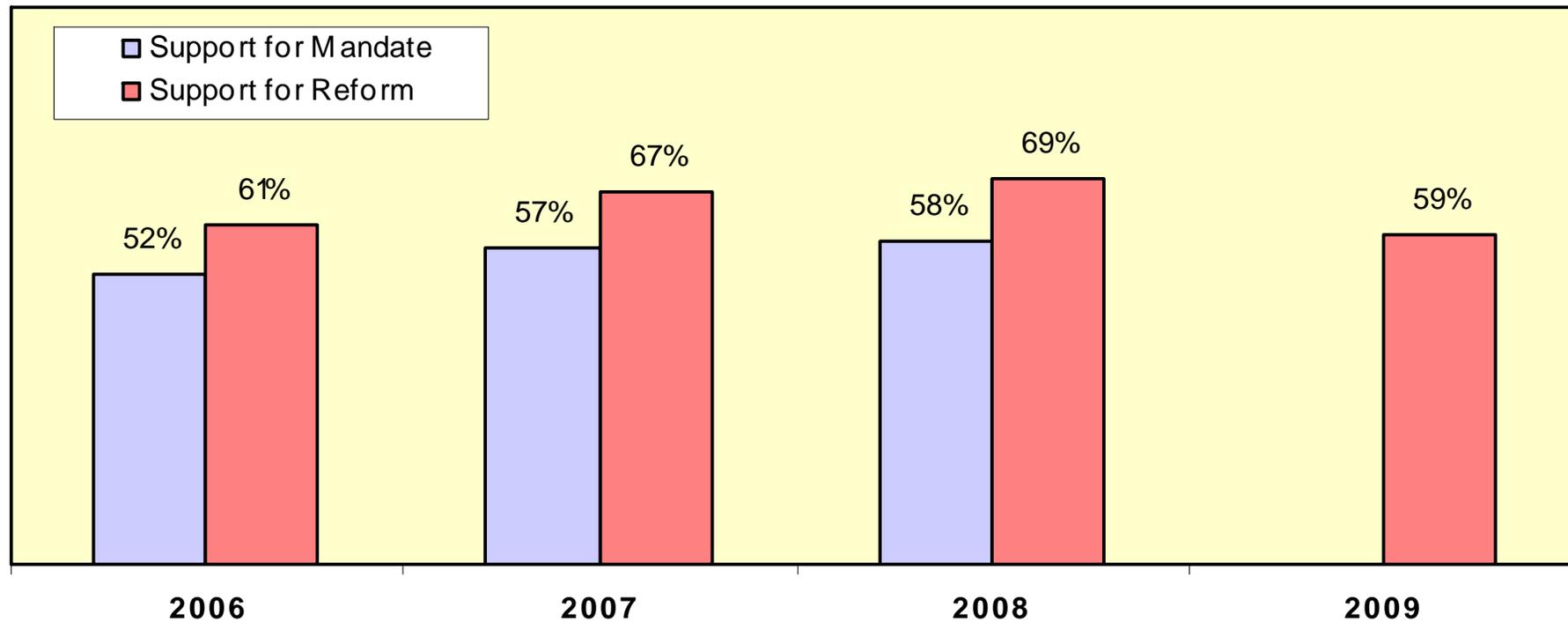
Cambridge Health Alliance

MHA
Massachusetts Hospital
Association
Advancing Excellence in Health Care



Continued Strong Public Support

Public Support for Individual Mandate and Health Care Reform in Mass, 2006-2009



Source: Kaiser Family Foundation/Harvard School of Public Health/BCBS of Mass Foundation Surveys, 2006-2008;
Harvard School of Public Health/Boston Globe Massachusetts Health Reform Poll (conducted September 14-16, 2009)

The Major Challenge Ahead



HEALTH REFORM

**THE MOUNTAIN OF
HEALTH CARE COSTS**

THANK YOU!

"The Country Needs and, unless I mistake its temper, the country demands bold, persistent experimentation."

Franklin De la no Roosevelt, 1932



Affordability Schedule

SINGLES	
Annual Income	Monthly Premium
\$0 - \$16,260	\$0
\$16,261-21,672	\$39
\$21,673-27,096	\$77
\$27,097-32,508	\$116
\$32,509-39,000	\$171
\$39,001-44,200	\$228
\$44,201-54,600	\$342
Over \$54,601	Affordable

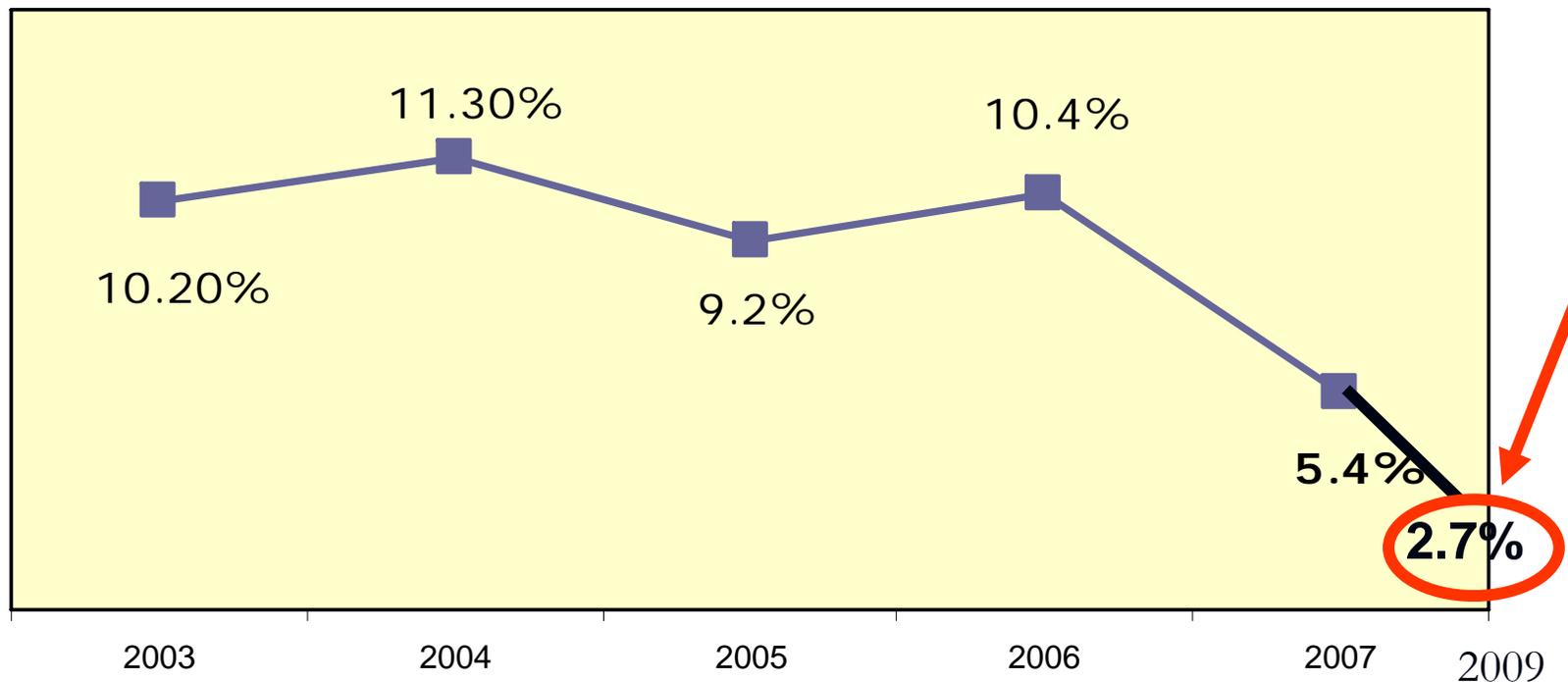
↑
**COMM
CARE**

SAME as
CommCare
Premium
Schedule



Lowest Rate of Uninsurance in the Country

Massachusetts: Uninsured as % of Population



Source: Current Population Survey, 2003-2008, US Census Bureau

Possible February 2010 Bills - As of 1/27/10

LC #	Bill #	Relating Clause	Summary	Sponsor
160		Medical assistance for individuals under the age of 21 who age out of foster care; creating new provisions; amending ORS 414.025 and 414.706; and declaring an emergency	Creates new category of medical assistance for individuals from 18 to 21 years of age who, immediately prior to 18th birthday, were in substitute care paid for by public agency. Requires Oregon Health Authority to request implementing amendment to State Medicaid Plan by March 31, 2010. Declares emergency, effective on passage.	House Health Care
164		Protected health information; repealing ORS 192.527 and 192.528; and declaring an emergency	Repeals requirements for disclosure of protected health information regarding individual between providers of behavioral or physical health care services to individual. Declares emergency, effective on passage.	House Human Services
165	HB 3625	Maternal Mental Health Awareness Month; and declaring an emergency.	Designates May of each year as Maternal Mental Health Awareness Month. Declares emergency, effective on passage.	Representative TOMEI
202		Electronic health insurance administration; and declaring an emergency	Permits electronic administration of small employer group or individual health insurance. Authorized Director of Department of Consumer and Business Services to approve rates discounted due to electronic administration of health insurance. Defines electronic administrative transactions. Declares emergency, effective on passage.	House Health Care
203		Health benefit plans for public employees; creating new provisions; amending ORS 243.135 and 243.866; and declaring an emergency.	Directs Public Employees' Benefit Board and Oregon Educators Benefit Board to contract for health benefit plan to serve limited geographic region of state under specified circumstances. Declares emergency, effective on passage.	House Health Care
32	HB 3603	Repeal of assessment on health insurance premiums; amending ORS 291.055, 414.721, 731.292, 731.840 and 743.990; repealing ORS 743.960, 743.961 and 743.965 and section 8, chapter 867, Oregon Laws 2009; and declaring an emergency.	Repeals health insurance premium assessment. Declares emergency, effective on passage.	Representative WEIDNER
197	HB 3618	Home care workers; creating new provisions; amending ORS 410.600, 410.606 and 656.039; and declaring an emergency	Modifies definition of "home care worker" for purpose of providing workers' compensation to certain individuals who receive compensation from Department of Human Services, area agencies or other public agencies. Requires department, area agencies and other public agencies to collect names of, and other information pertaining to, those individuals before October 1, 2010. Requires department to keep and maintain information until July 1, 2013. Provides workers' compensation to certain individuals who receive compensation from department, area agencies or other public agencies beginning January 1, 2011. Requires inclusion of names of, and other information pertaining to, those individuals in registry maintained by Home Care Commission on or after July 1, 2013. Declares emergency, effective on passage	Representative DEMBROW
191	HB 3622	Insurance for accidental death and dismemberment; amending ORS 743.960	Excludes accidental death and dismemberment insurance from definition of "health plan" for purposes of insurance premium assessment.	Representative GARRETT
165	HB 3625	Maternal Mental Health Awareness Month; and declaring an emergency.	Designates May of each year as Maternal Mental Health Awareness Month. Declares emergency, effective on passage.	Representative TOMEI
142	HB 3632	Viability of pay or play system of employer-sponsored health insurance coverage in Oregon; and declaring an emergency	Requires Oregon Health Authority to study viability of implementing pay or play system of employer-based health insurance coverage in Oregon and to report results of study and, if system is viable, proposed plan for implementation to interim legislative committees. Declares emergency, effective on passage	Representative WITT

LC #	Bill #	Relating Clause	Summary	Sponsor
6	HB 3634	Victims' rights; creating new provisions; amending ORS 144.108, 144.120, 144.343, 161.326, 161.332, 161.346, 181.601 and 419C.532; and declaring an emergency	Provides victims of crime with certain rights in habeas corpus proceedings, direct appeals, post-conviction relief proceedings, proceedings conducted by the Psychiatric Security Review Board and proceedings conducted by the State Board of Parole and Post-Prison Supervision. Declares emergency, effective on passage	Representative BARKER
132	HB 3639	Student loan repayment program for providers of primary care; creating new provisions; amending ORS 348.570 and 348.625; and appropriating money	Establishes program for education loan repayment for providers of primary care. Creates Primary Care Student Loan Repayment Fund. Continuously appropriates moneys in fund to Oregon Student Assistance Commission for purposes of paying student loan repayment assistance under program	Representative G SMITH
182	HB 3642	Physician assistants; amending ORS 409.565, 677.495, 677.500, 677.510, 677.515, 677.518, 677.535, 677.545 and 743A.044; and declaring an emergency	Allows supervising physician organization to collectively supervise physician assistant. Defines "supervising physician organization." Declares emergency, effective on passage.	Representative NATHANSON
147	HJR 100	Not applicable	Proposes amendment to Oregon Constitution establishing right of all Oregonians to equal opportunity to lead healthy and productive lives. Establishes obligation of state to ensure every legal resident of state access to effective, medically appropriate and affordable health care. Refers proposed amendment to people for their approval or rejection at next regular general election	Representative GREENLICK
79	SB 0994	Health benefit plans offering dividends for healthy behaviors; and declaring an emergency.	Requires Director of Department of Consumer and Business Services to prescribe pilot program in which small employer groups offer healthy behavior dividends that are exempt from rate variation requirements. Sunsets January 2, 2016. Declares emergency, effective on passage.	Senator MORSE
38	SB 1003	Association health plans; amending ORS 743.734 and section 13, chapter 752, Oregon Laws 2007; and declaring an emergency	Authorizes Director of Department of Consumer and Business Services to grant exemption from 95 percent retention rate requirement for association health plan according to rules adopted by director. Declares emergency, effective on passage.	Senators MONNES ANDERSON, KRUSE, Representatives HARKER, MAURER
50	SB 1010	Surgical technologists; and declaring an emergency	Requires person practicing as surgical technologist to obtain registration from Oregon Health Authority. Prohibits employer from hiring or contracting with unregistered surgical technologist except in certain circumstances. Establishes standards and registration requirements for surgical technologists. Imposes civil penalty for certain violations by health care facility or person practicing as surgical technologist. Declares emergency, effective on passage	Senator MORRISETTE
51	SB 1011	Influenza vaccinations; and declaring an emergency	Requires certain employers to offer annual seasonal influenza vaccinations at no cost to licensed health care employees. Declares emergency, effective on passage.	Senator MORRISETTE
64	SB 1014	Operation of public bodies with appointed members; creating new provisions; amending ORS 192.549, 192.670, 285A.091, 285A.148, 409.520, 413.006, 413.301, 417.845, 442.830 and 660.321 and sections 2 and 1169, chapter 595, Oregon Laws 2009, and section 2, chapter 704, Oregon Laws 2009; and declaring an emergency	Clarifies that state board or commission may meet through telephone or other electronic means. Provides that member who attends meeting through telephone or other electronic means is not entitled to compensation or reimbursement for expenses. Modifies terms of office, compensation and reimbursement for expenses for members appointed to certain public bodies. Removes President of Senate and Speaker of House of Representatives from Fujian Sister State Committee. Declares emergency, effective on passage	Senator COURTNEY, Representative HUNT

LC #	Bill #	Relating Clause	Summary	Sponsor
112	SB 1037	State agency functions; and declaring an emergency.	Directs each state agency to report to Legislative Assembly and Emergency Board on programs provided by agency, percentage of agency moneys expended on each program, source of moneys expended for each program and whether agency rates program as high, medium or low priority. Requires filing of report not later than 60th calendar day after effective date of Act. Declares emergency, effective on passage	Senator FERRIOLI; Senators ATKINSON, BOQUIST, GIROD, KRUSE, MORSE, TELFER, WHITSETT, WINTERS
120	SB 1040	Universal provider registry; creating new provisions; amending ORS 181.537 and 442.468; and declaring an emergency	Directs Office for Oregon Health Policy and Research to establish and maintain universal provider registry and provide Department of Human Services, Oregon Health Authority and Home Care Commission with access to registry. Precludes use of public funds to support employment of care providers not enrolled in registry. Declares emergency, effective on passage.	Senator DEVLIN
28	SB 1042	Local government tobacco taxes; creating new provisions; amending ORS 323.030, 323.031 and 323.640; and prescribing an effective date	Removes prohibition against local government imposition of taxes on cigarettes and tobacco products. Applies to cigarettes and tobacco products distributed on or after effective date of Act. Takes effect on 91st day following adjournment sine die	Senator MONNES ANDERSON; Senators BATES, BONAMICI, BURDICK, DINGFELDER, MONROE, ROSENBAUM, Representatives DEMBROW, DOHERTY, GARRETT, KAHL, J SMITH, TOMEL WITT
10	SB 1047	Exemption from premium assessment of premiums earned on health plan policies delivered or issued for delivery outside Oregon; creating new provisions; amending ORS 743.961; and declaring an emergency	Exempts from premium assessment premiums earned on health plan policies delivered or issued for delivery outside Oregon. Declares emergency, effective on passage	Senate Health Care
78	SB 1051	State finance; and prescribing an effective date	Establishes Oregon Other Funds Reserve Fund. Transfers portion of June 30, 2011, ending balance from dedicated or continuously appropriated Other Funds accounts or funds to reserve fund. Transfers interest from reserve fund to State School Fund. Specifies circumstances under which amounts transferred to reserve fund may be modified or appropriated. Directs state agencies to follow generally accepted accounting practices relating to fund balance reporting and governmental fund type definitions. Takes effect July 1, 2011	Senator BOQUIST; Senators FERRIOLI, GIROD, KRUSE, MORSE, WHITSETT
131	SB 1056	Periodic legislative review of state government	Directs Legislative Assembly to review state agencies and programs, taxes and fees administered by state agencies every six years. Abolishes state agencies that are not continued by legislative Act enacted during year of review. Establishes Sunset Advisory Commission. Directs commission to review and evaluate state agencies and programs, taxes and fees administered by state agencies, and make recommendations on abolition or continuation of agencies and programs, taxes and fees administered by agencies. Provisions requiring review of state agencies and programs, taxes or fees administered by state agencies become operative January 1, 2012. Prohibits abolishment of state agency under Act until earlier of review of agency by Legislative Assembly or 2019.	Senator WINTERS