

Virtual

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Phone: 669-254-5252

Meeting ID: 160 454 7679

Passcode: 842061

AGENDA

Time	Agenda Item	Facilitators and Presenters
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and voting on previous meeting's minutes	Lindsey Hopper Committee Chair
9:10 – 9:35 a.m.	OHP Bridge updates ¹	Tim Sweeney Senior Policy Analyst, Health Policy & Analytics, OHA Sean McAnulty OHP Member Communications Coordinator Amy Coven Marketplace Communication and Public Engagement Analyst
9:35 – 9:50 a.m.	SBM Project updates ¹	Victor Garcia Marketplace Operations Advisor and Program Liaison Dorocida Martushev Senior Project Manager
9:50 – 9:55 a.m.	Public comment	Lindsey Hopper Committee Chair
9:55 – 10:10 a.m.	2025 CMS Marketplace Integrity and Affordability Final Rule overview	Anthony Behrens Marketplace Senior Policy Advisor Katie Button Marketplace Plan Management and Policy Advisory

¹ As approved in the [committee workplan](#) on 10/17/2024.

10:10 – 10:20 a.m.	Break	Lindsey Hopper Committee Chair
10:20 – 10:40 a.m.	Network Adequacy overview and updates	Jesse O'Brien Policy Manager Division of Financial Regulation (DFR)
10:40 – 11:05 a.m.	2025 Rate Filings overview and updates; Provider Contracting overview	Tashia Sizemore Life and Health Insurance Product Regulation and Compliance Manager, DFR Cassie Soucy Property and Casualty Insurance Product Regulation and Compliance Manager, DFR
11:05 – 11:35 a.m.	SBM Branding Initiative updates and work session	Amy Coven Marketplace Communication and Public Engagement Analyst
11:35 – 11:45 a.m.	Public comment	Lindsey Hopper Committee Chair
11:45 – 11:55 a.m.	Wrap up and closing	Lindsey Hopper Committee Chair

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.

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Friday, June 20, 2025 – 1 to 2:25 p.m.

Where: Virtual via Zoom

Committee members present:

Gladys Boutwell, Stacy Carmichael, Ron Gallinat, Paul Harmon, Kathleen Orrick, Clare Pierce-Wrobel, Nashoba Temperly (vice chair), Lindsey Hopper (chair, starting at 2 p.m.)

Members not present: Charlie Fisher, Shannon Lee, Om Sukheenai, Joann ZumBrunnen

Other presenters: Caleb Lavan

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

Agenda item and time stamp ¹	Discussion
Welcome, roll call, guidelines, approval of minutes	<p>Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the 4/17/25 meeting minutes. (See the handout packet page 1 for a copy of the agenda, pages 2-7 for the April minutes, and page 22 for meeting protocols.)</p> <ul style="list-style-type: none"> • Approved April 17 minutes. <ul style="list-style-type: none"> ○ First motion to approve – Ron Gallinat ○ Second motion to approve – Kathleen Orrick ○ Ayes – Gladys Boutwell, Stacy Carmichael, Ron Gallinat, Paul Harmon, Kathleen Orrick, Nashoba Temperly. Clare Pierce-Wrobel approved via email after the meeting. ○ Nays – none
Marketplace Assessment Overview 8:54	<p>Victor Garcia reviewed the purpose of the setting of the Marketplace Assessment rate. (See page 23 of the handout packet for a copy of the slide deck)</p>
Proposed 2026 Marketplace Assessment Analysis 13:44	<p>Presenter: Caleb Lavan, Senior Manager, CBIZ Optumas (See pages 8-21 of the handout packet for the 2026 Marketplace Assessment Memo and pages 23-26 for a copy of the slide deck)</p> <ul style="list-style-type: none"> • Stacy asked for clarification on if the 5% of total average premium change and the 2% federal tech charges combined to 7%. Caleb clarified that they are two separate percentages and not combined.
Public comment 50:19	<p>Beau Reitz with Providence Health Plan had a question on slide 28, if the total revenue fund balance is with the current rate and what the rate would be with the proposed change. Caleb responded that the fund balance is assuming that we make the rate changes.</p>

¹These 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 2025 Meetings, June 20 & 26 - Assessment Rate Rulemaking meetings.

Next steps and voting

52:11

Victor Garcia reviewed the next steps of the Assessment Rate Rule process.

(See page 27 of the handout packet for a copy of the slide deck)

- Since this is the first time we requested for an increase, there are additional steps for us to perform such as presenting to the Oregon legislature and potentially getting approval from Department of Administrative Services.
- We will be providing an equity statement that we anticipate a minimal fiscal impact to Oregonians with the increase of the assessment rate.
- Stacy wondered about what the expenditures are and why they are increasing. Chiqui responded that the expenditures are mostly increased administrative costs and initial SBM expenses as outlined in the Governor's Requested Budget submitted to the legislature for approval. SBM expenses include additional positions and outreach.
- Stacy was curious about the timing of the assessment rate increase and the plan rate filing and timing. This year is later in the year due to several factors, such as the program integrity rule and Congress' possible consideration of the extension of the enhanced premium tax credits, and initially did not anticipate increasing the rate until 2027. Chiqui agreed that this was a very unusual and challenging year trying to sync up the timelines and taking into consideration CMS' (Centers for Medicare & Medicaid Services) requirements.
- Vote
 - First motion to approve – Ron Gallinat
 - Second motion to approve – Paul Harmon
 - Ayes – Gladys Boutwell, Stacy Carmichael, Ron Gallinat, Paul Harmon, Clare Pierce-Wrobel, Nashoba Temperly
 - Abstain – Lindsey Hopper
 - No vote – Kathleen Orrick
- With Kathleen needing to drop off early and Lindsey able to join, quorum was retained to continue business. There were not enough votes to officially pass the motion at the end of the meeting.

Wrap up and closing

1:12:52

- Next full meeting will be July 17, 2025.
 - We have a packed agenda with the CMS program integrity rule that just dropped and we have invited DFR to talk about network adequacy
 - Meetings will be in Zoom from now on and expect calendar invite changes removing Teams information.
-

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, June 26, 2025 – 10 to 11 a.m.

Where: Virtual via Zoom

Committee members present:

Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (chair), Shannon Lee, Kathleen Orrick, Om Sukheenai, Nashoba Temperly (vice chair), Joann ZumBrunnen

Members not present: Gladys Boutwell, Stacy Carmichael, Clare Pierce-Wrobel

Other presenters: Caleb Lavan

Marketplace staff: Katie Button, plan management and policy analyst; Chiqui Flowers, director; Victor Garcia, operations advisor and program liaison; Dawn Shaw, office support coordinator

Agenda item and time stamp ¹	Discussion
Welcome, roll call and guidelines	Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and review of meeting guidelines. (See the handout packet page 1 for a copy of the agenda, and page 22 for meeting protocols.)
Marketplace Assessment Overview 5:49	Victor Garcia reviewed the purpose of the setting of the Marketplace Assessment rate. (See page 23 of the handout packet for a copy of the slide deck)
Proposed 2026 Marketplace Assessment Analysis 10:09	Presenter: Caleb Lavan, Senior Manager, CBIZ Optumas (See pages 8-21 of the handout packet for the 2026 Assessment Memo and pages 23-26 for a copy of the slide deck) <ul style="list-style-type: none">• Om asked if the \$10.1 million of total expenditures would be smaller if the EPTC (enhanced premium tax credit) were to be renewed. Caleb responded that the expenditures were not tied to the tax credits and would not be affected but would change the forecast of enrollment.• Kathleen wondered with profit margins if the possibility of the insurance companies bearing the increase of the assessment rate has been explored. Caleb explained that usually the insurance companies pay the assessment rates to the state and then they choose their rates. Chiqui further explained that the assessment rate is included in the administrative costs when the carriers file their rates with DFR and the Marketplace does not have regulatory authority. Katie further explained that the assessment is spread across the whole individual market and carriers can decide if they can absorb the increase or increase their rates. Carriers are required to pay out a minimum of 80% to claims and our carriers are paying out 90% to claims with 10% going to administrative costs.

¹These 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 2025 Meetings, June 20 & 26 - Assessment Rate Rulemaking meetings.

	<ul style="list-style-type: none"> • Om was curious, at the beginning of the slides there was an expectation of a reduction of about 4,000 in enrollment and where the number came from. The two factors were OHP Bridge and the end of the EPTC.
Public comment 45:02	No public comment given.
Next steps and voting 45:46	<p>Victor Garcia reviewed the next steps of the Assessment Rate Rule process. (See page 27 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none"> • Because we are asking for an increase we will have a few additional steps, but the rulemaking part is the same. The hearing will be held in July and the notice will go out by Monday. At the public hearing people can present testimony. Any notice about the rule hearing will be forwarded to the committee. • Vote – passed by unanimous vote <ul style="list-style-type: none"> ○ First motion and second motions carried over from June 20 meeting ○ Ayes – Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper, Shannon Lee, Kathleen Orrick, Om Sukheena, Nashoba Temperly, Joann ZumBrunnen ○ Ayes carried over from June 20 meeting – Gladys Boutwell, Stacy Carmichael, Clare Pierce-Wrobel ○ Nays – none
Wrap up and closing 49:50	<ul style="list-style-type: none"> • Next full meeting will be on July 17, 2025, and will be hybrid format.

July 17, 2025

Health Insurance Marketplace Advisory Committee Meeting




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Welcome and Roll Call

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Meeting Guidelines

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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.
- We have 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.
- Votes will be logged into the meeting minutes

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Meeting Protocols and Requests, Continued

- 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.j.flowers@oha.oregon.gov
503-884-6017
- Public Meetings Law webpage:
 - oregon.gov/ogec/public-meetings-law/pages/default.aspx

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Voting on June 20 & 26, 2025 Meeting Minutes

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OHP Bridge Updates

Tim Sweeney
Senior Policy Analyst, Health Policy & Analytics

Sean McNulty
OHP Member Communications


Amy Coven
Marketplace Communications and
Public Engagement Analyst

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Agenda for Today

- **OHP Bridge updates**
 - Open Enrollment Coverage Gap and Start Date Adjustments
 - Annual Income Lower Limits
 - Private Coverage Cleanup
- Discussion Time



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What's OHP Bridge?

- OHP Bridge is a new benefit for adults with higher incomes. People who get OHP Bridge must:
 - Have annual income from 133 to 200 percent of the federal poverty level
 - Be 19 to 64 years old,
 - Not have access to other affordable health insurance, and
 - Have an eligible citizenship or immigration status to qualify.
- OHP Bridge benefits are almost the same as OHP Plus.
- OHP Bridge is free coverage with no member costs like copays or deductibles.

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When will coverage start for OHP Bridge – Basic Health Program?

Found eligible on or before the 15th of the month? Coverage starts on the first of the next month.

Found eligible on or after the 16th of the month? Coverage starts on the first day of the month following the next month.

The timeline below shows an example of coverage dates for an individual who would be determined eligible in the month of October. Actual coverage dates will vary based on timing.

OCTOBER	NOVEMBER	DECEMBER
S M T W T F S	S M T W T F S	S M T W T F S
1 2 3 4 5	1 2	1 2 3 4 5 6 7
6 7 8 9 10 11 12	3 4 5 6 7 8 9	8 9 10 11 12 13 14
13 14 15 16 17 18 19	10 11 12 13 14 15 16	15 16 17 18 19 20 21
20 21 22 23 24 25 26	17 18 19 20 21 22 23	22 23 24 25 26 27 28
27 28 29 30 31	24 25 26 27 28 29 30	29 30 31

OHP Bridge – BHP start date is based on the day the individual is determined eligible, not the date the application was submitted.

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OHP Bridge Start Date Adjustments

- **“Open Enrollment Coverage Gap”** issue
 - When moving from the Marketplace during Open Enrollment, in some cases, a member may experience a gap in coverage while waiting for OHP Bridge to start
 - Members will be able to request adjustment to start dates to address coverage gaps when transferring from the Marketplace during Open Enrollment
 - Around 1,500 members will have the option to request start date adjustment
 - Notices expected to go to members in September
 - Keep an eye out for members affected in upcoming Open Enrollment too

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OHP Bridge: Requesting Start Date Adjustment

Starting in September 2025, OHP Bridge members who applied during the first part of Open Enrollment and had medical bills while in the coverage gap period before OHP Bridge started will be able to request start date adjustment.

- Contact ONE customer service or the partner assistance team
- Then contact providers to rebill services in the gap
- For now, please plan to reconnect with any affected members soon

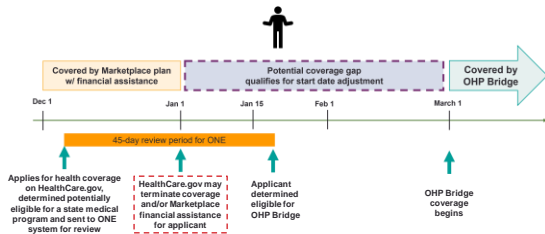
Proposed eligible OHP Bridge – BHP members:

- Applied between November 1 and January 1
- Their OHP Bridge start date is February, March or April 1
- Were enrolled in Marketplace coverage in the previous year
- Medical bills received in the gap

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Open Enrollment Coverage Gap Visual:



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Annual Income Lower Limit

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OHP Bridge Changes and Clarifications

"Annual Income Lower Limit" policy correction.

Until now: ONE approved anyone below 200% FPL annually for OHP Bridge, including members between 100-133% FPL annually.

After the update: ONE will only approve members for OHP Bridge with monthly income above 138% FPL and annual income between 133-200% FPL.

• Members with annual income between 100-133% FPL will be referred to the HealthCare.gov.

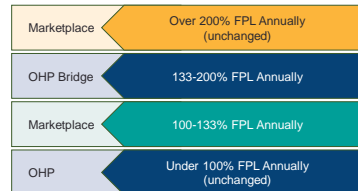
Monthly income test always happens first. Change only applies to members who are above 138% FPL monthly and between 100-133% FPL annually.

Community Partner income guides have been updated.

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OHP Bridge: Annual Income Lower Limit

• Only if an individual's monthly income is over 138% FPL will we consider their annual income using the following ranges:



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OHP Bridge: Monthly and Annual Income Tests

First, see if their monthly income qualifies for:

Family Size	OHP Plus <138% FPL Monthly	American Indian/Alaska Native members: OHP Bridge - Basic Medicaid <205% FPL Monthly
1	Up to \$1,800	\$1,800 to \$2,674
2	Up to \$2,433	\$2,433 to \$3,614
3	Up to \$3,065	\$3,065 to \$4,553
4	Up to \$3,698	\$3,698 to \$5,493

If they did not qualify using monthly income, then look at annual income:

Family Size	OHP Plus <100% FPL Annually	Marketplace 100-133% FPL Annually	OHP Bridge - Basic Health Program 133-200% FPL Annually	Marketplace Over 200% FPL Annually
1	Up to \$15,060	\$15,060 up to \$20,820	\$20,820 up to \$31,300	Above \$31,300
2	Up to \$20,440	\$20,440 up to \$28,140	\$28,140 up to \$42,300	Above \$42,300
3	Up to \$25,820	\$25,820 up to \$35,448	\$35,448 up to \$53,300	Above \$53,300
4	Up to \$31,200	\$31,200 up to \$42,768	\$42,768 up to \$64,300	Above \$64,300

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OHP Bridge: Annual Income Lower Limit, cont.



Defect discovered in OHP Bridge system implementation.



Per federal regulations, Basic Health Program funds can only be used to cover members with annual income between 133-200% of the federal poverty level (FPL). The funds cannot cover members with annual income between 100-133% FPL.



Oregon needs to update the system in two steps:

1. ONE system code will be updated June 11 to stop new enrollments.
2. On July 15, ONE system checked if current members continue to qualify. Members with annual income between 100-133% were mailed closure notices and referred to HealthCare.gov.

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OHP Bridge: Closure Notices for Annual Income

After the data fix on July 15, affected members will receive mailed notices that their benefits are ending on July 31.

Members need to take two steps:

- Closely **review the income information on the notice** used to decide eligibility. If either their monthly or annual income differs from what appears on the letter, **report changes or reapply**.
- **Apply for a Marketplace plan**, ideally before OHP Bridge benefits end. If members apply before their OHP Bridge ends, accelerated enrollment timelines will let Marketplace coverage start the first of the next month.

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OHP Bridge: Possible Outcomes for Members



No longer eligible for benefits and referred to the Marketplace.

Moves to OHP, based on **monthly** income below 138% FPL, or **annual** income below 100% FPL, or qualifying for pregnancy or young adults with special health care needs benefits.

If changes are reported or the member reapplies after July 15 and is eligible for OHP Bridge again, they will have a gap in benefits. Members in this situation may want to consider enrolling in Marketplace coverage until OHP Bridge starts again.

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OHP Bridge Private Coverage Cleanup

- Ongoing efforts to clean up private coverage information mismatches for OHP Bridge members and seek updated information will begin in July.
- We have identified around 1,500 OHP Bridge cases with private coverage on file in our billing/benefits system but not our eligibility system.
 - Members would first receive an outreach call from an eligibility worker.
 - If unable to reach them, then a notice requesting missing information will be sent.
 - If a response is not received, a notice with a closure date will be sent.

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OHP Bridge Private Coverage Cleanup, cont.



Goals:

- Remove outdated policies.
- Add valid info to ONE eligibility system and run employer coverage affordability test for OHP Bridge.
- Close benefits for members with affordable employer coverage (or who have Medicare).



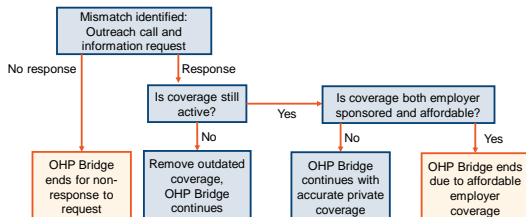
Partner Guidance:

- Please help members respond to any requests they receive or reapply if due dates are missed.
- Pay particular attention to entering private coverage info when applying and continue to remind and help members report changes.

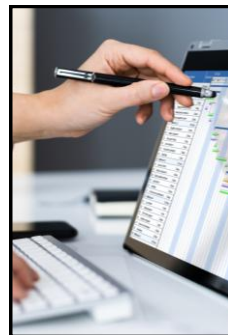
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OHP Bridge Private Coverage Cleanup, contd.

Outcome Flowchart:



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State-based Marketplace Project

Victor Garcia
Marketplace Operations Advisor
and Program Liaison

Dorocida Martushev
Senior Project Manager

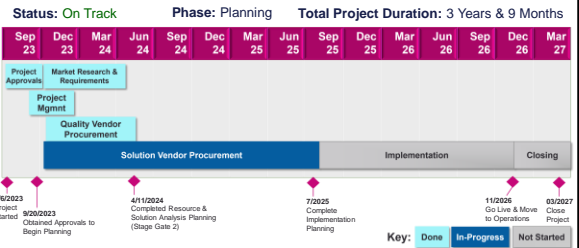
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State-based Marketplace (SBM) Topics

- 📅 Overall Project Timeline
- 🏆 Project Accomplishments
- 📅 Implementation Timeline
- 📄 Procurement Update
- 🖨 CMS Blueprint
- 🗣 Upcoming partner engagements
- 🔗 What's next?

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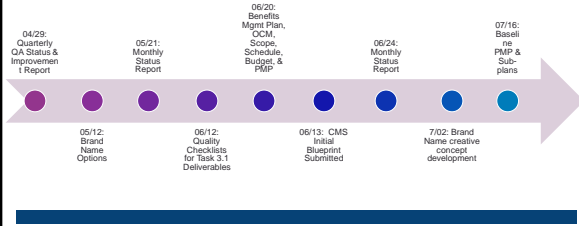
Overall Project Timeline



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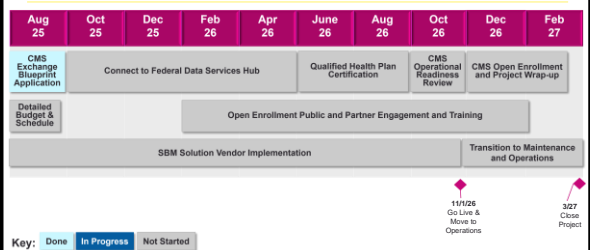
Project Accomplishments

Which project activities have we accomplished since April?



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Phase 2: Implementation Timeline



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Procurement Update

- DAS Procurement Services Single Point of Contact:
 - Julie Curry, julie.a.curry@das.oregon.gov, 971-446-8169
- Timeline
 - Release Notice of Intent to Award - February 14th (**Completed**)
 - Protests Due – February 21st (**Completed**)
 - DAS PS to respond to Protest/s – April 15th (**Completed**)
 - Complete Contract Negotiations – July 2025 (**In-Progress**)
 - Execute Contract and begin Phase 2 Implementation (**Not Started**)

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CMS Blueprint (orhim.info/3TthtCi)



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Upcoming Partner Engagements

SBM Project Newsletter	Partner Listening Sessions	Quarterly Written Legislature Updates	Industry Comms Meetings	Update in Agent and Community Partner Newsletter	Marketplace Monthly Updates	Tribal Outreach Engagement
Oct. 30	July 30 and 31	Aug. 15	Aug. 14	Aug. 15	Aug. 1	Jul. 24
Jan. 30	Oct. 30 and 31	Oct. 31	Nov. 13	Sept. 15	Sept. 1	Sept. 8
	Jan. 28 and 29	Dec. 22	Feb. 12	Oct. 15	Oct. 1	Sept. 12
				Nov. 17	Nov. 3	Sept. 25
					Dec. 1	Oct. 1

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What's next?

Obtain State Gate 3 Endorsement:

- Negotiate contract terms and obtain approvals to execute the contract and statement of work
- Budget (10%+/-)
- Schedule (10%+/-)
- Scope (10%+/-)
- Cloud Workbook

Brand name and creative concept finalization (August - September 2025)

Bluecrane to continue providing Independent Quality Management Services and producing monthly and quarterly status reports.

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Public Comment

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2025 CMS Marketplace Integrity and Affordability Final Rule Overview

Anthony Behrens

Marketplace Senior Policy Advisor

Katie Button

Marketplace Plan Management and Policy Analyst

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Overview

- Centers for Medicare & Medicaid Services' (CMS) announced the final 2025 Marketplace Integrity and Affordability Rule on June 20, 2025.
 - Published in the Federal Register on June 25, 2025: ([orhim.info/3TD6172](https://www.federalregister.gov/documents/2025/06/25/2025-12172)).
- In general, the substance of the rules were finalized as proposed with changes made to the effective dates and/or Exchange type applicability.

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Reduced Affordability

Increasing Consumer Cost-Sharing and Net Premiums

- CMS changed how it calculates the premium adjustment percentage.
- This affects:
 - Maximum out-of-pocket costs for consumers
 - How much people pay toward premiums
 - What employers are required to contribute

Permitting Less Generous Plans

- The rule allows insurance companies lower the value of coverage in some plans sold on and off the Marketplace
- States like Oregon, which use standard plan designs, can still require those plans to offer more generous coverage

Disrupting Autoenrollment

- Imposes \$5 monthly charge for enrollees with \$0 dollar premiums
- It's meant to encourage enrollees to update their financial info for advance premium tax credits (APTC)
- Applies to people whose APTC currently covers their full premium

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Reduced Benefits

Prohibition of gender affirming care as an essential health benefit.



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Rules that Limit Enrollment Opportunities and Impose Administrative Requirements

Shortened Open Enrollment Period

Starting for plan year 2027, requires all OEPs—for both the FFM and SBMs—to begin no later than 11/01 and to end no later than 12/31 while being no more than 9 weeks long. Marketplaces must also ensure that coverage is effective for 01/01.

Eliminating Low-Income Special Enrollment Period (SEP) for individuals <150% of the FPL

Effective within 60 days of final rule.

Documentation for SEP Triggering Events

Requires pre-enrollment verification for at least 75% of all SEPs.

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Rules that Limit Enrollment Opportunities & Impose Administrative Requirements (cont.)

Cancellation of APTCs for Failure to Reconcile (FTR) after one year

- Effective November 1, 2025
- Scheduled to sunset on December 31, 2026

Data Matching Inconsistencies (DMIs)

- No self-attestation of income when
 1. IRS data shows income is below 100% FPL but the enrollee attests to between 100% and 400% FPL; and
 2. When tax data is unavailable
- Removes automatic 60-day extension for a consumer to resolve a DMI

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Narrowed Eligibility

Reversal of the Deferred Action for Childhood Arrivals (DACA) Eligibility Rule

Requires mid-year terminations of DACA recipients' BHP and Marketplace coverage. An estimated 11,000 people nationwide would lose coverage mid-year.

Elimination of Issuer Options for Premium Payment Thresholds

Reverses the policy allowing continuation of coverage if the enrollee is short on premiums by a de minimis amount.

Allowance of Coverage Denials for Past-due Premiums

Amends the ACA's "guaranteed issue" protection to allow issuers to deny policies to consumers with past-due premiums.

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Break

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Provider Contracting Overview and Network Adequacy Overview and Updates

Jesse O'Brien

Policy Manager
Division of Financial Regulation (DFR)



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Content

1. Introduction
2. Legislative and Reporting Framework
3. Challenges Assessing Network Adequacy
4. Senate Bill 822 – Overview
5. Senate Bill 822 – Key Changes

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Introduction: Understanding Network Adequacy

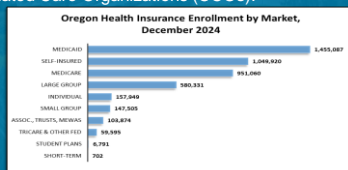
- Network adequacy means health plans must have enough in-network providers, primary care, specialists, behavioral health, and facilities, to ensure members have reasonable and timely access to covered services.



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Overview of Commercial Market in Oregon

- The Department of Consumer and Business Services (DCBS) regulates network adequacy in the commercial insurance marketplace, while the Oregon Health Authority (OHA) oversees Coordinated Care Organizations (CCOs).



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Legislative and Reporting Framework

- **Key Statutes**
 ORS 743B.505 sets minimum requirements for provider networks to ensure timely access to care.
 ORS 743B.202 authorizes DCBS to adopt rules for provider network adequacy.
- **Reporting:** Carriers must report on network adequacy yearly in the form and manner prescribed by the department.

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Challenges Assessing Network Adequacy

- **Provider Directory Issues**
 Provider directories are often out of date or incomplete
 Difficult for consumers and regulators to verify which providers are truly in-network and accepting new patients
 Inadequacies in Current Directories
- **Lack of Quantitative Standards**
 No uniform requirements for measuring network adequacy in rule or statute
 Makes it hard to compare plans or ensure consistent access to care

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Challenges continued

- **Undefined Terms**
 Key terms like "timely access" or "adequate network" are not clearly defined in statute or rule
 Creates ambiguity in both compliance and enforcement
- **Inconsistency in Reporting**
 Insurers use different methods to demonstrate network adequacy
 Data submitted to regulators is often not comparable across carriers



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Other Key Issues (continued)

- **Provider Availability**
Medical Deserts:
High scarcity of healthcare providers in rural and underserved areas.
Limited access to specialty care, including mental health and reproductive services.
- **Telehealth**
Restriction on using telehealth services to fulfill network adequacy requirements.
Distinguishing between in-person and virtual care for adequacy evaluations.

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Senate Bill 822 (2025) – Major Changes

Senate Bill 822 – Overview

- Passed in 2025 to modernize Oregon's network adequacy laws
- Applies standards to large group plans for the first time
- Introduces mandatory, quantitative metrics for network adequacy



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SB 822 – Key Changes

- **Quantitative Access Standards:**
 - Sets clear metrics for time, distance, and appointment wait times
 - Aligns Oregon's rules with federal standards
- **Telemedicine:**
 - Allows limited use of telemedicine to meet access standards
- **Expanded Applicability:**
 - Extends requirements to large group plans (not just individual and small group)



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SB 822 – Key Changes continued

- **Reproductive, Behavioral Health, and Substance Use Disorder Treatment:**
 - Adds these services to network adequacy reviews
- **Enhancing culturally and linguistically appropriate care**
 - Adds requirement that networks must be adequate to provide culturally appropriate care to all enrollees, including those with unique access challenges, (diverse cultural and ethnic groups, LGBTQ+ individuals, people with disabilities)

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Thank you!

Contact:

Jesse O'Brien
jesse.e.obrien@dcbs.oregon.gov

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Provider Contracting and 2025 Rate Filings Overview and Updates

Tashia Sizemore

Life and Health Insurance Product Regulation
and Compliance Manager, DFR

Cassie Soucy

Property and Casualty Insurance Product
Regulation and Compliance Manager, DFR



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SBM Branding Initiative Updates and Work Session

Amy Coven
Marketplace Communications and Public Engagement Analyst

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Explore Health: Badge of Health

This creative direction is rooted in Oregon's vibrancy and vitality— weaving together our region's natural beauty with the diversity of people who call our great state home.

It unites optimistic and symbolic graphic elements with slice-of-life photography—starting with a badge featuring Oregon's iconic peaks framed by the warmth of Eastern Oregon plains, rock formations, and sunsets.

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Explore Health: Badge of Health Logo Concept



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Explore Health: Badge of Health Creative Concept

ARIAL ROUNDED BOLD WITH STROKE




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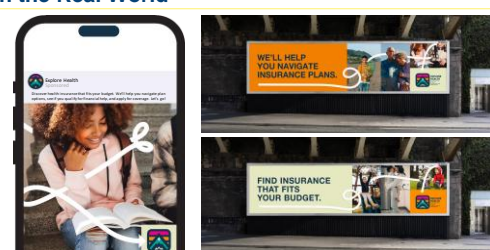
Explore Health: Badge of Health Image Style



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Explore Health: Badge of Health In the Real World



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Explore Health: Badge of Health Branded Item Examples



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Explore Health: Live Boldly

Everything is possible in Oregon. This creative direction celebrates and reinforces that fact, paying homage to the amazing range of lifestyles embraced by our state's residents.

It's an invitation to live boldly on your terms, with the security of health coverage. It artfully combines black & white photographic scenes, details of diverse lives well lived, hand-drawn illustrations, and fresh, bold colors.

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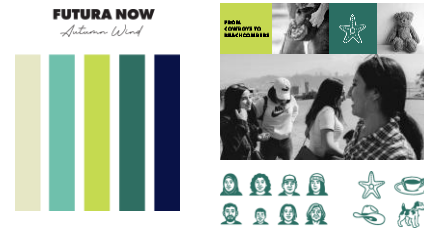
Explore Health: Live Boldly Logo Concept



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Explore Health: Live Boldly Creative Concept



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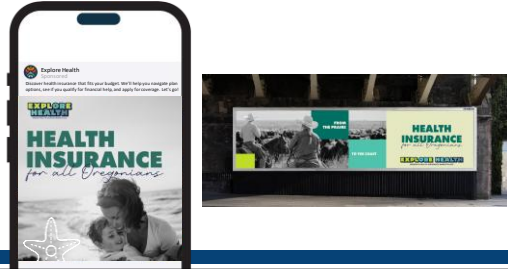
Explore Health: Live Boldly Image Style



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Explore Health: Live Boldly In the Real World



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Explore Health: Live Boldly Branded Item Examples



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Chorus: Real, Real Life

This creative direction features 100% authentic, snapshot-style photography of real people in real life moments. The shots aren't staged, perfectly lit or composed, which draws people in. They also help our brand feel relatable—the way we show friends and family our true selves because we trust them and they make us feel safe.

Oregon is featured prominently throughout—in the logo itself and as a frame for all kinds of intriguing, endearing human moments.

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Chorus: Real, Real Life Logo Concept



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Chorus: Real, Real Life Creative Concept



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Chorus: Real, Real Life Image Style



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Chorus: Real, Real Life In the Real World



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Chorus: Real, Real Life Branded Item Examples



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In Review: All Concepts



- Which concept do you like the best?
 - Why? What makes it stand out to you?
- What about the visuals makes you like them? What stands out?
- Which concept is the clearest to you?
- Which concept is the most relatable to you?
- Which concept do you think is the most effective at encouraging your clients to visit the online marketplace?
 - Why?
 - Any that were not effective at all?

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Focus group feedback



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SBM Branding Initiative: Next Steps



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Public Comment

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Wrap Up

Next meeting:
Oct. 16, 2025

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Thank You

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