In-person
Barbara Roberts Human Services Building
500 Summer Street NE, Conference Room 160
Salem, OR 97301

Virtual
Click here to join the meeting
(You can choose to have the meeting call you)
Phone: 971-277-2343
Access code: 715 333 088#

Everyone is welcome to join Health Insurance Marketplace Advisory Committee (HIMAC) meetings. For accessibility questions or requests, please contact dawn.a.shaw@oha.oregon.gov or call 503-951-3947 at least 3 business days prior to the meeting.

Please note that this public meeting will be recorded and transcribed.

### A G E N D A

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<td>9:05 – 9:10 a.m.</td>
<td>Welcome, meeting guidelines, and approval of previous meeting’s minutes</td>
<td>Lindsey Hopper Committee vice-chair</td>
<td>Information &amp; voting</td>
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<td>9:10 – 9:25 a.m.</td>
<td>Federal health policy updates</td>
<td>Stephanie Kennan McGuireWoods Consulting</td>
<td>Information &amp; discussion</td>
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<td>9:25 – 9:45 a.m.</td>
<td>Welcome, Dr. Sejal Hathi</td>
<td>Dr. Sejal Hathi Director, OHA</td>
<td>Information &amp; discussion</td>
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<td>9:45 – 10:05 a.m.</td>
<td>OHP Bridge updates*</td>
<td>Tim Sweeney Senior Policy Analyst, Health Policy &amp; Analytics, OHA Katie Button Marketplace Policy &amp; Plan Management Analyst</td>
<td>Information &amp; discussion</td>
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<td>10:05 – 10:10 a.m.</td>
<td>Public comment</td>
<td>Lindsey Hopper Committee vice-chair</td>
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<td>10:10 – 10:30 a.m.</td>
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<td>Break</td>
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*As approved in the committee workplan on 10/12/2023.
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<tr>
<td>10:30 – 11:10 a.m.</td>
<td>2024 Open Enrollment debrief*</td>
<td>Cable Hogue Implementation Analyst &amp; Federal Liaison, Amy Coven Marketplace Communications &amp; Public Engagement Analyst, Misty Rayas Marketplace Outreach &amp; Education Manager</td>
<td>Information &amp; discussion</td>
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<tr>
<td>11:10 – 11:20 a.m.</td>
<td>Marketplace Transition project updates*</td>
<td>Nina Remple Marketplace Transition Project Manager</td>
<td>Information &amp; discussion</td>
</tr>
<tr>
<td>11:20 – 11:40 a.m.</td>
<td>SBM project updates*</td>
<td>Victor Garcia Marketplace Operations Development Specialist, Dorocida Martushev Project Manager, Amy Coven Marketplace Communications &amp; Public Engagement Analyst</td>
<td>Information &amp; discussion</td>
</tr>
<tr>
<td>11:40 – 11:45 a.m.</td>
<td>Public comment</td>
<td>Lindsey Hopper Committee vice-chair</td>
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<tr>
<td>11:45 – 11:55 a.m.</td>
<td>Wrap up and closing</td>
<td>Lindsey Hopper Committee vice-chair</td>
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*As approved in the [committee workplan](#) on 10/12/2023.
When: Friday, February 23, 2024 – 2:30 to 4 p.m.
Where: Virtual via Microsoft Teams

Committee members:
Virtual – Kraig Anderson (chair), Gladys Boutwell, Stacy Carmichael, Maya Chan, Charlie Fisher, Ron Gallinat, Paul Harmon, Ali Hassoun, Lindsey Hopper (vice chair), Ines Kemper, Holly Sorensen, Andrew Stolfi, Om Sukheenai, Nashoba Temperly

Members not present: Shannon Lee, Joanie Moore, Danielle Nichols

Other presenters: Stephanie Kennan, Caleb Lavan, Phil Schmidt, Matthew Green

Marketplace staff: Chiqui Flowers, director; Victor Garcia, operations development specialist; Dawn Shaw, office support coordinator

Agenda item and time stamp*

Welcome, roll call, assorted business
Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the December 7 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the December minutes, pages 7-8 for meeting protocols).
• Approved December 7, 2023, minutes.
• Introduced new members
  o Maya Chan who is with Project Access NOW, one of our community partners.
  o Stacy Carmichael is with MODA, an insurance carrier.
  o Charlie Fisher is with OSPIRG (Oregon State Public Interest Research Group).

Federal health policy updates
Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C. to present information about current legislation and cases that involve the Affordable Care Act (ACA).
• Kaiser Family Foundation released a poll that showed nearly three in five Americans view the ACA favorably.
• House and Senate are out on recess. Senate is back on the 26th [February], and the House comes back on the 28th [February] and the first round of funding bills expire March 1.
  o Veterans, transportation, agriculture, and energy programs.
• FDA (Federal Drug Administration) gets money out of the agriculture bill.
• FBI (Federal Bureau of Investigations) used to be a part of agriculture but are now a part of HHS (Department of Health and Human Services).
• Without funding, the functions will shut down and will need to come to a decision quickly.
• There are a lot of factions going on. Democrats would like a short term resolution, but the Republicans would prefer a long term resolution.
• Freedom Caucus is pushing to keep several policy riders. Not necessarily an appropriations issue but can be written as no funds will be expended.
  o Riders range from limiting the abortion pill, guns, reducing the Homeland Security Secretary salary to $0.
• With last year’s debt relief deal, there was a provision if the House and Senate do not come to an agreement it will trigger many cuts in defense, some domestic programs, and healthcare. We could have a partial shutdown.
• A second group of provisions expires mid-March, which consists of HHS and Community Health Center programs.
• If there is a shutdown, the FDA said that three fourths of the staff would remain funded by user fees. Drugs and devices largely would continue. HHS would have to furlough half of its employees. Medicare benefits would keep going. Essential services like disease monitoring would continue. Medicaid would likely not be affected.
• Health package is not ready to move. It includes PBM (pharmacy benefit manager) reform prices.
• Healthcare cost transparency seems to be dead right now. It would have capped insulin at $35 for private plans and a drug patent reform.
  o Kraig asked about what topics of transparency is being considered.
    ▪ Congress is not happy with the way hospitals have reacted to transparency provisions.
    ▪ They want to help Medicaid patients figure out where to go based on cost.
• Medicare physicians fee cut went into effect January 1. Senate reduced the cut but did not restore it.
• Since it is a presidential election year, there is a push to pass legislation in preparation if they do not get reelected. Congressional Review Act can allow Congress to have a 60-day lookback to undo regulations done with the prior administration. The 60-day lookback would begin and would be on the legislative calendar, not the calendar year.
  o The OMB (Office of Management Budget) is currently reviewing the Trump era rules.
    ▪ One removed protection for transgender and limited the ACA’s nondiscrimination requirements.
    ▪ Another would be that allowed non-ACA compliant short term plans to run up to a year. Advocates are pushing to reduce to one month.
    ▪ The Association Health Plan is finalizing a proposal to reverse a Trump era rule that allowed small businesses to establish large group association health plans that did not require that they adhere to all ACA consumer protections or coverage of the 10 essential health benefits.
• The administration last year proposed to extend DACA (Deferred Action for Child Arrivals program). Final rule is slated to come out in November, but many are wanting to be out now.
• A HIPPA (Health Insurance Portability and Protection Act) rule under OMB review would modify the rule to health care facilities and providers to refuse releasing health data to law enforcement.
• Birth control accommodation rule has not been finalized. Would reverse a Trump era rule that allowed for employers to refuse to cover birth control. It is set to come out in August.
• OMBB has begun review of the 2025 NBPP (Notice of Benefit and Payment Parameters) and submitted comments. It should be out by April but can go into May.
• CMS (Centers for Medicare and Medicaid Services) is being pushed by drug manufacturers about not covering obesity drugs. Currently plans do not have to cover the obesity drugs, and CMS would like to change that.
Gladys expressed concern over the obesity drugs, as a lot of her clients need those drugs to get their weight down to help with health issues.

- CMS released No Surprise Billing Act data on the implementation and how it is going. Providers and facilities are prevailing in 77% of the disputes. Entities had to increase staff to reduce the backlog of claims.
- Gladys wondered where she could go to get updates that Stephanie provides. Stephanie doesn't have just one location but suggested looking at the OMB website and the Federal Register. OMB website lists the regulatory agenda. Stephanie has research assistants that help her.

Dr. OJ Oleka, didn't see the SBM (state based marketplace) on the agenda but wanted to get an update.

Chiqui informed that it is still on track and in development. The SBM will be a topic on the April 18 HIMAC meeting agenda. We have a website (orhim.info/SM Transition) and encourage signing up for updates. Kraig added that there are upcoming public listening sessions and other opportunities to be involved.

Phil Schmidt and Matthew Green, OHA Government Relations staff, presented the bills of interest for the agency during the 2024 legislative short session.

- Not a lot of bills this session directly impact OHA or the Marketplace.
- HB 4091 proposes creation of HIMRC (Health Insurance Mandate Review Committee) to map out costs and social impacts of health insurance mandates.
- HB 4113 is about copay accumulators and stopping the practice of applying coupons to people’s copays or deductibles. Doesn’t affect PEBB/OEBB (Public Employees’ Benefit Board / Oregon Educators Benefit Board) but commercial plans. It has been proposed before but didn’t get approved.
- HB 4149 involves making PBMs register with DCBS (Department of Consumer and Business Services). Gives DCBS the power to review contracts and the minimum payments needing to support pharmacies dispensing fees.
- HB 4130 will change rules around corporate practice of medicine. Doctors need to be making business decisions. A way that skirts the issue is when a corporation would come in and have the doctor sign a service level agreement functionally taking over the practice.
- Measure 110/ HB 4002 there is a -24 amendment that has been released informally focuses on improving the access to SUD (substance use disorder) treatment and criminalization.
  - On the health side, it would allow pharmacists to provide early refills of substances under certain circumstances. Would create prescription lockers to make medications more accessible.
  - Possible creation of task forces looking into the behavior health regional system around funding and authority.
  - A criminal deflection program, instead of taking the individual in for booking, would take them to a treatment pathway. If successful, the charges would be dropped.

Caleb Lavan with CBIZ Optumas went over the proposed assessment rate and data explaining how the assessment rate was determined. (See pages 10-16 of the handout packet for a copy of the slide deck)

- PMPM – per member per month.
- Om questioned why there was an increase of total expenditures in 2025. Caleb explained that it was due to the shared services expenses. Chiqui confirmed this. Since our transition from DCBS to OHA is complete, we now have a larger shared services charge.
Paul also wondered about the increased expenditures and added that he agreed with the logic behind the Basic Health Plan being a potential risk.

**Next steps and voting**

1:14:32

Victor Garcia reviewed the administrative rule process. We take in input from the committee to see if any groups might be impacted by this rule. No one came forward with any concerns. If any concerns are thought of after the meeting, please email us (Victor or Chiqui) with any concerns. Next steps are to file the rule amendment in the next week or so. This kicks off a public comment period. A GovDelivery notice will go out about the hearing date being filed with the Secretary of State and when the process has been completed.

Voting – passed:
- Not present – Ines Kemper, Shannon Lee, Joanie More, Danielle Nichols

**Wrap up & closing**

1:19:45

Our next meeting will be a hybrid on April 18 at our 500 Summer St. location.

Said goodbye to our departing members: Kraig Anderson, our chair; Holly Sorensen from NEON, and Ines Kemper. They are always welcome to start another six year term. Andrew Stolfi thanked them as well.

Holly expressed her gratitude to for the opportunity to work with the committee as a representative in Eastern Oregon and look forward to the future transformation efforts.

Kraig echoed Holly’s comments and it was great to work with everyone. Thanked Chiqui for her leadership and Victor and Dawn as staff support. Stacy Carmichael will be taking over as a Moda representative and we are in good hands.

*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee website under 2024 Meetings, February 23.*
Health Insurance Marketplace Advisory Committee Meeting
April 18, 2024

Lindsey Hopper
Committee Vice Chair

Welcome

Lindsay Hopper
Committee Vice Chair

Roll call

Chiqui Flowers
Marketplace Director
The Marketplace and the HIMAC is committed to safe and inclusive meetings for all attendees. We have differences in opinions and different experiences. There are no bad questions or silly ideas. We will seek the perspectives of all by inviting each person to speak. If you have a question or would like to comment, please raise your virtual hand or put it in the chat. NEW: Real-time Spanish interpretation. Please help out by speaking at a moderate pace.

Meeting protocols and requests

- This virtual meeting has the closed captioning feature available by clicking on “More” and selecting “Turn on live captions”.
- Please be on camera, as much and as often as you are comfortable, and mute your speaker when not speaking.
- For transcribing and accessibility purposes, please make sure to state your name before posing your question or comment during a presentation.

We ask any members of the public to hold questions or comments until our Public Comment sessions. There will be one in the middle and at the end of the meeting. If you are subject of unacceptable behavior or have witnessed any such behavior during this meeting, please connect with:

Chiqui Flowers, Marketplace Director
chiqui.l.flowers@cha.oregon.gov
503-884-6017
Approval of February 23, 2024 meeting minutes

Lindsey Hopper
Committee Vice Chair

Federal health policy updates

Stephanie Kennan
McGuireWoods Consulting

Questions?
OHP Bridge - Basic Health Program:
Program updates toward July 1 launch

Health Insurance Marketplace Advisory Committee
April 18, 2024

Reminder: OHP Bridge Overview

- OHP Bridge is a new benefit for adults with income above the OHP Plus limit. It is for adults who:
  - Have income up to 200 percent of the federal poverty level,
  - Do not have access to affordable health insurance, and
  - Have an eligible citizenship or immigration status to qualify.
- Benefits will closely mirror Oregon Health Plan
- Inherits some Marketplace rules from the Affordable Care Act
- OHP Bridge launches July 1, 2024

In Oregon, we will have two OHP Bridge programs with largely the same benefit package.

<table>
<thead>
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<th>English benefit name</th>
<th>Naming convention</th>
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<tr>
<td>OHP Bridge</td>
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<tr>
<td>Puente a OHP</td>
<td>OHP Bridge (BRG)</td>
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<tr>
<td>OHP Bridge- Basic Health Program</td>
<td>OHP Bridge- Basic Health Program (BHP)</td>
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<tr>
<td>OHP Bridge- Basic Medicaid</td>
<td>OHP Bridge- Basic Medicaid</td>
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</table>
Overview of OHP Bridge

- No enrollee costs (no premiums, no cost-sharing)
- Traditional CCO-administered OHP service package*
  - Medical
  - Behavioral health
  - Dental
- At launch, OHP Bridge will not cover long term services and supports or health related social needs

* AI/AN members in OHP Bridge – Basic Medicaid do not have to enroll in CCOs, but receive the same benefit package as those who do

Program updates

Eligibility and other systems updates

- Significant changes to the ONE eligibility system and to the Oregon Medicaid Management Information System are underway
- System changes will go live in June
  - People will transition from Medicaid effective July 1
  - People can apply for coverage starting Aug. 1
  - In some cases, people who cannot move from Medicaid to OHP Bridge will have coverage end and could seek Marketplace coverage
### Federal Updates

- OHA expects formal federal approval in late-April
  - Formal Basic Health Program Blueprint submitted in Nov. 2023
  - Accompanying 1115 Waiver amendment also under federal review

### Contracting and Rulemaking updates

- **Contracting:**
  - CCOs have completed their review of the OHP Bridge Contract and have all signed Letters of Commitment to participate in the program
  - Contracts are now undergoing final editing and review, will go out to CCOs for final signatures on May 1

- **Rulemaking**
  - Public input period still underway, will close April 21
  - Rules will undergo final review April – May
  - To be filed with the Secretary of State on May 24 for a June 1 effective date

### Communications and outreach

- **Initial outreach to community partners in Dec. 2023/Jan. 2024:**
  - Presented to Community Partner Outreach Program (CPOP) Collaboratives on draft rules and program overview

- **Program website is live:** ohp.oregon.gov/bridge
  - Will help connect consumers to the program and provide information for community partners

- **In-depth training materials currently under development**
  - Will provide program overview to state staff and community partners who serve as resources for members and applicants
  - Available beginning in May
**Timeline and reminders**

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<td>Draft rates</td>
<td>Feb. 1</td>
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<td>Rules Advisory Committee</td>
<td>Feb. 6-7</td>
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<tr>
<td>Rules webinar</td>
<td>Feb. 13</td>
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<tr>
<td>Public input period for draft Rules begins</td>
<td>March 1</td>
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<tr>
<td>Member handbook insert guidance shared with CCOs</td>
<td>March 1</td>
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<tr>
<td>Draft contracts sent to CCOs</td>
<td>March 14</td>
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<tr>
<td>Deadline to return letter of commitment and contract feedback</td>
<td>April 5</td>
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<tr>
<td>Public input period for draft Rules closes</td>
<td>April 21</td>
</tr>
<tr>
<td>Final contracts sent to CCOs</td>
<td>May 1</td>
</tr>
<tr>
<td>Final rules posted</td>
<td>May 24</td>
</tr>
<tr>
<td>Deadline to sign and return OHP Bridge CCO Contract</td>
<td>May 31</td>
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<tr>
<td>BHP launch</td>
<td>July 1, 2024</td>
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**Mitigation update – invisible subsidy**

- Invisible subsidy – carriers reduce filed rates; consumers see the same amounts on hc.gov and carrier bills
- Staff from OHA and DCBS met with CMS on 3/21/2024
- Upon initial review, CMS does not believe the strategy violates risk pool requirements
- CMS staff are discussing internally to determine if workarounds proposed by Marketplace are possible

**Questions?**
2024 Open Enrollment final data

Cable Hogue
Implementation Analyst and Federal Liaison

Enrollment data

- Total plan selections through 1/16/2024: 145,509
  - Last year we totaled 141,963 plan selections through 1/15/2023
- Plan selections amongst “New Consumers” increased by 3,325 to 29,960

Enrollment data

- Plan selections by metal level (increase or decrease in parenthesis)
  - Bronze: 65,644 (+2,743)
  - Silver: 55,874 (+1,803)
  - Gold: 23,991 (-584)
Demographics of 2024 enrollees
Location and gender identification

- Female: 79,465
- Male: 66,044

Demographics of 2024 enrollees
Age

- 65 or older
- 55-64
- 45-54
- 35-44
- 25-34
- 18-25
- Under 18

Demographics of 2024 enrollees
Race or ethnicity identification
Misty Rayas  
Outreach and Education Manager

Outreach, Education and Partner Programs

- 43 percent of outreach events in 2023 happened in person
- 57 percent of outreach events held virtually
- Talked to approximately 36,345 people at outreach events and meetings throughout 2023
- The team supported Tribal events, LGBTQIA2S+ events, faith-based events, Hispanic, Latina, Latino, or Latinx events, Rapid Response sessions, and presentations about the Marketplace to communities, businesses, and community-based organizations, including new community partner organizations.
OE outreach and education

Outreach events 2023 calendar year:
  • Meetings = 677
  • Total events= 271

Outreach events: Open enrollment 11/1/2023-1/16/2024
  • Outreach events = 46
  • Sponsorships = 10 (all included tabling)
  • Meetings= 138

*Does not include trainings or general required outreach in regions or regional specific outreach, and community partner enrollment events or agent enrollment events in which we did not attend.

Customer Service Center

• The Marketplace received 7,375 calls in 2023
  o 11 percent increase over the previous year
  o 2,138 calls were received during open enrollment

• The Marketplace responded to 1,301 emails sent directly from consumers.

Partner Agent Program

• Partner agents reported a very smooth open enrollment overall, with minimal technical or other issues

• Partner agents offering assistance in languages other than English increased to almost 40% for this grant year

• Marketplace Partner agents accounted for 11,214 enrollments for this OE (Plan Year 2024)
Community Partner (CP) Program

- CP grantees reported a positive experience during open enrollment. HealthCare.gov presented minimal challenges and the process felt well-organized and efficient.
- During OE, Marketplace CP grantees provided assistance to 12,853 individuals from communities of focus, a 333% increase from the previous OE.
- Marketplace CP grantees documented appx. 8,920 cases of providing assistance with Marketplace applications during OE, a 3% increase from the previous OE.

Open enrollment campaign strategy

Objective 1
Drive awareness of the affordable options and financial support available on the Marketplace

Approach
- Audience Targeting
  - Uninsured audience skews male, 26-44, is single and earns under $50k
  - Uninsured areas
- Messaging + Creative
  - Simple, customized, culturally resonate
  - Address high-cost concerns, reinforce free OPM support

Objective 2
Increase trust with prospective customers through highly personalized and targeted marketing tactics

Objective 3
Reach new audiences through authentic multicultural marketing strategies

Channel + Measurement
- Statewide campaign
- Custom channel mixes tailored to reach key audiences

Campaign goal: Retain existing Marketplace customers and help reach the additional 4% of uninsured Oregonians

Open enrollment marketing

Amy Coven
Communications and Partner Engagement Analyst
Creative direction

Overarching concept
- Let's get you covered.

Key messages
- Let's get you covered.
- Health insurance is more affordable than you think.
- Coverage within your budget.
- Coverage for your basic needs and more.
- All the benefits you need, at a price you can afford.

Paid media strategy

Campaign goal:
- Retain existing Marketplace customers and reach the additional 4% of uninsured Oregonians

Media Objective:
- Utilize unique and effective media tactics to increase awareness, drive qualified traffic and increase consideration among the campaign's target audience.

Audience:
- Age 26-65, Uninsured, and/or within one of our three key target segments: Hispanic, BIPOC, or Rural

Timeline and Budget
- Flight dates: 10/27/23 – 1/16/24
- Budget: $900,000
- Actual Spend: $880,942

Approach:
- Deploy three custom channel mixes designed to connect to each key audience:

  - Awareness:
    - Channels: Video and Audio, Everywhere, Outdoor, Newspaper
  - Consideration:
    - Channels: Programmatic Display, Paid Social Media
  - Conversion:
    - Channels: Retargeting & SEM

Out-of-home

Objective: Awareness
- KPI: Impressions/CPM

- 49.5MM Impressions
- 361 Placements
- 32 QR Code Qualified Users
- 23% More Value Delivered
Video everywhere

Objective: Awareness
KPI: Impressions/CPM & Video Completions/VCR

- 35% increase in both organic search and engaged sessions, during broadcast TV flight. Indicating a strong correlation with heightened awareness
- 65% combined video completion rate, higher than the avg. benchmark (60%)
- Online Video drives more qualified traffic, while YouTube drives more awareness

8,894,789 Impressions
$0.05 CPM ($0.16 OEC)

Digital display

Objective: Consideration
KPI: Ad clicks & Qualified traffic

- Top consideration channel with most clicks (8,461,102) along with the 2nd highest CTR (0.77%)
- “Affordable” was the top performing creative in both English & Spanish

Paid social media

- Top consideration channel with most clicks (8,461,102) along with the 2nd highest CTR (0.77%)
- LinkedIn had a higher CTR than Display but brought in just 0.56% of all consideration clicks
- Targeting leveraging custom messaging to engage with young professionals

META (FB/IG)
61% of total clicks
- Top consideration channel with most clicks (8,461,102) along with the 2nd highest CTR (0.77%)
- “Affordable” was the top performing creative in both English & Spanish

TIKTOK
Highest CTR = 8.79%
- Significant improvements were seen YoY with 23x more clicks (13,830) and a 53% increase in CTR (0.77%) compared to OE23
- Target CTR Performance
  - Zip Codes: 1.90%
  - Counties: 1.35%
  - Statewide: 0.99%

LinkedIn
588 Clicks / 8.42% CTR
- LinkedIn had a higher CTR than Display but brought in just 0.56% of all consideration clicks
- Targeting leveraging custom messaging to engage with young professionals

NextDoor
1,437 Clicks / 0.21% CTR
- Drive 232 Qualified Users to our site, 2nd after Meta
- Reach was hard to achieve within the platform due to tight targeting parameters however we do recommend this platform in OE25 though a limited budget
## How did open enrollment go?

### What we heard from the field:
- The Marketplace application process went very smoothly.
- The demand for application assistance has steadily picked up throughout open enrollment.

### What questions the Oregon Customer Service Center got during OE:
- What is the difference between OHP and the Marketplace?
- What might I be eligible for now?
- How can I get help? Is the help local?

## Known issues during OE:
- Healthcare.gov website plan finder is a bit confusing if more than one provider or facility is selected, it displays plans with “either, instead of all” providers and then if you enroll in a plan, you might not know that all providers or facilities are not included.

## Questions about 2024 open enrollment
- What successes do you feel the Marketplace had during the 2024 open enrollment that should be carried forward to future open enrollments?
- What concerns arose for you during the 2024 open enrollment season?
Transition assistance

- Oregon Health Plan (OHP) Request for Information (RFI) renewal non-response Sept. – Mar. outreach: 126,735
- PH Tech call center hours of operations Monday – Friday from 7 a.m. to 6 p.m. PST
- Marketplace Transition Project Dashboard: orhim.info/transition-dashboard

Transition help

- Members who did not respond to the RFI become “procedural closures” and are not referred to HC.gov.
- Marketplace began outreach to members in Sept. 2023. Three attempts to reach the member have resulted in over 270,648 calls in the last seven months.
- We have begun reducing the help center workforce now that 88% of OHP unwinding redeterminations have been completed.
The project so far

Data as of Thursday Apr. 11, 2024

- CMS has approved the extension to complete OSIPM and ex parte cases for their unwinding redetermination.
- An estimated 126,800 combined cases with 159,700 individuals will be redetermined June – September.
- RFI outreach will continue and extend to Jan. 2025.
- Vendor and project limited-duration staff agreements will be extended to Feb. 2025.

Impacts of OHP processing issues

- CMS has approved the extension to complete OSIPM and ex parte cases for their unwinding redetermination.
- An estimated 126,800 combined cases with 159,700 individuals will be redetermined June – September.
- RFI outreach will continue and extend to Jan. 2025.
- Vendor and project limited-duration staff agreements will be extended to Feb. 2025.

Impacts of OHP Medicaid issues

- The data fix will be deployed in May for OSIPM and ex parte case. Currently, as cases are renewing and they are identified as an OSIPM or ex parte case, they are moved to those “buckets of work” until that work begins in June.
- The unwinding redetermination timeline allows 150 days before benefits are terminated.
- Redeterminations in June 2024, will send RFI notices out if more information is required. If no response after 90 days, a 60-day closure notice is sent to end benefits in September.
How to help people losing OHP benefits

• Advise of financial assistance programs available through not-for-profit hospitals and affiliated clinics/health systems
  o See list of participating facilities at orhim.info/ORHospitals
• Educate about their options through the Marketplace
  o Window Shopping tool:
    ▪ English: OregonHealthCare.gov/WindowShop
    ▪ Spanish: orhim.info/ObtengaCobertura

How to help people losing OHP benefits

• Offer a referral to a Marketplace expert who can help with application/enrollment
  o English: OregonHealthCare.gov/GetHelp
  o Spanish: orhim.info/encuentreayuda

Questions?
State-Based Marketplace Project

Dorocida Martushev
Project Manager

Victor Garcia
Operations Development Specialist

Amy Coven
Communications & Public Engagement Analyst

State-Based Marketplace (SBM) topics

- Project accomplishments
- Project timeline and progress updates
- Market research summary
- Equity Tabletop Session summary

SBM Project accomplishments

Which project activities have we accomplished since January?

01/08: SBM Consultant Hired
02/08: Selection of Independent Quality Management Services (iQMS)
04/05: 50% (+/-) Project Budget
04/11: Resource & Solution Analysis & planning project activities completed (Stage Gate 2)
SBM Project timeline

What is the high-level project timeline?

Status: On Track  Phase: Planning  Total Project Duration: 4 Years & 8 Months

<table>
<thead>
<tr>
<th>Month</th>
<th>Project Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 25</td>
<td>Project Approvals</td>
</tr>
<tr>
<td>Apr 24</td>
<td>Market Research &amp; Requirements</td>
</tr>
<tr>
<td>May 24</td>
<td>Vendor Readiness Assessment</td>
</tr>
<tr>
<td>Jun 25</td>
<td>Solution Vendor Procurement</td>
</tr>
<tr>
<td>Jul 25</td>
<td>Implementation</td>
</tr>
<tr>
<td>Aug 26</td>
<td>Closing</td>
</tr>
</tbody>
</table>

Key: Canceled  In-Progress  Not Started

Market research summary

- Purpose of Market Research was to verify assumptions and seek out new relevant information
- Culmination of years of research, beginning with 2019 request for information
- Sought information from a consultant prior to passage of SB 972, SBM technology vendors, and other states that have transitioned to an SBM
- Vendors validated the assumption that they already understand the various SBM regulatory requirements, business rules, and desired technical elements of an SBM enrollment platform and consumer assistance center (CAC)

Market research conclusions

- Multiple viable vendors are already providing fully functional SBM platform and CAC services that will meet Oregon’s needs as an SBM
- Most of the potential Oregon-specific programs we have discussed can already be configured in vendor solutions
- 18-month implementation is doable and should provide a small schedule contingency buffer
- Cost variables for the CAC have greater variation than the technology platform
Equity tabletop discussion
April 11, 2024, hybrid discussion with internal-state staff attendees

- Oregon Department of Human Services (ODHS)
  - Aging and People with Disabilities/SILKA Program
  - NACHA Medicaid Policy
  - Non-NACHA Medicaid Policy
- Oregon Health Authority (OHA)
  - Community Partner Outreach Program (CPOP)
  - Diversity, Equity and Inclusion
  - Government Relations
  - Health Policy and Analytics
  - Marketplace
  - Medicaid Policy
  - Tribal Affairs
- Department of Consumer and Business Services (DCBS)
  - Director’s Office
  - Division of Financial Regulation (DFR)
- Oregon Employment Department
  - Employment
  - WorkSource Oregon

Project engagement goals

- **Clarity**
  Clearly defining and communicating expectations to avoid misunderstandings.

- **Alignment**
  Ensuring expectations align with organizational goals and objectives.

- **Accountability**
  Holding individuals responsible for meeting established expectations.

- **Feedback**
  Providing regular feedback to adjust and align expectations as needed.

Community engagement
Who is impacted?

| Consumers | Apply and enroll in ACA-compliant health plan, often with financial assistance  
| Insurance agents/brokers | Direct access to assist clients in enrolling through the Marketplace with financial assistance  
| Assist clients with managing their policy and solving problems as they arise  
| Assistants at community partner organizations | Guide consumers through the Marketplace application using the consumer’s account  
| Assist with outreach efforts to drive enrollment through the Marketplace  
| Assist with solving issues as they arise  
| Insurance carriers | Submit plan data through a Marketplace portal, which also allows testing the system to ensure data is shown properly  
| Share files back and forth with the Marketplace to keep policies/enrollments up to date  

Identified opportunities for questions for community and partner input

| Planning | Gathering insight into experience using the current federal platform and desired requirements.  
| Execution | Gathering insight into learning experience and what is desired  
| Feedback on communications toolskits, what may be helpful in the transition and beyond  
| Feedback and insight into branding.  
| Feedback on application structure, flow and verbiage.  
| Dedicated demonstration and listening session.  
| Partner testing and feedback  
| Monitoring and Controlling | Feedback on communications mechanisms, timeline, and messaging  
| Feedback on communications drafts  
| Close out | Feedback on implementation, first OE on new platform.  

We request your input

- How can we partner with communities?  
- How can we use data to inform decisions equitably?  
- How will we partner with individuals from impacted communities and community organizations serving those communities and allow them to lead?  

Would using most of the time in the July meeting for a workshop to discuss the points above be an option?
SBM Project communications
What communication methods are established?

- SBM Transition Project website: orhim.info/SBMtransition
- Sign up for the SBM Project newsletter!

Questions?

Public comment
Wrap up & closing

Next meeting: July 18

Lindsey Hopper
Committee Vice Chair