

**Agenda**  
**Oregon Health Insurance Marketplace**  
**Advisory Committee Meeting**

Monday, May 9

8:30 a.m. to 12:30 p.m.

Wildhorse Resort and Casino, Cayuse Room

46510 Wildhorse Blvd. Pendleton, 97801

Coffee, Tea & Morning Pastry and Fruit Served

You may hear the meeting and view the presentations from your computer, tablet or smartphone:

[www.youtube.com/user/OregonDCBS/live](http://www.youtube.com/user/OregonDCBS/live)

You can also dial in to hear the audio only using your phone  
(after entering the Access Code, indicate that you do not have a PIN):

United States : +1 (213) 929-4232 Access Code: **777-533-503**

<b>Time</b>	<b>Topic</b>	<b>Discussion, updates, or recommendation</b>	<b>Presenter</b>
8:30 – 8:45	Welcome and Introductions		Dan Field Committee Chair
8:45 – 9:30	Prayer and Tribal Report	Updates	Sandra Sampson Yellowhawk Tribal Health Center  Rob Smith Marketplace Tribal Liaison
9:30 – 9:45	Subcommittee Report	Updates	Berri Leslie Marketplace Administrator
9:45 – 10:30	2017 Marketing Campaign	Discussion	Joel Metlen Marketplace Communications
10:30 – 10:45	Break		
10:45 – noon	RFP Report and Analysis	Recommendation	Berri Leslie Marketplace Administrator
Noon – 12:30	Public Comment		
Adjourn			

# Meeting Minutes

Oregon Health Insurance Marketplace Advisory Committee Meeting  
Thursday, April 7 from 1 to 4 p.m. – Room 260  
Labor and Industries Building  
350 Winter St. NE Salem, OR 97301

**Committee members present:** Shonna Butler, Cindi Condon, Joe Enlet, Dan Field, Joe Finkbonner, Jim Houser, Lora Lawson, Sean McAnulty, Jesse O'Brien, Shanon Saldivar, Maria Vargas, Clare Tranchese (by phone), Patrick Allen (ex-officio), Mark Fairbanks (ex-officio)

**Members excused:** Ken Provencher

## Agenda item and time stamp

## Discussion

### Welcome and introductions (0:00:00)

- Patrick Allen, DCBS Director, called the meeting to order at 1:03 p.m., and explained that he would act as chair until one was elected during the meeting  
- The committee members present introduced themselves, and Mr. Allen gave a brief introduction to what the committee's expected role will be for the Marketplace.

### Marketplace overview (0:20:45)

- A general discussion led by Mr. Allen and Berri Leslie, Health Insurance Marketplace Administrator, regarding the transition of Oregon's marketplace from Cover Oregon to the Department of Consumer and Business Services in 2015, the current state of the Marketplace, and the vision for the Marketplace's path with the advisory committee going forward.  
- Power Point presentation at 0:21:40 – 1:07:22 in the meeting recording.

### Election of chair and vice-chair\*\*

A technical error caused a muting of the sound from 1:07:22 - 1:18:15 in the meeting recording, and the elections occurred during this time.  
- Shonna Butler nominated Dan Field for committee chair  
- No other members were nominated  
- All members present voted unanimously to elect Dan Field as committee chair,  
- Sean McAnulty nominated Jesse O'Brien for vice-chairperson.  
- No other members were nominated  
- All members present voted unanimously to elect Jesse O'Brien as committee vice-chair

### Review and consensus for bylaws (1:18:15)

- The committee discussed the draft bylaws distributed prior to the meeting. The committee touched on some specific topics to clarify:  
- **Individual liability:** Ted Falk, Marketplace legal counsel with Oregon Department of Justice, stated that there is no precedent for legal liability for citizen volunteer members of an advisory committee or board. While there would be no way for DCBS to guarantee preventing damage to reputation, Mr. Allen stated that it would be his duty to accept responsibility and liability for any issues the committee may have missed or on which it may have been under-informed.  
- **Executive session:** in rare instances, under specific statutorily defined conditions, the committee may call an executive session that would not be open to the public in

order to discuss confidential information; e.g., confidential legal or personnel issues, etc.

- **Conflict of interest** – potential conflicts of interest should be declared by the members as appropriate. Marketplace staff will provide further documentation and guidance to educate members on how that is defined.

- Joe Enlet moved to approve the draft bylaws as written.

- The motion was seconded, and all members present voted to approve the bylaws unanimously.

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**Assessment rule discussion**

(1:31:59)

- Mr. Allen gave a brief overview of the insurance premium assessment that funds the marketplace, and Ms. Leslie further explained the rulemaking that the Marketplace is undertaking, regarding the carrier premium assessment credit.

- By statute, if the Marketplace has an excess of more than 6 months of operating funds, it is required to credit those funds back to the carriers. The proposed rule would align the schedule for the determination of that credit with the Marketplace's biennial budget structure. The rulemaking is further explained in the "Carrier Assessment Credit Rule Overview" in the April 7, 2016 meeting materials.\*\*\*

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**Basic Health Plan work group planning and discussion**

(1:54:09)

- Presentation from Oliver Droppers, Oregon Health Authority (OHA), on the Basic Health Plan (BHP) concept, and previous work that had been done at OHA on the subject. D'Anne Gilmore, Marketplace Performance and Improvement Advisor, joined him to answer detailed questions from the committee. BHP would give Medicaid-like benefits to low income Oregonians who are just over the income threshold for Medicaid.

- The BHP concept has been studied by OHA before, and HB 4017 from the 2016 legislative session tasked DCBS in collaboration with OHA with establishing an advisory committee to report back to the legislature with a blueprint for a BHP in Oregon.

- Members of the committee were asked if they would like to volunteer for the BHP advisory committee, which, for practical purposes, would be treated as a subcommittee of the Marketplace Advisory Committee.

- Shonna Butler, Shanon Saldivar, and Sean McAnulty volunteered for the BHP subcommittee

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**Public Testimony**

(2:44:00)

- Janet Bauer, Policy Analyst with Oregon Center for Public Policy

- John Mullin, Legislative Advocate with Oregon Law Center

- Linda Roman, Policy Director with Oregon Health Equity Alliance

Janet, John, and Linda are all advocates for the BHP concept, and urged broad stakeholder participation and maximum inclusion in the BHP advisory process to make sure all voices are heard.

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\* These minutes include timestamps from the meeting video, in an hours : minutes : seconds format. The meeting video can be found here:

<https://youtu.be/qajGeRChZNo>

\*\* Technical error caused a muting of the sound from 1:07:22 - 1:18:15 in the meeting recording

\*\*\* Meeting materials are found on the Oregon Health Insurance Advisory Committee website:  
<http://www.oregonhealthcare.gov/him-committee.html>

DRAFT

# Oregon Health Insurance Marketplace

2016 Open Enrollment  
Outreach and Education Campaign Results

Presentation

by

**Joel Metlen**  
**Communications and Legislative Manager**



# Description of the Campaign

The Department of Consumer and Business Services' (DCBS) 2016 plan year open enrollment outreach and education campaign began Nov. 1, 2015 and ended Jan. 31, 2016. The campaign sought to drive enrollment in Oregon's Health Insurance Marketplace (Marketplace) and educate Oregonians about the benefits of health coverage, how to enroll through the Marketplace, coverage options, tax credits, and subsidies. DCBS worked with marketing firm Grady Britton and social change firm Metropolitan Group on this campaign.

# Campaign Goals

The Oregon Health Insurance Marketplace created a campaign, **Shop + Enroll, Oregon!**, with the following goals for the 2016 open enrollment period:

1. Maintain the percentage of QHP, subsidy-eligible people who enrolled in insurance through the Marketplace (market share).
2. Define the percentage of people who actively re-enrolled (vs. passive enrollees) via the Marketplace at the end of the campaign.
3. Build a trusted, credible reputation among current and potential customers of the Marketplace and overall positive reputation among other key stakeholders.

# Target Audiences

- Those eligible for qualified health plans (QHPs) and subsidies (attraction and retention)
- 11 counties with significant numbers of QHP, subsidy eligible uninsured
- Multicultural audiences



# Key Messages

- It's open enrollment; time to sign up, renew or change plans.
- Get free help from a local expert.
- Get covered before the deadline.
- Shop every year because benefits and prices change.
- Financial help is available.
- Find the right plan for you and your budget.
- Lost your coverage? Marketplace coverage may be cheaper than COBRA.

# 2016 Tactics

- Digital paid media
- Earned media
- Spanish and Russian ads
- Materials for consumers and small businesses
- Social media posts
- Community partner and insurance agent engagement and support
- Enrollment centers in locations across the state
- Promotional partnerships
- Event and meeting support
- Information through [OregonHealthCare.gov](http://OregonHealthCare.gov)
- Information through Oregon's outreach center

# Campaign Results

## **CAMPAIGN GOAL #1**

Maintain the percentage of QHP, subsidy-eligible people who enrolled through the Marketplace (market share)

- DCBS didn't just maintain its market share; it actually increased its market share by 10 percent.

# Campaign Results (continued)

## **CAMPAIGN GOAL #2**

Define the percentage of people who actively re-enrolled via the Marketplace

- This was the first year that Oregonians could automatically re-enroll; however DCBS wanted to make sure Oregonians understood the value of actively shopping. Oregon had a high percentage (78.4%) of returning customers who actively enrolled compared with the HealthCare.gov average of 69.6%.

# Campaign Results (continued)

## **CAMPAIGN GOAL #3**

Build a trusted, credible reputation among customers and key stakeholders

- Customers and key partners were active and engaged. Current/potential customers seemed aware of the resources we made available, used HealthCare.gov more than in previous years, and used local help such as agents, community partners, the outreach center, and Oregon website. Our key messages performed well and were widely distributed by partners and media.

# Enrollment Measurements

- 147,109 Oregonians enrolled, up more than 35,000 enrollees or 131% from last year. In target counties, enrollment increased 134% vs. 127% for the rest of the state.
- Oregon had the highest percentage of increase in enrollment over previous year of any HealthCare.gov state.
- Market share of the QHP eligible population increased to 41% (147,109 out of an estimated 357,788), up from 31% last year.
- 104,447 are receiving APTC, up more than 18,188 or 121% from last year.
- Market share of the subsidy eligible population increased to 48% (104,447 out of 216,000), up from 40% (86,258 out of 216,000) last year.
- Those receiving CSR increased to 57,372, up from 52,651 last year.
- Of the 80,992 returning customers, 63,500 or 78.4% actively re-enrolled, as compared to the average for all HealthCare.gov states of 69.6% (3.9 million out of 5.6 million) active enrollees. Oregon had a retention rate of 87% (80,992 out of 92,959) between 4<sup>th</sup> quarter 2015 and the end of 2016 open enrollment.

# Paid and Earned Media Analytics

- 147,804,950 ad impressions were served
- Over 7 million unique views, which translates to approximately 2.5 million viewers
- 19+ messages per person
- 423 messages. Help (.19% CTR) and Deadline (.18% CTR) messages performed well above standard.
- Click through rate of .15%, compared to the industry average of .08%.
- Click through rate 88% above industry standard.
- 90 earned media placements, mostly neutral or positive, with a distribution of 63,065,190

## Outreach Center, Website, Community Partner, and Agents Numbers

- 353,551 website sessions and 93,322 page views of Get Help page.
- 1,989 consumers assisted by Oregon's outreach center (1,689 calls/300 emails).
- 662 stakeholders assisted by Oregon's outreach center (258 calls/404 emails).
- 67 events attended or supported by DCBS
- 16,517 customers served by our 24 storefront agents, including 11,724 existing customers and 4,793 new customers.
- 7 multicultural advisors
- 19 promotional partners
- 38 materials developed
- 51,674 people assisted by agents, resulting in 19,291 application submissions
- 2,997 people assisted by community partners



# Consumer/Partner Feedback

- 91% of agent and community partner surveys rated their experience partnering with the Oregon Health Insurance Marketplace as overall positive to very positive.
- 69% of consumer surveys indicated HealthCare.gov was very or somewhat helpful at providing information, answering questions or helping in the sign up process, on par with the percentage who found HealthCare.gov helpful last year.
- 66% of consumers surveyed indicated they were very likely or somewhat likely to use HealthCare.gov to sign up or purchase their 2017 health insurance coverage, compared to 77% last year, a decrease of 11%.
- 31% of consumers surveyed indicated a positive response when asked if they would recommend using HealthCare.gov to a friend or family member, or colleague who needed insurance, compared to 32% last year.

# Tactic Effectiveness

Tactic	Level of Effectiveness	Recommend for next year
Digital media	.15% CTR	Recommend - Refine Individual Tactics
Traditional advertising, including Spanish and Russian language ads	14,570,085 impressions	Recommend - Expand Multicultural Resource List
Earned media	90 media placements	Recommend - Expand Multicultural and Geographic Reach
Materials for consumers and small businesses	38 pieces developed	Recommend - Optimize Materials List and Refine Messaging
Community partner (navigator) and insurance agent engagement and support	2,997 people assisted by community partners, 51,674 people assisted by agents-resulting in 19,291 application submissions	Recommend - Introduce Participation Levels
Enrollment centers in 24 locations across the state	4,793 new customer served by storefront	Recommend - Develop Individual Support Plans
Promotional partnerships	19 partners	Recommend - Develop Customized Support Materials
Event and meeting support	67 events attended	Recommend - Expand List of Partnerships and Outreach
Social media posts	29 posts	Recommend - Continue Focus On Timely and Relevant Content
Information and resources through the state website OregonHealthCare.gov	353,551 website sessions	Recommend - Refine Navigation, User Experience and Online Support
Information and resources through Oregon's outreach center	1,989 consumers, 662 stakeholders	Recommend - Support With Customer Service Resources

# Digital Tactic Effectiveness

Tactic	Level of Effectiveness	Recommend for next year
Behavioral targeting	.11% CTR	Recommend - Drives awareness and action
Predictive targeting	.20% CTR	Recommend - Pre-optimizes site list
Contextual placement	.09% CTR	Recommend - Optimizes ad placement with relevant content
Domain retargeting	.08% CTR	Recommend - Serves ads to website visitors after they've left the site
Mobile targeting	.24% CTR	Recommend - Targets by device, drives engagement and awareness
Local channel targeting	.05% CTR	Recommend - Pre-optimizes site list for local websites
Search retargeting	.04% CTR	Not Recommend
Search Engine Marketing	3.95% CTR	Recommend - Targets those actively searching for information
IP address targeting to Oregon libraries	.05% CTR	Recommend - Limited but reaches underserved target audience
Digital COBRA target audience	.19% CTR	Recommend - Targets specific audience identified
Digital COBRA private marketplace	.08% CTR	Recommend - Broaden list of websites
Digital radio – Pandora	.31% CTR	Recommend - Consider adding additional platforms
Facebook Exchange	.04% CTR	Recommend- Drives activities on website
Facebook News Feed	1.60% CTR	Recommend - Consider adding additional platforms
Facebook video (English, Spanish)	0.03% CTR	Recommend - Builds awareness and increases exposure

# Message Effectiveness

Message	Clicks	Click-through rate
Local help is available	19,196	0.19%
Alternatives to COBRA	15,507	0.18%
Enroll before the deadline	46,169	0.18%
Shop each year	12,875	0.15%
It's open enrollment	20,081	0.11%
Financial help is available	17,698	0.11%
Find a plan that fits	20,319	0.09%



Questions?



*GRADY BRITTON*  
*METROPOLITAN GROUP*

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MARCH 28, 2016



# Oregon Health Insurance Marketplace 2016 Open Enrollment Outreach and Education Campaign Overview

Review and Analysis  
November 1, 2015 – January 31, 2016



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# DESCRIPTION OF THE CAMPAIGN

The Department of Consumer and Business Services' (DCBS) 2016 plan year open enrollment outreach and education campaign began Nov. 1, 2015 and ended Jan. 31, 2016. The campaign sought to drive enrollment in Oregon's Health Insurance Marketplace (Marketplace) and educate Oregonians about the benefits of health coverage, how to enroll through the Marketplace, coverage options, tax credits, and subsidies. DCBS worked with marketing firm Grady Britton and social change firm Metropolitan Group on this campaign.







# CAMPAIGN STRATEGY





# CAMPAIGN GOALS

The Oregon Health Insurance Marketplace created a campaign, **Shop + Enroll, Oregon!**, with the following goals for the 2016 open enrollment period:

- ▶ Maintain the percentage of QHP, subsidy-eligible people who enrolled in insurance through the Marketplace (market share).
- ▶ Define the percentage of people who actively re-enrolled (vs. passive enrollees) via the Marketplace at the end of the campaign.
- ▶ Build a trusted, credible reputation among current and potential customers of the Marketplace and overall positive reputation among other key stakeholders.





# AUDIENCE FOCUS

- Attraction:** 85,000-100,000 people who are **subsidy-eligible** and **not currently buying** on the Marketplace.
- Retention:** The portion of the 107,000 people who **previously purchased** on the Marketplace and still **QHP eligible**.
- Geotargeting:** Geographic concentration of multicultural populations in the following **priority counties**, with additional statewide tactics:
- ▶ Multnomah
  - ▶ Yamhill
  - ▶ Lincoln
  - ▶ Deschutes
  - ▶ Clackamas
  - ▶ Polk
  - ▶ Tillamook
  - ▶ Clatsop
  - ▶ Washington
  - ▶ Columbia
  - ▶ Marion





# TACTICS OVERVIEW

## Federal Marketing:

*Audience: QHP eligible*

- Paid Media – Cable, Digital Advt

## Statewide Marketing:

*Audience: QHP subsidy-eligible, including English-speaking multicultural communities*

- Earned Media
- Agent Engagement
- Community Partner Engagement
- Paid Media – Digital Advt, Radio, Print

## Hyper-targeted Marketing:

*Audience: QHP subsidy-eligible in 11 counties, English/Spanish/Russian*

- Paid Media
- Events

## Multi-Language Marketing:

*Audience: QHP-eligible speaking languages other than English*

- Community Materials
- Grassroots (events, agent storefronts, etc.)

## Spanish/Russian-Language Marketing:

*Audience: Spanish & Russian language QHP-eligible*

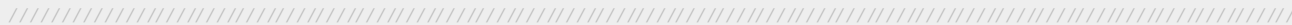
- Paid Media
- Community Materials
- Grassroots



# CAMPAIGN GOAL #1

Maintain the percentage of QHP, subsidy-eligible people who enrolled through the Marketplace (market share)

- DCBS didn't just maintain its market share; it actually increased its market share by 10 percent. DCBS seems to be successfully reaching its audience (KPI 1), providing ways for multicultural audiences to get information (KPI 2), driving people to HealthCare.gov (KPI 3), driving enrollment (KPI 4), getting people to ask for help (KPI 5), and doing well in terms of enrollment compared to other states (KPI 6).





## CAMPAIGN GOAL #2

Define the percentage of people who actively re-enrolled via the Marketplace

- This was the first year that Oregonians could automatically re-enroll; however DCBS wanted to make sure Oregonians understood the value of actively shopping. Oregon had a high percentage (78.4%) of returning customers who actively enrolled compared with the HealthCare.gov average of 69.6%. DCBS seems to have successfully reached current customers (KPI 1) and maintained a significant percentage of current customers (KPI 2).





## CAMPAIGN GOAL #3

Build a trusted, credible reputation among customers and key stakeholders

- ▶ Customers and key partners were active and engaged during open enrollment. Current/potential customers seemed aware of the resources we made available (KPI 1), used HealthCare.gov more than in previous years (KPI 2), and used local help such as agents, community partners, the outreach center, and Oregon website (KPI 3). Our key messages performed well and were widely distributed by partners and media (KPI 4).





# ENROLLMENT MEASUREMENTS

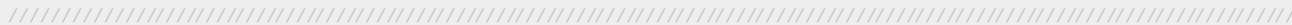
- a. **147,109** Oregonians enrolled, up more than 35,000 enrollees or **131%** from last year.
  - b. Target county enrollment increased, as a whole, by **134%** vs. 127% for the rest of the state.
  - c. Oregon had the **highest percentage of increase in enrollment** over previous year of any HealthCare.gov state.
  - d. Market share of the QHP eligible population **increased to 41%** (147,109 out of an estimated 357,788), up from 31% last year.
  - e. Oregon had the **highest percentage enrollment of subsidy eligible** consumers of HealthCare.gov states.
  - f. **104,447** are receiving APTC, up more than 18,188 or 121% from last year.
  - g. Market share of the subsidy eligible population increased to 48% (104,447 out of an estimated 216,000), up from 40% (86,258 out of 216,000) last year.
  - h. Those receiving CSR increased to 57,372, up from 52,651 last year.
  - i. Of the 80,992 returning customers, 63,500 or **78.4%** actively re-enrolled, as compared to the average for all HealthCare.gov states of 69.6% (3.9 million out of 5.6 million) active enrollees. Oregon had a **retention rate of 87%** (80,992 out of 92,959) between 4<sup>th</sup> quarter 2015 and the end of 2016 open enrollment.
- ////////////////////////////////////





# PAID AND EARNED MEDIA ANALYTICS

- a. 147,804,950 ad impressions were served
- b. Over 7 million unique views, which translates to approximately 2.5 million viewers
- c. 19+ messages per person
- d. 423 messages. Help (.19% CTR) and Deadline (.18% CTR) messages performed well above standard.
- e. Click through rate of .15%, compared to the industry average of .08%.
- f. Click through rate 88% above industry standard.
- g. 90 earned media placements, mostly neutral or positive, with a distribution of 63,065,190

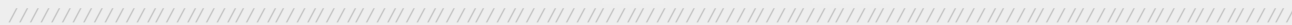




# OUTREACH

## OUTREACH CENTER, WEBSITE, COMMUNITY PARTNERS, AND AGENTS

- a. 353,551 website sessions and 93,322 page views of Get Help page.
- b. 1,989 consumers assisted by Oregon's outreach center (1,689 calls/300 emails).
- c. 662 stakeholders assisted by Oregon's outreach center (258 calls/404 emails).
- d. 67 events attended or supported by DCBS
- e. 16,517 customers served by our 24 storefront agents, including 11,724 existing customers and 4,793 new customers.
- f. 7 multicultural advisors
- g. 19 promotional partners
- h. 38 materials developed
- i. 51,674 people were assisted by agents, resulting in 19,291 application submissions
- j. 2,997 people assisted by community partners

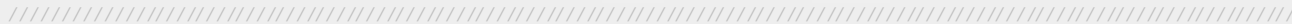




# FEEDBACK

## CONSUMER SURVEY AND COMMUNITY PARTNER/AGENT/PROMOTIONAL

- a. 91% of agent and community partner surveys rated their experience partnering with the Oregon Health Insurance Marketplace as overall positive to very positive.
- b. 69% of consumer surveys indicated HealthCare.gov was very or somewhat helpful at providing information, answering questions or helping in the sign up process, on par with the percentage who found HealthCare.gov helpful last year.
- c. 66% of consumers surveyed indicated they were very likely or somewhat likely to use HealthCare.gov to sign up or purchase their 2017 health insurance coverage, compared to 77% last year, a decrease of 11%.
- d. 31% of consumers surveyed indicated a positive response when asked if they would recommend using HealthCare.gov to a friend or family member, or colleague who needed insurance, compared to 32% last year.





# CAMPAIGN TACTIC RESULTS

- ▶ Evaluation of tactics used for the 2016 OE campaign and the effectiveness

Tactic	Level of Effectiveness	Recommend for next year
Digital media	.15% CTR	Recommend - Refine Individual Tactics
Traditional advertising, including Spanish and Russian language ads	14,570,085 impressions	Recommend - Expand Multicultural Resource List
Earned media	90 media placements	Recommend - Expand Multicultural and Geographic Reach
Materials for consumers and small businesses	38 pieces developed	Recommend - Optimize Materials List and Refine Messaging
Community partner (navigator) and insurance agent engagement and support	2,997 people assisted by community partners, 51,674 people assisted by agents-resulting in 19,291 application submissions	Recommend - Introduce Participation Levels
Enrollment centers in 24 locations across the state	4,793 new customer served by storefront	Recommend - Develop Individual Support Plans
Promotional partnerships	19 partners	Recommend - Develop Customized Support Materials
Event and meeting support	67 events attended	Recommend - Expand List of Partnerships and Outreach
Social media posts	29 posts	Recommend - Continue Focus On Timely and Relevant Content
Information and resources through the state website OregonHealthCare.gov	353,551 website sessions	Recommend - Refine Navigation, User Experience and Online Support
Information and resources through Oregon's outreach center	1,989 consumers, 662 stakeholders	Recommend - Support With Customer Service Resources



# DIGITAL STRATEGY





# DIGITAL SUMMARY

From 11/1/15-1/31/16, the **Shop + Enroll, Oregon!** digital campaign delivered more than **133 MILLION** total impressions, reaching more than **7 MILLION** unique views/approximately **2.5 MILLION** viewers, with an average message frequency of **19+** times.

From those impressions delivered, the campaign achieved **204,038** direct clicks on ads, with a “click-through rate” (CTR) of **0.15%** which is **88% HIGHER** than the industry standard of 0.08% for the insurance & health care category.





# DIGITAL STRATEGY

▶ The **Shop + Enroll, Oregon!** campaign leveraged the following digital tactics, all working together to effectively reach audiences in key counties as well as state-wide for general market and Hispanic audiences. Ads ran on desktop, tablet, and mobile devices.

- ▶ Behavioral targeting
- ▶ Predictive targeting
- ▶ Contextual placement
- ▶ Domain retargeting
- ▶ Mobile targeting
- ▶ Local channel targeting
- ▶ Search retargeting
- ▶ Search engine marketing
- ▶ IP address targeting to Oregon libraries
- ▶ Digital COBRA target audience
- ▶ Digital COBRA private marketplace
- ▶ Digital radio – Pandora
- ▶ Facebook Exchange
- ▶ Facebook News Feed
- ▶ Facebook video (English, Spanish)





# DIGITAL TACTICS RESULTS

► Evaluation of the tactics used for the campaign and their effectiveness

Tactic	Level of Effectiveness	Recommend for next year
Behavioral targeting	.11% CTR	Recommend - Drives awareness and action
Predictive targeting	.20% CTR	Recommend - Pre-optimizes site list
Contextual placement	.09% CTR	Recommend - Optimizes ad placement with relevant content
Domain retargeting	.08% CTR	Recommend - Serves ads to website visitors after they've left the site
Mobile targeting	.24% CTR	Recommend - Targets by device, drives engagement and awareness
Local channel targeting	.05% CTR	Recommend - Pre-optimizes site list for local websites
Search retargeting	.04% CTR	Not Recommend
Search Engine Marketing	3.95% CTR	Recommend - Targets those actively searching for information
IP address targeting to Oregon libraries	.05% CTR	Recommend - Limited but reaches underserved target audience
Digital COBRA target audience	.19% CTR	Recommend - Targets specific audience identified
Digital COBRA private marketplace	.08% CTR	Recommend - Broaden list of websites
Digital radio – Pandora	.31% CTR	Recommend - Consider adding additional platforms
Facebook Exchange	.04% CTR	Recommend- Drives activities on website
Facebook News Feed	1.60% CTR	Recommend - Consider adding additional platforms
Facebook video (English, Spanish)	0.03% CTR	Recommend - Builds awareness and increases exposure





# DIGITAL: PERFORMANCE RECAP

► This campaign leveraged the following digital tactics, all working together to effectively reach audiences, in key counties as well as state-wide for general market and Hispanic audiences. Ads ran on desktop, tablet, and mobile devices.

TACTIC	IMPRESSIONS	CLICKS	CTR
Display	126,970,358	158,500	0.12%*
Pandora Radio	4,460,398	6,812	0.31%**
Facebook Direct	1,485,971	23,834	1.60%
Facebook Video	440,726	n/a***	n/a***
Search Engine Marketing	337,362	14,892	3.95%
<b>TOTAL</b>	<b>133,734,815</b>	<b>204,038</b>	<b>0.15%</b>

\*Display includes main Marketplace campaign + targeted IP Library campaign + targeted COBRA campaign.

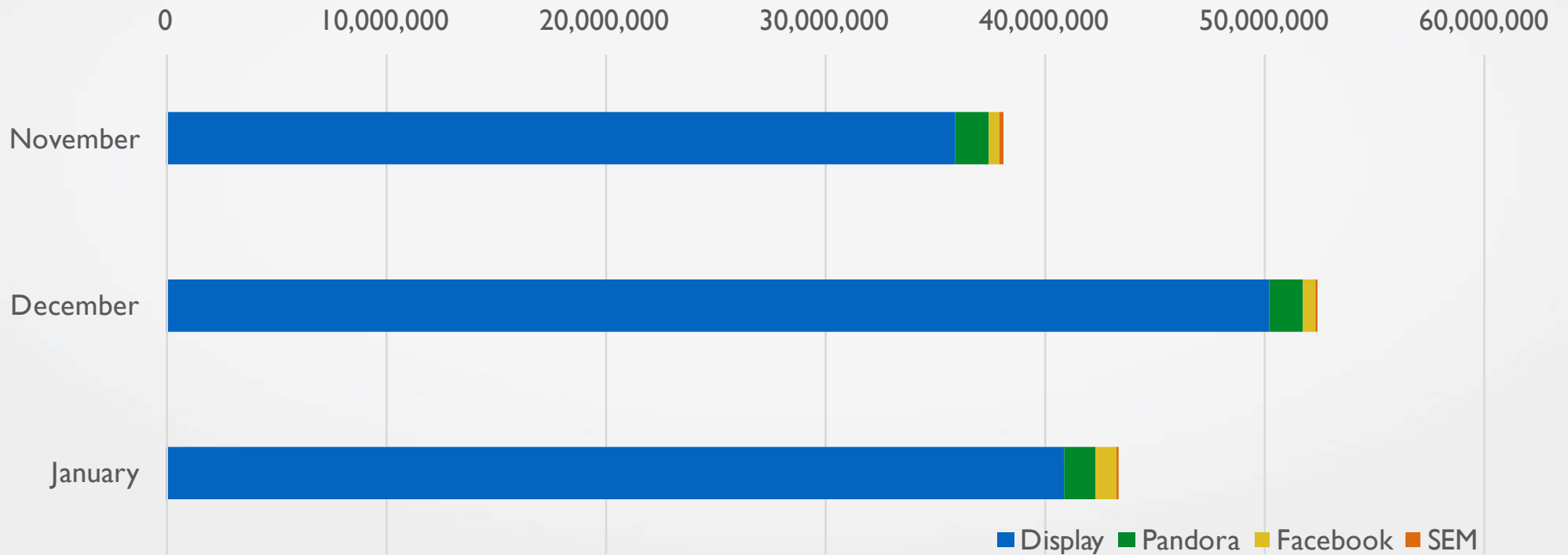
\*\*Pandora CTR is based on “paired impression” vs the total impression count which counts each audio + banner spot separately.

\*\*\*Facebook video metrics are calculated differently and do not offer a direct correlation to other metrics for comparison.



# DIGITAL: TRENDS

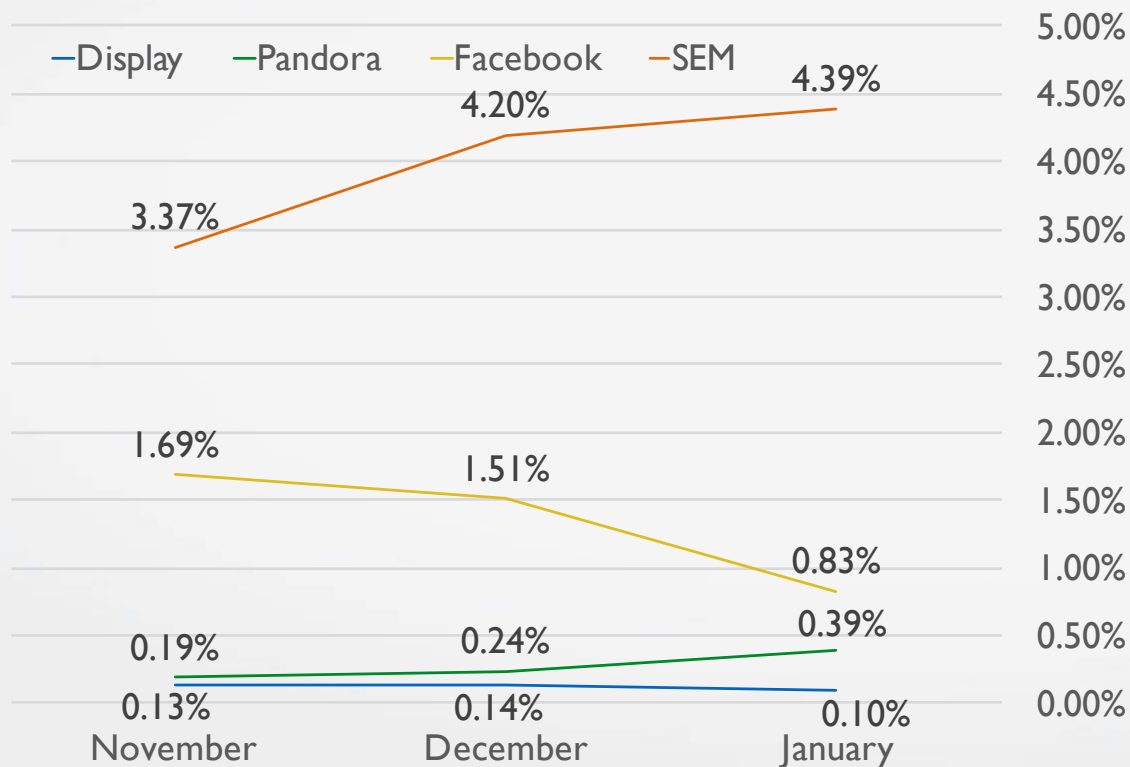
Total impressions across main ad types: Display, Pandora, Facebook Direct and SEM





# DIGITAL: TRENDS

CTR across main ad types: Display, Pandora, Facebook Direct and SEM



- Month over month,
- ▶ **SEM** and **Pandora** increased their CTR, attributed to rotating targeted messages.
  - ▶ The slight dip in **Facebook** and **Display** could be attributed to fatigue.

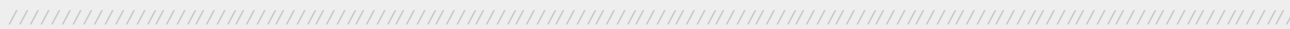
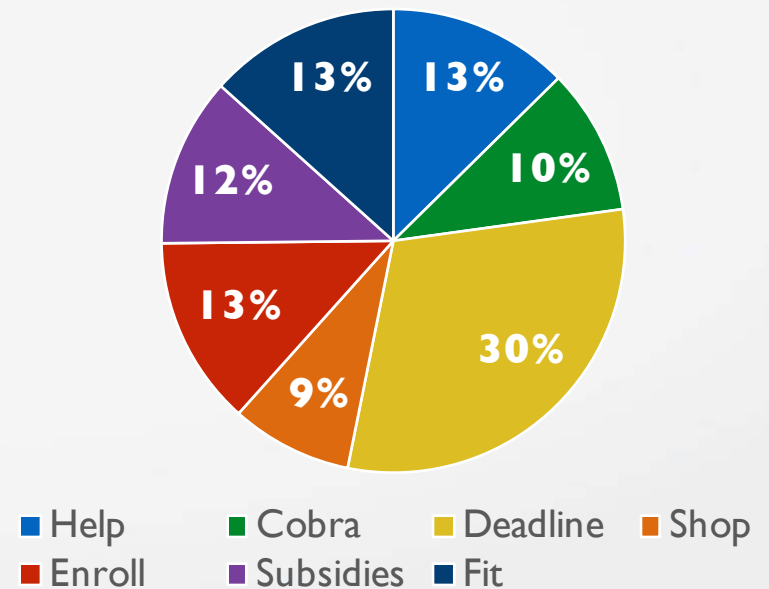


# DIGITAL – CAMPAIGN MESSAGE

**Help** drew the strongest CTR, followed closely by **COBRA** and **Deadline**.

	<b>Clicks</b>	<b>CTR</b>
<b>Help:</b>	<b>19,196</b>	<b>0.19%</b>
COBRA:	15,507	0.18%
Deadline:	46,169	0.18%
Shop:	12,875	0.15%
Enroll:	20,081	0.11%
Subsidies:	17,698	0.11%
Fit:	20,319	0.09%

**Clicks by Creative, as a % of the total**





# TRADITIONAL ADVERTISING





# PRINT – MULTICULTURAL

**Summary:** A total of **17** ads ran in five Hispanic newspapers targeting the **Spanish**-speaking population in Oregon, and delivering **555,500** impressions. There were also **8** ads that ran in two **Russian** language newspapers in Portland delivering **243,750** impressions.

- ▶ El Hispanic News
- ▶ Revista Caminos
- ▶ Exito Magazine
- ▶ El Latino De Hoy
- ▶ El Centinela



- ▶ Afisha
- ▶ Riklama

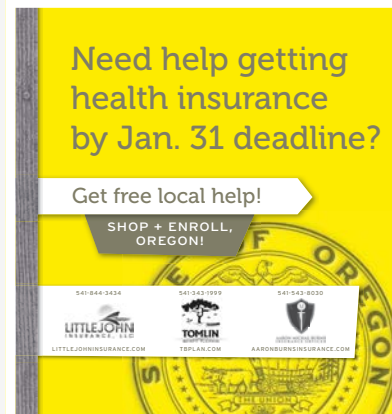




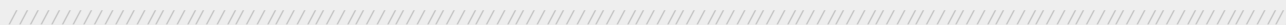
# AGENT - PRINT AND RADIO

▶ **12** print insertions, ran in four newspapers covering **Clatsop**, **Deschutes**, **Jackson**, and **Lane** counties. The ads were on co-branded agent ads that ran January 14<sup>th</sup> - January 28<sup>th</sup>, and delivered a total of **845,342** impressions:

- ▶ Eugene Register Guard (3 ads)
- ▶ Bend Bulletin (3 ads)
- ▶ Medford Mail Tribune (2 ads)
- ▶ Astoria Daily Astorian (4 ads)



▶ **964** total radio spots ran in Eugene, Bend, Medford and Astoria, delivering **2,274,790** impressions.





# RADIO – MULTICULTURAL

**Summary:** For **Spanish** language, **5,335** total radio spots ran in Portland, Salem, Medford, Bend and Dallas, delivering **9,628,788** total impressions. For **Russian** language, **1,188** total radio spots ran in Portland, delivering **1,021,915** total impressions. In addition to the scheduled radio spots, a few stations ran PSA style Q&A spots or provided on-air interviews with listener call-ins.







# EARNED MEDIA





# EARNED MEDIA STRATEGY

- ▶ Create a **drumbeat of coverage** — statewide
- ▶ Develop a suite of media material to ensure positive accurate coverage
- ▶ **Support partners, grantees and agents** in telling their stories in their local communities, raising awareness, driving people to seek their help, and driving Oregonians to shop for a plan that's right for them.





# EARNED MEDIA

**Strategy:** Create a drumbeat of coverage (in statewide outlets, major dailies and broadcast, and trades) that raises awareness and drives Oregonians to shop for the plan that's right for them. Use social media platforms (developed primarily as launch point for digital advertising) to share information and milestones.

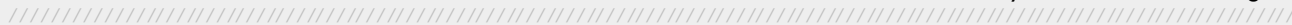
**Deliverables:** Campaign talking points and messaging, editorial calendar, social media profile development and maintenance, pitching support and consultation to DCBS in-house media relations team.

**Summary:** Overall, the campaign garnered an earned media circulation\* reach of **63,065,190**. Stories containing the campaign calls to action (shop at HealthCare.gov / get local help at OregonHealthCare.gov) appeared in at least **40** outlets and in **17** of Oregon's 36 counties in both statewide and local outlets, demonstrating the earned media coverage had both a broad AND highly targeted reach in Oregon.

**Insights:** The news outlets that ran the most stories were the **Oregonian**, **Statesman Journal**, and the **Portland Tribune**. Multicultural outlets under-reported the story as compared to mainstream outlets.

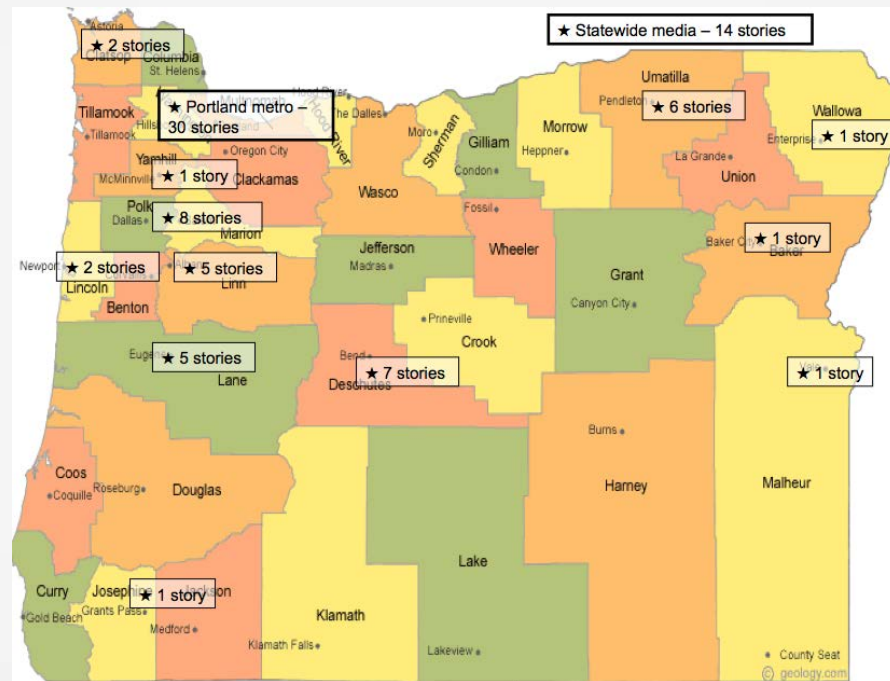
**Future consideration:** There is an opportunity to do more proactive storytelling throughout the year to reinforce the importance and value of health insurance, so that open enrollment deadlines and updates are set in broader context. To increase the reporting by multicultural outlets, engage the paid communications advisors to do outreach/pitching in their communities.

\*Circulation data c/o Meltwater -- only includes articles in Oregon, Washington or national media.

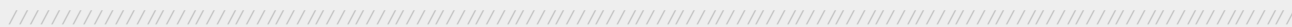




# CAMPAIGN EARNED MEDIA MAP



Includes stories that featured campaign messaging, an agent or partner, provided the OregonHealthCare.gov link, and/or used a direct lift from the DCBS press release(s).





# MATERIALS / TOOLS

**Strategy:** Provide Oregonians with helpful and critical information about shopping for and enrolling in health insurance via the Marketplace. Create key collateral in multiple languages and cultural contexts to reach diverse communities.

**Deliverables:** Shop + Enroll, Oregon! logo treatments and brand standards, campaign brochure, half-page flyers, digital banners, infographic + video, radio ads, social media images, co-branded logo lockup, web badge, event banner, event poster, print ads, yard sign, window cling, flyer template, table throw/runner, retractable vertical banner, college flyer template

**Summary:** Overall, the campaign created **25** key collateral pieces. Brochures and flyers were translated into several languages/cultural contexts including **LGBTQ, Spanish, Russian, Tribal, Vietnamese, Chinese, Hmong and Japanese.**

**Insights:** Brochures were distributed to relevant partners for distribution at events, while most other materials were produced as-needed. The flyer template for community colleges (which allowed for customization of event details) was particularly well received and widely distributed across various channels.

**Future consideration:** As with other aspects of this campaign, we recommend expanding our photo assets, continuing to showcase the diversity of people in Oregon.





# PARTNER ENGAGEMENT





# AGENT STOREFRONT PROGRAM

**Strategy:** Develop and support an agent grantee storefront program that builds the capacity of agents to raise awareness and drive Oregonians to shop for health insurance in their local communities.

**Deliverables:** Program design and RFP development. Custom branded materials, as requested. Co-designed and facilitated convenings of the grantee agents (both in-person and remote).

**Summary:** Overall, **24** agent organizations were awarded grants. The program provided assistance to **4,793** individuals or families and, of those, **3,602** enrolled in QHPs. (This represents a **31%** increase in business for the storefront agents. In addition, the agents helped **11,724** existing customers/non-storefront walk-ins.) A total of **866** customers switched from off marketplace to on marketplace plans.

**Insights:** During open enrollment, the agents were incredibly busy – and have so much so that they had little time for the support that we offered them. The agents responded positively to the regular check-ins as a group, including the kick-off meeting before the start of open enrollment.

**Future consideration:** We recommend installing the grantees much sooner next time, to allow for a couple of months of preparation leading up to open enrollment. We could then provide more 1-on-1 support/consultation to generate media and marketing plans, and help develop custom messaging, etc.





# COMMUNITY PARTNER AND AGENT SUPPORT

**Strategy:** Develop and support community partner and agent grantees to provide local support, raise awareness and drive Oregonians to shop for health insurance in their local communities.

**Deliverables:** Provide customizable media and marketing materials for each of the campaign's major milestones: "swiss-cheese" press release, email pitch, talking points, website blurb and newsletter copy. On-call media relations support. Custom branded materials, as requested.

**Summary:** Overall, **4** community partners and **24** agent participated. Grantee agents successfully conducted **407** earned media efforts.

**Insights:** During open enrollment, community partners and agents were incredibly busy and had little time for the support that we offered them (technical assistance for media relations, partner outreach, event support).

**Future consideration:** We recommend installing both the community partners and agent grantees much sooner next time, to allow for a couple of months of preparation leading up to open enrollment. We could then provide more 1-on-1 support/consultation, it would also allow for partnership to form and support local communities. Also, we would recommend requiring agents to submit clippings of placed stories each month, as some of them were not available online.







# EVENTS AND MEETING SUPPORT

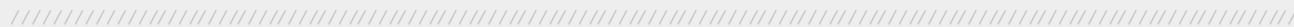
**Strategy:** Activate and support a statewide network of partners to promote enrollment in the Marketplace through local community events.

**Deliverables:** Customizable promotional “swiss-cheese” press release, email pitch, flyer, talking points, to promote local/regional events. Support with marketing materials and custom materials as required. Supported January “blitz” strategy.

**Summary:** Grantee agents participated in **1,014** community events and/or outreach activities. Promotional partners participated in **127** events and outreach activities as “branded” partners on behalf of the campaign. Community partners participated in **148** events and outreach activities, assisting a total of **2,997** people.

**Insights:** Lead time to identify, organize and promote events require outreach much earlier in the year. The additional time would allow for a couple of months of preparation leading up to open enrollment.

**Future consideration:** Create a centralized event listing resource page. Sponsor more events. Promotional partners suggested hosting a social media workshop to go over the strategy and how to better promote events.





# PROMOTIONAL PARTNERSHIPS

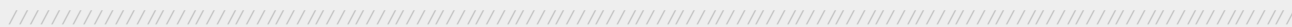
**Strategy:** Activate and support a statewide network of partners to promote enrollment in the Marketplace. Partners included CBO grantees of DCBS (“community partners”) and industry-diverse organizations with an aligned mission (“promotional partners”).

**Deliverables:** Outreach to secure promotional partners and ongoing relationship-building and support. Customizable media and marketing materials for each of the campaign’s major milestones: “swiss-cheese” press release, email pitch, talking points, website blurb and newsletter copy. Convening the community partners for a January “blitz” strategy session. Custom branded materials, as requested.

**Summary:** Overall, **19** promotional partnerships were secured and **4** community partners were awarded DCBS grants.

**Insights:** The partner strategy to engage colleges and faith-based communities was well received. Partners who received sponsorship dollars from the campaign were more likely to be responsive, self-starting promotional partners. Additionally, partners who were mission aligned—health clinics, health systems, reproductive health advocates—and those who represented community resource centers were the most interested and active partners.

**Future consideration:** Engage colleges and faith-based communities early on. Reach young and healthy Oregonians via schools – even outside of open enrollment period (Summer/Fall). Improve coordination with Oregon Health Authority’s network of paid and unpaid community partners (need OHA help to do so).





# PARTNER/AGENT SURVEY RESULTS

Agents and partners were asked to participate in a survey to assess the support provided by The Oregon Health Insurance Marketplace (OHIM).

- ▶ When asked about the timely response to questions or inquires, **73%** rated the OHIM program team as completely responsive.
- ▶ In terms of effectively resolving issues, **87%** respondents positively agreed.
- ▶ **96%** rated their interactions with the OHIM team as completely or usually positive
- ▶ When rating the overall experience partnering with the Oregon Health Insurance Marketplace, **91%** of respondents said their experience was completely or usually positive.





# OUTREACH

During the 11/1/15 and 1/31/16 **Shop + Enroll, Oregon!** campaign the DCBS outreach center supported outreach efforts .

- ▶ There were **1,989** individuals assisted by Oregon's outreach center. It included handling **1,689** consumer phone calls, **300** consumer emails. Oregon's outreach center assisted **662** stakeholders, and responded to **404** stakeholder emails.
- ▶ DCBS staff attended or supported **67** events, collaborating with community organizations.





# SOCIAL MEDIA





# SOCIAL MEDIA

**Strategy:** Promote campaign messages on Facebook and Twitter to further engage consumers.

**Goals:**

- Drive direct engagement (via community partners, and social network sharing)
- Drive traffic to OregonHealthCare.gov and HealthCare.gov

**Assumptions:**

- The social media presence will be branded for the campaign (not DCBS or OregonHealthCare.gov)
- Activity is limited to open enrollment window
- Priority is using social as another channel to augment the campaign, NOT actively building followers





# SOCIAL MEDIA

For date range 10/27-1/31, the **Shop + Enroll, Oregon!** social pages posted/tweeted 29 messages, supporting deadline reminders and help resources. During the campaign the Facebook page acquired **239** likes, and the Twitter page gained **19** followers.





# WEBSITE INTEGRATION







# WEBSITE STRATEGY

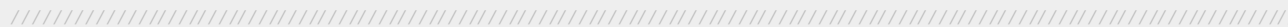
- Leverage OregonHealthCare.gov landing page for local help resources
- Tie campaign to landing page by including similar campaign imagery and messaging in header area of OregonHealthCare.gov
- Campaign imagery is only live during open enrollment period
- Remainder of website will stay the same for 2016 Open Enrollment



The screenshot shows the OregonHealthCare.gov landing page. At the top, there is a navigation bar with the OregonHealthCare.gov logo and links for 'GET HELP', 'LEARN MORE ABOUT HEALTH COVERAGE', and 'APPLY OR RENEW NOW'. Below the navigation bar is a large banner image of a family (a man, a woman, and a child) with the heading 'DO YOU NEED HEALTH CARE COVERAGE?'. The banner text reads: 'Start here. Apply for the Oregon Health Plan (Medicaid) at any time or visit Healthcare.gov before Jan. 31, 2016 to shop for health insurance, compare plans, and see if you qualify for financial help. For help enrolling, visit one of our storefronts.' Below the banner is a button that says 'SHOP + ENROLL, OREGON!'. Below the banner is a section titled 'What type of coverage is best for you and your family?' with a question: '1 Are you or any of your household members currently receiving Oregon Health Plan (OHP) benefits?'. There are 'Yes' and 'No' buttons. To the right of this section is a 'Get help from an expert' section with a question: 'Need help enrolling? Want tips on choosing a plan? Talk to a certified agent or community partner on the phone or make an in-person appointment.' and a 'GET HELP' button with a downward arrow.



This screenshot is identical to the previous one, but includes an additional link in the navigation bar: 'Community Partner Login'.





# WEBSITE RESULTS

For the **Shop + Enroll, Oregon!** campaign\* there were a total of **353,551** total sessions on OregonHealthCare.gov. That number is comprised of **260,700** unique users, with an average of **1.35** visits per unique visitor.

Those visiting OregonHealthCare.gov visited the Get Help page, either from the navigation bar or the Get Help button on the website **93,322** times, and is comprised of **28,109** unique visitors. That is an average of **3.32** page views per unique visitor.

\*Analytics are not available from HealthCare.gov. The Shop + Enroll, Oregon! campaign directed Enroll, Shop, Fit, Deadline, Subsidy, COBRA and High Bill messages to the HealthCare.gov landing page.





# ENROLLMENT





# ENROLLMENT

A total of **147,109** Oregonians enrolled during the 2016 Open Enrollment timeframe, that represents **41.1%** of Oregon's 357,788 total estimated eligible.

The 147,109 Oregonians that enrolled in 2016 increased overall enrollment by 35,000 individual, representing **131%** of 2015 Open Enrollment totals. For 2016 enrollment in targeted counties increased, as a whole, by **134%** vs. 127% for the rest of the state.

Of those who enrolled, 45% were new to the Oregon Health Care Marketplace and 55% were reenrollees, broken out between actively reenrolled (43%) and automatically reenrolled (12%). There was a total net gain of **80,992** returning customers and a total net gain of **66,117** new customers.

There were **104,447** Oregonians that received financial assistance, that represents **48%** of Oregon's 216,000 total eligible.

For those Oregonians receiving financial assistance **104,447** received **APTC**. There were also **57,372** individuals that received **CSR**.





# CONSUMER RESEARCH SURVEY





# CONSUMER SURVEY RESULTS

Consumer were contacted online and by telephone to participate in a survey to assess the outreach, support, education and performance of The Oregon Health Insurance Marketplace (OHIM) in driving enrollment and providing help to Oregonians.

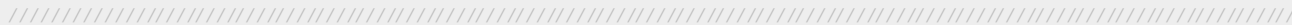
- ▶ The survey was active for **3 ½ weeks**, and used previously enrolled OHIM consumers, purchased phone sample selected by county and income specifications, as well as surname
- ▶ The focus was speaking with QHP subsidy-eligible Oregonians, age 18+, with annual household incomes between \$20,000 (single) and \$97,000 (family of 4 members).
- ▶ The survey was translated into Spanish and Russian to allow respondents to access online, or have it administered on the phone by an interviewer in Spanish or Russian.
- ▶ In total **764** interviews were conducted.





# CONSUMER SURVEY RESULTS

- ▶ In 2016, most respondents reviewed, compared, and shopped for alternative plans. This was particularly the case for those **ages 50-64**, where **77%** of the respondents **actively re-enrolled**. Older (65+) respondents and younger (49 or younger) also predominantly reviewed, compared, and shopped, but were more likely to automatically re-enroll than those 50-64 years of age.
- ▶ About **75%** of those who automatically re-enrolled were aware that they could chose an alternative plan. Those who had **seen or heard news stories** about the Marketplace were more likely (**81%**) to be aware of the possibility of switching plans than those who had not.





# CONSUMER SURVEY RESULTS

- › Overall, **71%** of those who used HealthCare.gov found the site to be either somewhat or very helpful.
- › **51%** of those who used HealthCare.gov considered themselves very likely to use HealthCare.gov in 2017. This rating was strongly associated with a respondents' perception of the ease of the site.
- › Individuals not planning to use HealthCare.gov in the future expressed dissatisfaction with **navigating** the site and not finding information **quickly**, as well as the **cost** of the plans.
- › Most respondents who used OregonHealthCare.gov considered the site either somewhat or very helpful.
- › Oregon HealthCare.gov online **chat** feature and an **online appointment** feature were rated by **+50%** of respondents as very or somewhat important.
- › To help with future insurance decisions, respondents mentioned **greater accuracy** of information, **speed** at retrieving information and comparing plans, and **reduced** waiting times.







# CONSUMER SURVEY INPUT

Respondents offered many reasons for not using HealthCare.gov in the future, including it was too difficult or confusing to navigate, described the insurance offered as too expensive or unaffordable.

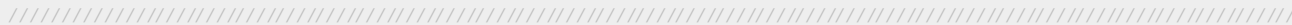
*“Using the website was painstakingly difficult. The most important thing my wife and I needed to do was compare plans. Healthcare.gov made this process infuriatingly repetitive by refreshing the page (and scrolling the list all the way back to the top, and deselecting any filters) every time we checked an option to compare. Just because of this single awful design flaw, it took us HOURS longer than it should have to get the information we needed to make a decision.”*

*“The system is very confusing, doesn't make it easy at all, and repeats the same useless steps over and over.”*

*“I think I will go through a health insurance agency as it seems more simple and they know the ends and outs of it better. The website did not seem to answer all my questions or I could not find the answers location.”*

*“I was told that since I am eligible for Medicare I have to accept that coverage instead of coverage by a better plan.”*

*“Until the costs go down, I will be unable to afford a policy. Subsidizing costs with tax dollars did not make plans affordable, only subsidized for a select group of people. I do not qualify for the subsidy, and cannot afford the plan. Costs have gone up tremendously since the inception of ACA, and those of us who don't get the subsidy have suffered horribly.”*





# CONSUMER SURVEY INPUT

Respondents provided insights into what other features or information could be helpful when comparing or deciding between health insurance coverage.

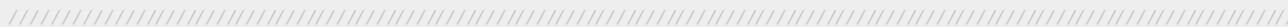
*“Some kind of site with easy to compare customer satisfaction reviews regarding their plans and health care insurance companies.”*

*“It would be nice if the information from the federal website would get to my chosen insurance company quickly enough that I wouldn't have to call both on the phone multiple times to get it done in time for us to be covered. It took about 2 months for the 2016 coverage and might not have happened at all if I had not kept calling and complaining. Working through the Oregon state and federal healthcare websites has been a nightmare every year.”*

*“A lot more information on how to contact agents and brokers for help and healthcare.gov actually giving phone numbers of agents and brokers out to people who call for help.”*

*“If they had more meetings where you can go to a place and ask questions about all available health care options. It would be better to talk to a real person than to just look online.”*

*“Accurate network and provider information. 2016 provider information was inaccurate which caused a lot of frustration. For applicants who do not have access to internet or do not have an email, they have to call in to apply. Waiting time on telephone call can exceed 1 hour which is ridiculous. Create a fillable online paper application with a submit button to resolve having to make a telephone call.”*





# CONSUMER SURVEY RESULTS

- ▶ Almost **50%** of respondents recalled seeing or hearing ads. Of all media channels, television was the source with the highest overall percentage of recall, but for **millennials**, (18 to 34 year old) **online** and **streaming radio** surpassed television.
- ▶ Overall **71%** of respondents were aware of the “FREE” help from insurance agents and community partners. Of those age 18-34 years old, only 55% were aware, the lowest percentage among all the age groups.





# CONSUMER SURVEY DEMOGRAPHICS

Gender	Total (n=764)
Male	32%
Female	65%
Age	
18-34	19%
35-49	21%
50-64	49%
65+	8%
Average	48
# in Household	
1	29%
2	38%
3	13%
4	10%
5 or more	6%
Average	2.3

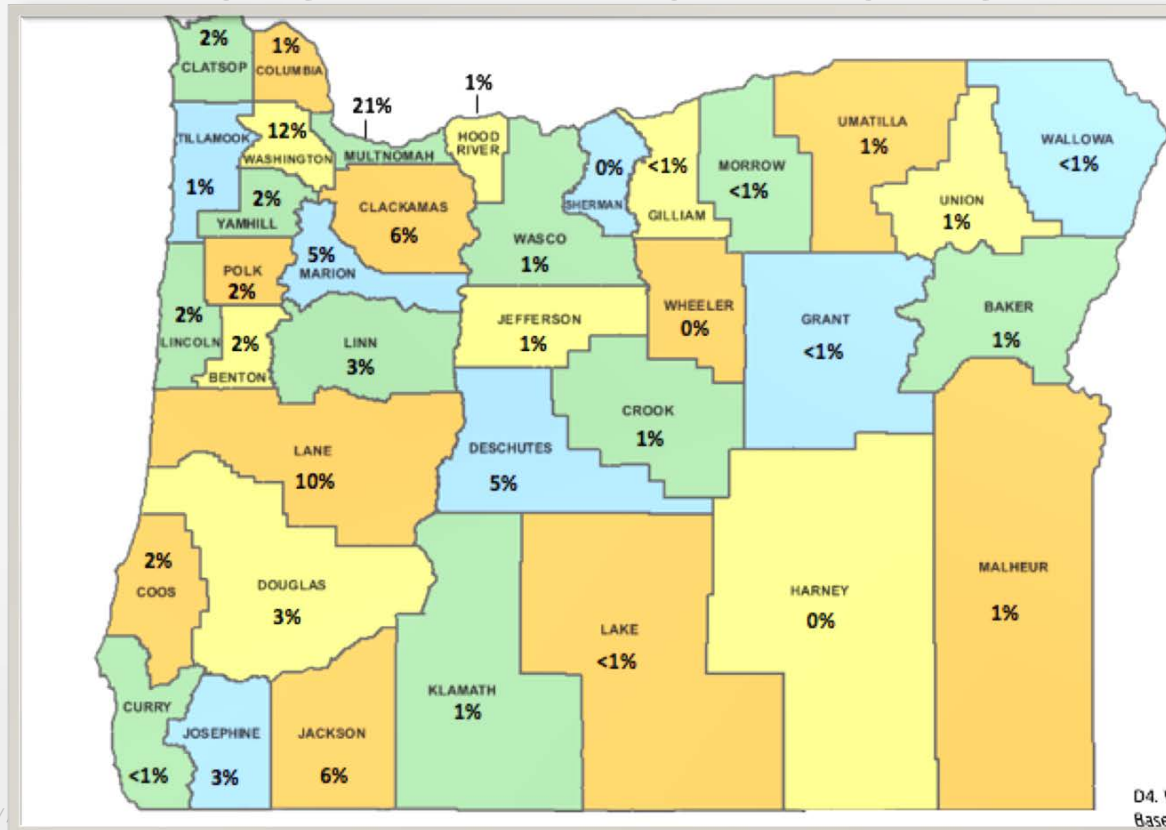
Ethnicity	(n=764)
White or Caucasian	85%
Black or African American	1%
Hispanic or Latino	4%
American Indian or Alaska Native	1%
Asian	2%
Native Hawaiian or Pacific Islander/Other	2%
Income	
Less than \$20,000	12%
\$20,000 to \$39,999	34%
\$40,000 to \$59,999	23%
\$60,000 to \$79,999	8%
\$80,000 to \$99,999	4%
\$100,000 to \$119,999	2%
\$120,000 or more	2%
Average	\$44,120





# CONSUMER SURVEY

## RESPONDENT DISTRIBUTION



# Oregon Health Insurance Marketplace

2017 Open Enrollment  
Outreach and Education Campaign

Presentation

by

**Joel Metlen**

**Communications and Legislative Manager**



# 2017 Open Enrollment

Open enrollment for the 2017 plan year will begin **Nov. 1, 2016** and end on **Jan. 31, 2017**.

It is the time of year for Oregonians who need to purchase their own health insurance to:

- **Shop, renew or enroll** in coverage.
- **See if they qualify for financial assistance** to help pay for premiums and out-of-pocket costs.

# The Purpose of Our Campaign

1. **Educate Oregonians** about:
  - a. The benefits of health coverage,
  - b. How to enroll through the Marketplace, and
  - c. Coverage options, tax credits, and subsidies.
  
2. **Drive enrollment** in the Marketplace.



# Campaign Goals

- 1. Increase the percentage of qualified health plan, subsidy-eligible people who enrolled** in insurance through the Marketplace.
- 2. Maintain the percentage of returning customers who actively re-enrolled** instead of auto re-enrolled through the Marketplace.
- 3. Continue to build trust and credibility** among current and potential customers of the Marketplace and an overall positive reputation among key stakeholders.

# How We Developed the Plan

- **Reviewed last year's campaign** results and lessons learned;
- **Reviewed research**, studies, and other state's outreach and education plans;
- **Discussed lessons learned** from previous years with stakeholders, including insurance companies, community partners, insurance agents, the Oregon Health Authority, and Indian Tribes of Oregon;
- **Polled customers** through a phone and online survey; and
- **Consulted with experienced marketing firms** Grady Britton and Metropolitan Group.

# Key Research Takeaways

- The **2016 campaign was a success**, and we should **use similar strategies and tactics** in 2017.
- **Local, one-on-one help** continues to be important for both new and returning customers.
- **Cost is still a primary driver**, so communicating the financial benefits of insurance, subsidies, and the Marketplace are high priorities.
- **Many consumers are still confused about health insurance**, and there is an ongoing need for education on the topic.
- **Additional targeted outreach is needed** to reach certain key audiences, including the remaining eligible uninsured, young adults, and multicultural audiences.

# Target Audiences

**360,000 QHP eligible Oregonians.** We want to retain current Marketplace customers and attract individuals who bought ACA coverage off exchange or went without ACA coverage.

Subsets of this audience we intend to target include:

- **The 216,000 individuals who are subsidy eligible**

# Target Audiences (continued)

- Those who are **traditionally uninsured or underinsured**;
- **Multicultural audiences**; and
- **Young adults** (ages 18 -34), especially those between 138 and 200 percent of the federal poverty level.

# 2017 State-Based Tactics

## Digital paid media:

- Custom local website ads,
- Behavioral targeting (targeting audiences based on their online behavior—what sites they visit and what they look at),
- Predictive modeling (targeting audiences by who they are demographically instead of by their online behavior),
- Contextual targeting (targeting websites with certain keywords or content),
- Search engine marketing (placing ads within search engine queries),
- Paid Facebook marketing, and
- Digital radio.

# **2017 Tactics (continued)**

**Earned media**: news releases and story pitching.

**Spanish and Russian ads**: print and radio Spanish and Russian ads and Spanish TV ads.

**Materials for consumers and small businesses**: brochures, mailings, and flyers in multiple languages (Spanish, Vietnamese, Chinese, Korean, Japanese and Russian) and for multiple communities (e.g. materials for LGBTQ and tribal communities).

**Social media posts**: posts on the campaign's Facebook and Twitter pages.

# 2017 Tactics (continued)

Community partner and insurance agent engagement and support: training, earned and paid media support (toolkits, cosponsored ads, social posts etc.), materials, fact sheets, key messages, frequently asked questions, webinars, guides, multi-language glossaries, and signage

Enrollment centers in locations across the state: free, in-person, one-on-one help from key agents in the community

Promotional partnerships: partnerships with businesses, agents, and other organizations that share campaign information with their networks



# 2017 Tactics (continued)

Event and meeting support: staff, materials, and presentations for regional collaborative meetings for community partners, local educational events put on by civic, community, and business organizations, and enrollment events throughout the state.

Information through OregonHealthCare.gov: a tool to connect people with agents and community partners, insurance information, and other resources.

Information through Oregon's outreach center: phone, email, social media, and walk-in support and on the ground assistance for consumers, agents, community partners, and small businesses.

# Additional on the Ground Help

We will perform additional outreach in the field in areas which have high numbers of eligible individuals:

Area	Estimated Remaining QHP Eligible	Portion of Remaining who are also Subsidy Eligible
Clackamas County (Northwest)--Oregon City, Milwaukie & Happy Valley Cities	15,356	11,248
Columbia, Lincoln, Clatsop & Tillamook Counties	12,925	9,601
Yamhill & Polk Counties	12,456	10,388
Deschutes County	11,952	7,192
Linn & Benton Counties	11,939	7,649
Multnomah County (East)--Gresham & Troutdale Cities	11,142	8,645
Portland City (East)	7,957	8,327

# Key Message Topics

Key message topics include:

- **Shop** because benefits and prices can change every year.
- Enroll before the **deadline**.
- **Financial help** is available and many qualify.
- Avoid **the penalty**.
- **Local help** is available to help you get signed up and pick a plan.

# Budget

The budget will be similar to last year's:

2017 Plan Year Open Enrollment Campaign	
Category	Budget
Paid Media	\$1,100,000
Creative Services/Production	\$280,000
Earned Media	\$90,000
Community Partner/Agent Engagement	\$120,000
Account Services, including Research	\$410,000
Total	\$2,000,000

# Key Performance Indicators

- Are we reaching our audience and target populations?
- Are we providing a way for multicultural communities and non-English speaking communities to get information and find assistance/support?
- Are we driving people to HealthCare.gov?
- Do they use HealthCare.gov?
- Do enrollees know that there is localized help?
- Are we getting people to use the local help available?
- Are we driving enrollment and re-enrollment?
- How does market share in Oregon compare to other states?
- What are enrollment numbers year over year?
- Are current/potential customers aware that there are resources available to them?
- Were our key messages reflected in communications, partner communication, and media coverage?

# Measurements

- Enrollment numbers
- Year over year enrollment trends
- Paid and earned media analytics
- Data from the outreach center, website, community partners, and agents
- Community partner, agent, and promotional partner feedback
- Consumer surveys

# Timeline

- **March – April 2016:** Develop 2017 high-level open enrollment outreach campaign plan.
- **April – July 2016:** Use high-level plan to create detailed plans with Grady Britton and Metropolitan Group.
- **July – October 2016:** Produce creative.
- **August – October, 2016:** Sign agent storefront and community partner grants.
- **September – October 2016:** Hold trainings and distribute materials.
- **November 1, 2016:** Open enrollment outreach campaign begins.
- **January 31, 2017:** Open enrollment outreach campaign ends.
- **February – March 2017:** Analyze success of campaign.



Questions?



# Oregon Health Insurance Marketplace

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## Analysis of Marketplace Technology Platforms

May 2016



Department of Consumer and Business Services  
350 Winter St. NE  
Salem, OR 97309  
855-268-3767  
[www.oregon.gov/dCBS](http://www.oregon.gov/dCBS)

# Analysis

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## I. Introduction

### i. Purpose of this Analysis

The Oregon Department of Consumer and Business Services (DCBS) is responsible for Oregon's health insurance marketplace. DCBS developed this analysis to help the state decide if it is in Oregon's best interest to pay for and continue to use the federal technology platform, HealthCare.gov, to enroll Oregonians in Qualified Health Plans.

This analysis compares two options:

- 1) Continuing to use HealthCare.gov
- 2) Switching to a technology platform from a private vendor that has been successfully deployed in another state

The analysis includes a comparison of functionality, costs, program impacts, and consumer impacts for both options.

### ii. Background

The Patient Protection and Affordable Care Act of 2010 (ACA) created health insurance marketplaces where consumers can buy Qualified Health Plans. States may operate their own health insurance marketplace, called a state-based marketplace, or have the federal government run their marketplace for them.

Oregon chose to operate its own marketplace. In 2011, Oregon Senate Bill 99 established, as a public corporation, the Oregon Health Insurance Exchange Corporation to operate Oregon's health insurance marketplace. However, the marketplace technology platform developed for Oregon by a private vendor did not function.

For plan year 2014, Oregon began using the federal government's platform, HealthCare.gov, to enroll Oregonians in Qualified Health Plans for individuals. The federal government refers to state-based marketplaces that use HealthCare.gov, such as Oregon, as "state-based exchanges on the federal platform" (SBE-FPs). Although HealthCare.gov offers a technology for the small Business Health Options Program (SHOP), Oregon currently does not use it or any other technology platform for SHOP.

In 2015, DCBS became responsible for Oregon's marketplace and continued using the SBE-FP model. Under this model, the federal government provides eligibility and enrollment technology and call center functions for Oregon. The state is responsible for all other marketplace functions, including oversight and administration, finance, policy and rulemaking, plan management, outreach and education, the state's in-person assistance (navigator) program, stakeholder engagement, reporting and auditing, and Oregon's SHOP.

For the past few years, the federal government has provided HealthCare.gov to Oregon at no cost. In November 2015, the U.S. Department of Health and Human Services (HHS) proposed, by rule, to begin charging SBE-FPs, including Oregon, a user fee of 3 percent of premiums for use of HealthCare.gov. In the final rule, released in February 2016, HHS stated it has sought a waiver from the Office of Management and Budget (OMB) to reduce the user fee from 3

percent to 1.5 percent of premiums for the 2017 benefit year. After the 2017 benefit year, the final federal rule states that the user fee for SBE-FPs will be 3 percent of premiums.

DCBS has a responsibility to make sure paying for HealthCare.gov is the best use of the policyholders' dollars. In December 2015, the State of Oregon released a request for proposals (RFP) to collect information about fully functional and cost-effective technology solutions for both the individual and SHOP marketplaces. Four proposals were received by the deadline, March 4, 2016. One of those proposals did not meet the minimum requirements of the RFP and was eliminated from consideration. DCBS used the information submitted by the remaining three vendors to create this analysis. This analysis examines technology options only for the individual marketplace and does not include an analysis of SHOP technology options.

### iii. Next Steps

DCBS will use this analysis to seek advice from the Oregon Health Insurance Marketplace Advisory Committee about health insurance marketplace technology platform options. DCBS will then present its findings and recommendations and the advisory committee's advice to the Oregon Legislature during the May 2016 legislative days.

If the state decides to continue to use HealthCare.gov, no further action will be necessary. If the state decides to obtain a system other than the federal platform, DCBS would need approval from the Oregon Legislature for any technology that costs more than \$1 million. In addition, the purchase of any technology system would be subject to the state's stage gate process administered by the Office of the State Chief Information Officer.

## II. Functionality Comparison

Functionality		
Option	Pros	Cons
Continue to use HealthCare.gov	<ul style="list-style-type: none"> <li>HealthCare.gov provides the basic functionality needed</li> <li>HealthCare.gov works</li> <li>Participating insurers have already connected their systems to HealthCare.gov</li> <li>The federal government takes on the effort and risk of making improvements and enhancements</li> </ul>	<ul style="list-style-type: none"> <li>HealthCare.gov cannot be customized for Oregon-specific initiatives, such as the COFA premium assistance program or special enrollment periods unique to Oregon</li> <li>It includes only modest tools to help consumers make a decision (although these tools may improve)</li> <li>The federal government provides limited data sharing and these reports are often late</li> <li>Plans cannot be removed or reinstated easily or quickly</li> <li>Errors in plan data cannot be corrected quickly</li> <li>Decisions about the future of the</li> </ul>

Functionality		
Option	Pros	Cons
		<p>platform are vulnerable to political shifts</p> <ul style="list-style-type: none"> <li>• Only the federal government decides what improvements and enhancements to make</li> <li>• The federal government makes operational and policy decisions with little notice or state input</li> </ul>
Switch to another platform	<ul style="list-style-type: none"> <li>• Other platforms provide the basic functionality to run a state-based marketplace</li> <li>• Other platforms allow for customization for state initiatives</li> <li>• Oregon would prioritize what improvements and enhancements to pursue</li> <li>• Oregon would have direct access to data and could develop its own analyses/reports</li> <li>• Oregon would maintain operational control of the platform</li> <li>• Any necessary updates to plan data or availability could be made quickly</li> </ul>	<ul style="list-style-type: none"> <li>• There is a risk of issues and bugs when implementing or when customizing a technology platform</li> <li>• There is a risk of insufficient IT resources, state computing infrastructure, and ability to manage vendor</li> <li>• Participating insurers would need to connect their systems to the new technology platform, a process that takes time and money and includes the risk of issues and bugs</li> <li>• Oregon would be responsible for the risks associated with making improvements and enhancements</li> <li>• Oregon would be dependent on the financial and organizational stability of the vendor and its long-term commitment to the technology</li> </ul>

HealthCare.gov and the private vendor technology platforms considered all provide Oregon with the basic functionality needed to determine eligibility and enroll Oregonians in Qualified Health Plans. We know that HealthCare.gov works. As required by the RFP, each of the three private vendor platforms has been successfully deployed in other states. Nevertheless, there is a risk of bugs or issues arising when implementing any technology system.

Because HealthCare.gov is a system that facilitates enrollment for 38 states, it is not customizable for Oregon-specific initiatives. For example, the state could not create a special enrollment period for pregnancy, because the federal government cannot customize HealthCare.gov to allow for state-specific special enrollment periods not already outlined in the ACA. HealthCare.gov also does not have the functionality to support a Basic Health Program, as contemplated by Oregon House Bill 4017 (2016). The inability to tailor the technology for Oregon-specific needs is a drawback of the federal platform, and continuing to use HealthCare.gov will require workarounds for policy initiatives of this sort.

Switching to another platform would give Oregon more flexibility to customize the technology to meet Oregon-specific needs. States such as New York and Minnesota have successfully customized their technology to pursue various health insurance initiatives, like the Basic Health Program. Customizing technology, of course, usually means extra cost, time, and risk.

If the state switched to another platform, Oregon would be responsible for continually improving the platform and making necessary enhancements. The federal government handles improvements and enhancements for HealthCare.gov. Currently, Oregonians benefit from these improvements and enhancements without any effort or risk at the state level, but Oregon does not have a say about what or when changes are made to HealthCare.gov.

### III. Cost Comparison

Costs		
Option	Pros	Cons
Continue to use HealthCare.gov	<ul style="list-style-type: none"> <li>The total cost of running the marketplace is less if Oregon continues to use HealthCare.gov</li> </ul>	<ul style="list-style-type: none"> <li>There is a risk the federal government will increase its fee in future years and Oregon has no control over the amount of the fee</li> </ul>
Switch to another platform	<ul style="list-style-type: none"> <li>Switching to another platform would only be slightly more expensive, about \$3 million or 10 percent more per year</li> </ul>	<ul style="list-style-type: none"> <li>Additional costs, such as for an Oregon-based call center, make this the more expensive option</li> <li>Customization for state-specific initiatives would add to the cost</li> <li>There is a risk that actual implementation costs could be higher than quoted by vendors</li> </ul>

If the state continued to use HealthCare.gov, the total cost of running the marketplace would be about \$31 million per year. Using a different technology platform would increase the total cost of running the marketplace to about \$34 million per year.

The cost of HealthCare.gov includes more than just the cost of the technology. It includes the cost of using the federal call center and managing the entire eligibility and enrollment process, including appeals and grievances. This is a sizeable amount of work that Oregon would become responsible for if it switched platforms. That would increase the program costs (non-technology platform costs) for the state from about \$12 million per year to more than \$25 million per year.

The table below provides an estimate of the costs for each option. The cost information provided by vendors in their responses to the RFP assumed operation over the plan years 2019 through 2023. This analysis uses the average annual cost.

## Estimated Marketplace Costs

### Up-front one-time costs

	Option 1.	Option 2.
	Continue using HealthCare.gov	Switch to another technology platform
QA Vendor for Project	NA	\$860,600

### Ongoing annual costs

	Option 1.	Option 2.
	Continue using HealthCare.gov	Switch to another technology platform
Program operations	\$11,931,000	\$25,199,000
Enrollment technology	\$18,748,800	\$8,606,000
Total ongoing annual costs	\$30,679,800	\$33,805,000

### Annual costs relative to enrollment and premium

Per member per month	\$21.31	\$23.48
Percent of premium	4.9%	5.4%

### Assumptions

Ave. enrollment per month	120,000	120,000
Ave. premium per month	\$434	NA

### Annual costs if enrollment is 10 percent higher

Total costs	\$32,555,000	\$34,517,000
Per member per month	\$20.55	\$21.79
Percent of premium	4.7%	5.0%

The calculations show that the total costs will be about 5 percent of premium. This is the statutory maximum administrative charge that DCBS may impose on insurers under ORS 741.105(2)(a). Technology costs paid directly to the federal government or to the vendors may not be limited by the statute, but it is DCBS's intent to have the total costs remain under 5 percent of premium. Therefore, if the expenditure, enrollment, or average premium assumptions differ significantly from the modeled assumptions, DCBS may have difficulty keeping costs under the 5 percent limit.

See Appendix 1 at the end of this analysis for a detailed explanation of the assumptions used to develop this cost analysis.

## IV. Program Impact

Program Impact		
Option	Pros	Cons
Continue to use HealthCare.gov	<ul style="list-style-type: none"> <li>• The current split of responsibilities between Oregon and the federal government works well</li> <li>• Oregon can continue to focus on the aspects of the marketplace it is responsible for without the burden of managing a technology platform</li> <li>• The federal call center adequately handles most consumer issues</li> </ul>	<ul style="list-style-type: none"> <li>• Oregon has no control over the quality of call center consumer service</li> <li>• In some cases, HealthCare.gov consumer service representatives have failed to consult their scripts or have given consumers information that does not apply to Oregon</li> <li>• Oregon has no control over national advertising or direct mail, text, or email to consumers</li> <li>• Oregon does not have control over agent certification</li> </ul>
Switch to another platform	<ul style="list-style-type: none"> <li>• Oregon would have control over the quality of the call center consumer service</li> <li>• Oregon would have control over all advertising and consumer outreach</li> <li>• Oregon would have direct control over agent certification</li> <li>• Controlling all aspects of the marketplace could allow Oregon to ensure better internal and external consistency in terms of priorities, messaging, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Switching platforms would require a much larger program at the state level, which increases the administrative burden for the state</li> <li>• Managing a technology platform could divert resources from other aspects of running the marketplace</li> <li>• For the first year, most outreach would need to focus on the change in platform, leaving fewer resources for outreach about anything else</li> <li>• Considerable resources would be needed to train agents, community partners, and insurers on the new system for the first year</li> </ul>

Currently, the federal government and State of Oregon split responsibility for Oregon’s marketplace. In general, this split has worked well for Oregonians, and the state’s small team dedicated to running the marketplace has been able to focus on core functions such as plan management and outreach and education without the distraction of trying to also manage a large, complicated technology platform.

However, Oregon does not have any control over the quality of the parts of the program run by the federal government, such as the call center. In a recent survey, the majority of Oregon consumers found HealthCare.gov consumer service helpful, but 29 percent found their consumer service “not at all helpful.”

If Oregon switched platforms, the state would be responsible for all aspects of the marketplace. This would increase the state’s control of the marketplace and increase its administrative burden. The state would need to hire and train many more people to staff a call center and



handle eligibility and enrollment processes, including appeals and grievances. More staff members would require additional central services to support those staff members.

## V. Consumer Impact

Consumer Impact		
Option	Pros	Cons
Continue to use HealthCare.gov	<ul style="list-style-type: none"> <li>• Consumers have become familiar with HealthCare.gov and know where to go and how to use it</li> <li>• Consumers find value in the platform</li> </ul>	<ul style="list-style-type: none"> <li>• The platform does not always work well for all Oregonians, especially those with special circumstances</li> <li>• Consumers continue to be confused about when to contact the state versus the federal government and which is responsible for what</li> </ul>
Switch to another platform	<ul style="list-style-type: none"> <li>• The new platform could better serve the specific needs of Oregonians</li> <li>• Oregonians would have only one website to visit related to Oregon's marketplace, instead of two (one at the federal level and one at the state level)</li> </ul>	<ul style="list-style-type: none"> <li>• Consumers will have to relearn where to go to sign up for a Qualified Health Plan</li> <li>• Consumers, insurers, agents, and community partners will have to learn a new system</li> <li>• Auto-re-enrollment for the first year is unlikely and there is a risk that all consumers would have to sign up from scratch for the first year</li> <li>• There is a risk that consumers would avoid the new system for fear of issues</li> <li>• There is a risk enrollment would decrease the first year</li> <li>• Bugs or issues with the platform could further erode trust in state government</li> </ul>

While HealthCare.gov is not perfect, it works for Oregonians. Oregon had the highest year-over-year increase in enrollment among the states that use HealthCare.gov in 2016, an increase of 31 percent or 35,000 people. Oregon's marketplace increased its market share not just in the subsidy eligible population, who get the most benefit out of using HealthCare.gov, but also among those whose incomes are too high to qualify for tax credits. Those consumers are finding value in HealthCare.gov, even though they are not receiving financial help. The State of Oregon and the federal government have developed a good working relationship and split of responsibilities that clearly benefits Oregon consumers.

If Oregon switched to another technology platform, Oregon consumers would need to learn a new system. There is also a risk that HealthCare.gov may not be able to transfer current consumer data to another system. In such a case, all consumers would have to sign up from scratch on the new system and not be able to automatically re-enroll for the first year. Due to the history of Oregon's marketplace, many consumers could avoid the new system for fear of issues and move off-exchange. For all of these reasons, there could be a loss in enrollment in the first year of a transition.

## APPENDIX 1 – Cost Analysis

### Initial assumptions

This cost analysis is based in part on responses from the above-referenced RFP in which vendors were asked to provide information about their marketplace technology solution. The assumptions in the RFP regarding the individual marketplace were:

- The costs were to cover the period CY 2019 to CY 2023
- Individual plan enrollment was forecast to be 120,000 per month over the five years
- Dental plan enrollment was to be ignored

The three respondents whose proposals DCBS analyzed had different ways of funding their technology (the details are included later in this appendix), but the overall cost for individual plan enrollment over five years were similar. Therefore, the average cost of the responses is used in this analysis.

There are a number of unresolved issues for SHOP. Because of this, SHOP is excluded from this analysis.

### Option 1: Continue using HealthCare.gov

This option assumes that DCBS continues its current marketplace functions, and insurers pay 3 percent of premium for the use of the federal platform. Currently, expenditures are forecast to be \$32.41 million in the 2015-2017 biennium.<sup>1</sup> To estimate future expenditures, we make assumptions about how the existing program will change. This involves reducing some current expenditures, mainly professional services. For the program costs that are not expected to change, we assume that costs will increase slowly, reflecting salary increases and inflation. With these assumptions, the Oregon Health Insurance Marketplace (OHIM) ongoing program costs are forecast to be approximately \$11.93 million a year, as detailed in the table at right.

Estimated OHIM expenditures	
Ongoing annual costs	
Personal services	\$2,407,000
Services and supplies	
Publicity & Publications	\$2,079,000
Professional Services	1,800,000
IT Professional Services	3,088,000
Facilities Rent & Taxes	190,000
Telecomm/Tech Svc & Supplies	112,000
Other S&S	643,000
Services and supplies total	\$7,912,000
Special Payments	500,000
Shared Services	1,112,000
<b>Total expenditures</b>	<b>\$11,931,000</b>

This option also assumes that DCBS continues to use the federal technology for individual enrollment. In CY 2017, the federal charges for the technology will be 1.5 percent of premium. We assume the charges will increase to 3 percent of premium in CY 2018. We need, therefore, an assumption of the average premium for individual policies. This analysis assumes an average

<sup>1</sup> See *Oregon Health Insurance Marketplace, Report to the Joint interim Committee on Ways and Means and Interim Senate and House Committees on Health Care*, May 2016, page 8. The 2015-2017 biennium extends from July 2015 through June 2017.

premium of \$434, based on an early analysis of the initial CY 2017 rate filings<sup>2</sup>. If individual enrollment is 120,000 per month and the average premium is \$434 per month, the federal exchange's costs would be \$18.75 million per year.

As shown on page 5 of this analysis, the total costs for this option are estimated to be \$30.68 million per year. This would be the equivalent of \$21.31 per member per month (PMPM). Insurers are billed monthly for OHIM's operations, and the current rate is \$9.66 PMPM for individual plan enrollment<sup>3</sup>.

The total cost is also the equivalent of 4.9 percent of premium, near the statutory maximum of 5 percent. If individual plan enrollment was 10 percent higher, the costs would be about \$32.56 million, or about 4.7 percent of premium.

#### Option 2: Switch to another technology platform in use in another state

This option assumes that DCBS would adopt a private vendor's technology. DCBS received three acceptable proposals for technology for a state-based marketplace. The three respondents provided proposals for an individual plan enrollment over the five-year period CY 2019 to CY 2023. The vendor proposals include the annual upgrade and maintenance costs to stay compliant with the requirements of the Centers for Medicare and Medicaid. The proposals do not include any Oregon-specific enhancements the state may want to make in the future. Those costs would need to be considered as initiatives are proposed. Each improvement could cost millions of dollars in customizations.

The proposals differ in the details, but the five-year costs are similar. Based on the assumptions of the RFP, the average cost per year would be \$8.95 million for Proposer 1, \$8.26 million for Proposer 2, and \$8.61 million for Proposer 3. This analysis uses the average of the three responses, about \$8.61 million per year for individual enrollment.

There are important limitations to this cost analysis:

- The proposals requested did not envision full integration with the OregONEligibility system for Medicaid.
- Because we requested proposers submit only systems that are fully functioning in other states, we assume their systems require little further product integration. This may not be true.
- We have not completed a technical evaluation of the proposals. Such an evaluation may result in the discovery of other costs needed for full system functionality.

Should these functionality assumptions change, or should further technical evaluation reveal additional costs, further cost analysis will need to be done, and may result in a different conclusion about the relative costs of vendor technology platforms.

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<sup>2</sup> The estimated average premium is based on initial rate filings by carriers. Rates are subject to the review by the Division of Financial Regulation. Final rates for 2017 will be determined in July 2016, and the actual average premium may differ from this estimate. Please note that this estimate is also not weighted based on number of policyholders.

<sup>3</sup> DCBS intends to decrease the state's PMPM to \$6.00 in 2017.

If DCBS adopts a private vendor's technology, it will need to expand its current operations. The current marketplace program within DCBS manages all aspects of an exchange, except for the technology and the transactions related to eligibility and enrollment. Eligibility and enrollment are significant functions of the exchange and carry a large administrative burden. If Oregon managed its own technology, DCBS would need to rebuild some of the infrastructure that was dismantled after Oregon moved to HealthCare.gov. The majority of Cover Oregon employees worked on eligibility and enrollment functions. Based on those previous staffing levels, we estimate that DCBS would need to add about 80 employees to the staff of 24 currently working at the marketplace.

One way to estimate the personnel costs of an expanded program is to use DCBS's planned costs. Divisions provide estimates of their planned employee compensation for the current biennium. If the personnel costs for the average OHIM staff member are used, then a program with 100 employees would cost about \$10.42 million a year. This cost depends, of course, on the distribution of the job classifications in this expanded program.

The other costs for the expanded marketplace operations are estimated relative to the estimated costs derived for option 1. Some costs, mainly professional services, would be the same under both options.

Other costs are expected to be higher under the expanded program. Because the marketplace would lose the federal marketing, we assume that the marketplace's marketing costs would double. We have estimated the increases of other costs, such as rent and telecommunications, with a model developed by the DCBS budget staff.

DCBS divisions pay for the costs of the department's central services divisions. These divisions' costs are based in part on the number of the divisions' full-time employees (FTE). Therefore, an expanded marketplace program would incur a larger share of shared services costs.

The following table compares the program costs of the two options.

### Comparison of estimated program costs

	Ongoing annual costs	
	Option 1. Current program	Option 2. Expanded program
Personal services	\$2,407,000	\$10,422,000
Services and supplies		
Publicity & Publications	\$2,079,000	\$4,158,000
Professional Services	1,800,000	1,800,000
IT Professional Services	3,088,000	3,088,000
Facilities Rent & Taxes	190,000	1,015,000
Telecomm/Tech Svc & Supplies	112,000	232,000
Other S&S	643,000	1,721,000
Services and supplies total	\$7,912,000	\$12,014,000
Special Payments	\$500,000	\$500,000
DCBS Shared Services	1,112,000	2,263,000
Total annual expenditures	\$11,931,000	\$25,199,000

With these assumptions, the operating costs of an expanded program would be expected to be about \$25.20 million per year.

With the technology costs, the total costs for option 2 would be about \$33.81 million a year. This would be the equivalent of 5.4 percent of the forecast premium.