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

<u>Virtual</u>
[Click here to join the Zoom meeting](#)
(You can choose to have the meeting call you)
Phone: 669-254-5252
Meeting ID: 161 941 5194
Passcode: 794317

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

AGENDA

Time	Agenda Item	Facilitators and Presenters	Purpose
10:05 – 10:10 a.m.	Welcome, roll call, meeting guidelines, and approval of previous meeting's minutes	Lindsey Hopper Committee Vice Chair	Information & voting
10:10 – 10:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information & discussion
10:25 – 10:45 a.m.	OHP Bridge updates[1]	Tim Sweeney Senior Policy Analyst, Health Policy & Analytics, OHA Sean McAnulty OHP Member Communications Coordinator Katie Button Marketplace Policy & Plan Management Analyst	Information & discussion
10:45 – 11:00 a.m.	SBM project updates[1]	Victor Garcia Marketplace Operations Development Specialist Dorocida Martushev Senior Project Manager, Office of Information Services	Information & discussion

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

Time	Agenda Item	Facilitators and Presenters	Purpose
11:00 – 11:10 a.m.	Marketplace Transition project updates[1]	Nina Remple Marketplace Transition Project Manager	Information & discussion
11:10 – 11:15 am	Public comment	Lindsey Hopper Committee vice-chair	Discussion
11:15 – 11:45 a.m.	SBM project: Community engagement, branding, and equity focus	Amy Coven Marketplace Communications and Public Engagement Specialist	Information & discussion
11:30 – 11:45 am	Break	Lindsey Hopper Committee vice-chair	Break
11:45 a.m. – 12:45 p.m.	SBM project: Community engagement, branding, and equity focus (continued).	Amy Coven Marketplace Communications and Public Engagement Specialist	Information & discussion
12:45 – 12:50 p.m.	Public comment	Lindsey Hopper Committee vice-chair	Discussion
12:50 – 12:55 p.m.	Wrap up and closing	Lindsey Hopper Committee vice-chair	Discussion

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.

Health Insurance Marketplace Advisory Committee Meeting Minutes
DRAFT

When: Thursday, April 18, 2024 – 9 a.m. to noon
Where: Virtual via Microsoft Teams
      In-person at the Barbara Roberts Human Services Building
      500 Summer St NE Rm 160, Salem OR 97301

Committee members:
In-person – Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (vice chair), Andrew Stolfi, Nashoba Temperly
Virtual – Gladys Boutwell, Ali Hassoun, Shannon Lee

Members not present: Maya Chan, Joanie Moore, Danielle Nichols, Om Sukheenai

Other presenters: Dr. Sejal Hathi, Stephanie Kennan, Dorocida Martushev, Tim Sweeney

Marketplace staff: Amy Coven, communications and public engagement analyst; Katie Button, plan management and policy analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; Misty Rayas, outreach and education manager; Nina Remple, Marketplace transition program manager; Dawn Shaw, office support coordinator

Agenda item and time stamp[1]	Discussion
Welcome, roll call, guidelines, approval of minutes	Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the February 23 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-4 for the February minutes, and page 8 for meeting protocols). • Approved February 23, 2024, minutes. ○ One edit made to page 4 of the minutes to add Ron Gallinat as in favor of the administrative rule.
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). • The House is going to be spending a lot of time on foreign aid and FISA (Foreign Intelligence Surveillance Act) reauthorization which may push health care to the lame duck session. ○ Health care includes PBM (prescription benefit management) reform, Medicare, physician payments, and extending telehealth. What is missing is transparency. • The House Appropriations Committee has had a chairperson change from Kay Granger of Texas to Tom Cole from Oklahoma. Tom is looking to talk to both parties about avoiding drama over controversial earmarks. • Change Health had a cyberattack. CMS (Centers for Medicare and Medicaid Services) is looking at different ways to deal with the issue. The House Energy and Commerce Committee is looking for ways to improve response time. An option is to adjust HIPPA

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[1]These minutes include timestamps from the meeting recording in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee website under 2024 Meetings, April 24.
Rev. 4/16/2024

(Health Insurance Portability and Accountability Act) to see if there are legal contract partnerships that can be put into place.

- No Suprises Act
  - An attempt to stop surprise billings through regulation.
  - A lot of providers are finding the system to be time consuming and difficult.
  - The Brookings Institute reported that private-equity-backed groups initiate and win most disputes. The payments tend to be higher than what Medicare would have paid.
  - CMS estimated about 17,000 claims to arbitrate and from April 22 to June 2023, there were 490,000 disputes.
  - Concern that it may be costing consumers more money.
- Medicaid unwinding
  - Kaiser Family Foundation's nationwide survey found that 83% of people who were enrolled in Medicaid prior to the unwinding either retained coverage or reenrolled into Medicaid. 8% of people are in other coverage, leaving 8% uncovered.
- Lawsuits related to ACA plans
  - Reports have been made a week or two ago about people being switched out of ACA plans to non-ACA plans that were not appropriate for them.
    - Senator Wyden's office reached out to Chiqui to see if Oregon is affected. So far there does not appear to be an issue in Oregon.
    - States that go through HealthCare.gov and have no state interaction require less information about the agents.
  - A lawsuit in Florida alleged that two call centers paid to buy names. Sales agents would use the information to mislead people saying they could get free government subsidies or other rewards.
    - New Mexico is another state that is affected.
    - Advocates are unhappy with CMS response.
  - Eli Lily backed out of a settlement they were working on that would have capped insulin prices at $35. Not sure what happened.
- The Congressional Review Act will be kicking in either mid-May or around Memorial Day.

Welcome, Dr. Sejal Hathi 12:11	Dr. Sejal Hathi is the new OHA Director. • Dr. Hathi was thrilled to join our meeting to glimpse at the work the committee does to serve fellow Oregonians. • Supportive of the state-based marketplace. It aligns with our mission to improve health care access and the Oregon Health Authority's (OHA) goal to eliminate health inequities by 2030. • Is aware that the OHP Bridge program may have some consequences of higher premiums to those not on the program. Dr. Hathi is being updated with the work the Marketplace is doing along with a partnership with DCBS (Department of Consumer and Business Services). • Gladys is an insurance broker and sees the impact to the middle class and would like to make sure the impact overall, not just the individuals. • If there are any feedback or thoughts, reach out to Chiqui or Dr. Hathi.
OHP Bridge updates 18:07	Timothy Sweeney and Katie Button presented updates on the OHP Bridge program. (See pages 11-14 of the handout packet for a copy of the slide deck.) • Stacy wondered about training materials and how they will be accessed once available. Amy informed that they will be doing on-demand assistor training and wasn't sure about sharing more broadly with other entities and would bring this up to the work group. • Paul questioned the lack of a fiscal impact in the rules. Tim's understanding is that the overall fiscal impact considered the negative and positive aspects.

	• Ron asked if this would be subject to a continuous open enrollment. Tim responded that there will be the continuous open enrollment period and will follow the traditional Marketplace 15th of the month cut-off. CMS just finalized a rule that will give states additional flexibility in enrollment date policies. Ron was curious if employer affordability will affect eligibility determination. Tim added that it will be following the Marketplace rules about tax credits.
2024 Open Enrollment debrief – part 1 40:22	Cable Hogue presented the final data for the 2024 open enrollment. (See pages 16-18 of the handout packet for a copy of the slide deck.) • Paul commented that it looks like Oregon appears to have a lack of growth versus other states. Cable pointed out that it is most likely due to the lack of Medicaid expansion in the other states.
Public comment & break 47:26	None given.
2024 Open Enrollment debrief – part 2 1:01:17	Misty Rayas presented 2024 open enrollment update for outreach, education, and partner programs. Amy Coven presented about open enrollment marketing. (See pages 18-20 of the handout packet for a copy of the slide deck for Misty's slides and pages 20-23 for Amy's slides.) • Lindsey wondered about targeted outreach for current enrollees and about any communications to the enrollees about the OHP Bridge plan. Amy informed that we do get demographics to target the information. No current plans on advertising about the OHP Bridge plan. • Stacy sought clarification about targeting for the OHP Bridge enrollees. Amy responded that we get high level data, but we do not get a list of the people who are in that demographic. • Lindsey asked what a qualified user means on the QR code slide. Amy explained that they are people who went to our site and took some action by clicking on other links and not just an accidental click on the ad. • Gladys likes the ads she saw on Facebook in English and Spanish. Additionally informed about an issue she experienced with her clients who had issues with correct billing and enrollment. Chiqui thinks that it was due to auto enrollment on HealthCare.gov and will look into this more. • There was a question about the overall budget for paid media, which was anywhere from $1.5 to $1.8 million, but didn't have an exact amount at the time of the presentation. • Paul observed that the clickthrough rate was pretty much identical for both English and Spanish, which is a good sign. Amy replied that with help from community partners, we were able to get materials translated into other languages. Amy is proud of how our ad campaign did considering there was a quick turnaround.
Marketplace transition project update 1:27:18	Nina Remple, the Marketplace Transition Program manager, provided updates on how the transition is going. (See pages 18-26 of the handout packet for a copy of the slides.) No additional questions or comments.
SBM project update 1:34:51	Victor Garcia and Dorocida Martushev went over SBM (state-based marketplace) Project updates. Amy Coven presented about community engagement for the SBM Project. (See pages 27-31 of the handout packet for a copy of the slides.) • Stacy asked for clarification on the term "small scheduled contingency buffer", six to eight months did not seem to be a small buffer. Victor explained that 15 months is about average and other states recommended that if we do have extra time, that we take it. • Lindsey wondered about common risks for an 18-month implementation time frame. Victor has observed that a risk is the electronic interface and how it will hook up to

	other databases, such as the ONE (Oregon Eligibility) system. Chiqui added that we have the luxury of learning from other states that went directly from FFM (federally facilitated marketplace) to an SBM.
	• Paul inquired if there is a milestone that we could share at the next meeting. Victor replied that the next big milestone is to get the RFP (request for proposals) released. That is one of biggest tasks we are working on right now. Another would be the onboarding of our IQMS (Independent Quality Management System) vendor. They will be providing input on how the project is going.
	• Charlie was curious how the SBM would interact with the current system. Victor clarified that we wouldn't have access to the HealthCare.gov system and we are looking to set up a call center tier system. Tier one would be the general call center operations. Tier two would be escalated issues that likely will go to the state Marketplace staff.
	For our next meeting, we will be sending out questions to consider prior to the meeting and will be workshopping the answers.
Public comment, wrap up & closing 2:12:56	No public comment was given. Our next meeting will be July 18. If you are unable to attend in person, we are looking at hybrid options. Topics from this meeting to address in the July meeting: • Numbers on numbers of likely affected individuals on both sides of the OHP Bridge program going live. • Impact mitigation strategies on the premiums and expected/unexpected impacts for those remaining in the Marketplace when the OHP Bridge program is in place. • Follow up on OHP Bridge training materials to be shared. • Workshop session for SBM. With topics identified ahead of time. We have a vacancy for either the chair and/or vice chair position. In the next couple of days, an email will be going out for nominations, you may nominate yourself. Elections will be held in our October meeting. There is a possibility we will be switching from Teams to Zoom to allow for live Spanish translation. Any updates on this will be added to the calendar invite.

**Health Insurance Marketplace
Advisory Committee Meeting**

July 18, 2024

Lindsey Hopper
Committee Vice-chair

OREGON
HEALTHCARE.gov

1

Welcome and roll call

Lindsey Hopper
Committee Vice-chair

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Meeting guidelines

Lindsey Hopper
Committee Vice-chair

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Meeting protocols and requests

- The Marketplace and the Health Insurance Marketplace Advisory Committee (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 by speaking at a moderate pace.
- Please be on camera, as much and as often as you are comfortable, and mute your speaker when not speaking.

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Meeting protocols and requests, cont.

- This virtual meeting has the closed captioning feature available by clicking on "More" and selecting "Turn on live captions".
- 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.

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Meeting protocols and requests, more

- 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
    503-884-6017

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Approval of April 18, 2024, meeting minutes

Lindsey Hopper
Committee Vice-chair

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Federal health policy updates

Stephanie Kennan
McGuireWoods Consulting

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OHP Bridge updates

Tim Sweeney
Senior Policy Analyst, Health Policy & Analytics, OHA

Sean McAnulty
OHP Member Communications Coordinator, OHA

Katie Button
Marketplace Policy & Plan Management Analyst, OHA

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OHP Bridge programs successfully launched on July 1, 2024.

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July 1 launch statistics (25,736 members)
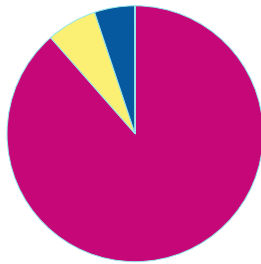
- 22,784 people moved to OHP Bridge effective July 1
- 1,636 people remained on TME pending further eligibility review
- 1,313 people moved to another Medical eligibility category (i.e., Medicaid)
- 3 people were closed due to valid reason

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OHP Bridge Advisory Committee (OBAC)

OHA will stand up an OHP Bridge Advisory Committee (OBAC) in the fall

- Purpose: To provide recommendations for the program and guide trust fund management, member outreach and communication, venue for reporting on federal negotiations and considering revisions to the BRG benefit package.
- Recruitment will begin at the end of July
- Currently proposing 13 members including:
  - OHP Bridge members
  - Health Care providers and Health Care organizations
  - Assisters and health equity professionals
  - OHA and ODHS representatives

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OHP Bridge communications overview

- OHP Bridge website, with information, video, frequently asked questions, etc
  - English – ohp.Oregon.gov/Bridge
  - Spanish – ohp.Oregon.gov/Puente
- Most OHP Bridge member communication follows normal OHP processes
  - Standard eligibility notices (recently updated) and coverage letters
  - Updated CCO member handbooks, same ID cards

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Transition communications

- Members moving from OHP:
  - During their unwinding renewal, they were approved for "Expanded Adult" program, also known as the Temporary Medicaid Expansion
  - Members received 2 letters in June about the upcoming program move
  - 1st notice customized with more information about the move
- Members moving from Marketplace:
  - Marketplace will not automatically move members to OHP Bridge
  - Gradual transition after application updates
  - Planning additional partner support during open enrollment

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Outreach to the uninsured

- General health coverage focus:
  - Most OHP Bridge members will automatically transition from OHP or Marketplace and need less outreach
  - Members do not know what they are eligible for until after applying
  - Per 2021 Oregon Health Insurance Survey data and Marketplace analysis of coverage changes since then, majority of uninsured are eligible for OHP or Marketplace coverage
- As a result, broad outreach campaign will focus on getting uninsured folks covered by whichever program they will be eligible for

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Advertising campaign

- Health Coverage: Get it, Use it, Keep it!
- Continuation of Keep Covered contract
- Not OHP Bridge specific, though some mention "More people with higher income now qualify!"
- Running a mix of digital and physical advertising through September
- Regional targeting based on estimates of uninsured population
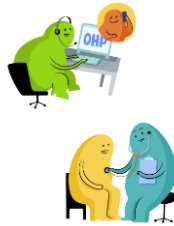
16

Flyer and ad example

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Support for partners

- OHP Bridge-specific toolkit
  - Background information, key messages, partner resource document and graphics
- Upcoming Get it. Use it. Keep it. general health coverage outreach materials
- Assister and insurance agent training rolled out on May 15
- OHP Bridge will continue to feature in monthly Oregon Health Update partner office hours

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Updates to Window Shopping

- Window Shopping tool has been updated to include eligibility estimates for OHP Bridge
- Individuals eligible for OHP and OHP Bridge will be shown the same message
- When all members of the household are eligible for OHP and/or OHP Bridge, they are immediately directed to ONE

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Updates to Window Shopping,

- Households with mixed eligibility can use the tool as well
- Parents on OHP Bridge, children on CHIP (OHP for children)
- Married couple with one spouse on OHP Bridge and the other on Marketplace
- Households where some are American Indian/Alaska Native, and some are not
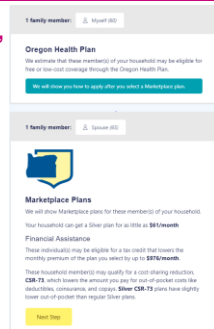
20

OHP Bridge and HealthCare.gov

- Some OHP Bridge eligible consumers will not receive a correct eligibility determination from HealthCare.gov
  - American Indians and Alaska Natives with incomes between 200-205% FPL
  - Oregonians who have lived in the US for less than 5 years
- Some households will be incorrectly determined potentially OHP Bridge eligible
  - Households with access to affordable employer coverage

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Start with Window Shopping

- Using our tool at OregonHealthCare.gov/WindowShop will help consumers start the correct application
- The Find Local Help Tool is easily accessible from each page
- Users can check the affordability of employer-sponsored coverage
- Tool can also be accessed by clicking on the new site banner or the "Get started" button on the OregonHealthCare.gov home page

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Initial OHP Bridge experiences

What are you hearing from your communities since the launch of OHP Bridge?

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State-Based Marketplace Project

Dorocida Martushev
Sr. Project Manager, Office of Information Services, OHA/DHS

Victor Garcia
Marketplace Operations Development Specialist, OHA

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State-Based Marketplace (SBM) topics

- Project accomplishments
- Project timeline and progress updates
- RFP timeline, experience and capabilities

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SBM Project accomplishments

Which project activities have we accomplished since April?

04/24 & 04/25:
Conducted
Partner
Listening
Sessions

06/18:
Completed
Racial Equity
Toolkit

07/03: Solution
Vendor
Request For
Proposal (RFP)
Posted.

05/01:
Independent
Quality
Management
Services
(iQMS) Vendor
Hired.

06/27:
Approved 3.1.1
Request for
Proposal
Quality Control
Report

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SBM Project timeline

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

Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26	Jun 26	Sep 26	Dec 26	Mar 27

Project Approvals

Market Research & Requirements

Project Mgmnt

Quality Vendor Procurement

Readiness Assessment

Solution Vendor Procurement

Implementation

Closing

7/6/2023
Project
Started

9/20/2023
Obtained Approvals to
Begin Planning

4/11/2024
Completed Resource &
Solution Analysis
Planning (State Gate 2)

4/2025
Complete
Implementation
Planning

11/2026
Go Live & Move
to Operations

03/2027
Close
Project

Key: Done   In-Progress   Not Started

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RFP timeline, experience and capabilities

Timeline
- RFP posted – July 3, 2024
- RFP post ends – August 12, 2024, by 5 p.m.
- RFP round 1 evaluations convene – August 13, 2024

Experience and capabilities:
- Proposer must have at least three (3) years of experience configuring and implementing cloud-based SBM solutions in another state.
- Proposer must have at least five (5) years of experience working with government entities.
- Proposer and at least one (1) Key Person must have demonstrable experience working in compliance with ACA rules and regulations related to SBMs.

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Marketplace Transition Program updates

Nina Remple
Marketplace Transition Program Manager, OHA

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Transition assistance

- Oregon Health Plan (OHP) Request for Information (RFI) renewal non-response Sept. – July outreach: 145,457
  - We are expecting another file when passive renewals have been run for July.
- 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

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The project so far*

Number of people referred to the Marketplace
123,031

Number of people potentially Marketplace-eligible
105,547

Number of Marketplace transition letters sent
88,444

Email outreach data

225,877
Number of emails sent
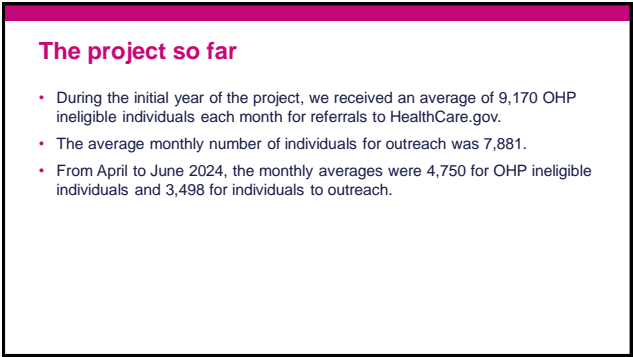
91%
Percent of emails delivered

53%
Average email open rate

Text message outreach data

76,548
Number of text messages sent

Marketplace Transition letters sent by language

Language	Count
Arabic	39
Chuukese	10
English	80,101
Hmong	1
Korean	21
Marshallese	1
Russian	600
Simplified Chinese	176
Somali	100
Spanish	6,925
Tagalog	4
Traditional Chinese	74
Ukrainian	103
Vietnamese	289

*Data as of July 10, 2024

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The project so far

- During the initial year of the project, we received an average of 9,170 OHP ineligible individuals each month for referrals to HealthCare.gov.
- The average monthly number of individuals for outreach was 7,881.
- From April to June 2024, the monthly averages were 4,750 for OHP ineligible individuals and 3,498 for individuals to outreach.

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Survey results

Surveys were sent in January and June via short message service (SMS) and email to individuals who had been referred to the Marketplace as losing OHP but had not yet enrolled, according to federal partners.

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Survey results*
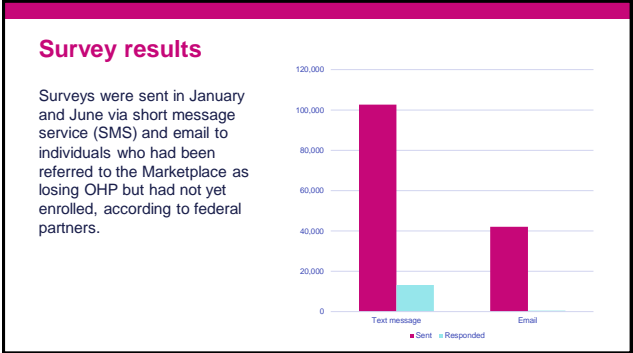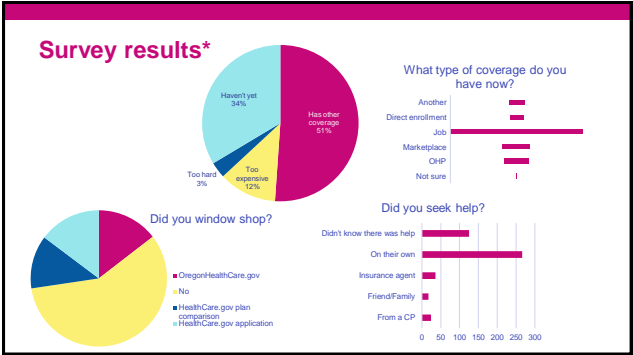

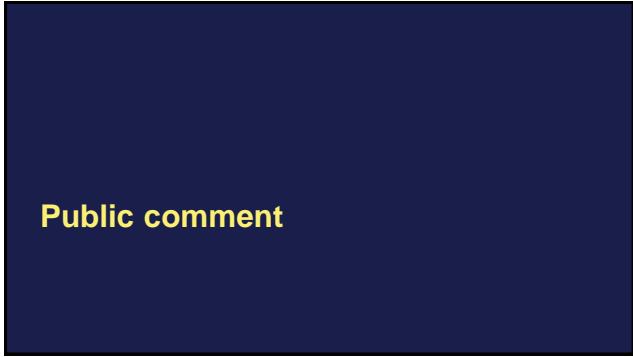
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Impacts of OHP processing issues

- Redetermination of Oregon Supplemental Income Program – Medical (OSIPM) and ex parte cases began in June. The unwinding redetermination timeline allows 150 days before benefits are terminated.
- We will receive the last OHP RFI file in January 2025 for outreach activities. This required us to extend the timeline for our vendor contract and temporary staff.

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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
  - o See list of participating facilities at orhim.info/ORHospitals
- Educate about their options through the Marketplace Window Shopping tool:
  - o English: OregonHealthCare.gov/WindowShop
  - o Spanish: orhim.info/ObtengaCobertura
- Refer to a Marketplace expert who can help with application/ enrollment
  - o English: OregonHealthCare.gov/GetHelp
  - o Spanish: orhim.info/ayuda

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Public comment

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State-Based Marketplace Project: Community Engagement, Branding, and Equity Focus

Amy Coven
Marketplace Communications and Public Engagement Analyst, OHA

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Community engagement goals

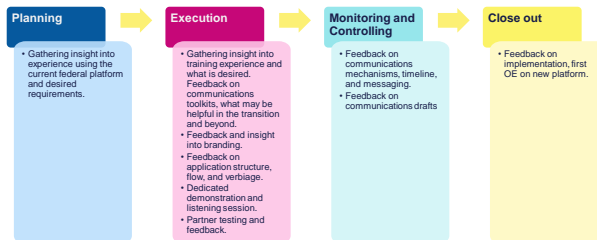| Clarity	Alignment	Accountability	Feedback
Clearly defining and communicating expectations with both internal staff and partners to avoid confusion.	Ensuring expectations align with organizational goals and objectives.	Holding staff and vendors responsible for meeting established expectations.	Receiving feedback from internal and external sources. Providing regular response and commentary to adjust and align expectations as needed.

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Who is impacted?

Consumers	• Apply and enroll in ACA-compliant health plan, often with financial assistance • Manage enrollment
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
Assisters 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
Insurance regulator	• Handles complaints on behalf of consumers
Tribal communities	• Apply and enroll in ACA-compliant health plan, typically with unique financial assistance available to Tribal communities
Oregon Department of Human Services (ODHS) and OHA eligibility staff	• Assists Oregonians with applying and problem solving with state benefits, such as Oregon Health Plan • Guides people to other health coverage if they are losing OHP benefits

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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 training experience and what is desired. Feedback on communications toolkits, 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.

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Discussion

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

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Results from Listening Sessions
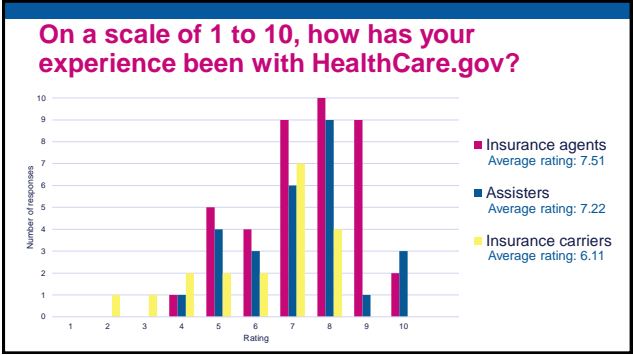
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Listening sessions

In-scope	Out-of-scope
• HealthCare.gov feedback • Communication between systems • Application flow and verbiage feedback	• Affordable Care Act (ACA) policy • Health coverage affordability & availability • Network adequacy

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On a scale of 1 to 10, how has your experience been with HealthCare.gov?

■ Insurance agents
Average rating: 7.51

■ Assisters
Average rating: 7.22

■ Insurance carriers
Average rating: 6.11

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HealthCare.gov experience feedback

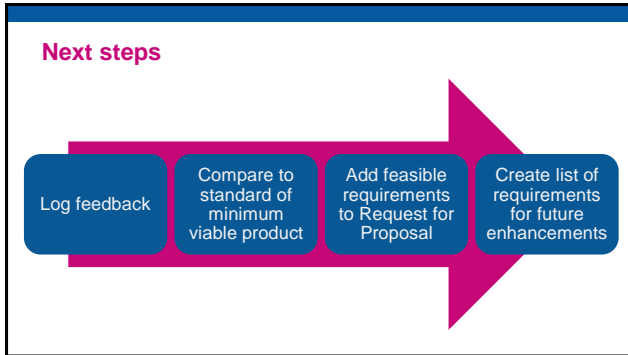| Insurance agents	Assisters	Insurance carriers
• Enjoys using Enhanced Direct Enrollment (EDE) platforms • Appreciates flow of questions improvements • **HealthCare.gov call center is "hit or miss"** • **Agent of Record doesn't carry over from one year to the next** • Agent of Record doesn't include verbal authorization for assistance • Lacks opportunity to select cancellation date • **Verification system is cumbersome** • Inability to jump through application is frustrating and time consuming when submitting changes/updates • Inability to make payments is cumbersome	• **User-friendly** • Issues when needing to verify information across systems (ex: OHP end date) • Security questions are vague and hard to remember • Difficult to find specific information on HealthCare.gov • **Application questions are confusing to the public** • **Notices are not always sent timely** • System does not save information as it is entered, must submit application to save	• **Resolving escalated issues is cumbersome and takes a lot of time** • EDE systems currently being used by insurance agents and carriers is helpful • CMS makes things far more complicated for dental than necessary • Multiple windows to click through to get to the one you need • Issues with sending files with error messages that did not have information • Help desk does not respond in a timely manner • Uploading files is fairly easy • **HealthCare.gov support is inconsistent** • Lack of communication when issues arise • Cost-sharing is not described consistently • **Having the ability to check records against HealthCare.gov in the portal has been invaluable**

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Desired improvements

Insurance agents	Assisters	Insurance carriers
• **Agent dashboard crucial** • Have an option to select the cancellation date • Make sure the system isn't stagnant • **Ensure subsidy eligibility calculates properly depending on when the coverage will start** • Stabilization of agent on record for passive renewals • Ability to see payment status • Integration with EDE platforms • Include member ID information on the account • Ability to update one part of the application without having to go through the entire application • **Oregon-based call center** • **Better communications when relevant (and not when action already taken)** • Connection to OHP system for verification and status updates • Transfer data from HealthCare.gov • Ability for agents to create a ticket on an account and monitor status • Ability to see status of document processing	• Better options for security questions that people will remember (less vague) • Two-way communication between Marketplace and ONE system to transfer information, check status, and validate end dates • Use something other than Experian for identity proofing • **Faster document verification** • Recorded trainings to look back on when questions arise • Clear concise language • **Do not allow someone eligible for OHP to purchase Marketplace coverage** • **Stop reminders if referred to OHP** • More details on drug tiers in plan details • Better customer service (assister line) • Updated, nonrepetitive disclosures at the end of the application • Easier management of dental benefits • Ability to update a specific part of the application without going through the entire application	• Warning or error messages that specify what is wrong with a file when being submitted • **Timely assistance with issue resolution** • System that displays plan designs being offered by the carriers • Consistent report formats • Application programing interfaces testing • **Routing to the correct application system at the beginning of the process, for example people who may qualify for OHP are routed to the ONE system** • Integrate costs and subsidies in a more upfront manner • **Local tech support where carriers are treated as partners** • Customization for a local market • Prescription details including what tier they are on with the plan • Improved communication between carriers and Marketplace • Enrollment data by carrier by county on a quarterly basis • Better decision tree to help consumers narrow plan options

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Desired improvements discussion

• Are there feedback and desired improvements that you feel we should prioritize?

• What else would you add to the list?

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Next steps

| Log feedback | Compare to standard of minimum viable product | Add feasible requirements to Request for Proposal | Create list of requirements for future enhancements |

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Equity-Focused Health Impact Assessment
Community engagement

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Outreach

Accessible communications

- Ensuring communication and education routinely defines what the Marketplace is, uses plain language, and establishes mechanisms that may be used to address concerns and issues.
- Providing equitable access to coverage by striving to provide materials in a variety of languages and formats (i.e., audio, visual and written).
- Ensuring translations are culturally and linguistically appropriate.

Accessible outreach

- Ensuring materials are accessible to people with disabilities.
- Providing in person engagement opportunities when possible.
- Coordination of engagement opportunities with associated partners.

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Populations of focus

Outreach team members have built a deep familiarity of the communities throughout their regions and work to identify which priority audiences exist, where they are located, and tactics to reach those audiences.

Populations of focus are typically harder-to-reach or less engaged directly with the Marketplace or state government, whether due to distrust or general lack of interest.

Historically, priority audiences have been:

Hispanic and Latina/o/x communities	Asian communities	Eastern European and Slavic communities	African American and Black communities	Tribal communities

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Training

Assisters		Insurance agents		Consumers	
Currently state-based training		Replaces federal training through CMS		Prepare for information to move to SBM	
Updated for new system		Support systems and navigation		How to update information	
				How to enroll and manage enrollment	

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Communications mechanisms

Publications	Notices	Email	Text message	Website
• Arabic	• Arabic	• English	• English	• English
• Chuukese	• Chuukese	• Spanish	• Spanish	• Spanish
• English	• English			• Google translate available for other languages
• Hmong	• Hmong			
• Korean	• Korean			
• Marshallese	• Marshallese			
• Russian	• Russian			
• Simplified Chinese	• Simplified Chinese			
• Somali	• Somali			
• Spanish	• Spanish			
• Tagalog	• Tagalog			
• Traditional Chinese	• Traditional Chinese			
• Ukrainian	• Ukrainian			
• Vietnamese	• Vietnamese			

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Accessibility to information

Website reviews and updates routinely to improve accessibility

Accessibility measures to ensure equitable access to assistance

Offering auxiliary aids and services
- Ensuring websites and materials are screen-reader friendly
- Providing materials in large print, Braille or electronically when requested
- Ensuring American Sign Language (ASL) or other language translators and/or closed captioning is available at all public meetings or when requested

All phone lines are relay service compatible

Public-facing materials at a 6th grade reading level or lower

Partner-facing materials at an 8th grade reading level or lower when possible

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Accountability Discussion

Are there places or types of outreach that you feel we should consider adding?

Are there communications mechanisms that we should consider adding to our strategy?

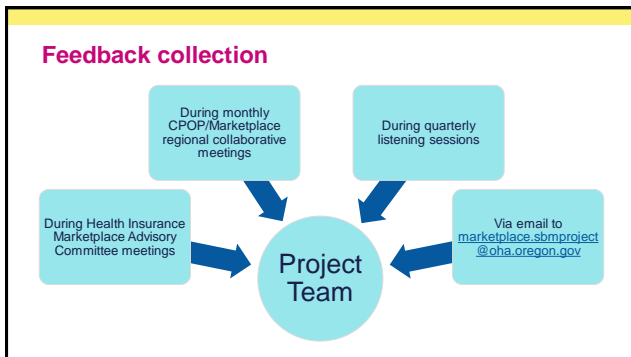Are there other accessibility, training or communications considerations that we may have missed?
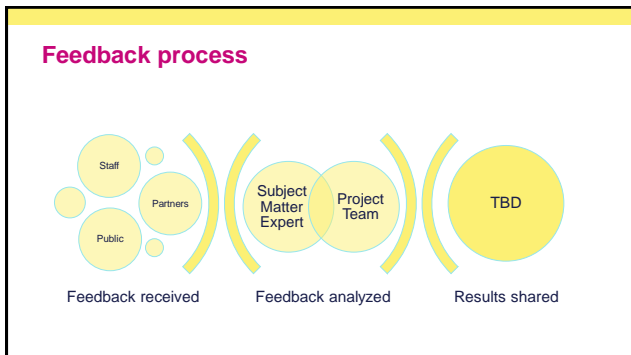
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Break

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Equity-Focused Health Impact Assessment
Evaluation

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Feedback collection

During monthly CPOP/Marketplace regional collaborative meetings

During quarterly listening sessions

During Health Insurance Marketplace Advisory Committee meetings

Via email to marketplace.sbmproject@oha.oregon.gov

Project Team

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Feedback process

Staff

Partners

Public

Subject Matter Expert

Project Team

TBD

Feedback received

Feedback analyzed

Results shared

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Partnerships

The Marketplace believes our partners are invaluable experts at working with the communities they serve and see their input as a beacon to learn about strategies that will best serve their communities.

Though not all feedback is able to be implemented, the team holds the feedback close in mind when establishing new policies, processes, and strategies.

Insurance agents/ brokers

Insurance carriers

Marketplace

Community partner organizations (with assisters)

Community based organizations (no assisters)

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Discussion

Is the amount of project communication thus far enough, not enough, or too much?

Are we providing adequate opportunities for partner engagement and feedback?

What may we have missed?

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Branding and identity

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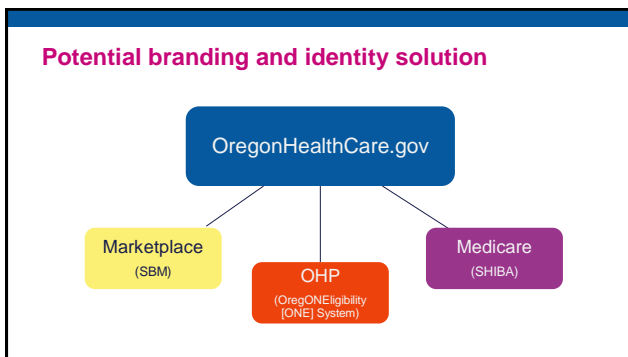**Current brand: OregonHealthCare.gov**
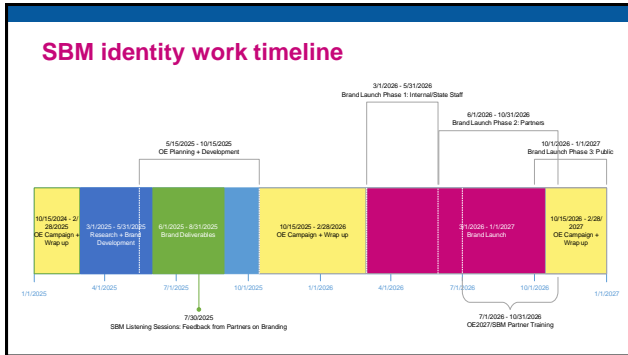
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New identity?

Should the SBM platform have its own identity?

What feelings or thoughts does the existing brand evoke?

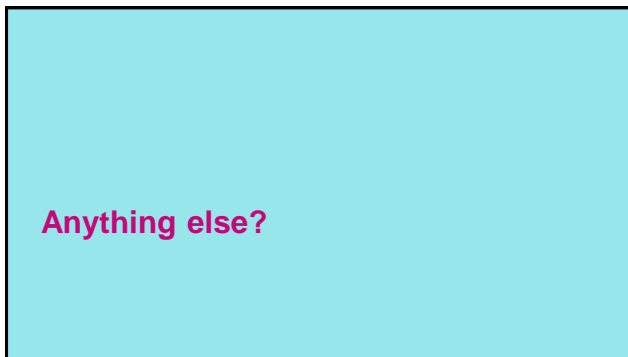- OregonHealthCare.gov
- CuidadoDeSalud.Oregon.gov

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Potential branding and identity solution

OregonHealthCare.gov

Marketplace
(SBM)

OHP
(OregonONEligibility
[ONE] System)

Medicare
(SHIBA)

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SBM identity work timeline

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Anything else?

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Stay up-to-date

Questions?
- Email us at marketplace.sbmproject@odhsoha.Oregon.gov

Sign up for email updates
- orhim.info/SBMupdates

Keep an eye on our project website
- orhim.info/SBMtransition

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Future Listening Sessions

Quarterly (Jan., April, July, Oct.) through Jan. 2027

Last week of the month

Assisters	**Agents/Brokers**	**Carriers**
Last Weds. of the month	Last Thurs. of the month	Last Thurs. of the month
2-3:30 p.m.	2-3:30 p.m.	3:30-4:30 p.m.
orhim.info/SBMLS-Assisters	orhim.info/SBMLS-Agents	orhim.info/SBMLS-Carriers

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Public comment

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Wrap up and closing
Next meeting: October 17, 2024

Lindsey Hopper
Committee Vice-chair

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