



**Oregon Health Insurance Marketplace  
Advisory Committee Meeting  
April 18, 2024  
9 a.m. - noon**

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](mailto: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**

Time	Agenda Item	Facilitators and Presenters	Purpose
9:05 – 9:10 a.m.	Welcome, meeting guidelines, and approval of previous meeting’s minutes	Lindsey Hopper Committee vice-chair	Information & voting
9:10 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information & discussion
9:25 – 9:45 a.m.	Welcome, Dr. Sejal Hathi	Dr. Sejal Hathi Director, OHA	Information & discussion
9:45 – 10:05 a.m.	OHP Bridge updates*	Tim Sweeney Senior Policy Analyst, Health Policy & Analytics, OHA  Katie Button Marketplace Policy & Plan Management Analyst	Information & discussion
10:05 – 10:10 a.m.	Public comment	Lindsey Hopper Committee vice-chair	
10:10 – 10:30 a.m.	Break		

\*As approved in the [committee workplan](#) on 10/12/2023.

Time	Agenda Item	Facilitators and Presenters	Purpose
10:30 – 11:10 a.m.	2024 Open Enrollment debrief*	Cable Hogue Implementation Analyst & Federal Liaison  Amy Coven Marketplace Communications & Public Engagement Analyst  Misty Rayas Marketplace Outreach & Education Manager	Information & discussion
11:10 – 11:20 a.m.	Marketplace Transition project updates*	Nina Remple Marketplace Transition Project Manager	Information & discussion
11:20 – 11:40 a.m.	SBM project updates*	Victor Garcia Marketplace Operations Development Specialist  Dorocida Martushev Project Manager  Amy Coven Marketplace Communications & Public Engagement Analyst	Information & discussion
11:40 – 11:45 a.m.	Public comment	Lindsey Hopper Committee vice-chair	
11:45 – 11:55 a.m.	Wrap up and closing	Lindsey Hopper Committee vice-chair	

\*As approved in the [committee workplan](#) on 10/12/2023.

## Health Insurance Marketplace Advisory Committee Meeting Minutes

### DRAFT

**When:** Friday, February 23, 2024 – 2:30 to 4 p.m.

**Where:** Virtual via Microsoft Teams

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#### 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

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Agenda item and time stamp*	Discussion
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<b>Welcome, roll call, assorted business</b>	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). <ul style="list-style-type: none"><li>• Approved December 7, 2023, minutes.</li><li>• Introduced new members<ul style="list-style-type: none"><li>○ Maya Chan who is with Project Access NOW, one of our community partners.</li><li>○ Stacy Carmichael is with MODA, an insurance carrier.</li><li>○ Charlie Fisher is with OSPIRG (Oregon State Public Interest Research Group).</li></ul></li></ul>
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<b>Federal health policy updates</b> 6:19	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). <ul style="list-style-type: none"><li>• Kaiser Family Foundation released a poll that showed nearly three in five Americans view the ACA favorably.</li><li>• House and Senate are out on recess. Senate is back on the 26<sup>th</sup> [February], and the House comes back on the 28<sup>th</sup> [February] and the first round of funding bills expire March 1.<ul style="list-style-type: none"><li>○ Veterans, transportation, agriculture, and energy programs.</li></ul></li><li>• FDA (Federal Drug Administration) gets money out of the agriculture bill.</li><li>• 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).</li><li>• Without funding, the functions will shut down and will need to come to a decision quickly.</li><li>• There are a lot of factions going on. Democrats would like a short term resolution, but the Republicans would prefer a long term resolution.</li></ul>
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- Freedom Caucus is pushing to keep several policy riders. Not necessarily an appropriations issue but can be written as no funds will be expended.
  - 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.
  - 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.
  - 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.
- OMB 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.

**Public comment**  
25:23

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](http://orhim.info/SBM) (orhim.info/SBM Transition) and encourage signing up for updates. Kraig added that there are upcoming public listening sessions and other opportunities to be involved.

**2024 legislative session**  
27:50

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.

**Proposed 2025 Marketplace assessment analysis**  
39:56

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.
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**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:

- In favor – Kraig Anderson, Gladys Boutwell, Paul Harmon, Ali Hassoun, Lindsey Hopper, Holly Sorensen, Andrew Stolfi, Om Sukheenai, Nashoba Temperly, Charlie Fisher, Maya Chan, Stacy Carmichael.
  - Not present – Ines Kemper, Shannon Lee, Joanie More, Danielle Nichols
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**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.

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\*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



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**Welcome**



**Lindsay Hopper**  
Committee Vice Chair

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**Roll call**



**Chiqui Flowers**  
Marketplace Director

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### Meeting protocols and requests

- 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.

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### 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.

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### Meeting protocols and requests

- 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@oha.oregon.gov](mailto:chiqui.l.flowers@oha.oregon.gov)  
 503-884-6017

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**Approval of  
February 23, 2024  
meeting minutes**

**Lindsey Hopper**  
Committee Vice Chair



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**Federal health  
policy updates**

**Stephanie Kennan**  
McGuireWoods Consulting



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**Questions?**



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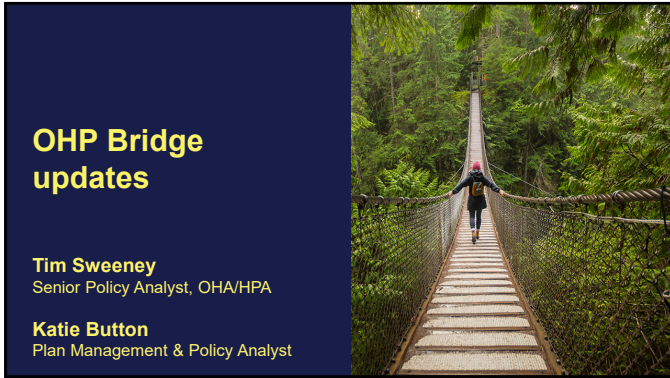
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## OHP Bridge - Basic Health Program: Program updates toward July 1 launch

Health Insurance Marketplace Advisory Committee  
April 18, 2024

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### 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**

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

	Naming convention
English benefit name	OHP Bridge
Spanish benefit name	Puente a OHP
MMIS Benefit package	OHP Bridge (BRG)
Program authorized by Section 1331	OHP Bridge- Basic Health Program (BHP)
Program authorized by 1115 waiver	OHP Bridge- Basic Medicaid

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**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



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

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**Program updates**

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**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

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**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

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**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

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**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](http://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

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**Timeline and reminders**

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

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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

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**Questions?**



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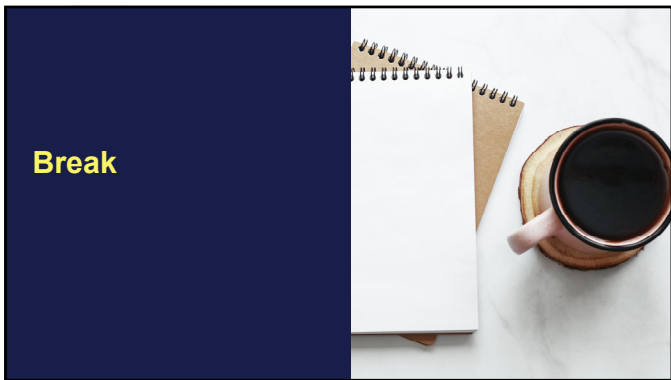
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**2024 Open Enrollment final data**

**Cable Hogue**  
Implementation Analyst and Federal Liaison



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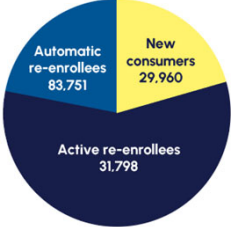
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**Enrollment data**

- 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



Category	Count
Automatic re-enrollees	83,751
New consumers	29,960
Active re-enrollees	31,798

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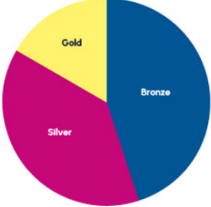
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**Enrollment data**

- Plan selections by metal level (increase or decrease in parenthesis)
  - Bronze: 65,644 (+2,743)
  - Silver: 55,874 (+1,803)
  - Gold: 23,991 (-584)



Metal Level	Count	Change
Bronze	65,644	+2,743
Silver	55,874	+1,803
Gold	23,991	-584

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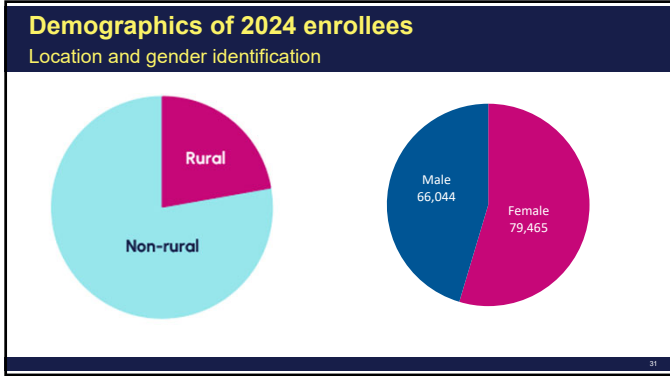
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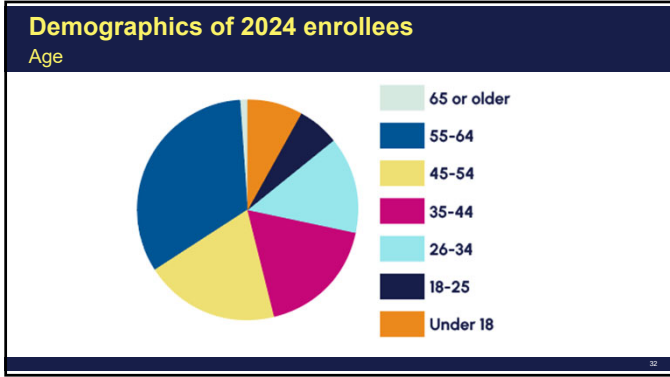
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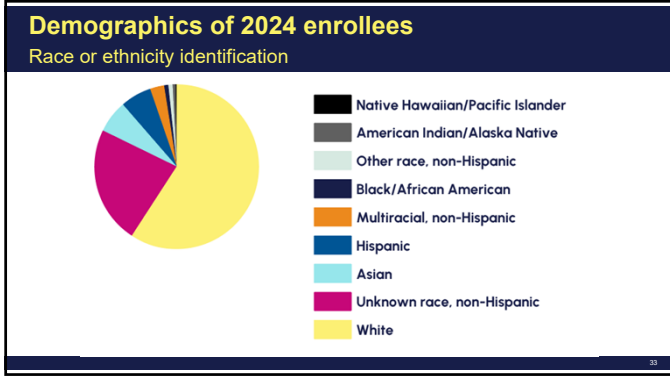
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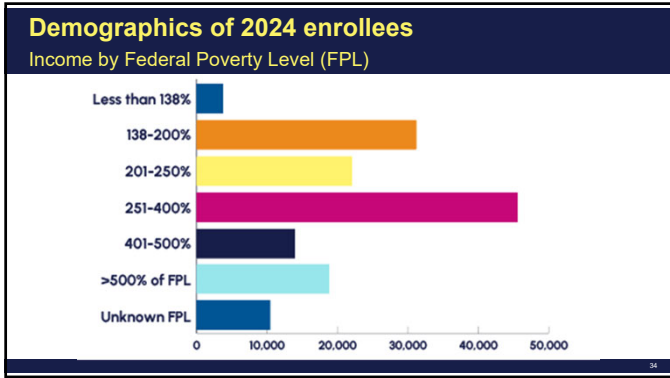
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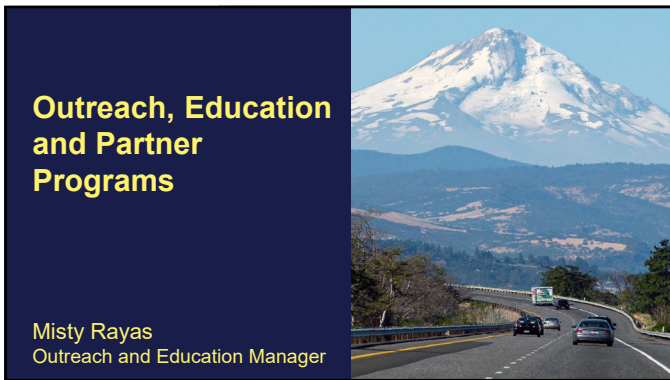
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### Pre-OE outreach and education

- 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.

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### 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.

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### Customer Service Center

- The Marketplace received 7,375 calls in 2023
  - 11 percent increase over the previous year
  - 2,138 calls were received during open enrollment
- The Marketplace responded to 1,301 emails sent directly from consumers.

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### 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)

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### 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.

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### Open enrollment marketing

Amy Coven  
 Communications and Partner  
 Engagement Analyst

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### Open enrollment campaign strategy

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

Objective 1	Objective 2	Objective 3
Drive awareness of the affordable options and financial support available on the Marketplace	Increase trust with prospective customers through highly personalized and targeted marketing tactics	Reach new audiences through authentic multicultural marketing strategies
Approach		
<b>Audience Targeting</b> <ul style="list-style-type: none"> <li>• Uninsured audience skews male, 26-44, is single and earns under \$50k</li> <li>• Uninsured areas</li> </ul>	<b>Messaging + Creative</b> <ul style="list-style-type: none"> <li>• Simple, customized, culturally resonate</li> <li>• Address high-cost concerns, reinforce free OHIM support</li> </ul>	<b>Channel + Measurement</b> <ul style="list-style-type: none"> <li>• Statewide campaign</li> <li>• Custom channel mixes tailored to each key audience</li> </ul>

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## 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.



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## Paid media strategy

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

Media Objective	Audiences	Timeline and Budget
Utilize unique and effective media tactics to increase brand awareness, drive qualified traffic and increase consideration among the campaign's target audience	Age 26-65, Uninsured, and/or within one of our three key target segments. Hispanic, BIPOC, or Rural	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		
<b>Awareness</b> Channels: Video and Audio Everywhere, Out-of-home, Newspaper	<b>Consideration</b> Channels: Programmatic Display, Paid Social Media	<b>Conversion</b> Channels: Retargeting & SEM

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## Out-of-home

Objective: Awareness  
KPI: Impressions/CPM

49.5MM Impressions	361 Placements <small>digital &amp; outdoor</small>
32 QR Code Qualified Users	23% More Value Delivered



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## Video everywhere

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

8,854,789  
Impressions

\$0.05  
CpVC  
(\$0.16 OE23)

- 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

Online Video: 73% VCR  
(Benchmark: 70%)

YouTube: 37% VCR  
(Benchmark: 40%)

Redemption: 20 additional users achieved (value of \$5,432)

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## Digital display

Objective: Consideration  
KPI: Ad clicks & Qualified traffic

22%  
Total Qualified Traffic

25,168  
Total Clicks  
(+44% OE23)

0.15%  
Click Through Rate  
(0.11% OE23)

"You"  
Best Performing Creative

ENG - 0.14% CTR  
1,840 Qualified Traffic

ESP - 0.16% CTR  
406 Qualified Traffic

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## Paid social media

**META (FB/IG)**  
61% of total Clicks

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

**TIKTOK**  
Highest CTR = 0.78%

- Significant improvements were seen YoY with 23x more clicks (13,830) and a 53% increase in CTR (0.75%) compared to OE23
- Target CTR Performance
  - Zip Codes: 1.90%
  - Countries: 1.35%
  - Statewide: 0.99%

**LinkedIn**  
598 Clicks / 0.42% CTR

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

**NextDoor**  
1,437 Clicks / 0.21% CTR

- Drive 232 Qualified Users to our site, 2<sup>nd</sup> 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

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### 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?

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### How did open enrollment go?

**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.

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### 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?

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**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](http://orhim.info/transition-dashboard)

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**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.

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### The project so far

<b>Number of people referred to the Marketplace</b>		<b>Marketplace Transition letters sent by language</b>	
110,012		Arabic	38
<b>Number of people potentially Marketplace-eligible</b>		Chuukese	10
95,932		English	72,460
<b>Number of Marketplace transition letters sent</b>		Hmong	1
79,994		Korean	18
		Marshallese	1
		Russian	851
		Simplified Chinese	187
		Somali	97
		Spanish	6,224
		Tagalog	4
		Traditional Chinese	71
		Ukrainian	89
		Vietnamese	263

Text message outreach data	Email outreach data
<b>66,352</b>	<b>207,735</b>
Number of text messages sent	Number of emails sent
	88%
	Percent of emails delivered
	52%
	Average email open rate

Data as of Thursday Apr. 11, 2024 55

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### 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.

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### 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.

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### How to help people losing OHP benefits

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

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### How to help people losing OHP benefits

- Offer a referral to a Marketplace expert who can help with application/enrollment
  - English: [OregonHealthCare.gov/GetHelp](http://OregonHealthCare.gov/GetHelp)
  - Spanish: [orhim.info/encuentreayuda](http://orhim.info/encuentreayuda)

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### Questions?



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### State-Based Marketplace Project

**Dorocida Martushev**  
Project Manager

**Victor Garcia**  
Operations Development Specialist

**Amy Coven**  
Communications & Public Engagement Analyst



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### State-Based Marketplace (SBM) topics

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

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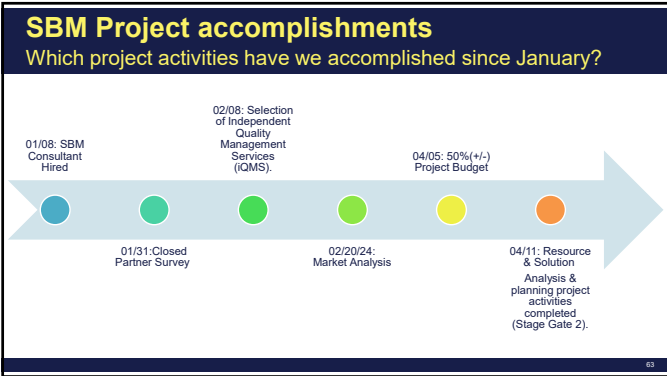
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### SBM Project accomplishments

Which project activities have we accomplished since January?



01/08: SBM Consultant Hired

01/31: Closed Partner Survey

02/08: Selection of Independent Quality Management Services (IQMS)

02/20/24: Market Analysis

04/05: 50% (+/-) Project Budget

04/11: Resource & Solution Analysis & planning project activities completed (Stage Gate 2).

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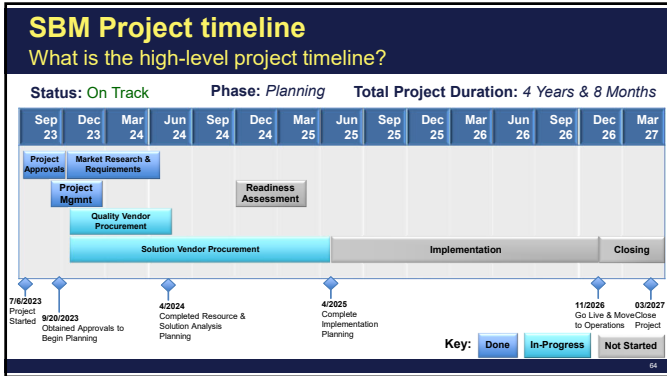
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### Market research summary

- 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)

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### 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

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### Equity tabletop discussion

April 11, 2024, hybrid discussion with internal-state staff attendees

- Oregon Department of Human Services (ODHS)
  - Aging and People with Disabilities/SHIBA Program
  - MAGI Medicaid Policy
  - Non-MAGI 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



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### Project engagement goals

Clarity	Alignment	Accountability	Feedback
			
Clearly defining and communicating expectations to avoid misunderstandings.	Ensuring expectations align with organizational goals and objectives.	Holding individuals responsible for meeting established expectations.	Providing regular feedback to adjust and align expectations as needed.

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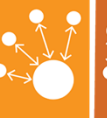


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### Community engagement

DEGREE OF DIFFICULTY AND PUBLIC IMPACT

				
<b>INFORM</b> provide balanced, objective info that the public should know and act on	<b>CONSULT</b> obtain and consider feedback or input on issues, ideas, and decisions	<b>INVOLVE</b> work with the public to understand the issues and problems and include in identifying options for moving forward	<b>COLLABORATE</b> partner with the public, seeking advice and innovations that become embedded as much as possible in decisions made	<b>EMPOWER</b> final decisions are made by the public and are one of the players implementing them

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Who is impacted?	
<b>Consumers</b>	<ul style="list-style-type: none"> <li>Apply and enroll in ACA-compliant health plan, often with financial assistance</li> <li>Manage enrollment</li> </ul>
<b>Insurance agents/brokers</b>	<ul style="list-style-type: none"> <li>Direct access to assist clients in enrolling through the Marketplace with financial assistance</li> <li>Assist clients with managing their policy and solving problems as they arise</li> </ul>
<b>Assisters at community partner organizations</b>	<ul style="list-style-type: none"> <li>Guide consumers through the Marketplace application using the consumer's account</li> <li>Assist with outreach efforts to drive enrollment through the Marketplace</li> <li>Assist with solving issues as they arise</li> </ul>
<b>Insurance carriers</b>	<ul style="list-style-type: none"> <li>Submit plan data through a Marketplace portal, which also allows testing the system to ensure data is shown properly</li> <li>Share files back and forth with the Marketplace to keep policies/enrollments up to date</li> </ul>

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Identified opportunities for questions for community and partner input	
<b>Planning</b>	<ul style="list-style-type: none"> <li>Gathering insight into experience using the current federal platform and desired requirements.</li> </ul>
<b>Execution</b>	<ul style="list-style-type: none"> <li>Gathering insight into training experience and what is desired.</li> <li>Feedback on communications toolkits, what may be helpful in the transition and beyond.</li> <li>Feedback and insight into branding.</li> <li>Feedback on application structure, flow and verbiage.</li> <li>Dedicated demonstration and listening session.</li> <li>Partner testing and feedback.</li> </ul>
<b>Monitoring and Controlling</b>	<ul style="list-style-type: none"> <li>Feedback on communications mechanisms, timeline, and messaging.</li> <li>Feedback on communications drafts.</li> </ul>
<b>Close out</b>	<ul style="list-style-type: none"> <li>Feedback on implementation, first OE on new platform.</li> </ul>

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**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?*

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**SBM Project communications**  
 What communication methods are established?

- SBM Transition Project website: [orhim.info/SBMtransition](http://orhim.info/SBMtransition)
- Sign up for the SBM Project newsletter!

Questions?  
 Please email us at [marketplace\\_sbmproject@odnsoha.oregon.gov](mailto:marketplace_sbmproject@odnsoha.oregon.gov).

Sign up for SBM Transition Project updates  
 To sign up for SBM Transition Project updates or change how you get these updates, please answer the following question:

•What is your email address?

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**Questions?**



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**Public comment**



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**Wrap up & closing**

Next meeting: July 18

**Lindsey Hopper**  
Committee Vice Chair



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