



Health Insurance Marketplace
Advisory Committee (HIMAC) Meeting
October 15, 2026
9:05 a.m. – noon

Virtual

[Click here to join the Teams meeting](#)

Phone: 971-277-2343

Meeting ID: 230 599 055 676 79

Passcode: Es2wn6Qj

AGENDA

Time	Agenda Item	Facilitators and Presenters
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and approval of July minutes	Nashoba Temperly Acting Committee Chair
9:10 – 9:25 a.m.	Oregon Health Authority's (OHA) 2027 Legislative Requests	Marybeth Mealue Sr. Policy Advisor, External Relations Division, OHA Phil Schmidt Director, Government Relations, OHA
9:25 – 9:35 a.m.	Federal developments and state impacts ¹	Katie Button Marketplace Plan Management and Policy Advisor
9:35 – 9:55 a.m.	OHP Bridge updates ¹	Tim Sweeney Sr. Policy Analyst, Office of Health Policy
9:55 – 10:10 a.m.	Public comment	Nashoba Temperly Acting Committee Chair
10:10 – 10:40 a.m.	SBM Project updates ¹	Victor Garcia Marketplace Operations Advisor and Program Liaison Dorocida Martushev Project Manager
10:40 – 10:45 a.m.	Break	NA

¹ As approved in the [committee workplan](#) on 10/16/2025.

Time	Agenda Item	Facilitators and Presenters
10:45 – 11:15 a.m.	2027 Open Enrollment outreach, education and marketing ¹	Misty Rayas Marketplace Deputy Director Amy Coven Marketplace Communication and Public Engagement Analyst
11:15 – 11:30 a.m.	Marketplace Strategic Plan: Progress Measures	Katie Button Marketplace Plan Management and Policy Advisor David Simnitt Principal, DS Consulting
11:25 – 11:30 a.m.	Public comment	Nashoba Temperly Acting Committee Chair
11:30 – 11:35 a.m.	2027 HIMAC Work Plan	Chiqui Flowers Marketplace Director
11:35 – 11:45 a.m.	HIMAC By-laws: Proposed changes	Victor Garcia Marketplace Operations Advisor and Program Liaison
11:45 – 11:50 a.m.	HIMAC Elections: Chair and Vice-Chair	Chiqui Flowers Marketplace Director
11:50 – 11:55 a.m.	Wrap up and closing	Nashoba Temperly Acting 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.

Tina Kotek, Governor

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, July 16, 2026 – 9:05 a.m. to 1:00 p.m.

Where: Virtual via Microsoft Teams

In-person at the Barbara Roberts Human Services Building
500 Summer St NE Rms 137A-D, Salem OR 97301

Committee members:

In-person – Marin Arreola, Stacy Carmichael, Nashoba Temperly (interim chair), Matthew Woodbridge

Virtual – Ron Gallinat, Charlie Fisher, Paul Harmon, TK Keen, Clare Pierce-Wrobel, Om Sukheenai, Alena Zbirun

Members not present: Kathleen Orrick

Other presenters and partners: Claire Houterman, Bill Kramer, Caleb Lavan, Dorocida Martushev, David Simnitt, Tashia Sizemore, Jason Sparks

Marketplace staff: Katie Button, Amy Coven, Chiqui Flowers (director), Victor Garcia, Misty Rayas, Dawn Shaw

Agenda item and time stamp*

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 April 16 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-4 for June minutes, and page 5 for meeting protocols.)

- Approved June 26, 2026, assessment rate meeting minutes.
 - First motion to approve – Marin Arreola
 - Second motion to approve – Matthew Woodbridge
 - Ayes – Marin Arreola, Charlie Fisher, Ron Gallinat, Paul Harmon, TK Keen, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly, Matthew Woodbridge, Alena Zbirun
 - Nays – none
 - Abstain – Stacy Carmichael
 - Absent – Kathleen Orrick

Proposed 2027 Marketplace assessment 21:59

Presenters: Chiqui Flowers, Marketplace Director; Caleb Lavan, Senior Manager, Myers & Stauffer
(See pages 6-8 of the handout packet for a copy of the slides.)

- Feedback on the assessment rate
 - Matthew wanted to know what the costs that the assessment covers besides the grants. Liz explains that it also covers payroll expenses, supplies, and shared services costs.
 - Marin reminded that some of the community based organizations have had costs that have increased over the years and that grants are not keeping up with the costs of inflation. Chiqui stated that we do try to make adjustments as needed and if we have additional funds, we offer

those to the community partners and agents. Misty explained our RFP (request for proposal) process and how we choose our grantees and we do keep an eye out for other funding sources.

- Matthew was curious what the federal 2 percent dollar amount is. Caleb explained that 2 percent is an average and that in 2023 it was 2.25%, 1.8% in 2024, 1.2% in 2025, and back up to 2% in 2026. Roughly 2 percent is \$17.00. This amount is spread over all the Marketplace enrollees. This cost is being calculated against the average premium only.
- Stacy cautioned the increase may be a lot for the Oregonians to absorb due to the current market volatility with rising costs and insurers leaving the market. Even though there is so much you can do, the math is the math. Chiqui explained that there were a lot of unforeseen changes this last year with the EPTC (enhanced premium tax credits) expiration, HR1, and the program integrity rule. We are looking at cutting costs where we can.
- Marin sought an example of the costs of the Marketplace. Chiqui shared that we do have an agency requested budget that has to go through our agency [Oregon Health Authority] who submits it to the governor who in turn submits it to the legislature. Misty brought up that we do publish an annual report.
- Om wondered if we have a budget forecast for 2028. Chiqui clarified that the agency requested budget process is done every odd year, so we don't have the numbers yet. The Governor's approved budget usually gets released in December and goes to the legislature as early as January 2027 and we will be happy to share it with you. Om also was curious about what percentage of the \$39 million goes towards grant funds. Chiqui did not have an immediate answer and added in the chat that it is currently projected at approximately 3 percent of the 2027 expenses.
- Matthew added that we have been trying to get back to a State-based Marketplace and the economic timing and federal changes have made it stressful, but it will help Oregonians overall in the future.

**Marketplace
rulemaking
advisory**
56:21

Presenter: Victor Garcia, Marketplace Operations Advisor and Program Liaison
(See page 8 of the handout packet for a copy of the slides.)

- Marin questioned if there is an impact in terms of the cost to providers and if they can choose to be a part of the program like Medicaid programs. Victor explained that there isn't any direct line to providers. We do provide outreach materials and give them an opportunity to provide public comments on the assessment rate.
 - Stacy added that it is important to keep prices of the premiums down. Provider costs may not have a direct impact, but it does put pressure on insurers and can affect contracting between insurers and providers.
 - Matt was curious if the assessment rate affected both on- and off-exchange members. Victor clarified that it is only assessed to on exchange members. Matt followed up wondering if the same premium is charged to both on- and off-exchange plans and Katie assured him that the carriers are required to charge the same rate on- and off- exchange. Victor added that administrative costs are spread out by insurance carriers both on exchange and off exchange.
 - Om asked if the people who are on exchange were going to be charged the assessment rate. Victor clarified that the assessment rate is what the carriers
-

will pay and is one of the many factors considered when determining the premium.

**Federal
developments
and state
impacts**
1:15:10

Presenter: Katie Button, Marketplace Plan Management and Policy Advisor
(See page 9 of the handout packet for a copy of the slides.)

- No questions or comments.

**SBM project
updates**
1:18:34

Presenters: Victor Garcia, Marketplace Operations Advisor and Program Liaison; Dorocida Martushev, SBM Senior Project Manager; Amy Coven, Marketplace Communications and Public Engagement Analyst; Misty Rayas, Marketplace Deputy Director
(See pages 9-12 of the handout packet for a copy of the slides.)

- Stacy liked the simplicity of the mocked-up screenshots of the website, and it looks easy to navigate.
- Alena suggested adding a tutorial for the new website and likes the branding and would love to wear a shirt with the logo. Amy mentioned that we have heard from others that they would be interested in Explore Health swag and if we were going to open a swag store.
- Marin wanted to verify that there will be a Spanish version. Amy affirmed there will continue to be a Spanish website along with Google Translate to assist with the myriad other languages.
- Om wondered about the wording “Coverage Compass” on slide 38 and if that was getting a quote. Amy wasn’t able to update the slide, and it is going to be called the Plan Guide, but it will take consumers to the window shopping tool. Om also was curious about “Apply and Shop for Coverage”, Amy clarified that this would take people to pick a plan and apply for coverage. Om suggested “Apply and Pick a Plan for Coverage”.
- Alena was confused on the wording “Claim Your Account”. Amy clarified that it is for people who have existing accounts on HealthCare.gov and their information has been migrated. This specific language is going to be on the notice and will only be on the website for the first year.
- Charlie would like to make sure that the Find Local Help page has clear guidance to assist people with which option to choose. Om added that it might be easier to identify that assisters can help with Oregon Health Plan (OHP) and OHP Bridge.
- Matthew asked if the Find Help Tool will be a part of the Explore Health website and not a standalone on OregonHealthCare.gov. Amy confirmed it will be a part of the Explore Health website. SHIBA (Senior Health Insurance Benefit Assistance) and OHP are creating a separate tool for their needs.
- Om wondered if all the training modules were completed on the same day during the in person training. Misty responded that there is a privacy and security training along with a participation agreement that will be done after the training online before you can get your certification certificate.

2027 Filed Rates
2:17:51

Presenter: Tashia Sizemore, Division of Financial Regulation Life and Health Program Manager
(See page 12-14 of the handout packet for a copy of the slides.)

- Aileen wanted confirmation that the rates are not finalized due to considerations not included in their calculations. Tashia confirmed.

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- Stacy wondered if the pharmacy cost trends included specialty drugs. Tashia indicated that they do not look at them specifically, but there are some teams within the division or the Prescription Drug Affordability Board that do.
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**Oregon Health
Policy Board
Updates**
2:37:05

- Presenter: Bill Kramer, OHPB (Oregon Health Policy Board) Member and HIMAC Liaison
- Recognizes the good work of the Marketplace and the committee and the fact that the health care system is under a lot of pressure. Especially in getting interest out to the enrollees.
 - OHPB is considering several proposals on ways to tackle the affordability crisis and thanks the committee for all that they do.
-

**Marketplace
Strategic
Planning
Workshop**
2:55:25

- Presenters: David Simnitt, Principal, DS Consulting; Katie Button, Marketplace Policy and Plan Management Advisor
(See pages 15-17 of the handout packet for a copy of the slides.)
- Goal 1: Make coverage affordable, understandable, and valuable for Oregon residents.
 - Stacy struggled with the definition of “affordability”. Matthew explained that the federal affordability standard set by the ACA (Affordable Care Act) is 9.65% of your income and is used when determining eligibility tax credits and benchmark plans. Maybe we need to refine to say that there are affordable options available like Medicaid and OHP Bridge Plan.
 - Stacy didn’t think that enrollment numbers are a way to indicate affordability. Aileen agreed that even if insurance is unaffordable, if you need it, you will absorb those costs.
 - Alena agreed that it is a great goal to make coverage affordable but does not see a step-by-step plan. Oregon has one of the highest income tax rates, can we look at the gross income vs the net income. David explained this is a framework to set up the step-by-step plan. Katie agrees that the affordability calculation is problematic and a state subsidy would allow us to mitigate some of the factors like the money after rent and all the bills are paid. Marin pointed out that it is also rough for small businesses.
 - Paul has the opinion that if we make the insurance more understandable and get more people enrolled, we can increase the size of the market and that should decrease the premium costs.
 - Categories
 - In the chat
 - Om – I agree with Paul, make goal 1 to be valuable for Oregon residents
 - Aileen – I think it is a good measure, not the only one.1, if healthy people keep dropping out that is a sign the plans are unaffordable.
 - Paul – On premium, I view as between 1 and 2. It is available, but we need to be careful on context vs. the national things and the various moving parts from year to year. Size and growth is a 1 for me.
 - From the discussion
 - Matthew – Comparing to the national average is reasonable target. Utilizing primary and preventive services data is readily available, DFR gets that data from the carriers.
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- Stacy – It needs refinement and goes back to what is considered affordable. Maybe we are missing a measure. The survey would be good. Amy stated that it will be in development soon.
 - Goal 2: Improve coverage transitions and continuity across programs.
 - Nashoba attributes cost and to the lack of enrollments post OHP and OHP Bridge.
 - Marin suggested measuring the gap time between losing OHP and OHP Bridge and enrollment in the Marketplace. Also minimizing the gap time as much as possible.
 - Marin wondered if we surveyed Oregonians on their understanding of insurance like deductibles, copays, etc. Katie indicated that the current survey asks people questions like if they know what their deductible is but doesn't measure how much they know or truly understand their coverage.
 - Matthew commented that there are people on OHP that do not understand what it means.
 - Goal 3: Strengthen the partners and systems that support enrollment and retention.
 - Stacy questioned whether a survey goes out to partners like the one that goes out to carriers and brokers. Misty confirmed that there was one that went out last week.
 - Stacy believes that there should be more specificity with the measures on the reporting expectations. Marin's understanding was that this is just a framework and we will build out the specific targets and benchmarks later and David confirmed his understanding.
 - Stacy asked for clarification on partner-supported enrollment and retention outcomes. Misty explained that it is how many people are keeping and retaining their agent or community partner or are deciding if they can enroll on their own. Matthew added that one of the factors that was being considered was successful year-long coverage.
 - Matthew had two measures that stood out and that was time to resolve partner initiated issues and partner-supported enrollment and retention outcomes. The shorter the time, the more responsive the system is focused on fixing those issues. And enrollment and retention is indicative of how well we have educated and equipped our partners to support consumers.
 - Om's number one measure would be partner-supported enrollment and retention outcomes.
 - Goal 4: Advance equity through culturally responsive access and equity
 - Marin wondered about the current data that we keep. Katie stated that we currently receive data from HealthCare.gov and so it is whatever data they are collecting. In the future we will have more flexibility.
 - Matthew believes that partner and community feedback is a critical component of this goal.
 - Marin was curious about how to capture data on community feedback. Matthew indicated that we have already been doing this over the years and we have been focusing on underserved and rural communities.
 - Matthew suggested that we have a survey at the end of the customer experience on the platform if they have been using other languages or self-identifying as Alaska Native or Native American to ask how their experience was. Claire will take this back to the Vimo team to see if there is anyone else doing this.
-

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- Matthew added that on goal 2 regarding transitions and continuity between programs when talking about goal 3 we have the opportunity to track folks coming off of OHP and OHP Bridge and seeing how many are being connected to partners.
-

**Public comment,
committee
business, wrap
up and closing**
3:51:59

- Nashoba has accepted the nomination for chair and Matthew has accepted the nomination for vice chair.
 - We will be working on the draft 2027 Work Plan for the committee's consideration.
 - We have two new members that are pending governor appointment and Senate confirmation in September: Aileen Jefferies is a small business owner and was able to attend the meeting today, and JP Cardenas from Kaiser Permanente.
 - Our next meeting will be virtual on October 15, 2026
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*These minutes include timestamps from the meeting recording in an hour: minutes: second format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2026 Meetings, July 16.



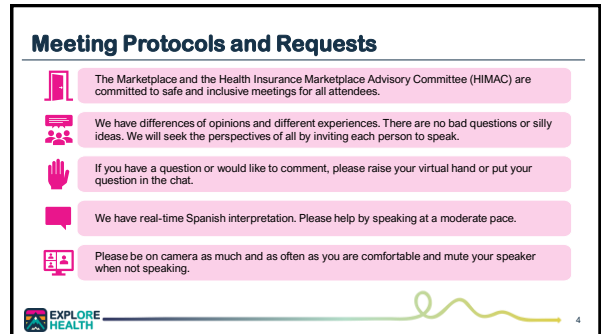
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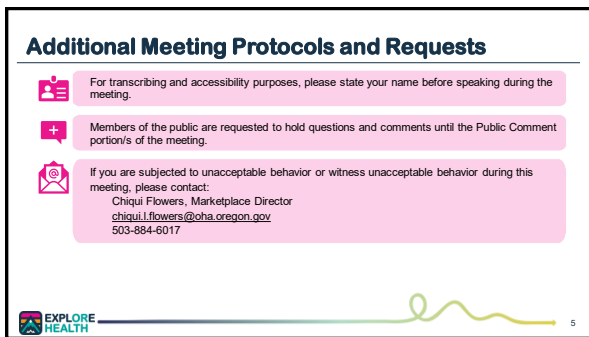
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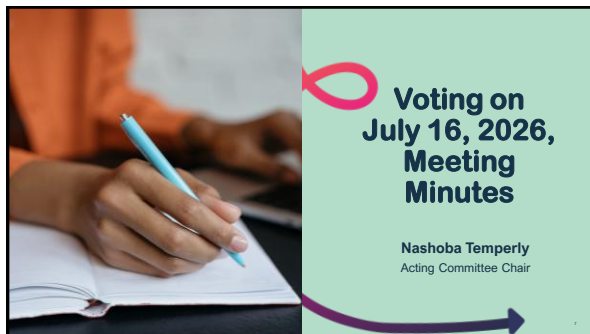
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2027 Legislative Calendar (Predicted)	
• December 1-3	Legislative Committee Days presentations
• Early January	Bills released
• January 19	First day of session
• March 19	First chamber posting deadline*
• April 6	First chamber work session deadline**
• May 7	Second chamber posting deadline*
• May 21	Second chamber work session deadline**
• June 27	Constitutional Sine Die
* Bills must be scheduled for a vote in committee by this date. ** Bills must be voted on and passed by a committee by this date. Bills in budget and rules committees are exempt from these deadlines.	

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2027-2029 Agency Budget Request Highlights	
• OHA's 2027-2029 budget request for the biennium is \$42.3 billion in total funds (\$7.4 billion in state general funds)	Aligns with Governor Kotek's priorities to continue the expansion of behavioral health treatment capacity, maintain the sustainability of OHA's core services, and best position Oregon's health care system for the coming impacts from federal funding cuts
• Policy Option Packages: Focused investments that support OHA's mission to eliminate health inequities in Oregon by 2030	- Advancing Health System Priorities and State Commitments - Improving Stewardship of Public Resources - Maintaining Safe, Reliable State Facilities - Modernizing Oregon's Health Infrastructure - Preserving Core Public Health and Regulatory Services - Strengthening Government-to-Government Partnership with Tribes

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Public Health	
LC 220 and POP 406	Enhancing Vaccine Access and Financing
POP 402	ALERT Immunization System Replacement
POP 407	Gender Affirming Care



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Health Policy & Analytics	
LC 225	Health Policy & Analytics Technical Fixes and Streamlining
	- Palliative Care and Interdisciplinary Quality of Life Council - Cost Growth Target program - Health Care Market Oversight Program - Health Plan Quality Metrics Committee - Health Care Provider Incentive Program Health Insurance Marketplace Advisory Committee - PEBB/OEBB

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Health Policy & Analytics, cont.

POP 409 Health Care Market Oversight Program Restoration

POP 424 PEBB & OEBB Benefit Management System Modernization



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Questions?

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Federal Developments and State Impacts

Katie Button
Marketplace Plan Management and Policy Advisor

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Eligibility Changes for 2027



Certain lawfully present immigration statuses can still enroll in plans, but will not be eligible for premium tax credits

- Non-citizens who are not "eligible aliens"
- Mostly includes refugees and asylees
- Green card holders, lawful permanent residents, and citizens of COFA nations are still eligible



Income verification requirements will be reinstated

- Applicants with incomes that do not match IRS or other financial records must provide proof of income, such as a pay stub
- When applicants do not have documentation to verify income, they may self-attest to their income.



Medicaid Work Requirements currently required to start Jan. 1, 2027

- Anyone denied eligibility for OHP due to not meeting work requirements will **not** be eligible for a premium tax credit, but may enroll at full cost



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Pre-Enrollment Verification – H.R. 1

Prior to Open Enrollment for plan year 2028, exchanges must implement pre-enrollment verification

Applicants must provide proof of eligibility for tax credits before they can be applied to premiums

Exchanges must provide a process by August 1 that enables applicants to verify their information prior to Open Enrollment

Process is intended to provide enough time for consumers to provide additional information if their initial application does not satisfy requirements

Process is vague and has not been defined further by the federal government; no current information on how HealthCare.gov will implement it



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OHP Bridge Updates

Tim Sweeney
Sr. Policy Analyst
Office of Health Policy

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Agenda

- Program overview
- Enrollment update
- HR1 and OHP Bridge

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OHP Bridge

- OHP Bridge covers adults with incomes just above Medicaid limits.
To qualify, people must:
 - Have annual household income between 133% and 200% of the federal poverty level (200% = \$31,920 for a single-person household; \$43,280 for a two-person household),
 - Be 19 – 64 years old,
 - Not have access to other affordable health insurance, and
 - Have eligible citizenship or immigration status.
- OHP Bridge formally **launched on July 1, 2024**.

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

OHP Bridge – Basic Health Program (BHP)

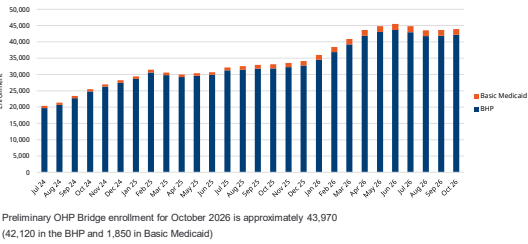
- Managed exclusively by CCOs – covers a majority of OHP Bridge members
- No option for Open Card
- Authorized under Section 1331 of the Affordable Care Act
- Approval remains in effect unless Oregon seeks to withdraw program, or unless CMS identifies noncompliance leading to disapproval

OHP Bridge – Basic Medicaid

- Allows enrollees option to choose between CCO and Open Card
- Only available to American Indian/Alaska Native individuals
- Authorized as an amendment to Oregon’s 1115 Medicaid demonstration
- Waiver must be renewed every 5 years (next renewal is in 2027)

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Enrollment update



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New OHP Bridge Enrollees by Previous OHP Enrollment

- Nearly 97,000 unique individuals have enrolled in OHP Bridge from July 2024 to September 2026.
- 38% (37,100) were not enrolled in OHP 12 months prior to first enrolling in Bridge
- Those without previous OHP enrollment may have come from the individual market, had employer-sponsored health insurance, or been uninsured.

* OHP includes all Medicaid, CHIP, and Healthier Oregon members, except those who are "partial duals" eligible only for a Medicare Savings Program.
** Members who had more than one OHP Bridge enrollment span are represented in quarter in which they first enrolled.

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Federal Impacts to OHP Bridge – BHP: Medicaid

- **HR 1 does not explicitly extend Medicaid provisions to Basic Health Programs**
 - Work and other activity requirements and more frequent renewals apply specifically to the Medicaid Expansion population and do not apply to OHP Bridge
 - Co-pay requirements go into effect in 2028, CMS has not indicated intent to apply to Basic Health Programs
- **Medicaid eligibility changes for non-citizens do not apply to OHP Bridge**
 - Existence of Healthier Oregon mitigates coverage impact of these changes

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Marketplace provisions that may affect OHP Bridge

- **Expiration of enhanced Marketplace tax credits reduced per-member BHP revenue as of January 2026**
 - Per-member revenue in 2026 is still expected to exceed per-member costs
- **HR. 1 eliminated tax-credit eligibility for certain non-citizens which further reduces federal BHP revenue for Oregon beginning January 2027**
 - BHP statute was not modified by HR 1; individuals losing tax-credit eligibility will maintain eligibility for OHP Bridge – BHP coverage
 - Eliminating tax-credit eligibility prevents Oregon from receiving federal BHP payments for approximately 3% of program enrollees

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Communications and engagement

- Working together through recurring partner and member engagement
 - ODHS | OHA Forward Together Federal Response webinar
 - Medicaid Advisory Committee (MAC)
 - Beneficiary Advisory Council (BAC)
 - Health Insurance Marketplace Advisory Committee (HIMAC)
- OHA and ODHS are dedicated to ensuring OHP members, partners, the public and media have timely, relevant and accessible information throughout the rollout of HR1. You can find out more at the webpages below:
 - <https://www.oregon.gov/oha/Pages/Federal-Changes.aspx>
 - <https://www.oregon.gov/oha/HSD/OHP/Pages/Federal-Changes.aspx>

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Public Comment

Nashoba Temperly
Acting Committee Chair

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SBM Project Updates

Victor Garcia
Marketplace Operations Advisor
and Program Liaison

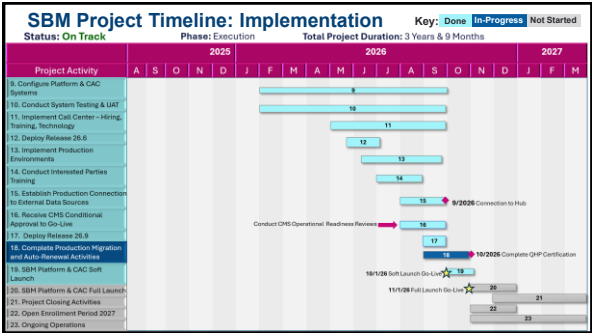
Dorocida Martushev
Project Manager

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State-based Marketplace (SBM) Topics

- Implementation Timeline
- Key Project Accomplishments
- Soft Launch Updates
- Go-Live Readiness

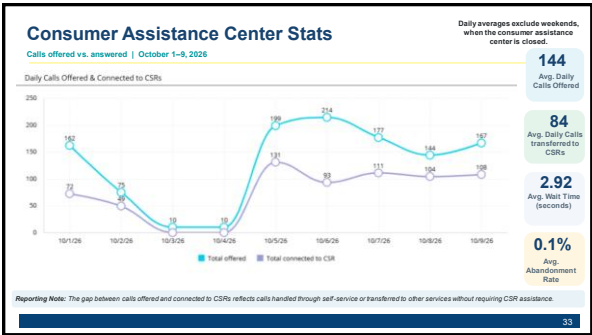
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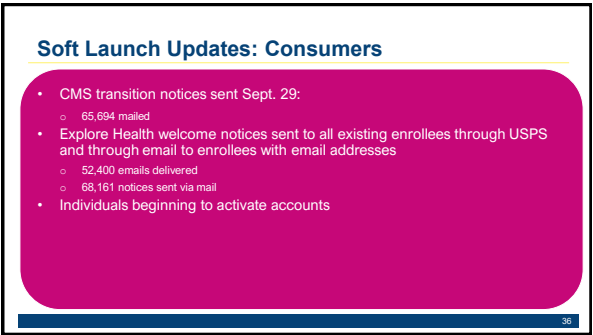
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Soft Launch Updates: Insurance Agents/Agencies

- Account activation/Welcome Notices sent to 840 individual insurance agents on 10/5/2026
- 505 Agencies in the system
- 814 Agents in the system
 - 344 Agents have claimed accounts
 - 240 Agent's accounts were suspended on 10/12/2026 due to not completing Marketplace Certification Training
 - Email sent to Agents advising training still needed to be completed

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Soft Launch Updates: Assistors/Community Partners

- "Access your Explore Health Organization Account" email sent to organization managers on 10/5/26
 - All 12 grantee organizations and non-grantee organization managers with at least one trained assister received
 - Organizations without trained assisters did not receive the email
- 136 organizations in the system, 23 of which have registered accounts
- We are monitoring 194 assisters:
 - 145 claimed accounts
 - 148 certified
- Monitoring daily the assister training tracker to verify completion status
- Organization Managers are actively adding assisters into the system
- Monitoring incoming access-related emails and password reset inquiries

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Carrier Readiness Update

Open Enrollment preparation | Status as of October 10, 2026

95%
EDI testing complete
Through scheduled cases

5
Carriers completed
All scheduled test cases

4
Carriers in progress
Remaining validation underway

Nov 1
Open Enrollment
Target launch date

Readiness accomplishments

- EDI transactions**
Most scheduled enrollment change and termination scenarios completed
- Production setup**
Carrier production profiles, plan/rate validation and foundational connectivity tasks completed
- Operational preparation**
Carrier coordination and launch readiness activities underway

Remaining focus before Open Enrollment

- Close testing**
Fresh RCN, PayNow and remaining scenario validation
- Confirm connections**
Verify final production SFTP connections and formal EDI sign-off
- Prepare for launch**
Finalize carrier access, E34 delivery timing and November 1 monitoring

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CAC Readiness Update

Consumer Assistance Center (CAC) • Launch preparation status

COMPLETE

100%
Launch preparation complete
All readiness areas

115
Call center reps
Hired and trained

Oct 1
CAC operational
Soft Launch opening

Completed readiness areas

- Complete** **AVA / IVR**
Call flow, configuration and testing
- Complete** **Printshop • Mailroom**
Test mailings and vendor integration
- Complete** **Staffing • Hardware**
Staffing, testing, kiosk and monitoring
- Complete** **Operational Readiness**
Scripts, knowledge base, labeling and vaccination

Operational readiness highlights

- Telephony & AVA/IVR**
Configured and tested phased functionality confirmed
- Staff preparedness**
115 representatives hired and trained, live test calls and hardware complete
- Support operations**
Scripts, knowledge base, QA scorecards and workgroups complete

Key message: CAC launch preparation is complete, including 115 representatives hired and trained. Continue operational monitoring for November 1 Open Enrollment.

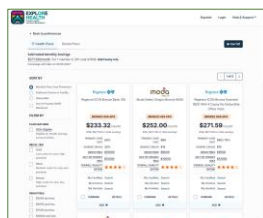
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Plan Guide

LAUNCHED ON OCT. 31

- Provides information on benefits and cost-sharing
- Provides estimated premiums, tax credits, and cost-sharing reductions, if applicable
- Provider and prescription search available
- Plan options vary by county
 - Consumers will see between 9 and 18 dental plans
 - Consumers will see between 11 and 33 medical plans

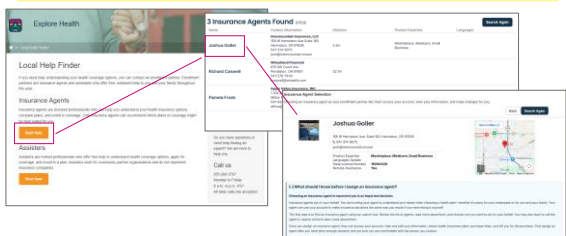


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Local Help Finder

LAUNCHED ON OCT. 31

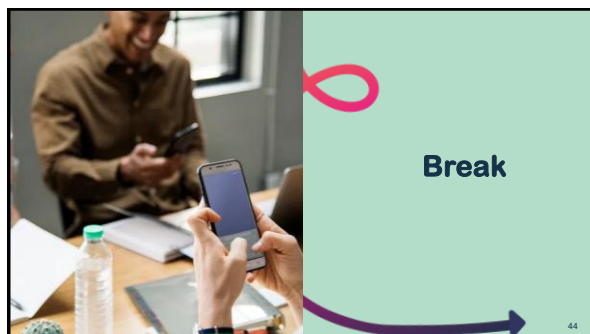


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Marketing and Outreach Campaigns					
Upcoming Communications – 2-Week Forward View					
Activity Type	Activity/ Metric	Audience / Channel	Planned Timing	Status Update	Expected Impact / Traffic
Email Campaign	Plan Guide Campaign	Consumers / Email	10/15/26 @ 8am	In progress and on track.	Expected increase in website traffic, CAC volume.
Text Campaign	Plan Guide	Existing enrollees / Text	10/15/26 @ 3:40pm	Scheduled	Expected increase in website traffic, CAC volume.
Press Release	Plan Guide	General / Media	10/15/26 @ 8am	In progress and on track.	Expected increase in media inquiries, website traffic, CAC volume.
Ad Campaign: • CTV • Audio • Display • Search • Social Media • Video	Brand Awareness Launches	General Public	10/15/26	Scheduled for Deployment/Placed	Expected increase in website traffic, CAC volume.
Letters, Emails, SMS	Winback Campaign	Recently ended coverage	10/19/26 (letter) 10/26/26 (Emails/SMS)	In progress and on track.	5,613 letters 5,475 emails ~5,700 phone numbers Expected increase in website traffic, CAC volume.
Text Campaign	Plan Guide	Existing enrollees / Text	10/20/26 @ 9:30am	Scheduled	Expected increase in website traffic, CAC volume.

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2027 Open Enrollment Outreach, Education and Marketing

Misty Rayas
Marketplace Deputy Director

Amy Coven
Marketplace Communications and Public Engagement Analyst

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Goals and Objectives

- 1 Increase awareness of SBM transition
- 2 Educate consumers on actions and timelines
- 3 Prepare enrollment partners and support teams
- 4 Reduce confusion and misinformation
- 5 Promote continuity of coverage



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Goals 1 and 2: Consumer Awareness Campaign

Brand Awareness: Starting Oct. 15

- Statewide campaign
- Introduce Explore Health
- Incorporate pre-OE messaging into campaign as post awareness (retargeting) messaging

Explore Health. For your life here.

Open Enrollment: Starting Nov. 1

- General messaging about Open Enrollment awareness and timelines
- Raise awareness that Explore Health is Oregon's new health insurance marketplace

Find local help, compare your options, and choose with confidence through Explore Health.



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Goals 1 and 2: Overall Communications Timeline

Oct. 2026 10/1: System Soft Launch 10/1: CMS Direct Notification to Current Enrollees 10/1: Enrollment Partner Office Hours Launch 10/5: State Account Activation Notices Sent 10/9: Plan Guide and Local Help Finder Launches 10/15: State Direct Messaging Campaign Launches 10/15: Brand Awareness and Pre-Open Enrollment Campaign Launches Key Messages: Oregon's new SBM is Explore Health. Get ready for OE! Claim your account. Find local help. Preview plans and savings.	Nov. – Dec. 2026 - All Tactics Listed Prior - Open Enrollment (Nov. 1-Jan. 15) - Full Open Enrollment Campaign Deployment Key Messages: Apply and enroll by Jan. 15. Get help from an enrollment partner. Financial help is available.	Jan. – March 2027 - All Tactics Listed Prior - Move to Stabilization Messaging - Evaluate Open Enrollment Campaign - Final Partner Listening Sessions Key Messages: Get 2026 Form 1095-A from HealthCare.gov. Report changes. SEP opportunities. Get help!
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Goals 1 and 2: Campaign Details

Audiences

- Adults ages 26-64
- Current enrollees
- Uninsured individuals
- English
- Spanish

Priority Counties

- Deschutes
- Multnomah
- Clackamas
- Washington
- Josephine
- Umatilla
- Marion
- Clatsop
- Jackson
- Lane
- Malheur

Strategy

- Build awareness and trust
- Build statewide reach across key channels
- Behavior-based targeting
- Customized retargeting
- Engage audiences in trusted, everyday spaces
- Use a mix of paid placements and trusted community-based channels

Success metrics

- Traffic to Plan Guide
- Traffic to Local Help Finder
- Number of enrollments



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Goals 1 and 2: Sample Ads



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Goal 3: Community Outreach and Equity Strategy

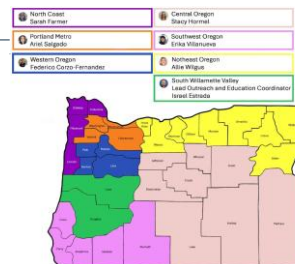
- Trusted community partnerships
- Multilingual and culturally responsive outreach
- Rural and underserved engagement
- Events, tabling, and local activations
- Influencer and culturally specific media



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Goal 3: Marketplace Outreach Team

- Marketplace outreach team provides statewide outreach and education
- Activities include community events, information sessions, and consumer support
- Preparing the people of Oregon for a smooth transition to Explore Health



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Goal 3: Community Partner Program

Community Partner Grantees	Location; Area served and Population of focus
Arcoris Cultural	Newport; Lincoln County
Asian Health and Service Center	Portland; Tri-counties
Cascade AIDS Project	Portland; Tri-counties
Immigrant and Refugee Community Organization (IRCO)	Portland; Tri-counties, Eastern Oregon
Interface Network	Salem; Marion and Polk Counties
Northeast Oregon Network (NEON)	Enterprise and La Grande; Eastern Oregon, rural
One Community Health	Hood River and The Dalles; Hood River and Wasco Counties
Oregon L.E.A.D.	Salem; Marion, Polk and Yamhill Counties
Project Access NOW	Portland; Tri-counties
Tayas Yawks	Klamath Falls; Deschutes, Klamath and Lake Counties
Waterfall Clinic, Inc.	North Bend; Southern Oregon, rural
We Care	Hillsboro; Benton, Clackamas, Lane, Multnomah and Washington Counties



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Goal 3: Partner Agent Program

Partner Agent Program	Location; Area served and Population of focus	Population of focus
Alcon Burns Insurance Services	Boone; Lane county	Hispanic and Black populations
Abel Insurance	Coos Bay, Florence, Gold Beach and Newport; Coos, Curry, Lane, and Lincoln counties	Rural communities
Bancorp Insurance	La Pine; Deschutes county	Rural communities
Bone Insurance Associates	Eugene; Lane county	Rural communities
Chatham Insurance	Newberg; Yamhill county	Asian/Thai community
Gordon Wood Insurance	Roseburg; Douglas county	Rural communities
Grace Insurance Services	Portland; Multnomah county	Asian/Chinese community
HE Cross Company	Portland and Beaverton; Multnomah county	
Health Plans in Oregon	Portland Metro (B office); Multnomah and Washington counties	Asian, Hispanic, and Black
Healthwise Insurance Planning	Portland; Multnomah county	German community
Healthy, Wealthy & Wise	Tigard; Washington county	Rural communities
High Desert Insurance	Bend; Deschutes county	Rural communities
Illiback Insurance Agency	Enterprise; Willamette county	Rural communities
Cover Oregon	Albany; Linn county	Rural communities
Insurance By Design	Wilsonville; Washington county	Hispanic community
K Insurance Group	Independence; Polk county	Hispanic, rural communities
Linda Digen Insurance	Astoria; Clatsop county	Rural communities
Matthew Woodbridge Insurance	Salem and Woodburn; Marion county	Hispanic community
RIS & Associates	Philomath; Benton county	Rural communities
Salsburg Insurance	The Dalles and Hood River; Hood River and Wasco counties	Hispanic, rural communities
Shelbred Insurance & Financial Services	Beaverton, Merriam, Klamath Falls, and Medford; Jackson, Klamath, Umatilla, and Washington counties	Rural communities
Valley Insurance	La Grande; Union county	Rural communities



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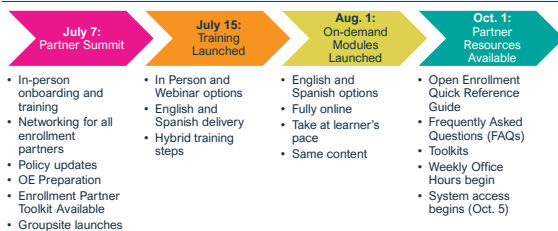
Goal 3: Tribal Engagement and Support

- Works with all nine federally recognized Tribes in Oregon
- Provides technical assistance, training, case resolution, consultation, and supports cultural guidance



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Goal 3: Enrollment Partner Readiness



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Goal 3: Agent Training Completion Summary

929 of 1025 Agents Completed Marketplace Training for total of 91%



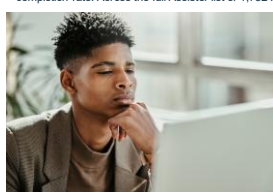
In-Person Training	• 90 enrolled • 88 completed • 98% completion rate
Virtual Training	• 148 enrolled • 142 completed • 96% completion rate
On Demand Training	• 787 enrolled • 699 completed • 88% completion rate



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Goal 3: Assister Training Completion Summary

Of the 1078 Assisters who have participated in MP Training, 841 have completed it, resulting in a 78% completion rate. Across the full Assister list of 1,752 individuals, this reflects an overall completion rate of 48%.



In-Person Training	• 345 enrolled • 277 completed • 80% completion rate
Virtual Training	• 392 enrolled • 350 completed • 89% completion rate
On Demand Training	• 321 enrolled • 185 completed • 58% completion rate



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Goal 3: Preparing Oregon Health Plan Workers

New two-part training required for all Oregon Health Plan (OHP) customer service and eligibility workers:

- | | |
|---|--|
| 1) Marketplace-created training: <ul style="list-style-type: none"> • What is the Marketplace? • Marketplace / Financial Assistance eligibility • Transitioning between programs • Protections for special populations • Timeline of Oregon's move to a state-based marketplace • Explore Health Plan Guide • How workers can help: making a referral | 2) Medicaid Policy-created training covering process changes on the ONE Online side |
|---|--|



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Marketplace Strategic: Progress Measures

Katie Button
Marketplace Plan Management and Policy Advisor

David Simnitt
Principal, DS Consulting

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Purpose Today

- ✓ Check in on strategic plan development timeline
- 🔄 Review and discuss updated goal language based on feedback from July HIMAC meeting
- 🎯 Introduce brief HIMAC member survey on: Measuring Success in the Strategic Plan



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Strategic Plan Development Process



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Strategic Plan Goal 1 Update

Previous Feedback Received

- Affordability is important but difficult to define consistently
- Many factors affecting affordability are outside Marketplace control
- The Marketplace can have the greatest impact through access, financial assistance, consumer support, and plan selection

Updated Goal 1 Language

Improve the affordability, understanding, and value of Marketplace coverage for Oregon residents



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Affordability Narrative

Language to be Included in the Strategic Plan to Address Affordability

"Affordability is influenced by federal policy, market conditions, health care costs, subsidy levels, and consumer circumstances. Because affordability varies across individuals and households, this strategic plan does not rely on a single federal, actuarial, or consumer-based definition. Instead, the Marketplace will focus on improving access to coverage and financial assistance, reducing financial barriers to enrollment and use of coverage, and helping consumers understand and select coverage that meets their needs."

Rationale

- Recognizes that affordability is influenced by multiple factors
- Acknowledges that affordability varies across households
- Focuses on areas where the Marketplace can have meaningful impact
- Aligns affordability with access, assistance, and consumer experience



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HIMAC Member Survey



Opportunity to provide input on how the Marketplace should measure success in the strategic plan



Survey provides background on different quality improvement approaches and then asks for your guidance on best methodology



Marketplace staff will email survey link to HIMAC members
Please complete survey by October 30



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Thank you!

Additional questions or comments?



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Public Comment

Nashoba Temperly
Acting Committee Chair

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2027 HIMAC Work Plan

Chiqui Flowers
Marketplace Director

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2027 HIMAC Workplan

	2027	2028	2029	2030	2031	2032	2033	2034	2035
Policy	Finalized development and public review	✓	✓		✓	✓			
2027 Legislative Session	Open amendment process	✓	✓						
2027 HIMAC Session	Subcommittee and stakeholder meetings				✓				
2027 HIMAC Session	Operational and performance metrics				✓				
2027 HIMAC Session	2027 plan offerings				✓				
2027 HIMAC Session	Plan amendment implementation				✓				
2027 HIMAC Session	Updates	✓	✓		✓	✓			
2027 HIMAC Session	Updates and potential new services	✓	✓		✓	✓			
2027 HIMAC Session	Agreed and visible engagement trends and insights		✓		✓	✓			
2027 HIMAC Session	Community involvement equity review				✓				
2027 HIMAC Session	Communications and engagement	✓	✓						
2027 HIMAC Session	Updates					✓	✓		
2027 HIMAC Session	2027 Marketplace assessment				✓	✓			
2027 HIMAC Session	2027 timeline work plan				✓	✓			
2027 HIMAC Session	Appendix update on 2027 Marketplace report				✓	✓			

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HIMAC By-laws: Proposed Changes

Victor Garcia
Marketplace Operations Advisor and Program Liaison

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Proposed Changes to HIMAC Bylaws

The HIMAC bylaws are periodically reviewed and updated after input from the committee. This includes occasional housekeeping tasks to align with new regulations or addressing other issues as they are identified.

- In this iteration, the Marketplace is recommending changes to:



Include the name of the new committee chair



Streamline Exhibit A and only include definitions of terms outlined in the bylaws



Include the role of the HIMAC as a rulemaking advisory committee for the Marketplace and outline relevant logistical details



Add revision date to reflect passage, if HIMAC chooses to adopt proposed revisions

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HIMAC Elections: Chair and Vice Chair

Chiqui Flowers
Marketplace Director

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Nominations

Nashoba Temperly
Nominated for Committee Chair



Matthew Woodbridge
Nominated for Committee Vice Chair



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Wrap up and closing

Nashoba Temperly
Acting Committee Chair

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Thank you!

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Explore Health at explorehealth@oha.oregon.gov or 855-268-3767 (voice). All relay calls welcome.

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HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE

2027 Work Plan

As approved on [Insert date here]



TOPIC		January	April	May/June	July	October	December
Policy	Federal developments and state impacts	✓	✓		✓	✓	✓
	2027 Legislative Session	✓	✓		✓		
2027 Open Enrollment	Open enrollment debrief	✓	✓				
2028 Open Enrollment	Outreach and education strategies					✓	
	Operational key performance indicators				✓	✓	
	2028 rates				✓	✓	
	2028 plan offerings					✓	
	Pre-enrollment verification implementation		✓		✓	✓	✓
State-based Marketplace Project	Updates	✓	✓				
Marketplace Strategic Plan	Updates and potential work sessions	✓	✓		✓	✓	✓
Outreach and education	Agent and assister engagement trends and insights		✓		✓	✓	
	Community involvement equity review		✓		✓		
	Communications and engagement	✓	✓		✓	✓	✓
OHP Bridge	Updates					✓	✓
Other Business	2028 Marketplace assessment		✓	✓			
	2028 baseline work plan					✓	
	Committee update on 2026 Marketplace report		✓				

Updated on [date]

Note: Topics are mapped out based on the standard meeting cadence. Additional meetings may be scheduled as needed.

RESOLUTION OF THE ADVISORY COMMITTEE OF THE OREGON HEALTH INSURANCE EXCHANGE

WHEREAS, Senate Bill 1, a legislative act of 2015 abolishing the Oregon Health Insurance Exchange Corporation and transferring its duties and functions to the Oregon Department of Consumer and Business Services (DCBS), was enacted by the Oregon Legislative Assembly and signed into law by Governor Kate Brown on March 6, 2015;

WHEREAS, DCBS created the Oregon Health Insurance Marketplace, a division of DCBS, to administer the functions and duties transferred from the Oregon Health Insurance Exchange Corporation;

WHEREAS, Senate Bill 65, a legislative act of 2021, transfers the duties of the Oregon Health Insurance Marketplace and functions from DCBS to the Oregon Health Authority (OHA) was enacted by the Oregon Legislative Assembly and signed into law by Governor Brown on July 19, 2021;

WHEREAS, under the governing legislation, the governor must appoint 13 members of the Health Insurance Exchange Advisory Committee, hereafter referred to as the Health Insurance Marketplace Advisory Committee, and the OHA and DCBS Directors or their designees must serve as a member;

WHEREAS, the OHA has committed to ending health inequities by 2030, and the Oregon Health Policy Board has prioritized ensuring policy work is centered on health equity; and

WHEREAS, the members of the Health Insurance Marketplace Advisory Committee (HIMAC) acknowledge their individual and collective responsibilities to provide advice in good faith, in the best interest of Oregonians, and in accordance with Senate Bill 65 and other law;

NOW, THEREFORE, BE IT RESOLVED that the HIMAC hereby adopts its bylaws for the HIMAC of the Oregon Health Insurance Marketplace, attached as Exhibit A.

I HEREBY CERTIFY that the foregoing resolution was adopted on the, by the HIMAC of the Oregon Health Insurance Marketplace.

[New HIMAC Chair's Name]

Committee Chair

Exhibit A: BYLAWS OF THE HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE

ARTICLE I

DEFINITIONS *[Note: Proposed deletions below due to these terms not being in the document.]*

- ~~ACA: Patient Protection and Affordable Care Act signed into law by President Barack Obama on March 23, 2010.~~
- Actual Conflict of Interest: As defined in ORS 244.020, means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be to the private pecuniary benefit or detriment of the person or the person's relative or any business with which the person or a relative of the person is associated unless the pecuniary benefit or detriment arises out of circumstances described in ORS 244.020 (12).
- ~~Biennium: The state fiscal or budgetary cycles begins July 1 of every odd-numbered year and ends June 30 two years later. For example, the 2015-17 biennium begins July 1, 2015, and ends June 30, 2017.~~
- ~~Business: As defined in Government Ethics statute (ORS 244.020), business means any corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual, and any other legal entity operated for economic gain, but excluding any income-producing not-for-profit corporation that is tax exempt under section 501(c) of the Internal Revenue Code with which a public official or a relative of the public official is associated only as a member or board director or in a non-remunerative capacity.~~
- ~~CCIIO: U.S. Department of Health and Human Services; Centers for Medicare and Medicaid Services; Center for Consumer Information and Insurance Oversight.~~
- ~~GMS: U.S. Department of Health and Human Services; Centers for Medicare and Medicaid Services.~~
- Executive session: As defined in ORS 192.610 (2): Any meeting or part of a meeting of a governing body that is closed to certain people for deliberation on certain matters.
- ~~Fiscal year: The fiscal year of the Marketplace begins July 1 of each year and ends June 30 of the next year.~~
- Health equity: A health system under which all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to

address the equitable distribution or redistribution of resources and power and recognizing, reconciling, and rectifying historical and contemporary injustices.

- **Health Insurance Marketplace Advisory Committee:** The committee is the advisory body, also referred to as the Health Insurance Exchange Advisory Committee, established by the 2015 legislation creating the Oregon Health Insurance Marketplace as modified by Senate Bill 65 in 2021.
- **Potential Conflict of Interest:** As defined in ORS 244.020, means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which could be to the private pecuniary benefit or detriment of the person or the person's relative, or a business with which the person or the person's relative is associated, unless the pecuniary benefit or detriment arises out of the following:
 - (a) An interest or membership in a particular business, industry, occupation, or other class required by law as a prerequisite to the holding by the person of the office or position.
 - (b) Any action in the person's official capacity which would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of an industry, occupation, or other group including one of which or in which the person, or the person's relative or business with which the person or the person's relative is associated, is a member or is engaged.
 - (c) Membership in or membership on the board of directors of a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code.
- **Public Meeting Law:** ORS 192.610-192.690 are the state statutes governing public meetings. The committee must comply with these statutes.

ARTICLE II

PURPOSE AND POWERS

Section 1: The Committee will advise the director of OHA on development and implementation of the policies and operational procedures governing the administration of the Marketplace.

Section 2: The Oregon Health Insurance Marketplace is a distinct office within the Health Policy and Analytics Division of the OHA.

Section 3: The duties of the Health Insurance Marketplace Advisory Committee are to provide advice on all of the following:

- The amount of the assessment imposed on insurers under ORS 741.105;
- The maintenance of a Small Business Health Options Program in accordance with 42 U.S.C. 18031;
- The processes and procedures to enable each insurance producer to be authorized to act for all of the insurers offering health benefit plans through the Marketplace;

- The affordability of health benefit plans offered by employers under section 5000A(e)(1) of the Internal Revenue Code;
- Outreach strategies for reaching minority and low-income communities and other traditionally underserved populations;
- Ways to mitigate health disparities linked to race, ethnicity, primary language, gender identity, sexual orientation, disability, age, social class, and other similar factors and end health inequities by 2030;
- Solicitation of customer feedback; and
- The affordability of health benefit plans offered through the Marketplace.

Section 4: The committee may hire experts to help discharge its duties, subject to the approval of the director of the Oregon Health Authority. All expenses of the committee will be paid out of the Health Insurance Marketplace Fund.

[Add] Section 5: From time to time, the committee members may serve as an administrative rulemaking advisory committee for the Marketplace.

ARTICLE III

HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE

Section 1: The committee consists of 15 voting members, consisting of two ex-officio members (the directors or designees of the directors of OHA and DCBS) and 13 members appointed by the governor and confirmed by the Senate.

Section 2: Committee member terms of office are two years, with no more than three consecutive terms of service.

Section 3: Appointed committee members serve at the pleasure of the governor.

Section 4: The Chair and Vice Chair are elected by committee. In lieu of an election, the committee may choose to request these positions to be appointed by the director of the Oregon Health Authority.

Section 5: The committee may create policies that describe the governance structure, decision-making processes, and other relevant committee processes. Such policies may be outlined in a committee policy manual.

Section 6: A committee member, other than a qualified member as defined by ORS 292.495(4), shall serve without compensation, unless otherwise prohibited by law. A committee member is entitled to travel expenses as outlined in ORS 292.495 may receive actual and necessary travel or other expenses actually incurred in the performance of their official duties within the limits provided by law or by the Oregon Department of Administrative Services under ORS 292.210 to 292.250. In addition to actual and necessary travel or other expenses actually incurred in the performance of their official duties within the limits provided by law or by the Oregon Department of Administrative Services under

ORS 292.210 to 292.250, a qualified member – a committee member with single-filer or joint-filer adjusted gross income for the tax year prior to the year of service of less than \$50,000 or \$100,000 respectively – shall be provided, for each day or portion of a day during which the member is actually engaged in the performance of official duties, an amount equal to the per diem paid to members of the Legislative Assembly under ORS 171.072. Notwithstanding the above, a committee member or a qualified committee member may decline any and all compensation.

Section 7: Rules of Order

- The committee will conduct its business through discussion, consensus building, and informal meeting procedures.
- The chairperson may, from time to time, establish specific procedural rules of order to assure the orderly, timely and fair conduct of business. The chairperson may refer to the most recent edition of Robert’s Rules of Order for guidance.

Section 8: Quorum and Voting Rights

- Quorum –
 - a A majority of the voting members of the committee constitutes a quorum for the transaction of business or other action, so eight voting members constitute a quorum of the committee. The continued presence of a quorum is required for any official vote or action of the committee throughout an official meeting. Less than a quorum of the committee may receive testimony.
- Voting –
 - a Except as provided in Paragraph b of this Section, all official actions of the committee must be taken by a public vote. On all motions or other matters, a voice vote may be used. At the discretion of the chairperson or at the request of a committee member, a show of hands or rollcall vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded. Abstaining votes are recorded as abstention. At least eight concurring votes must be cast in order to pass or reject a motion.
 - b [Add] No votes will be taken when serving in the capacity of a rules advisory committee under ORS 183.333 pursuant to Article II, Section 5, including providing advice on the amount of the assessment imposed on insurers under ORS 741.105 pursuant to Article II, Section 3.

Section 9: Conflict of Interest. Actions of the committee are subject to the Oregon government ethics law, including requirements for declaring [Add] Actual Conflicts of Interest and Potential Conflicts of Interest.

ARTICLE IV

COMMITTEE MEETINGS

Section 1: Meetings of the committee are open to the public and held in accordance with the state's public meeting law.

Section 2: A majority of the voting members of the committee constitute a quorum for the transaction of business. Committee members may participate in meetings by telephone or videoconferencing. Committee members participating by such means are counted for quorum purposes, and their votes are counted when determining the actions of the committee.

Section 3: At the discretion of the chairperson, special or emergency meetings of the committee may be convened in order to conduct official business between regularly scheduled meetings. In the absence of the chairperson or vice chairperson, a majority of committee members may call a meeting. In accordance with ORS 192.660, the chairperson may convene an executive session during a regular, special, or emergency meeting.

Section 4: In accordance with ORS 244.120, committee members must publicly announce the nature of any conflict of interest or potential conflict of interest before participating in any official action on the issue giving rise to the conflict of interest.

ARTICLE V

SUBCOMMITTEES

Section 1: The committee may establish subcommittees, technical committees, or workgroups as needed to discharge its duties.

ARTICLE VI

HEALTH INSURANCE MARKETPLACE FUND

Section 1: The Oregon Health Insurance Exchange Fund is established in the state treasury, separate and distinct from the General Fund. Interest earned by the fund will be credited to the fund.

Section 2: The Oregon Health Insurance Marketplace Fund consists of money received by the OHA under ORS 741.001 to 741.540 and money transferred by Senate Bill 65. The money in the fund is continuously appropriated to the Marketplace.

Section 3: The committee advises the director of the OHA on the amount of assessment imposed on insurers under ORS 741.105.

ARTICLE VII

INDEMNIFICATION

Section 1: The following statutes apply to the members of the committee:

- 30.260 – 30.300: Definitions for statutes related to “Tort Actions Against Public Bodies”
- 30.310: Actions and Suits by Governmental Units
- 30.312: Actions by Governmental Units Under Federal Antitrust Laws
- 30.390: Satisfaction of Judgment Against Public Corporations
- 30.400: Actions by and Against Public Officers in Official Capacity

ARTICLE VIII

AMENDMENT TO BYLAWS

Section 1: The committee, or any member of the committee, may propose amendments to the bylaws. Committee members must receive proposed amendments no less than seven days before any regularly scheduled, special, or emergency meeting. Proposed amendments must be approved by a quorum vote.

History of amendments to bylaws:

- April 7, 2016 – Initial approval.
- June 4, 2018 – Revised title, updated with information of abolishment of the Oregon Health Insurance Exchange Corporation and creation of the Oregon Health Insurance Marketplace, sections reordered alphabetically, CMS definition added, Article 3, Section 1 added division director.
- October 2, 2019 – Revised term limits.
- July 22, 2021 – Revised title; revised resolution to incorporate SB 65 changes; revised Article I definition of “Marketplace Advisory Committee” to reflect SB 65 changes; revised Article II, Sections 1 and 2 and deleted Section 4 to reflect SB 65 changes; revised Article III, Section 1 to reflect changes required by SB 65; revised Article VI, Sections 2 and 3 to reflect SB 65 changes; deleted Article VII to reflect changes required by SB 65; renumbered Articles to Roman numerals, Articles VII and VIII to reflect deletions, and Article II Section 5 to reflect deletion; formatted spacing to be consistent with existing document; and made grammatical corrections.
- October 6, 2021 – Article II, Section 2 changed “independent” to “distinct”. Article II, Section 4 and Article III Section 4 changed “Department of Consumer and Business Services” to “Oregon Health Authority”.
- October 13, 2022 – Changed chair from Dan Field to Kraig Anderson. Revised resolution to include verbiage on OHA’s commitment and focus on work centered on health equity. All throughout, changed “Marketplace Advisory Committee” to “Health Insurance Marketplace Advisory Committee”. Updated Article I with agency’s definition of “health equity”. Updated Article III, Section 6 to comply with HB 4992.

- October 12, 2023 – Article II, Section 3 changed “implementation” to “maintenance” to comply with SB 966 (2023). Fourth paragraph of Resolution and Article III, Section 1 changed to update ex officio members in compliance with SB 966 (2023).
- October 18, 2024 – changed chair from Kraig Anderson to Lindsey Hopper.
- *[Insert date]* – changed chair from Lindsey Hopper to *[insert name of newly elected chair]*. Removed definitions not needed in this document. Added in Article III, Section 8 details on the role of the committee as a rulemaking advisory committee for the Marketplace and other relevant logistical details.

Health Insurance Marketplace Acronym List

ACA – Affordable Care Act

ADOS – Azure DevOps

ADRC – Aging and Disability Resource Connection

AHRQ — Agency for Healthcare Research & Quality

AI/AN - American Indian/Alaska Native

ALJ – Administrative Law Judge

AP – applicant portal

APTC – advanced premium tax credit

ARC-AMPE - Acceptable Risk Controls for ACA, Medicaid, and Partner Entities

ARPA – America Rescue Plan Act

AV – actuarial value

BHP – Bridge Health Program

CAC – consumer assistance center

CBO — Community-based Organization

CCIO - Center for Consumer Information & Insurance Oversight

CCO – coordinated care organization

CIO – Chief Information Officer

CMS – Centers for Medicare & Medicaid Services

CP – community partner

CRM – customer relationship management

CSR – cost-sharing reductions

CTA – call to action

CWM – Citizen Waived Medical (formally CAWEM – Citizen Alien Waived Emergent Medical)

DAS - Department of Administrative Services

DCBS – Department of Consumer and Business Services

DDI – Design Development and Implementation

DDL – Deliverable Disposition Letter

DFR – Department of Financial Regulation

DMI – Data Matching Issue

DHS — Department of Homeland Security

DOJ – Department of Justice

EDE – enhanced direct enrollment

EDI – Electronic Data Interchange

EHB – essential health benefit

EIS – Enterprise Information Services

EO — Executive Order (contextual, appears in policy discussions)

EOM — End of Month (used in reporting/dashboard cadence)

ER – emergency room

ERISA — Employee Retirement Income Security Act

ESC – executive steering committee

FCR – First Contact Resolution

FFM – federally facilitated marketplace (HealthCare.gov; Oregon is not an FFM)

FPL – federal poverty level

FQHC – federally qualified health centers

GAC – gender-affirming care

GFE – Good Faith Extension

HICS – Health Insurance Casework System (HealthCare.gov system)

HIMAC – Health Insurance Marketplace Advisory Committee

HIPPA – Health Insurance Portability & Accountability Act

HB – House Bill

HHS – Health and Human Services

HNA – Heritage Native American (usually used with OHP benefits)

HPA – Health Policy and Analytics, an office within OHA

ICE – Immigration and Customs Enforcement

ICHRA – Individual Health Care Reimbursement Arrangement

IHS – Indian Health Services

IAA – Interagency Agreement

IAP – Insurance Affordability Program

IHCP – Indian Health Care Provider

IHI — Institute for Healthcare Improvement

IGCA – intergovernmental cooperation act agreement

IQMS – independent quality management system (bluecrane is our IQMS vendor)

IRA – Inflation Reduction Act

IRS — Internal Revenue Service

ISA – interconnection security agreement

ISPO – Information Security and Privacy Office

IT — Information Technology

KPI – Key Performance Indicator

LC – legislative concept

LD – limited duration

LFO – legislative fiscal office

MEC – minimum essential coverage

MARS-E – Minimum Acceptable Risk Standards for Exchanges

MMIS – Medicaid Management Information System

MOU – memorandum of understanding

MRH – Marketplace Resource Hub

NCQA — National Committee for Quality Assurance

NBPP – Notice of Benefit and Payment Parameters

OAR – Oregon Administrative Rule

OC&P – Office of Contracts and Procurement

OCHE – Office of Community Health and Engagement (formerly Community Partner Outreach Program, CPOP)

ODHS – Oregon Department of Human Services

OE – Open Enrollment

OHA – Oregon Health Authority

OHIM – Oregon Health Insurance Marketplace

OHP – Oregon Health Plan

OHPB – Oregon Health Policy Board

OIS – Office of Information Services

OMB – Office of Management and Budget

ONE – Oregon Eligibility
OOP – out-of-pocket
ORS - Oregon Revised Statute
PCP – primary care physician
PD – Position Description
PDM – Periodic Data Matching
PHE – public health emergency
PHI – protected health information
PIA – privacy impact assessment
PII – personally identifiable information
PMPM – per member per month
PPM – project portfolio management
PRIT – payee record information template
POC – point of contact
POP – policy option package
PTC – premium tax credit
QA – quality assurance
QHP – qualified health plan
QIS – quality improvement strategy
RACI(E) – responsible accountable consulted informed equitable
RFI – request for information
RFP – request for proposal
RFQ – request for quote
ROP – Reasonable Opportunity Period
RTM – requirements traceability matrix
REALD – race, ethnicity, language, and disability
SADP – stand-alone dental plan
SAR – Security Assessment Report
SAW – Security Assessment Workbook
SB – Senate Bill
SBD – Stand-alone Dental

SBM – State-based Marketplace
SBM-FP – state-based Marketplace using the federal platform
SDOH – Social Determinants of Health
SEP – special enrollment period
SERFF – System for Electronic Rate and Form Filing
SHOP – small business health options program
SME – subject matter expert
SMS – short message service (text message)
SOGI – sexual orientation and gender identity
SOW – statement of work
SOP – Standard Operating Procedure
SSR – Safeguard Security Report
SSPP – System Security and Privacy Plan
TOC — Table of Contents
UAT – user acceptance training
UC – urgent care
VA - Department of Veterans Affairs
VCI – virtual channel identifier
YoY – year over year