



**Oregon Health Insurance Marketplace
Advisory Committee Meeting
April 16, 2026
9 a.m. – 1 p.m.**

In-person (Preferred)
Barbara Roberts Human Services Building
500 Summer Street NE, CR 137A-D
Salem, OR 97301

Virtual
[Click here to join the Zoom meeting](#)
Phone: 699-254-5252
Meeting ID: 160 940 2249
Passcode: 180661

AGENDA

Time	Agenda Item	Facilitators and Presenters
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and approval of October minutes	Lindsey Hopper Committee Chair
9:10 – 9:40 a.m.	SBM Project updates ¹	Victor Garcia Marketplace Operations Advisor and Program Liaison Chiqui Flowers Marketplace Director Albert Salinas Richard Krummel SBM Technical Team Managers GetInsured Team Jeff Wilcox Marketplace Training Coordinator
9:40 – 10:00 a.m.	Federal developments and state impacts ¹	Victor Garcia Marketplace Operations Advisor and Program Liaison Katie Button Marketplace Plan Management and Policy Advisor
10:00 – 10:05 a.m.	Public comment	Lindsey Hopper Committee Chair

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

Time	Agenda Item	Facilitators and Presenters
10:05 – 10:15 a.m.	Break	Lindsey Hopper Committee Chair
10:15 – 10:25 a.m.	Oregon Health Policy Board (OHPB) updates	Bill Kramer OHPB Member and HIMAC Liaison
10:25 – 10:30 a.m.	Providence Health Plan update	Chiqui Flowers Marketplace Director
10:30 – 11:10 a.m.	Marketplace Open Enrollment and SBM Launch Communications: Workshop	Amy Coven Marketplace Communications and Public Engagement Analyst
11:10 – 11:40 a.m.	Break for early lunch	Lindsey Hopper Committee Chair
11:40 a.m. – 12:40 p.m.	Marketplace Strategic Planning: Workshop	Katie Button Marketplace Plan Management and Policy Advisor David Simnitt Principal, DS Consulting
12:40 – 12:45 p.m.	Public comment	Lindsey Hopper Committee Chair
12:40 – 12:50 p.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

DRAFT

When: February 19, 2026 – 9 a.m. to 12:00 p.m.

Where: Virtual via Microsoft Teams

Committee members: Marin Arreola, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (chair), TK Keen, Kathleen Orrick, Om Sukheenai, Nashoba Temperly (vice chair), Matthew Woodbridge, Alena Zbirun

Members not present: Stacy Carmichael, Clare Pierce-Wrobel, Katherine Souza

Other presenters and partners: Bill Kramer, Dorocida Martushev, Marybeth Mealue, David Simnitt

Marketplace staff: Anthony Behrens, Katie Button, Amy Coven, Chiqui Flowers (director), Victor Garcia, Cable Hogue, Enedina Lopez Paz, Dawn Shaw, Micheil Wallace

Agenda item and time stamp*

Discussion

Welcome, roll call, gratitude for reappointments & welcome of new members guidelines, approval of minutes

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the December 4 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for October minutes, and page 7 for list of senate-confirmed HIMAC members and meeting protocols.)

- Approved December 4, 2025, minutes.
 - First motion to approve – Ron Gallinat
 - Second motion to approve – Nashoba Temperly
 - Ayes – Marin Arreola, Charlie Fisher, Paul Harmon, Lindsey Hopper, TK Keen, Kathleen Orrick, Om Sukheenai
 - Nays – none
 - Absent – Stacy Carmichael, Clare Pierce-Wrobel

2026 Open Enrollment: initial estimates & agents and community partners report 6:31

Presenters: Cable Hogue, Marketplace Business Policy and Data Advisor; Micheil Wallace, Marketplace Agent Liaison; Enedina Lopez Paz, Marketplace Community Partner Liaison
(See pages 8 & 9 of the handout packet for a copy of the slides.)

- Marin asked if we had enrollment data on how specific ethnic or vulnerable groups were impacted. Cable responded that when the public use files come out, we will get some idea, but next year we will have more definitive numbers once we transition to the state-based marketplace.
- Charlie was curious about the partner grantees process and how we find the groups. Both Enedina and Micheil replied that both partner agents and community partners go through an RFGP (request for grant proposal) process. The Marketplace looks at the organizations that apply and the areas that they serve, trying to get as much of the state covered as possible.

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- Kathleen wondered if there is any information about finding pockets of uninsured or if they are using group insurance like church or faith-based groups. Cable indicated that unfortunately with the data we currently can access, we do not have exact information. Through the University of Minnesota's SHADAC (State Health Access Data Assistance Center), we have access to data that gives us an idea of pockets of unenrolled populations. Two of them being the Portland, Clackamas, and Washington Counties and Deschutes County. Next year with our own technology, we will be better able to see movements between enrollments. Faith-based groups are not insurance and are not regulated through DFR (Department of Financial Regulation)

**2026 Oregon
Legislative
Session
38:12**

Presenters: Marybeth Mealue, Senior Policy Advisor, External Relations, OHA
(See page 10 of the handout packet for a copy of the slide.)

- Paul wondered if there were any bills introduced specific to the State-based Marketplace (SBM). Marybeth indicated that there isn't anything transition-dependent introduced this year.
- Marin was curious about OHA (Oregon Health Authority) and DHS (Department of Human Services) requesting \$350 million dollars. Marybeth responded that it likely was in response to HR1 changes in continuous eligibility and work requirements.

**SBM project
updates
51:04**

Presenters: Victor Garcia, Marketplace Operations Advisor and Program Liaison
and Chiqui Flowers, Marketplace Director
(See pages 11-13 of the handout packet for a copy of the slides.)

- SBM Project Timeline: Implementation correction, the requirements have been completed.
 - Acronym definitions:
 - CAC – Consumer Assistance Center
 - UAT – User Acceptance Testing
 - RFQ – Request for quotes
 - EDI - Electronic Data Interchange
 - IEA - Information Exchange Agreement
 - FDSH - Federal Data Services Hub
 - IMPL - "Implementation"
 - SFTP - Secure File Transfer Protocol
 - Om questioned about consumers logging into HealthCare.gov and if they would be redirected into our system. Chiqui informed that notices will be going out and that consumers will need to create new logon credentials in our system. Additionally, Om wanted to know if we were going to go with a third-party platform like Health Sherpa. Chiqui responded that especially in the first year and due to security concerns and non-finalized CMS guidelines, we will not be using a third-party direct enrollment platform partner at this time.
 - In the chat, Alena Zbirun asked: "What about 1332 Waiver Extension? Can we use this money to provide affordable health insurance?" Victor informed that the state has a 1332 waiver in the form of the Basic Health Program. We could have another 1332 waiver program but there would not be any federal funding for it and there isn't any state funding available at this time.
 - Om asked about an extended OEP (open enrollment period) and Victor responded that due to federal guidelines, OEP cannot go past December 31.
-

Public comment & break

- Walk-on agenda item: Bill Kramer, our OHPB (Oregon Health Policy Board) liaison provided some updates.
 - Two priorities for OHPB for 2026 are Affordability and Primary Care. With the affordability priority, they have created two committees: the Affordability Committee and the Industry Advisory Committee. The Affordability Committee is looking for a member who is an employer and would like to see if anyone is interested or has any recommendations. They would not have to know about health insurance.
 - Thank you for all your efforts.
- From the chat:
 - Q – Jake Vandermeer: “How would a special enrollment period for pregnancy exacerbate risk profile in the individual marketplace for insurance?”
 - A – Katie Button: “We would do some analysis of other states' experience before deciding to implement this. As most of our exchange population is older, there probably wouldn't be a significant number of people who use this SEP. The benefits of prenatal care for both pregnant person and baby may improve general population health, which may outweigh the risk of people enrolling mid-year.”

Proposed 2027 Notice of Benefit and Payment Parameters
1:45:50

- Presenter: Anthony Behrens, Marketplace Senior Policy Advisor and Carrier Liaison (See pages 14-19 of the handout packet for a copy of the slides.)
- Recent change is the public comment deadline from March 11 to March 13, 2026.
 - Charlie Fisher asked in the chat about what would be an example of an improper payment. Anthony explained that an improper payment would be paying someone who is not eligible for APTCs (advance premium tax credits), paying a deceased person's APTCs, or someone who doesn't live in the state.
 - Kathleen Orrick questioned why non-pediatric dental was being removed as an EHB (essential health benefit) especially since dental does have a great impact in one's overall health. Anthony responded that dental is not being eliminated and will still be offered but no longer considered part of the EHB. EHBs were initially designed from a typical employer plan, and they did not include dental as part of their EHB.

Marketplace Strategic Planning: updates & workshops
2:11:20

- Presenters: David Simnitt, Principal, DS Consulting; Katie Button, Marketplace Policy and Plan Management Advisor (See pages 19-20 of the handout packet for a copy of the slides.)
- Alena had three questions/observations.
 - OHP and Marketplace has Marketplace and Oregon Health Plan applications include different questions and data verification processes, which can sometimes create inconsistencies when an application is transferred from the Marketplace to OHP for eligibility determination. For example, she has seen cases where income information appeared differently in the OHP system after a Marketplace transfer, even when the applicant had not reported that income (such as unemployment income appearing in the record). This can create confusion for consumers and enrollment assisters and may lead to incorrect eligibility determinations.
 - Thinks that AI (artificial intelligence) should be explored. AI can help explain concepts such as deductibles, co-insurance, and out-of-pocket maximums in simple language, guiding consumers through plan comparison and helping them make more informed choices.

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- Wondered if there is data on if people apply on their own or get assistance through navigators.
 - Paul felt that the top themes resonated with him and the top bullet: simplify, getting, keeping, and understanding coverage informed the bullets below. Everything built to minimize the challenges to stay in the market and make the changes easier for consumers.
 - Lindsey added that while a number of the priorities resonate with the others, some of the priorities compete and conflict with resources and it will be important recognizing that going forward.
 - Kathleen believes that education is a top priority.
 - Paul indicated on slide 79 numbers 2,3, &4 (improving customer experience, using data, and education) were getting to the root causes of the challenges and would help remove barriers.
 - Alena in chat “Random question, is it possible to increase # of plans in the marketplace? I know that it already has a lot of different plans, which can be very confusing for consumers. But I’m asking because there are studies that say adding one more plan decreases premiums by 5-6%, because increased market competition which attract consumers.” Katie responded that in Oregon we are fortunate to have 6 carriers, currently we are restrained by federal requirements and in the fall, we will not have those restraints.
 - Matthew in chat “On the pink slide, Item 1: it’s really common for people losing OHP coverage to only find out after coverage has ended, often months later when they seek care. Anything improving that awareness of OHP coverage ending will help smooth the transition. I think the only notification currently is a one-time letter.” Amy replied that she has been working with OHP to make it so that people open the letters and that when they do they understand the content.
 - Charlie had two related thoughts. 1) having a platform that is as consumer friendly as possible and 2) tailor the experience so that the plans are more responsive to what the consumers need.
 - Lindsey cautioned that right now we are needing to develop a minimum viable product and that is a high priority. Paul’s comment on finding a root cause is critical before pursuing broader variability or tailoring.
 - Kathleen commented that being able to reach a live voice and not be caught in an AI phone tree would be a great way to provide customer service.
 - Alena asked for suggestions on how to stay involved. David replied that submitting suggestions in writing and attending future forums would be the best way.
 - Om would like to be involved in the plan benefit designs in the future.

**Public
comment, wrap
up & closing
2:46:57**

- No public comment given.
- Gave a thanks to Gladys Boutwell for her service.
- Next meeting is April 16, 2026. It will be our in-person meeting.


*These minutes include timestamps from the meeting recording in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2026 Meetings, February 19.

April 16, 2026

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, Cont.

- 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.flowers@oha.oregon.gov
503-884-6017
- Public Meetings Law webpage: orhim.info/4mtWKu8

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Voting on Feb. 19, 2026 Meeting Minutes

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State-based Marketplace Project

Victor Garcia
Marketplace Operations
Advisor and Program Liaison

Albert Salinas
Richard Krummel
SBM Technical Team Managers

Chiqui Flowers
Marketplace Director

Jeff Wilcox
Marketplace Training
Coordinator

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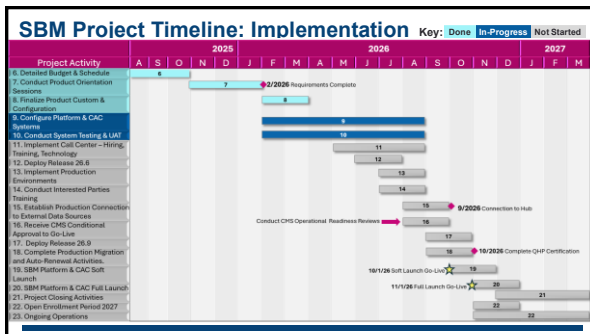
State-based Marketplace (SBM) Topics

-  Implementation Timeline
-  Key Project Accomplishments
-  Engagement with Centers for Medicare & Medicaid Services (CMS)
-  Introducing the Oregon SBM Technical Team
-  Marketplace Training Plan
-  Feedback from GetInsured

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Key Project Accomplishments Since Feb. 2025 Meeting

February	March	April
<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> 03/09 - Approved 1.3.6.1 Training Plan 03/09 - Completed ONE/SBM Design Documentation, Review & Approval 03/26 - Approved IQMS 3.3.14 Monthly Status Report 	<ul style="list-style-type: none"> 04/01 - Finalized English and Spanish User Interface Content 04/14 - ONE/SBM Infrastructure Complete

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Engagement with Centers for Medicare & Medicaid Services (CMS)


Area	What Happened	Date
Safeguard Security Report (SSR)	Oregon prepared and submitted the Safeguard Security Report to IRS outlining security controls, safeguards, and compliance with IRS federal tax information protection requirements.	February 2026
Update Point of Contact list	Oregon updated, identified and submitted designated Points of Contact (POCs) for CMS coordination across security, technical, and program areas.	March 2026
System Security and Privacy Plan (SSPP)	Oregon developed and submitted the System Security and Privacy Plan documenting system architecture, security controls, and compliance with CMS security standards (ARC-AMPE).	March 2026
Privacy Impact Assessment (PIA)	Oregon completed and submitted the initial draft of the Privacy Impact Assessment evaluating how personal data is collected, used, stored, and protected within the system.	March 2026
Intergovernmental Cooperation Act Agreement (IGCA)	Oregon drafted the IGCA with CMS, establishing terms for accessing Federal Data Services Hub data (including VCI services), defining cost structure, invoicing, and compliance obligations.	March 2026
Interconnection Security Agreement (ISA)	Oregon developed and submitted the ISA defining security requirements and responsibilities for system connectivity between SBM and CMS Federal Data Services Hub.	March 2026
PRIT (Payee Record Information Template)	Oregon completed and submitted the PRIT to CMS to establish the Vendor Management profile, including organization, financial, and contact information required to receive monthly CMS invoices for Hub services	March 2026

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Meet the SBM Technical Team




Makayla Parker
Solution Architect



Daniel Hoke
Interfaces Senior Systems Analyst



Albert Salinas
Systems Manager



Rich Krummel
Systems Manager

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SBM Technical Team Overview

Supports deployment and ongoing performance of Oregon's Marketplace platform.

Currently focused on:

- ✓Preparing for user acceptance testing
- ✓Building familiarity with system functionality, goals, and business needs
- ✓Strengthening collaboration with vendors and internal partners

Looking ahead:

- ✓Transition to maintenance and operations
- ✓Support system testing and enhancements
- ✓Manage change requests to ensure a reliable, high-quality Marketplace experience

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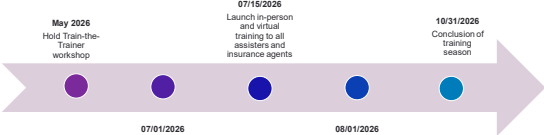
Marketplace Training: Who will we train?

- Insurance agents
- Application assisters at community-based organizations



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Marketplace Training Timeline



- May 2026: Hold Train-the-Trainer workshop
- 07/15/2026: Launch in-person and virtual training to all assisters and insurance agents
- 07/01/2026: Pilot in-person and webinar training launch to Marketplace grantees
- 08/01/2026: Launch on-demand training to all assisters and insurance agents
- 10/31/2026: Conclusion of training season

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Marketplace Training Curriculum

- ✓ Structured training program aligned with all federal and state requirements
- Covers key areas including:
 - Eligibility
 - Application and enrollment processes
 - Plan comparison
 - Cultural humility
 - Privacy and security standards
 - Assister roles
- Designed to ensure accurate, compliant, and high-quality consumer support.
- HR1 section will be expanded once updated information becomes available

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Marketplace Training Format

- Delivery available:
 - In person
 - Virtual
 - On demand
- All in-person and virtual webinar trainings will have a few on-demand elements
- All formats of training will be available in English and Spanish


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Marketplace Training Goal Metrics

Training success will be measured by the number of assisters and insurance agents/brokers that complete the training and training survey scores.

A successful training season will end with:

- 80% of all insurance agents/brokers and certified application assisters completing training
- An average score on the overall training of at least 4 out of 5



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Marketplace Training- How can we strengthen our plan?


Are there themes or issues other than HR1, that the HIMAC wants emphasized to better support the agent and assister network?

Does the HIMAC have any concerns with the key milestones in the timeline?

What channels do you think would best for communicating training information to our intended audiences?

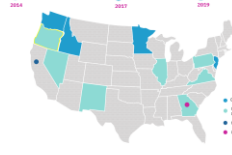
What would help organizations feel more confident going into training this transition year?

What barriers should we consider that make training difficult to access, complete, or use effectively?



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Feedback from GetInsured



Year Health Links Launched
 HealthLink plans launched with the State Partnership for Health Transformation (SPT) in 2019. The SPT is a partnership between the Department of Health and Human Services (HHS) and the State Partnership for Health Transformation (SPT).

Current GetInsured Exchange
 GetInsured Exchange is currently available in 10 states: Arizona, California, Colorado, Florida, Georgia, Illinois, Michigan, Minnesota, New York, and North Carolina.

Healthcare Health Link (HHL)
 HHL is a new type of Exchange plan that is designed to be more affordable and easier to understand than traditional Exchange plans. It is currently available in 10 states: Arizona, California, Colorado, Florida, Georgia, Illinois, Michigan, Minnesota, New York, and North Carolina.

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Federal Developments and State Impacts

Victor Garcia
 Marketplace Operations Advisor and Program Liaison

Katie Button
 Marketplace Plan Management and Policy Advisor

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2027 Changes – Premium Tax Credit (PTC) Eligibility

Some non-citizens will become ineligible for PTC if they do not meet the definition of “eligible aliens”

- Generally green card holders, Cuban and Haitian immigrants, and people living in the US under the Compact of Free Association (COFA) will be eligible for PTC
- Asylees and refugees will generally not be eligible for PTC
- Oregon Impact:
 - Requires SBA eligibility rules engine configuration to conform to revised immigration status requirements
 - Requires additional training for community partners and agents
 - Some individuals may qualify for coverage through OHP’s Healthier Oregon Program
- Authority – HR 1 (2026) and proposed 2027 Notice of Benefit and Payment Parameters

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2027 Changes – Plan Changes

Standard plans will no longer be required on HealthCare.gov – no change to Oregon standard plans

Oregon Impact:

- None

Authority – 2027 Notice of Benefit and Payment Parameters, Oregon law

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2027 Changes – More Plan Changes

Expansion of hardship exemption would allow anyone over 250% FPL to enroll in a catastrophic plan if one is available

To apply for the hardship exemption, consumers must fill out a form from HealthCare.gov, provide proof of income, and submit the form to HealthCare.gov for processing

If approved, HealthCare.gov assigns an exemption number consumers can give to the state

Oregon Impact:

- Requires change to eligibility rules engine
- Requires additional training for community partners and agents
- Requires public communication

Authority – Proposed 2027 Notice of Benefit and Payment Parameters

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2027 Changes – Even More Plan Changes

Changes to bronze and catastrophic plans

- Plans could set higher maximum out-of-pocket amounts to reduce other cost-sharing such as deductibles and office visits
- Catastrophic plans could be offered for multiple year terms
 - Note: Oregon does not currently offer catastrophic plans due to low value compared to Bronze plans
- Oregon Impact:
 - Unknown at this time
- Authority – Proposed 2027 Notice of Benefit and Payment Parameters

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2027 Changes – Plan Certification

Quality Improvement Strategy (QIS) reporting will be changed

- Removes requirement that carriers create and implement a strategy to reduce health and healthcare disparities in their Marketplace plans
- Oregon can use the carrier contract to require carriers continue to address this topic area
- Oregon Impact:
 - None
- Authority – Proposed 2027 Notice of Benefit and Payment Parameters

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2027 Changes – Additional Verifications

Income verification will be required when reported income doesn't match IRS records

- Additional documents such as paystubs must be submitted to demonstrate accurate income
- Consumers have 90 days to submit additional documentation or APTC will be removed
- Oregon Impact:
 - Revert to prior SBM code that included this process
 - Requires additional training for community partners and agents
 - Requires public communication
- Authority – Proposed 2027 Notice of Benefit and Payment Parameters

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2028 Changes – Failure to Reconcile

Failure to reconcile allowance will be reduced from two years to one year

- Applicants who did not reconcile the prior year's APTC at tax time will be ineligible for APTC until reconciliation occurs
- Oregon Impact:
 - Requires change to SBM eligibility rules engine
 - Requires additional training for community partners and agents
 - Requires public communication
- Authority – 2027 Notice of Benefit and Payment Parameters

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2028 Changes – Automatic Re-enrollment

Automatic re-enrollment policy will end

- Enrollees must update or verify their applications, or they will not be re-enrolled for the following year
- About 30 percent of Oregon enrollees use automatic re-enrollment each year
- Oregon Impact:
 - Waiting for CMS guidance for system updates
 - Requires additional training for community partners and agents
 - Requires public communication
- Authority – HR 1 (2026)

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2028 Changes – Additional Reporting

The State Exchange Improper Payment Measurement (SEIPM) Program will be created

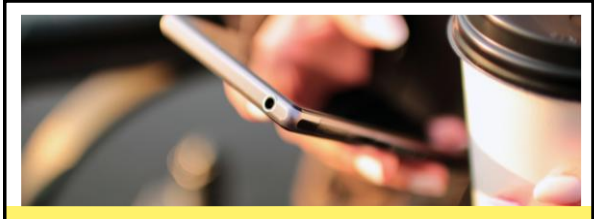
- Functions as an audit by HHS/CMS; SBMs must show APTC is being calculated correctly via manual reporting as requested
- Reporting will take place in 2028, using 2027 enrollment data
- Oregon Impact:
 - Reporting will be intensive and will require significant staff time to compile
 - SBM may need to create custom reports to provide the required information
- Authority – Proposed 2027 Notice of Benefit and Payment Parameters

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Public Comment

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Break

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Oregon Health Policy Board Updates

Bill Kramer
OHPB Member and HIMAC Liaison

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Providence Health Plan update

Chiqui Flowers
Marketplace Director

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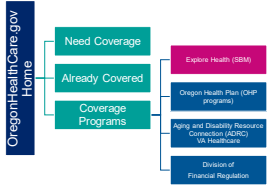


Marketplace Open Enrollment and SBM Launch Communications: Workshop

Amy Coven
Marketplace Communications and Public Engagement Analyst

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Revising OregonHealthCare.gov and Launching Explore Health



By Open Enrollment (OE), users should:

1. Recognize Explore Health as Oregon's marketplace
2. Understand its connection to OregonHealthCare.gov
3. Feel confident enrolling under the new brand

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Explore Health Brand Awareness: Ensuring our audience knows who we are before OE

- Goal:** Introduce the new Explore Health brand and build early recognition and trust by communicating the OHIM → Explore Health transition
- Spring:** Use focus group insights to develop creative assets that effectively launch the Explore Health brand
- Summer:** Launch a statewide brand awareness campaign (paid media, social, PR)
- Fall:** Launch a direct messaging campaign following CMS first notification to current enrollees (early October)

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Open Enrollment 2027: Reinforcing where our audience will go to enroll for 2027 plans

- Goal:** Drive statewide enrollments with a clear, reassuring enrollment experience: "new name, same coverage and help"
- Spring:** Plan OE creative using the Explore Health brand awareness visual system, ft. urgency-driven CTAs for enrolling
- Summer:** Incorporate pre-OE messaging into statewide brand awareness campaign (paid media, social, PR)
- Fall:** Transition brand awareness messaging to open enrollment messaging during the statewide campaign for OE (following YoY learnings from past campaigns)

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Workshop: Launch Timeline

- May:** Internal brand launch
 - May: OHA/OHHS Staff Meetings/ Trainings
 - June: Newsletters
 - June: External Partner Agency Meetings
- July:** Partner Brand launch
 - July: Training begins
 - Date TBD: Partner Summit
 - Aug.: Outreach to community partners
- October:** Soft Launch
 - Oct. 3: CMS notices
 - Oct. 6: SBM direct notices begin

- Any feedback on draft timeline?
- Are there other dates we should consider or dates we should move?
- Are there other activities we have should include in the roadmap?

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Deliverable concepts

- Messaging
- Campaign look and feel (brand awareness → OE)
- Photo/Video shoot - shot list
- Brand video script + storyboard
- Single image ads with headlines + copy
- Stock photo + video assets
- Explore Health illustrative arrows

Website graphics	Explore Health brand stickers
Creative templates	New partner resources/ publications
Partner and event/ sponsorship toolkits	New consumer resources/ publications
Brand awareness creative concept	Outreach team swag
Updated publications*	Outreach team materials

*Not all publications will move from OregonHealthCare.gov branding

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Workshop: Assets and Deliverables

Audiences

Internal	Outreach
Enrollment Partners	Other Community Partners
State Partners	

- Any feedback on audiences?
- Are there new publications that would be helpful to help expand use of coverage and health literacy?
- Can you think of any other assets or deliverables we should plan to have ready by launch?

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Break

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Marketplace Strategic Planning: Workshop

Katie Button
Marketplace Policy and Plan Management Advisor

David Simnitt
Principal, DS Consulting

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Why We're Here

-  Oregon is transitioning to a State-based Marketplace (SBM)
-  The transition lays the **foundation** – but the strategic plan will define **what comes next**
-  We want to ensure our direction is:
 - Informed by partner experience
 - Responsive to community needs
 - Practical, achievable, and aligned across systems

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Purpose Today



Build on work completed since our last discussion

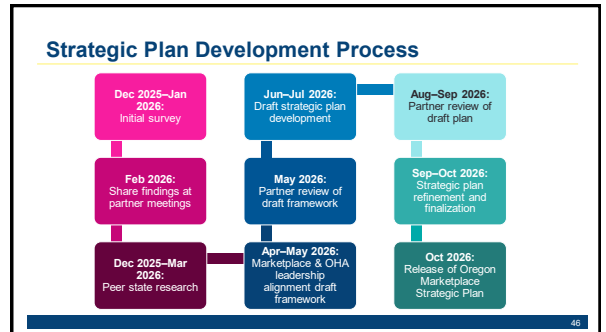


Strengthen and refine planned actions across strategic priorities using HIMAC expertise



Clarify success measures, timelines, sequencing, and additional strategies to advance the priorities

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What Partners Said the Marketplace Should Prioritize (2027 – 2031)

- 1 Strengthen Affordability:** Explore state-level affordability tools; improve network access; consider focused approaches for middle-income households and small employers facing sharp premium increases.
- 2 Enhance Consumer Experience:** Mobile-friendly enrollment; simpler applications; clearer plan comparisons and provider/drug search; respectful data collection.
- 3 Improve Integration and Retention:** Reduce churn between OHP, Bridge, and Marketplace (e.g., clearer mid-year rules, potential for one account; streamlined transitions).
- 4 Upgrade Partner Tools:** Robust, real-time agent/assister portals; policy download and customer relationship management (CRM) integration; dedicated support lines; clear escalation paths.
- 5 Expand Equity and Access:** Language access; culturally responsive outreach; focused support for underserved and mixed-status families; ongoing community partnership.

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Priority #1: Strengthen Affordability (Reducing premiums or cost sharing; increasing covered benefits)

Strategies

In Progress

- Oregon-specific Actuarial Value (AV) calculator

For Discussion

- Employer education on benefits of Individual Health Care Reimbursement Arrangements (IHRAs)

Questions

- What additional actions should be considered?
- What does success look like for this priority area? How might the Marketplace assess whether these strategies are working to strengthen affordability?

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Priority #2: Enhance Consumer Experience
(Improved plan display; better application assistance)

Strategies

In Progress

- Oregon-specific terms and plain language applications and plan display
- Quality ratings, prescription and provider search to help narrow plan options
- Train specialized assisters and agents on mixed eligibility households
- User-friendly, mobile-responsive Help Finder tool
- Train specialized assisters and agents on HR1 and other federal provisions – 2027

For Discussion

- Continue to develop and deliver training to specialized assisters and agents on HR1 and other provisions – 2028 and onward
- Additional shopping tools to create curated list of plans for selection. What tools might be helpful?

Questions

- Any other recommendations for enhancing the consumer experience?
- What does success look like for this priority area? How might the Marketplace assess whether these strategies are working to enhance the consumer experience?

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Priority #3: Improve Integration and Retention
(Reduce churn between Medicaid and Marketplace; streamline transitions; clearer mid-year rules)

Strategies

In Progress

- Accurate eligibility rules engine for all Oregon Health Plan (OHP) programs
- Notices with clear instructions for reducing duplicate coverages

For Discussion

- Better coordination for OHP enrollees in Continuous Enrollment who wish to move to the SBM
- Improve language in current notices. What information is missing? What could be stated more clearly?

Questions

- Are there other strategies you'd recommend to reduce churn and streamline transitions?
- Are there best practices you've seen in other states that Oregon should consider, or lessons learned that Oregon should avoid?
- What does success look like for this priority area? How might the Marketplace assess whether these strategies are working to improve integration and retention?

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Priority #4: Upgrade Partner Tools
(Better coordination and system access)

Strategies

In Progress

- Agent portal in the SBM
- Call center line for agents and community partners
- OHIM staff access to enrollee accounts to facilitate issue resolution

For Discussion

- Besides Enhanced Direct Enrollment, are there other recommendations for partner tools?

Questions

- What does success look like for this priority area? How might the Marketplace assess whether these strategies are working?

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Priority #5: Expand Equity and Access
(Information in more languages; more culturally responsive assistance)

Strategies

In Progress

- Spanish language version of site reviewed and updated by Oregon staff
- Notices in Spanish, German, Tagalog, Vietnamese, Traditional Chinese, Simplified Chinese, and Russian
- Person-level data to enhance outreach strategies

For Discussion

- Include traditional Tribal health practices in plans for American Indian/Alaska Native enrollees.
- Adopt Meaningful Language Access measure from CCO incentive metric.

Questions


- How might the Marketplace best monitor or enhance the health equity portion of the Quality Improvement Strategy (QIS) to achieve this priority area?
- Additional recommended strategies to consider?
- What does success look like for this priority area? How might the Marketplace assess whether these strategies are working to expand equity and access?

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Thank you!

Additional questions or comments?



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Public Comment

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Wrap Up
Next meeting:
July 16, 2026

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Thank You

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Health Policy and Analytics Division
Oregon Health Insurance Marketplace
500 Summer Street E-56
Salem, OR 97301
855-268-3767
OregonHealthCare.gov | CuidadoDeSalud.Oregon.gov




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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