



**Oregon Health Insurance Marketplace  
Advisory Committee Meeting  
April 17, 2025  
9 a.m. – noon**

In-person

Barbara Roberts Human Services Building  
500 Summer Street NE, Conference Room 160  
Salem, OR 97301

Virtual

[Click here to join the Zoom meeting](#)  
(You can choose to have the meeting call you)  
Phone: 669-254-5252  
Meeting ID: 161 542 3680  
Passcode: 590560

*Everyone is welcome to join [Health Insurance Marketplace Advisory Committee \(HIMAC\) meetings](#).  
For accessibility questions or requests, please contact [dawn.a.shaw@oha.oregon.gov](mailto:dawn.a.shaw@oha.oregon.gov) or call  
503-951-3947 at least 3 business days prior to the meeting.*

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

**A G E N D A**

Time	Agenda Item	Facilitators and Presenters
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and approval of previous meeting's minutes	Lindsey Hopper Committee Chair
9:10 – 9:15 a.m.	Welcome, Joann!	Lindsey Hopper Committee Chair
9:15 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting
9:25 – 9:45 a.m.	SBM project updates*	Victor Garcia Marketplace Operations Development Specialist  Dorocida Martushev Project Manager
9:45 – 10:00 a.m.	OHP Bridge updates*	Tim Sweeney Senior Policy Analyst, Health Policy & Analytics, OHA  Sean McAnulty OHP Member Communications Coordinator

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

Time	Agenda Item	Facilitators and Presenters
10:00 – 10:10 a.m.	By the Numbers: 2025 Open Enrollment	Cable Hogue Marketplace Implementation Analyst and Federal Liaison
10:10 – 10:15 a.m.	Public comment	
10:15 – 10:25 a.m.	Break	
10:25 – 10:35 a.m.	2026-2027 Marketplace Carrier Request for Applications Update	Katie Button Marketplace Plan Management and Policy Analyst
10:35 – 10:45 a.m.	2025 Marketplace Integrity and Affordability Proposed Rule	Anthony Behrens Marketplace Senior Policy Advisor
10:45 – 11:00 a.m.	2025 Legislative bills of interest	Marybeth Mealue Senior Policy Advisor OHA Government Relations
11:00 – 11:40 a.m.	SBM Branding Initiative	Amy Coven Marketplace Communication and Public Engagement Analyst
11:20 – 11:25 a.m.	Public comment	Lindsey Hopper Committee Chair
11:25 – noon	Wrap up and closing	Lindsey Hopper Committee Chair

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

Tina Kotek, Governor

## Health Insurance Marketplace Advisory Committee Meeting Minutes

### DRAFT

**When:** Thursday, December 5, 2024 – 9 to 11 a.m.

**Where:** Virtual via Microsoft Teams

#### Committee members:

Gladys Boutwell, Paul Harmon, Ali Hassoun, Lindsey Hopper (chair), Shannon Lee, Kathleen Orrick, Andrew Stolfi, Om Sukheenai, Nashoba Temperly (vice chair)

**Members not present:** Stacy Carmichael, Charlie Fisher, Ron Gallinat

**Other presenters:** Stephanie Kennan, Dorocida Martushev, Sean McAnulty, Tim Sweeney

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

Agenda item and time stamp*	Discussion
<b>Welcome, roll call, guidelines, approval of minutes, new HPA director introduction</b>	<p>Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the Oct 13 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the October minutes, and pages 7-8 and 14-15 for meeting protocols)</p> <ul style="list-style-type: none"> <li>New Public Meeting Law guidelines are to do roll call voting for any motions requiring a vote.</li> <li>Approved October 13, 2024, minutes. <ul style="list-style-type: none"> <li>First motion to approve – Paul Harmon</li> <li>Second motion to approve – Nashoba Temperly</li> <li>Ayes – Gladys Boutwell, Ali Hassoun, Lindsey Hopper, Shannon Lee, Kathleen Orrick, Andrew Stolfi</li> <li>Nays – none</li> <li>Om Sukheenai joined the meeting later and was not in the meeting during the voting period.</li> </ul> </li> <li>Introduced the new HPA (Health Policy and Analytics) Director, Clare Pierce-Wrobel.</li> </ul>
<b>Federal health policy updates</b> 10:46	<p>Stephanie Kennan from McGuire Woods Consulting joined us from Washington, D.C. to present information about current legislation and cases that involve the Affordable Care Act (ACA). (See page 8 for a copy of the slide deck)</p> <ul style="list-style-type: none"> <li>Kathleen requested clarification on what the term “bloom” meant. Stephanie clarified that the incoming administration will likely push associated health plans. Some people in Congress think that all Medicaid and Medicare enrollees should have a health savings account (HSA).</li> </ul>

- Lindsey asked if Stephanie had any idea of the provisions that may happen quickly in order to make it through the process or if any will not go through. Stephanie responded that 22 Republican Senators are up for reelection in two years and thinks that reducing the open enrollment period and outreach will happen quickly. Other provisions will take time.
- Andrew informed about the state's efforts on short-term plans that will shield us from changes to short-term plans and any issues if there are any lawsuits.
- Stephanie added that overall, there is a push to reduce the federal workforce and that could lead to delays in responding to issues.

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**SBM project updates**  
27:38

Victor Garcia, Marketplace Operations Development Specialist, and Dorocida Martushev, SBM Project Manager went over SBM (State-based Marketplace) Project updates.

(See pages 8-9 of the handout packet for a copy of the slides.)

- Paul was wondering how behind are we, with the restart of the RFP (request for proposals). Victor informed that we did have some time built into the timeline. But instead of an 18-month implementation period, it will be 14 to 16 months and it is unlikely that will cause us to not make the November 2026 go-live date.
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**Public comment & break**  
37:08

No public comments received.

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**OHP Bridge updates**  
54:29

Tim Sweeney and Sean McNulty presented updates on the OHP (Oregon Health Plan) Bridge program.

(See pages 10-11 of the handout packet for a copy of the slide deck)

- Om discussed what she has been hearing from her clients that some people do not want to go from Marketplace to OHP Bridge due to network issues.
- Kathleen expressed concern on the blob graphic being suggestive of obesity. Sean replied that they did some market research on different logos and this was the one that was more well liked.

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**2025 open enrollment progress report**  
1:17:41

Cable Hogue, Marketplace Implementation Analyst and Federal Liaison presented updates on the progress of the 2025 open enrollment.

(See page 11 of the handout packet for a copy of the slide deck)

- Om asked for clarification on the date of the auto enrollments. Cable confirmed the date to be December 16.

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**2025 open enrollment notes from the field**  
1:24:45

Misty Rayas, Marketplace Outreach and Education Manager and Amy Coven, Marketplace Communications and Public Engagement Analyst, reviewed updates on how the open enrollment is going so far.

(See page 12 of the handout packet for a copy of the slide deck)

- Lindsey provided feedback from the PacificSource perspective that there are concerns about the post-election impacts and confusion on the OHP Bridge program. Amy thanked Lindsey for her feedback.
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**Public  
comment,  
committee  
business,  
wrap up and  
closing**  
1:40:35

See pages 13-15 of the slide deck for a copy of the meeting guidelines and the new grievance process)

- No public comments received.
- Reviewed the new grievance process.
- Next meeting will be January 16, 2025.

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\*These minutes include timestamps from the meeting recording in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2024 Meetings, Dec.5.

DRAFT

April 17, 2025

## Health Insurance Marketplace Advisory Committee Meeting



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## Welcome and Roll Call

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## Meeting Guidelines

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### Meeting Protocols and Requests

- The Marketplace and the Health Insurance Marketplace Advisory Committee (HIMAC) is committed to safe and inclusive meetings for all attendees.
- We have differences in opinions and different experiences. There are no bad questions or silly ideas. We will seek the perspectives of all by inviting each person to speak.
- If you have a question or would like to comment, please raise your virtual hand or put it in the chat.
- We have real-time Spanish interpretation. Please help by speaking at a moderate pace.
- Please be on camera, as much and as often as you are comfortable, and mute your speaker when not speaking.

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### Meeting Protocols and Requests, Continued

- For transcribing and accessibility purposes, please make sure to state your name before posing your question or comment during a presentation.
- We ask any members of the public to hold questions or comments until our Public Comment sessions. There will be one in the middle and at the end of the meeting.
- If you are subject of unacceptable behavior or have witnessed any such behavior during this meeting, please connect with:  
Chiqui Flowers, Marketplace Director  
[chiqui.j.flowers@oha.oregon.gov](mailto:chiqui.j.flowers@oha.oregon.gov)  
503-884-6017

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### REMINDER: Compliance with Public Meeting Law

- As your name is called, please state your vote. Your vote will be logged in the meeting minutes.
- Public Meetings Law webpage:
  - [oregon.gov/ogec/public-meetings-law/pages/default.aspx](https://oregon.gov/ogec/public-meetings-law/pages/default.aspx)

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## Approval of Dec. 5, 2024 Meeting Minutes

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## Welcome Joann!

Marketplace Enrollee  
Mental Health Provider  
(Self-employed)

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## Federal Health Policy Updates

**Stephanie Kennan**  
McGuireWoods Consulting

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## State-based Marketplace Project

**Victor Garcia**  
Marketplace Operations Development Specialist

**Dorocida Martushev**  
Project Manager

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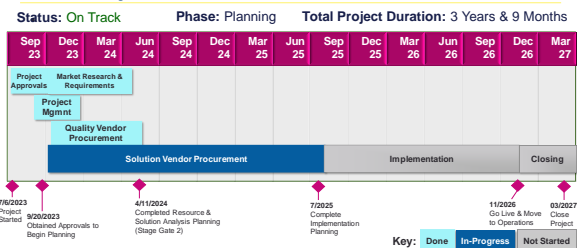
### State-based Marketplace (SBM) Topics

- Project Timeline
- Project Accomplishments
- Implementation Timeline
- Updated project timeline
- Project oversight overview
- Upcoming partner engagements
- What's next?

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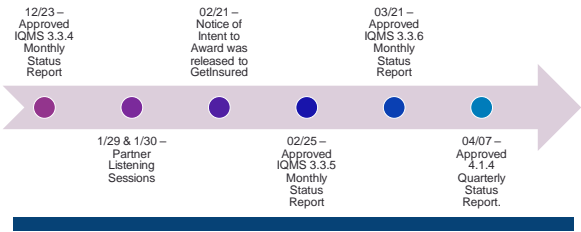
### SBM Project Timeline



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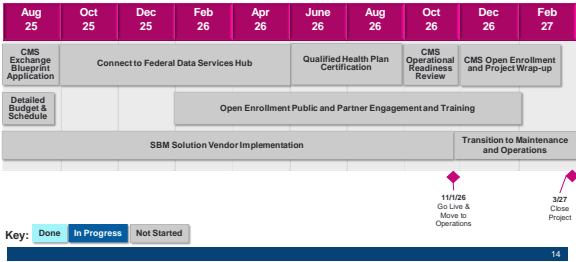
SBM Project Accomplishments

Which project activities have we accomplished since December?



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Phase 2: Implementation



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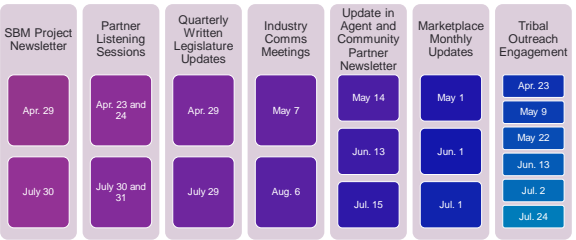
Project Oversight Overview



Project Oversight Document: [orhim.info/SBMoversight](http://orhim.info/SBMoversight)

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Upcoming Partner Engagements



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What's next?

- Obtain State Gate 3 Endorsement:
  - Negotiate contract terms and obtain approvals to execute the contract and statement of work.
  - Budget (10%+/-)
  - Schedule (10%+/-)
  - Scope (10%+/-)
  - Cloud Workbook
- Continue collaborating with the ONE team to define the interface requirements between ONE and SBM.
- Brand development research (March 2025 to May 2025)
- Bluecrane to continue providing independent Quality Management Services and producing monthly and quarterly status reports.

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OHP Bridge Updates

Tim Sweeney

Senior Policy Analyst, Health Policy & Analytics, OHA

Sean McNulty

OHP Member Communications Coordinator

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## What is OHP Bridge?

OHP Bridge is a new benefit for adults with higher incomes.

People who get OHP Bridge must:

- Have income up to 200 percent of the federal poverty level,
- Be 19 to 64 years old,
- Not have access to other affordable health insurance, and
- Have an eligible citizenship or immigration status to qualify.

OHP Bridge is almost the same as OHP Plus.

OHP Bridge is free coverage with no member costs like copays or deductibles

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## Marketplace to OHP Bridge Transition

People with Marketplace plans can keep their plan for 2025 and 2026 if:

- They agree to auto-enroll for the next plan year
- **And** do not make any updates to their application. **People enrolled in Marketplace plans who have experienced changes MUST update their application.**

Marketplace will not terminate coverage for anyone referred to the state for OHP Bridge.

- Clients who are found eligible for OHP Plus or OHP Bridge will need to contact the Marketplace to cancel their Marketplace plan.

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## Applications Sent from the Marketplace

When someone applies through the Marketplace, HealthCare.gov displays this referral language, but it is **not a final decision** for an OHP program:

**Health Insurance Marketplace** (Print)

Application ID # [redacted]  
Application date (MM/DD/YYYY) [redacted]

**2025 Marketplace Eligibility Notice**  
Information regarding your application for the year-end tax return

**Results**

Individual not eligible for a premium tax credit. Estimated 2025 income used to determine eligibility for Premium Tax Credit (PTC) [redacted]

Applied for coverage. Why are you not eligible for financial help based on this month's household income of \$0.00? We're sending this information to your state agency.

**ACTION: Next steps**

Wait for a final decision. Review your state agency's decision about financial help. You may need to provide more information to the state. See Eligibility Notice page 1.

See next page to learn why you may not have qualified for other programs. To learn other rules and how you may appeal, see Eligibility Notice page 1.

Questions about results or next steps? See the Eligibility Notice included with this notice.

**For more help**

HealthCare.gov  
Marketplace Call Center: 1-800-318-2596  
TTY: 1-800-318-2596  
Language: English/Spanish  
For more information go to [www.healthcare.gov](https://www.healthcare.gov)

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## New ONE Notice Language

Eligibility notices will be updated 6/11 adding new language when someone applies through the Marketplace and is approved for OHP or OHP Bridge:

### Moving from Healthcare.gov?

Our records show you applied through HealthCare.gov. If you have a Marketplace plan, please report your OHP start date to the Marketplace within 30 days. You can report changes at HealthCare.gov or by calling 800-318-2596. In general, you cannot have both OHP and Marketplace financial help. If you do not report the change, you may have to pay money back when you file your federal tax return.

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## OHP Bridge – Basic Health Program Benefit Start Dates

If determined eligible on or before the 15th of the month, OHP Bridge – BHP will begin on the first of the next month.

For example, the eligibility decision is made on August 15, BHP will begin September 1.

If determined eligible on the 16th through the last day of the month, OHP Bridge – BHP eligibility will begin the first of the month following the next month.

For example, the eligibility decision is made on August 16, BHP will begin October 1.

To learn more about coverage start timelines, see the graphic at [orhim.info/44qEDzH](https://orhim.info/44qEDzH).

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## OHP Bridge Start Date Adjustments

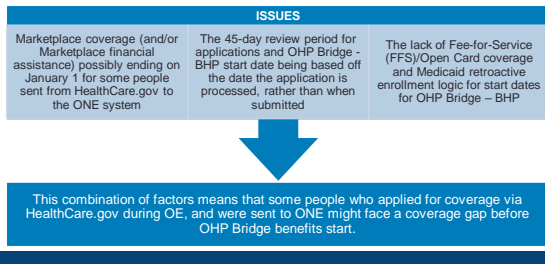
- New policy change coming soon related to OHP Bridge:

### “Open Enrollment Coverage Gap” issue

- OHP Bridge - Basic Health Program previously did not allow for retroactive coverage in any circumstances.
- When moving from the Marketplace during open enrollment, in some cases a member may experience a gap in coverage while waiting for OHP Bridge to start.
- Members will be able to request adjustment to start dates to address coverage gaps when transferring from the Marketplace during open enrollment.

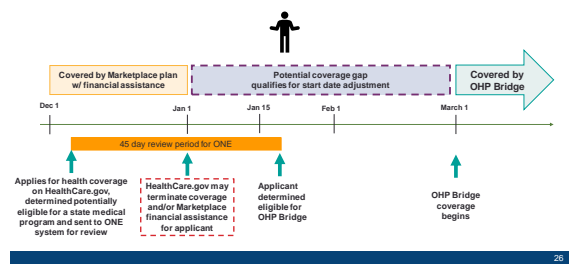
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## OHP Bridge: Open Enrollment Coverage Gap



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## Open Enrollment Coverage Gap Visual



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## OHP Bridge: Requesting Start Date Adjustment

Starting later in Spring 2025 (timeline dependent on CMS approval): OHP Bridge members who applied during the first part of OE and had medical bills in the coverage gap before OHP Bridge started will be able to request start date adjustment.

- Contact ONE customer service or the CP assistance team
- For now, please plan to reconnect with any affected members soon.

To be eligible, it is proposed that OHP Bridge – BHP members:

- Applied during OE2025, between Nov. 1, 2024 and Jan. 1, 2025
- Their OHP Bridge start date is Feb. 1, March 1, or April 1, 2025
- Enrolled in 2024 Marketplace coverage
- Medical bills received in the gap

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## Notices: Requesting Start Date Adjustment



Pending federal approval, planning to send potentially affected members a notice informing them they can request start date adjustment.



When this will be sent remains uncertain, depending on federal approval.



Anyone with a February to April start date whose application was referred from the Marketplace would receive the notice



Proposed notice text:

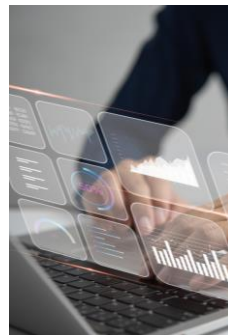
"You are getting this notice because a member of your household was approved for OHP Bridge after applying through HealthCare.gov. If this caused a gap in your health insurance, and you had any medical bills during the gap, you may be able to adjust your OHP Bridge start date to cover the gap. This means OHP Bridge can cover your medical bills during that time."

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## Proposed Notice Text: Start Date Adjustment

- "If you did not have a gap in coverage or receive medical bills during that gap, you do not need to do anything."
- "If you want to ask for a start date adjustment, take these steps:"
  - "1: **Contact us for help at 800-699-9075** (all relay call accepted). Tell us you have medical bills and a gap in coverage and ask to move your start date. You may need to provide some additional information about your marketplace plan."
  - "2: Once start dates have been moved, contact the health care providers you received bills from during the gap in coverage. Tell them your OHP start date changed and ask them to submit the bills to your Coordinated Care Organization (CCO). You can also call your CCO and ask for help."

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## By the Numbers: 2025 Open Enrollment

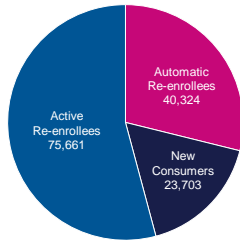
**Cable Hogue**

Marketplace Implementation Analyst and  
Federal Liaison

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### Plan Selections

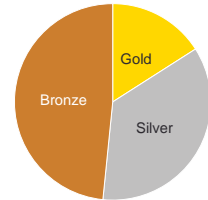
- Total plan selections through 1/15/2025: 139,688
  - Last year, we totaled 145,509 plan selections through 1/16/2024
- Plan selections amongst “New Consumers” decreased by 6,257 to 23,703



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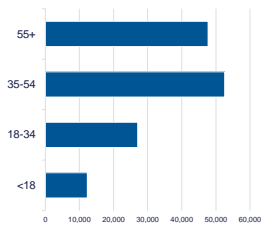
### Plan Selections by Metal Level

Bronze: 67,613 (+1,969)  
 Silver: 49,784 (-6,090)  
 Gold: 22,291 (-1,700)



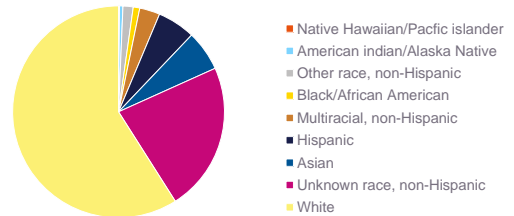
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### Demographics of 2025 Enrollees: Age and Gender



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### Demographics of 2025 Enrollees: Race/Ethnicity



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**Public Comment**

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**Break**

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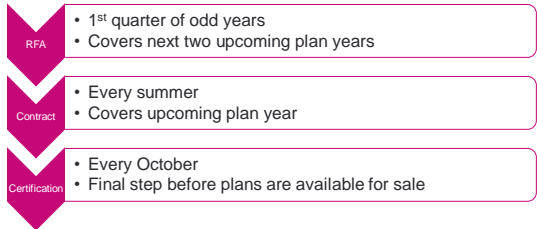
## 2026-27 Marketplace Carrier Request for Applications Update

**Katie Button**

Marketplace Plan Management and Policy Analyst

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## Carrier Approval and Plan Certification Process



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## Carrier Request for Applications (RFA)



Procurement is held every other year

Carriers are required to completed an attestation and questionnaire

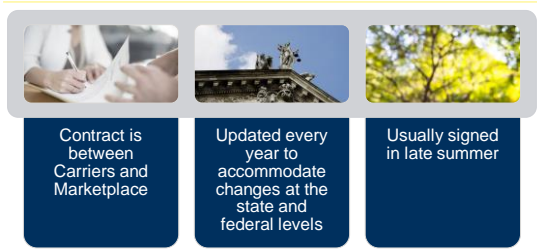
Oregon Health Insurance Marketplace approves all qualified carriers for Marketplace participation

The Marketplace is not required to contract with all approved applicants

Carriers are not required to submit plans for certification

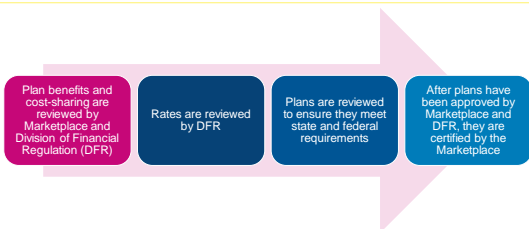
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## Marketplace Contract



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## Plan Certification



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## RFA Updates for 2026 and 2027

- Existing carriers approved for 2026 and 2027



- New carriers are approved for 2027



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## 2025 Marketplace Integrity and Affordability Proposed Rule

**Anthony Behrens**

Marketplace Senior Policy Advisor

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### Overview

- On March 19, 2025, the Federal Register published the Centers for Medicare & Medicaid Services' (CMS) 2025 Marketplace Integrity and Affordability Proposed Rule.
- If finalized, many of the changes will take effect before the next open enrollment period (OEP).
- Comments were due by April 11, 2025.

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### Overview (cont.)

#### Two stated goals:

- Addressing "fraud" and other "improper enrollments."
- Reducing premiums, which could increase unsubsidized enrollment.

#### The proposals fall into three categories:

- Reducing affordability and benefits
- Narrowing eligibility
- Imposing barriers to enrollment

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### Proposals that Reduce Affordability

Increasing Consumer Cost-Sharing and Net Premiums	Permitting Less Generous Plans	Disrupting Autoenrollment
<ul style="list-style-type: none"> <li>• CMS changed how it calculates the premium adjustment percentage.</li> <li>• This affects:               <ul style="list-style-type: none"> <li>• Maximum out-of-pocket costs for consumers</li> <li>• How much people pay toward premiums</li> <li>• What employers are required to contribute</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The proposal would let insurance companies lower the value of coverage in some plans sold on and off the Marketplace</li> <li>• States like Oregon, which use standard plan designs, can still require those plans to offer more generous coverage</li> </ul>	<ul style="list-style-type: none"> <li>• A \$5 monthly charge is being proposed for some enrollees</li> <li>• It's meant to encourage them to update their financial info for premium help (APTC)</li> <li>• Applies to people whose financial help currently covers their full premium</li> </ul>

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### Proposal that Reduces Benefits

- Prohibition of gender affirming care as an essential health benefit

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### Proposals that Limit Enrollment Opportunities & Impose Administrative Requirements

<b>Shortened Open Enrollment Period</b>	Shortens and standardizes the open enrollment period for <b>all</b> exchanges from November 1 – January 15 to November 1 – December 15.
<b>Eliminating Low-Income Special Enrollment Period (SEP) for Individuals &lt;150% of the FPL</b>	Effective within 60 days of final rule.
<b>Documentation for SEP Triggering Events</b>	Requires pre-enrollment verification for at least 75% of all SEPs.

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

### Cancellation of APTCs for Failure to Reconcile (FTR) after One Year

- Effective November 1, 2025

### Data Matching Inconsistencies (DMIs)

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

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## Proposals that Narrow Eligibility

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

Require mid-year terminations of DACA recipient BHP and Marketplace coverage. An estimated 11,000 nationwide would lose coverage mid-year.

### Elimination of Issuer Options for Premium Payment Thresholds

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

### Allowance of Coverage Denials for Past-due Premiums

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

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## New Public Comment Requirements and Standards

- CMS requests evidence with data sets and detailed findings to support public comments.
- On March 26, 2025, CMS released a revised final AV calculator for 2026, incorporating the changes in the proposed regulations.

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## 2025 Legislative Bills of Interest

**Marybeth Mealue**  
Senior Policy Advisor  
OHA Government Relations

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## Session By the Numbers

54.09% of the way through the 2025 Legislative Session

### Long Legislative Session

Convened: Jan. 21, 2025  
Constitutional Sine Die: June 29, 2025

Bills Introduced as of 4/15: **3,419**

OHA Active Tracked Bills as of 4/15: **792**

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## Signed by the Governor

- **HB 2010 – Hospital and Insurer Assessment**
  - Passed both chambers and signed by the Governor on 3/26



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## House Bills In Ways and Means

**HB 2292** – Requires coverage and eliminates cost-sharing/ prior auth. for HIV treatment

**HB 2537** – Establishes the Veterans Waiver Program in OHA

**HB 2690** – Establishes the Health Insurance Mandate Review Advisory Committee (HIMRAC)

**HB 3064** – Requires PEBB/OEBB to cover treatment for perimenopause, menopause, and postmenopause

**HB 3243** – Prohibits balance billing for ambulance ground transportation services

**HB 3439** – Requires Pay Parity for Naturopathic physicians

**HB 5025** – OHA's Budget Bill

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## Senate Bills In Ways and Means

**SB 56** – Requires coverage of Coronary Calcium Score Scans

**SB 451** – Prohibits cost-sharing for Cervical Cancer Screenings and Follow Up Exams

**SB 535** – Requires coverage of specific fertility services and treatments

**SB 598** – Requires parity between opioid and non-opioid drug coverage

**SB 822** – Expands network adequacy requirements for large employer benefit plans

**SB 942** – Makes changes to insurance coverage requirements for individuals over the age of 26 in certain circumstances

**SB 1137** – Requires coverage of autologous breast reconstruction procedures and related services

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## Referred to Rules



**HB 3134** – Creates a process for Prior Authorization Exemptions in certain circumstances

**HB 3212** – Creates additional rules and requirements for Pharmacy Benefit Managers (PBMs)

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## Passed to Floor of First Chamber

**HB 2013** – Outpatient alcohol and drug treatment insurance coverage

**HB 2540** – Requires changes to how out-of-pocket costs and deductibles are calculated in certain circumstances

**HB 2564** – Revises the insurance rate review process

**HB 3242** – Requires pay equity for providers joining an in-network practice during credentialing period

**SB 539** – Requires hospitals/health systems to report certain financial information to OHA annually

**SB 699** – Expands the health insurance coverage of prosthetic and orthotic devices

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## Remaining Deadlines



\*Bills must be scheduled for a vote in committee by this date

\*\*Bills in budget and rules committees are exempt from these deadlines

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## State-based Marketplace Branding Initiative

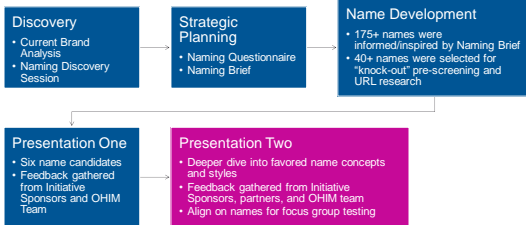
**Amy Coven**

Marketplace Communications and Public Engagement Analyst



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## SBM Naming Journey

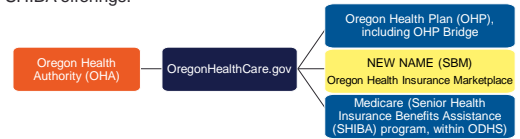


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## Naming Brief Highlights

### Goal

Develop a range of smart, memorable, legally viable brand name options for Oregon's state-based marketplace solution and consumer assistance center. Name candidates must work well within the OHA ecosystem and separate this entity from OHP and SHIBA offerings.



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## Naming Brief Highlights

- Audiences
  - Diverse communities of Oregonians seeking individual health coverage
  - Community groups and advocates who serve these Oregonians
- Objective Criteria
  - Reflect OHIM's mission
  - Feel trustworthy and approachable — an "insider" friend who says it like it is
  - Distinct, memorable, and ownable — steer clear of healthcare and insurance providers/orgs
  - Easy to say, spell, and understand when heard — avoid misspellings
  - Credible, flexible, and enduring
  - Can be successfully transcultural for Spanish speakers or resonate well without translation
  - Be a cultural fit for all Oregonians

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## To Your Health

A Tu Salud

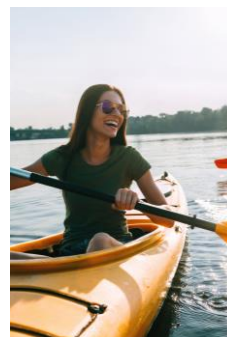
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## Chorus

Coro

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## Explore Health

Explorar la Salud

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## Let's Talk About the Options

- 1 To Your Health / A Tu Salud
- 2 Chorus / Coro
- 3 Explore Health / Explorar La Salud

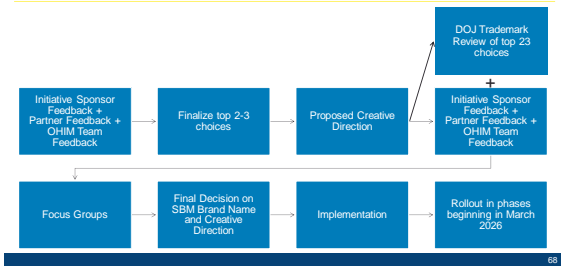
"\_\_\_\_\_ made it easy to get health insurance for my family. We even got financial assistance!"

"\_\_\_\_\_ empowers Oregonians to improve their lives with access to affordable high-quality health coverage."

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## SBM Naming Initiative: Next Steps



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## Public Comment

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## Wrap Up

Next meetings:  
June 2025 (Assessment Rate)  
July 17, 2025

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## Thank You

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