



## Oregon Health Insurance Marketplace Advisory Committee Meeting

October 14, 2021  
 9 a.m. – noon  
 Phone: 503-446-4951  
 Access code: 264 472 119#

Link to join: [Click here to join the meeting](#)  
 (you can choose to have the meeting call you)

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

### A G E N D A

Time	Topic	Presenter(s)
9 – 9:10 a.m.	Welcome and approval of meeting minutes	Dan Field Committee Chair
9:10 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting
9:25 – 9:40 a.m.	End of the COVID-19 public health emergency and role of the Marketplace	Misty Rayas Marketplace Outreach and Education Manager  Cable Hogue Marketplace Implementation Analyst and Federal Liaison
9:40 – 9:45 a.m.	Public comment	Dan Field Committee Chair
9:45 – 10:00 a.m.	What's new for 2021 health insurance plans and Window Shopping Tool	Katie Button Marketplace Plan Management Analyst
10:00 – 11:00 a.m.	Oregon State Option report	Timothy Sweeney Policy Analyst, Health Policy and Analytics Division, OHA
11:00 – 11:15 a.m.	Open enrollment marketing	Amy Coven Marketplace Communications Strategist

11:15 – 11:30 a.m.	Open enrollment outreach and education	Misty Rayas Marketplace Outreach and Education Manager
11:30 – 11:45 a.m.	Governor Kate Brown’s health policy priorities for 2022	Tony Lapid Health Policy Advisor Office of Governor Kate Brown
11:45 – 11:50 a.m.	Marketplace Advisory Committee business <ul style="list-style-type: none"> <li>• Formalization of subcommittee designation with the OHPB update</li> <li>• Roster changes</li> <li>• Future meetings</li> </ul>	Dan Field Committee Chair  Chiqui Flowers Marketplace Administrator
11:50 – 11:55 a.m.	Public comment	Dan Field Committee Chair
11:55 a.m. – noon	Wrap up and closing	Dan Field Committee Chair

**Marketplace Advisory Committee Meeting Minutes**  
**Thursday, July 22, 2021 - 9 a.m. to noon**  
**Virtual meeting via Microsoft Teams**

**Committee members:** Kraig Anderson, Shonna Butler, Dan Field (chairperson), Jim Houser, Sean McNulty, Ken Provencher, Shanon Saldivar (vice-chairperson), Sandy Sampson, Linzay Shirahama, and Andrew Stolfi (ex-officio)

**Members not present:** Kathleen Jonathan

**Other presenters:** Stephanie Kennan, Dr. David Bangsberg, Tashia Sizemore, Jesse O'Brien, Jeremy Vandehey, and Matt Betts

**Marketplace staff:** Chiqui Flowers, administrator; Victor Garcia, operations development specialist; and Dawn Shaw, division support coordinator

<b>Agenda item and time stamp*</b>	<b>Discussion</b>
<b>Welcome and committee housekeeping</b> 0:0:00*	<p>Minutes from Apr. 22, 2021, meeting approved. <i>See Pages 3-6 of handout package for a copy of the minutes.</i></p> <p>Introduced all MAC members and members of the Oregon Health Policy Board (OHPB) in attendance.</p> <p>Maribeth Guarino from OSPRIG, has submitted her application to be appointed as a member. Matt Swafford from St. Charles is a potential member to represent the Provider community.</p>
<b>Federal health policy movement</b> 0:08:20	<p>Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C., to present information about current legislation and cases that involve the Affordable Care Act (ACA).</p> <ul style="list-style-type: none"><li>• Infrastructure bill (broadband, bridges, roads, mass transit, etc.) had a test vote and it failed. Waiting on CBO (Congressional Budget Office) scoring and should have permission to move forward next week. The only part connected to health care is a possible repeal of a Trump era Part D rebate, which would help with the financing.</li><li>• Budget resolution could include:<ul style="list-style-type: none"><li>○ Extending Medicare to include dental, hearing, and vision.</li><li>○ Extending home health base issues.</li><li>○ Address the Medicaid gap for the 12 states who have not expanded their Medicaid.</li><li>○ Making the ACA (Affordable Care Act) ARP (America Rescue Plan) credits permanent.</li><li>○ Drug pricing reform and possible drug negotiations will have an authorizing committee to review what to do.</li></ul></li><li>• There has been a social determinants of health caucus formed.</li><li>• Biden issued an executive order against anti-competitive practices and will apply to healthcare figuring out who will do what. Last January, Congress passed legislation removing the federal antitrust exemption for healthcare plans and</li></ul>

have asked Department of Justice and the Federal Trade Commission what they have done so far.

- Budget reconciliation will take awhile and not likely to pass before December. There are fights over how to add dental benefits and lowering the eligibility age. Everybody agrees about extending tax credits.
- There isn't a solid solution to the family glitch yet. There are some public option packages floating around. No consensus on how to get this done and it is in the background.

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**Oregon Health Policy Board overview**

0:23:12

Dr. David Bangsberg, the OHPB (Oregon Health Policy Board) Chair, and Jeremy Vandehey presented an overview of OHPB.

*See Pages 7-12 of handout package for a copy of the presentation*

- SB 65 has passed and put the MAC under OHPB.
- Kraig Anderson asked about establishing committees and if any have sunset. The response was it is rare for a committee to sunset, mostly they have been changed due to realignments.

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**General/public comments**

00:50:11

- Sandy Sampson asked about the unemployment APTC (advance premium tax credit) and if it is working. Many agreed that it is working very well and saving consumers a lot of money.
- People do not need to go off OHP (Oregon Health Plan) due to being over income. They will be able to keep on until at least July of 2022 when the COVID provision expires. OHP is working on strategies when the 250,000 people who are over income are terminated. There are currently around 1.3 million people on OHP.
- Sandy wondered when the tribal HHS consultation and OHA meetings will be happening. Jeremy will keep the conversation going and let Sandy know.

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**Updates from the Division of Financial Regulation (DFR)**

1:00:41

Tashia Sizemore presented about the 2022 proposed rates and Silver Loading. Jesse O'Brien presented information on the American Rescue Plan (ARP) and the DFR legislative recap.

*See Page 13 of the handout package for the legislative recap. ARP FAQ can be found on their [website](#).*

- Rate review is at the end of the timeline. Public hearings were held in early July. There has been a new process to have insurers create a consumer friendly presentation about their rates and the presentations have been posted on the DFR website.
- "Silver switcheroo"
  - Currently the cost share loading has been spread across all the plans in the market, it is changing to only the on-exchange standard silver plans.
  - This may make some plans cheaper off exchange, but unlikely to effect consumers who get subsidies. Consumers not getting subsidies should look at their options on and off exchange.
  - All insurers have implemented this for the 2022 plans.
  - There is concern about a wave of consumers going to off exchange plans and affecting the per member/per month funding.
  - It was getting to the point where silver plans off exchange were getting too expensive and there would have been a flip in the market. Silver plans would have been more expensive than gold plans, causing a relatively large disruption in the market. The federal government was not giving any guidance.

- This was the last year we could have made the change to stabilize the marketplace metal level plans.
- Katie Button, the Marketplace Plan Analyst discussed adding options into the Window Shopping Tool to direct consumers to the insurer's websites if an off exchange plan would be the cheaper option.
- Rates
  - Almost done with the rate review, public hearings held and public comment has closed.
  - Made sure the rates were going up along with the medical trends.
  - Another year of relatively low rate increases, the main factor is prescription costs.
  - A new partnership with Cigna has created a new insurer, Oscar. Making sure they are aligned with the market. Initially they had relatively low rates and there was concern that consumers would flood the plan and cause some bounce back in the next enrollment period.
- DFR legislative recap
  - HB 3046 – addresses mental health parity and network adequacy
  - SB 844 – the Prescription Drug Affordability Board will live at DCBS and will be a new unit in DFR. Will be looking at high cost prescriptions and will include at least one insulin product. The board will advise legislature on the best way to make drugs more affordable.

**Upcoming Health Policy and Analytics work**

01:42:14

Jeremy Vandehey presented the upcoming Health Policy and Analytics work and engagement opportunities.

- Working on improving health equity, quality care, and consistent outcomes.
- Large uptick in OHP enrollments
- Growing health equity focus on how data is gathered.
- There is a \$80 million incentive program to improve behavioral health, including getting more providers especially for underserved communities.
- We have gone from a 15 to 18 percent an uninsured rate a decade ago, down to six percent.
- First cost growth target trend is available this fall. A public option plan is due in January with the global budget plan due next June.
- Want to get to a 98 percent insured rate, we are currently at 94 percent. Looking at outreach and other strategies to realize this goal.
- There was some discussion on how a SBM (state based marketplace) would work with having one application for insurance and any potential assistance programs (OHP, SNAP, etc.)

**OHIM to OHA transition updates**

02:12:09

Victor Garcia and Matt Betts presented an update on the OHIM move to OHA.

- With SB 65 passing, we are awaiting the governor's signature (update: she signed it on 7/19/21), making the Marketplace a part of OHA as of July 1.
- Due to logistics, an IAA was created to move OHIM from DCBS to OHA to after the open enrollment period. This will help with business continuity.
- This will help with DCBS being able to walk OHA communications through OEP and OHA financial services through the annual rate assessments.
- Budget and positions have been moved.
- A transition team has been created.

**Marketplace Advisory**

Dan Field, Shanon Saldivar, and Chiqui Flowers discussed MAC business. *See Pages 15-20 of the handout package for the proposed edits to the bylaws.*

**Committee  
business**  
02:23:19

- Dan and Shanon attended a meeting with the OPHB leadership. More meetings are coming up. There will be a September 7 meeting to formalize the subcommittee.
- Made changes to the bylaws, main changes included changing “DCBS” to “OHA” and going to 14 senate confirmed members and one OHA designee (which will be Andrew Stolfi) as the ex-officio. Bylaws changes were reviewed and approved by the committee members..

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**Public comment,  
wrap up, and  
closing**  
02:37:15

Next meeting is scheduled to be virtual on Thursday, October 14, 2021, from 9 a.m. to noon. Some discussion on making the meeting a in-person/virtual hybrid.

No public comments made.

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\*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2021 Meetings, July 22, 2021.

DRAFT



**Medicaid Migration**

Misty Rayas  
 Outreach & Education Manager  
 Cable Hogue  
 Implementation Analyst & Federal Liaison




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**Background**

- At the end of the Public Health Emergency (PHE) for COVID-19, Medicaid enrollment will resume its regular process of redetermining eligibility and terminated Medicaid coverage for those members no longer eligible.
- Up to 300,000 Oregonians enrolled in OHP will no longer be eligible after the PHE.
- Can lead to a large influx of new QHP-eligible enrollees over the following year.

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**Issues**

- HealthCare.gov's backend currently does not support receiving QHP data from state Medicaid systems.
- CMS would need funding, implementation time, and agreement from all 30 FFM states and 6 SBM-FP states.

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### Issues

- Three SBM-FPs (Kentucky, New Mexico, and Maine) are transitioning to be full SBMs by this fall.
- It is unlikely that all states would agree to use their resources to support this.
- The ONE system currently does not have member CCO information.
  - MMIS needs to be used to gain access to this data, which is now a manual process.

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### Issues

- The ONE system needs a code update to build in a request for member’s consent on auto-enrollment into a QHP similar to the CCO’s network.
  - We believe this would need to be an active selection (the consumer actively chooses auto-enrollment), not a passive selection.
- Even if the issues are resolved, there is likely insufficient time to make the necessary upgrades to the relevant systems.

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### Potential outreach concepts

- OHA would deliver a daily/weekly report of members who are no longer eligible at renewal due to income.
  1. The ONE system would create this report.
  2. The report would then be cross-referenced with MMIS to provide a member’s CCO enrollment.
  3. Excel spreadsheet would be sent to the Marketplace team to conduct targeted outreach.

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### Potential outreach concepts

- Targeted outreach by:
  - Income
    - Metal level options based on the member's likely FPL.
  - CCO-QHP network
    - List of plans that provide the same care network as the CCO (or most similar).
  - County
    - Cost of certain plans based on their county, options for other plans if the CCO matching plan is at a higher price point.

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### Potential outreach concepts

- Tribal status
  - Ensuring tribal members are aware of the no-cost sharing plan options.
- By current associated community partner

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### Potential outreach & complexities

- Labor-intensive process to identify CCO enrollment and correlating QHP.
  - This could require a significant increase in additional temporary staff hired or from an outside division/agency to ensure success.
- What level of outreach are we willing to go through? Is this just email, or do we continue all the way to phone calls and traditional mail if the other methods of contact are not applicable?

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### Potential outreach & complexities

- Individuals will need to take the additional step of enrolling through HealthCare.gov on their own, with help from a community partner or agent, or with help from Marketplace staff.
- Member data accuracy:
  - Not all FPLs and member contact data will be 100% accurate.
    - The typical complexities to deal with when trying to conduct outreach at the member level.

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### What are we doing now to prepare

- Working with OHA/OHP Policy team to receive data lists for individuals not eligible for OHP.
- Running a pilot with these list that includes:
  - Identifying potential CCOs that would align with enrollment and correlating QHP.
    - Note these individuals will not be enrolled in a CCO, but we want to test the time to do the plan comparisons as we would during the PHE.

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### What are we doing now to prepare

- Pilot includes (cont.)
  - The time it takes to do each level of outreach:
    - Emails
    - Calls
    - Text messaging
    - Standard mail
      - Including cost for staff time, printing and so on

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### What are we doing now to prepare

- Pilot includes (cont.)
  - Calculating the time it will take for individuals who do not wish to enroll through HealthCare.gov on their own, but with help from a community partner, agent, or Marketplace staff to determine the needs for staffing and also the level of partnership support we will need or are allowed to use based on PII guidelines.

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### What are we doing now to prepare

- Pilot includes (cont.)
  - Estimating the call volume that may come into the Marketplace call center due to this outreach and the amount of staffing support that will be needed.

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### Open Enrollment Extended

- Open Enrollment will run from November 1, 2021 through January 15, 2022.
- Consumers who enroll by December 15, 2021 will have coverage starting January 1, 2022.  
Consumers who enroll after December 15, 2021 will have coverage starting February 1, 2022.

### Approved medical and dental insurers for 2022

- Medical health insurers:
  - Bridgespan
  - Kaiser Permanente
  - Moda Health
  - PacificSource Health Plans
  - Providence Health Plan
  - Regence
- Dental insurers:
  - Delta Dental of Oregon
  - Dental Health Services
  - Dentegra Insurance Company
  - Dominion National
  - Kaiser Permanente
  - PacificSource Health Plans

### Changes to plans and carriers

- PacificSource expanded its Navigator network to cover the entire state. Now, there is only one PacificSource network for Marketplace enrollees, which should make it easier to check provider networks.
- Regence has created some new plans using its OHSU network, designed to capitalize on care coordination and cost-savings. Regence is discontinuing the standard plans on this network – consumers who want to remain in standard plans should move to the Individual and Family Network. These enrollees are currently set to be automatically re-enrolled into the new plans. Regence will include special communications in their renewal notices to ensure consumers are aware of these changes.
- BridgeSpan scaled back from three statewide networks to just one statewide network.
- Off-exchange-only silver plans: In order to accommodate the need for increased silver plan premiums to cover cost-sharing reductions, the Division of Financial Regulation (DFR), which reviews and approves Oregon insurance rates, has asked insurers to create a set of off-exchange-only silver plans for 2022. These plans will have lower premiums than those offered on-exchange, and consumers may enroll in them directly through the carriers that offer them.
  - Consumers will be able to view these plans via the [Marketplace Window Shopping site](#). These plans will be available for viewing only by consumers who are not eligible for tax credits.
  - There are nonfinancial benefits in enrolling in coverage through the Marketplace. Information about how those benefits do not exist off-exchange will be presented to consumers viewing these off-exchange-only plans.

- Consumers who are interested in enrolling will be provided with a link to the insurers' enrollment sites.

### **Benefit changes**

- Insulin prescription charges are capped at a \$75 co-pay per monthly fill on all plans.
- In order to help maintain affordability, the federal government chose not to include medical trend when calculating the actuarial value (AV) of exchange plans. This means the standard silver and standard gold plans did not need any changes to meet AV. The standard bronze plan will have an increase in maximum out-of-pocket (MOOP) and deductible amounts to accommodate the insulin cap.
- The Essential Health Benefits (EHB) package was updated:
  - Chiropractic office visits are now covered at the primary care charge on all plans (up to 20 visits per year).
  - Acupuncture visits are offered and covered at the primary care charge (up to 12 visits per year).

### **Financial assistance**

Increased tax credits remain in place for 2022. However, consumers currently receiving maximum tax credit assistance and cost-sharing reductions due to reporting that they collected unemployment payments during 2021 should be prepared to have their eligibility redetermined using their actual 2021 income for the 2022 plan year. This will likely significantly decrease their financial assistance. These consumers will be automatically re-enrolled into their 2021 plan, but likely without cost-sharing reductions if it is a silver plan. We strongly recommend these consumers look carefully at their updated financial assistance and available plans to ensure they choose the plan that best fits their needs for 2022.

### **Consumer assistance tools**

- The Marketplace Window Shopping can be found at [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop).
- This open enrollment, the site will be translated in Spanish and available at [CuidadoDeSalud.Oregon.gov](https://CuidadoDeSalud.Oregon.gov).
- All users will have access to a formulary search that will allow them to enter their prescriptions, see which plans cover them, and see the cost-sharing on each prescription. Currently, HealthCare.gov users can enter prescription information and see which plans cover the prescription, but they can see cost-sharing information only by visiting the insurer's website and viewing the plan formulary.
- The site will also include a provider search that will allow consumers to see if their providers and facilities are covered. The data behind this functionality will be cleaned and should be more reliable than the provider search on HealthCare.gov, which has caused consumer confusion in the past. The updated Marketplace Window Shopping tool will be available at [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop) on Oct. 15, 2021.



## Marketplace Window Shopping tool tips and tricks for plan year 2022

The Marketplace will release the 2022 Window Shopping tool on Oct. 15, 2021. This is the third year the tool will be available to Oregonians. While the underlying functionality is the same, the tool has had a significant facelift. This will provide a more consumer-friendly experience.

- Consumer facing tool: [www.oregonhealthcare.gov/windowshop](http://www.oregonhealthcare.gov/windowshop)
- Tool with NAV mode: <https://or.checkbookhealth.org/nav>
  - NAV mode is also available from the consumer facing site via the link in the upper right hand corner that reads “Access NAV Mode.”

New for 2022: provider and prescription formulary search options

- Provider search includes both providers and hospitals
  - We have worked to clean network data, so the data should be more reliable than the provider search on HealthCare.gov.
  - We always recommend contacting the insurance carrier or using the carrier’s provider directory to confirm network coverage.
- Prescription formulary search includes cost-sharing for covered drugs
  - This should be a useful tool for consumers to make better decisions related to drug coverage.
- If providers and/or prescriptions are entered, filtering functionality will be available to make it easier to see which plans cover them.

New benefit display functionality

- Slider at the top of the benefits section allows users to go directly to benefit categories without scrolling down the page.
- Benefit categories can be expanded and collapsed in the vertical list.
- Quality ratings are displayed, if available.

Off-Marketplace silver plans

- In 2022, some silver plans will be available directly through insurance carriers, but not through the Marketplace.
  - These plan will have lower premiums, and are intended for consumers who not eligible for tax credits.
  - These plans are included in the Window Shopping tool, but will only be displayed to consumers who are not eligible for tax credits.
- Consumers who are not eligible for tax credits will see these plans in the list with on Marketplace plans. Each plan’s card indicates if the plan is available on-Marketplace or off-Marketplace.
  - This information can be found directly under the plans name, to the right of the metal tier.

- Filtering functionality is available for these plans.
- Consumers who are interested in these plans must enroll directly with the insurance carrier.
- The direct enrollment link and carrier’s customer service phone number will be displayed when “Select Plan” is clicked.
- These plans may be the best choice for some consumers. We encourage you to review the following benefits of enrolling in a Marketplace plan with your clients to ensure they understand what they are giving up if they move to an off-Marketplace plan.

#### Benefits available to Marketplace enrollees

- Side-by-side comparison of all available plans.
- Managing enrollment in multiple plans from one account – families can choose to enroll members together or separately; medical and dental coverage can be purchased in one sitting.
- Access to agents and community partners who can help with enrollment in any plan offered through the Marketplace.
- Households not eligible for premium tax credits when they enroll can update their application if they experience a drop in income or other household change and may later become eligible for premium tax credits.
  - Some consumers may choose to enroll in a different plan if they become eligible for cost-sharing reductions.
  - People who stay on the same plan will continue contributing towards their deductible and out-of-pocket maximum without interruption for the year.
  - **Important: only consumers who are enrolled through the Marketplace can begin receiving premium tax credits mid-year or claim them on their taxes at the end of the year.**
    - Becoming newly eligible for tax credits is considered a qualifying life event, but the Marketplace has not yet implemented the functionality necessary to grant a special enrollment period (SEP) to consumers who enrolled in a plan directly with an insurance carrier.
- Consumers who move to a different area can easily see which plans are available in their new location and update their enrollment.
- Automatic re-enrollment each year, with updated tax credits and premiums, even if their insurance carrier withdraws from their area.

If you have any questions about the tool, or believe you have found an error in the tool or plan data, please contact Katie Button at 503-507-2349 or [katie.m.button@oregon.gov](mailto:katie.m.button@oregon.gov).

# Developing a Public Option in Oregon: Update and Discussion

Presentation to the Marketplace Advisory Committee

October 14, 2021



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## Today

- ▶ Recap Public Option goal and work to date
- ▶ HB 2010 Overview
- ▶ Process and decisions needed
- ▶ Discussion

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## Public Option Recap



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## SB 770 (2019) Tasked OHA to Develop Public Option

- ▶ Pandemic resulted in scaled back report, negated planned community engagement / outreach efforts
- ▶ Report delivered to Legislature in December 2020 focused on high level delivery model options for Oregon
- ▶ Report included high-level actuarial analysis to inform policy development regarding to reimbursement rates

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## Initial Report Examined Three Delivery Models

Model	Strengths	Potential Weaknesses	Potential Mitigation Strategies
<b>CCO-Led Model</b>	<ul style="list-style-type: none"> <li>✓ Spreads the CCO model</li> <li>✓ Tailorable to specific population needs</li> <li>✓ Likely to offer a more affordable plan option</li> </ul>	<ul style="list-style-type: none"> <li>✗ Requires additional CCO administrative capacity and financial risk</li> <li>✗ May have limited access to tax credits, unless on the Marketplace</li> <li>✗ May require state financial support under some designs</li> </ul>	Offering the plan to select populations may limit potential risk and alleviate operational burden on existing CCOs, though a targeted option may require an SBM-controlled technology platform.
<b>Carrier-Led Model</b>	<ul style="list-style-type: none"> <li>✓ Limits state risk and utilizes existing infrastructure</li> <li>✓ May improve premiums for current and new enrollees</li> </ul>	<ul style="list-style-type: none"> <li>✗ Limited affordability impact</li> <li>✗ Unknown carrier and/or provider participation without incentives/penalties</li> <li>✗ May fall to (or may negatively) impact subsidized enrollees, without a 1332 waiver to capture savings</li> </ul>	The carrier-led model can be offered in a tiered fashion by first providing a more affordable off-Marketplace option to populations <400% of the FPL; later it can be offered on the Marketplace under a waiver to capture savings.
<b>State/TPA-Led Model</b>	<ul style="list-style-type: none"> <li>✓ The state holds the plan risk and uses a TPA for implementation, which allows the state flexibility and control in establishing parameters</li> <li>✓ May be modeled on the self-insured plan covering state employees</li> </ul>	<ul style="list-style-type: none"> <li>✗ Increased state infrastructure needs and risk</li> <li>✗ Requires state-funded reserves</li> <li>✗ Risk pool issues, depending on enrollee health profile</li> </ul>	The state may need to wait for an SBM-controlled technology platform before implementing this kind of plan and fully taking advantage of its flexibilities.

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## Considerations for Provider Payments

### Aggregate Rate Cap

- The state sets an aggregate provider reimbursement cap, but allows carriers to negotiate within the cap
- Preferred by providers, but puts negotiation onus on carriers

#### Example

**Washington's Cascade Care:** Plans will be subject to an aggregate reimbursement cap of 160% of Medicare rates, with reimbursement floors for:

- Primary care physicians at 135% of Medicare allowable costs
- Rural hospitals at 101% of Medicare allowable costs

Exceptions: If the cap will raise premiums, if plans can achieve 10% premium reductions through other means, and/or if plans are unable to form a adequate network given the reimbursement restrictions

### Reference Rate

- The state sets a reference rate for specific services for all participating providers
- Preferred by carriers; likely to face provider opposition

#### Examples

**PEBB and OEBB:** Payments for inpatient and outpatient hospital services are limited to 200% of the amount Medicare would pay for the services

- Colorado Health Insurance Option:** The state recommended a base rate of 155% of Medicare for hospitals, with the opportunity for increases based on the hospital type:
- 20% increase for independent or critical access hospitals
  - Up to 30% increase for having a high share of Medicaid/Medicare patients
  - Up to 40% increase for managing underlying costs of care

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**House Bill 2010** 

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**HB 2010 Calls for “Implementation Plan” for 2022**

► Submission to the Legislature must analyze:

- Federal opportunities (i.e. 1332 waiver) and the impact of temporary enhanced APTCs from the Rescue Plan
- Populations in need of new coverage options and how new plan(s) should be crafted to target specific populations
- The potential value of state-based technology platform for Marketplace
- Impact of new plan on market stability
- Consequences of specific design elements, need for additional financial assistance, ongoing work of the Task Force on Universal Health Care

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**Recommendations Required For:**

► Implementation Plan to include Recommendations related to:

- Operating structure & governance
- Leveraging existing state plans and networks (CCOs, PEBB/OEBB)
- Plan design options to reduce out of pocket costs
- How to further / align with ongoing Health System Transformation efforts
- Leveraging state purchasing power to achieve cost containment goals
- Plan design options aligned with eliminating health inequities by 2030
- Enrollment and outreach infrastructure that may be needed
- Structural changes to ensure successful implementation (including state technology platform) and any statutory changes needed

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**Process** 

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**Timeline for Implementation Plan**

-  **August – December 2021**  
OHA (including OHIM) and DCBS Staff working with outside consultants on policy development and report writing activities
-  **October – November 2021**  
OHA/DCBS solicit community input by:
  - Using existing meetings and forums (Health Insurance Marketplace Advisory Committee)
  - Hosting webinars to update interested parties and receive comments
-  **January 1, 2022**  
OHA and DCBS submit finalized report/implementation plan to Legislature

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**OHA / DCBS Report Development Process**

- ▶ OHA working with Manatt & actuarial subcontractors to aid in policy development and report writing
- ▶ Implementation Plan will provide guidance to policymakers on potential implementation timeline and work necessary to launch a new health plan
- ▶ Despite limited community engagement opportunities prior to January, Implementation will provide additional public engagement opportunities
  - Waivers have their own public engagement processes, legislation will be needed to implement plans,

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### Key Implementation Considerations

- Delivery Model Decisions**  
CCO / Coordinated Care Model provides unique opportunity to build on the success of the Oregon Health Plan  
How to best take advantage of existing CCO – Carrier connections?
- Cost Containment Strategy**  
Reducing reimbursement rates is challenging, is a focus of other states' public option programs and proposals
- Federal Approval and/or Waivers**  
ACA structure (metal tiering, etc) limits state flexibility; 1332 waivers under consideration

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### Key Policy Goals in Developing Public Option

- Improve Affordability**
  - Control premium growth and reduce out of pocket costs to improve access to care
- Maximize Federal Support**
  - Maintaining access to federal APTCs that make coverage affordable
  - Consider 1332 waivers as needed to obtain federal pass-through savings
- Streamline Coverage Transitions**
  - Ensure people leaving OHP are easily able to enroll in marketplace plans
  - Ensure consistency in provider networks to maintain access to care
- Balance State Control vs. Risk**
  - Limit financial risks to the state
  - Limit non-financial risks including lack of plan and provider participation

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## Discussion




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### Committee Feedback

- ▶ What are the key challenges a Public Option should be trying to address?
  - What is a Public Option *most* suited to solve?
- ▶ What major obstacles do you see that challenge the implementation of a Public Option
  - How might these obstacles be overcome?
- ▶ What might make a Public Option stand out?

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### Committee Feedback

- ▶ What are your thoughts on the current level of plan choice on the Marketplace? Are there enough plans, or too many? Are plans meaningfully different, or too similar?
- ▶ How might a new plan be designed to be more usable for consumers when they're seeking health care services?
- ▶ How might Oregon take advantage of CCO / Commercial Carrier overlap to reduce coverage disruptions for people enrolling in Marketplace coverage?

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### Committee Feedback

- ▶ How might Oregon take advantage of CCO / Commercial Carrier overlap to reduce coverage disruptions for people enrolling in Marketplace coverage?
- ▶ How might Coordinated Care Model elements be incorporated into existing commercial plans?

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**2022 Open Enrollment Comms Plan**

Amy Coven  
Communications strategist




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**Federal campaign**  
Messaging

- General marketing campaign
  - Highlight expanded subsidies due to American Rescue Plan
  - Testimonials will be used
  - Promotion of local assistance

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**Federal campaign**  
Messaging

- Two primary messaging groups
  - General audience
  - Multicultural messaging to African American, Asian Americans, and Pacific Islander communities, and Spanish language

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**Federal campaign**  
Tactics

- Digital tactics\*
  - Search engine
  - Hulu, Roku, and Amazon Prime Video
  - YouTube and other streaming services
  - Other digital tactics based on evolving performance
- Local TV, radio, and streaming markets

\*Digital campaign to begin Oct. 15 with "prepare for open enrollment" messaging

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**Federal campaign**  
Tactics

- Social media focused on Facebook and Instagram
- Earned media that was valuable during COVID-19 special enrollment period
  - Radio and satellite tours

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**Federal campaign**  
Direct messaging campaign

- Email campaign
- SMS (text messaging) campaign
- Messaging groups
  - Existing enrollees
  - Active applicants
  - Prior experience, not active, and not enrolled

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**Federal campaign**

Direct messaging campaign

- Frequency
  - Monday, Tuesday, and Thursday emails during non-deadline weeks
  - Deadline weeks will have daily messages with multiple notifications per day

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**Target regions\***

- Metro region
  - Focus counties: Multnomah and Clackamas
- Willamette Valley
  - Focus counties: Marion and Lane
- Southwest Oregon
  - Focus counties: Jackson and Douglas

\*Areas over mean percentage (4.4) of remaining eligible of total population.

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**Target regions\***

- Central Oregon
  - Focus counties: Deschutes, Wasco, and Crook
- Eastern Oregon
  - Focus counties: Umatilla, Malheur, and Union

\*Areas over mean percentage (4.4) of remaining eligible of total population.

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### Sub-target counties

Enhanced marketing and outreach pending availability

- Linn
- Yamhill
- Coos
- Washington
- Josephine
- Klamath
- Benton
- Lincoln

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### Target audiences

- **Age group:** 26 to 64 years old
- **Languages:** Spanish and English
- **Location:** Living in Oregon
- **Employment:** Could be employed, self-employed, or unemployed

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### Target audiences

- **Relationship status:** Single, couple, or families
- **Income:** Not eligible for Oregon Health Plan

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**Key messages**

- **Your future. Take control.**
  - In a world of uncertainty, it's important that Oregonians understand the power they have over things they can control.

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**Key messages**

- **Call-to-action messages:**
  - Get enrolled by visiting [HealthCare.gov](http://HealthCare.gov) (in January)
  - Find local help at [OregonHealthCare.gov/GetHelp](http://OregonHealthCare.gov/GetHelp) ([CuidadoDeSalud.Oregon.gov](http://CuidadoDeSalud.Oregon.gov))
  - Learn what coverage and savings you can get at [OregonHealthCare.gov/WindowShop](http://OregonHealthCare.gov/WindowShop) ([CuidadoDeSalud.Oregon.gov](http://CuidadoDeSalud.Oregon.gov))
  - Get started at [OregonHealthCare.gov](http://OregonHealthCare.gov) ([CuidadoDeSalud.Oregon.gov](http://CuidadoDeSalud.Oregon.gov))

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**Metrics and KPIs**

- Clicks to [OregonHealthcare.gov](http://OregonHealthcare.gov)
- Unique visits to [OregonHealthcare.gov](http://OregonHealthcare.gov)
- Conversions as shown by traffic clicking on specific links
  - Window shopping
  - Find local help

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## Metrics and KPIs

- Ad metrics
- Search metrics
- Social media metrics
- Earned media results

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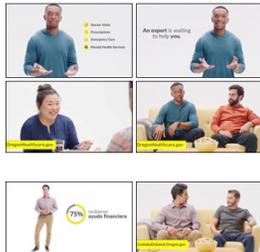
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## Creative plan

### New video spots

- Expanding and updating “The Basics”
  - English:
    - Three new spokesperson only
    - One solo and spokesperson interaction
    - One couple and spokesperson interaction



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## Creative plan

### New video spots

- Spanish:
  - Three new spokesperson only
  - One solo and spokesperson interaction



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## Creative plan

- Updated collateral
  - Lighter, easier-to-digest touch
  - Focus on use of rack cards
- Social content
  - Simple still-image ads and GIFs with concise messaging

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## Creative plan

- Long-form video
  - 2-3 minute video
  - Explaining coverage, financial help, and enrollment in depth

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## Creative samples

### Direct mail campaign



### Social media campaign – stills



### Google and social media campaign - GIFs



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**Media plan**  
In-house

- Google advertisements
- Social media advertisements
  - Facebook, Instagram, LinkedIn
- Text messaging campaign

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**Media plan**  
In-house

- KOIN partnership for OE marketing
  - Eye on the Northwest (3 segments)
  - KOIN website takeovers, social media with handshake to OregonHealthCare.gov, news mentions
- Multicultural campaign
  - Spanish television outreach, printed media (in English, Spanish, Russian, Vietnamese), radio (in Russian and Spanish)

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**Media Plan**  
Coates Kokes

- TV & Cable
  - Portland, Bend, Eugene, Medford, Hermiston and Pendleton
- Streaming video & OTT
  - Xfinity video on demand and OTT
- Programmatic display and video
  - Includes some multicultural/Spanish placements\*
- YouTube (targeted)

\*Working with CK to ensure no overlap in stations with in-house multicultural campaign.

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**Media Plan**  
Coates Kokes

- Out-of-home
- Radio
  - English, Spanish, Russian, and Tribal stations\*
- Print
  - Tribal publications

\*Working with CK to ensure no overlap in stations with in-house multicultural campaign.

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**Public relations**

- End of OE/last chance to enroll events
  - Assessing status of COVID-19 in November for January events
- Offer interview to media outlets outside Portland metro area
- End of OE/last chance to enroll events
  - Assessing status of COVID-19 in November for January events

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**Public relations**

- Offer interview to media outlets outside Portland metro area
- Pitch to Portland Business Journal and Oregon Business Magazine
- Press releases to publish weekly

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## Timeline

- 10/15/2021 Grantee material orders due
- 10/18/2021 Window shopping tool press release sent
- 10/22/2021 School fliers sent via PeachJar, physical flyers sent to schools
- 10/25/2021 OE upcoming press release sent
- 11/1/2021 OE marketing tactics launch, Newsletters sent monthly via email Frequent press release sent
- 01/2022 Potential end-of-OE events, depending on pandemic

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**Outreach  
Customer Service Center  
Partner Agent Program  
Community Partner Program**



Misty Rayas  
Outreach and Education manager




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**Outreach and strategy**  
Pre-2022 open enrollment/plan year

- Outside open enrollment for plan year 2022, the Outreach Team:
  - Hold statewide outreach and education events
  - Support Rapid Response and Trade Act meetings
  - Provide virtual public presentations
- Facilitate Marketplace community partner certification training

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**Outreach and strategy**  
Pre-2022 open enrollment/plan year

- Co-present and attend collaborative meetings
- Attend virtual networking meetings
- Work with Vaccine Outreach Team Equity (VOTE) to support underserved populations
- Provide outreach to targeted populations
- Has dedicated tribal liaison for tribal outreach
- Has dedicated Latino/Hispanic outreach coordinator for Latino/Hispanic-specific outreach

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### Outreach and strategy

2022 open enrollment/plan year

Outreach events: Open enrollment  
11/1/2021-1/15/2022 (scheduled to date)

- Outreach events/sponsorships = 12\*
- Enrollment events = Support virtual enrollment events with community partners and agents as needed/requested

\*Does not include trainings, collaborative meetings or general required outreach in regions or regional specific outreach, CP enrollment events or agent enrollment events

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### Customer Service Center

- Provides Oregonians with information and local resources using OregonHealthCare.gov
- Helps consumers walk through HealthCare.gov if needed
- Maintains a 95% or better customer service level outside and during open enrollment

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### Partner Agent Program

Plan year 2022

- 29 partner agencies awarded grants this year
  - 28 via contract extensions
  - 1 via direct award
- Total grant awards to partner agencies: \$303,000
- Over 1/3 of partner agencies are bilingual, with assistance available in Spanish, Thai, Chinese, and Russian

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**Partner Agent Program**

Plan year 2022

- Maintained good overall geographic coverage, except for southeast Oregon
- Partner agents have implemented appropriate operations strategies, as well as safety measures for in-person assistance during the ongoing pandemic

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**Partner Agent Program**

Plan year 2021/2022 comparison

- 29 partner agencies awarded for both plan years.
- Total partner agency grants awards down \$2,500, from \$305,500 last year to \$303,000 this year. Number of partner agencies offering bilingual assistance has remained constant.

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**Partner Agent Program**

Plan year 2021/2022 comparison

- Improved ordering process, and a more streamlined set of options will make fulfillment more efficient this year.
- Working more proactively with partner agents to align Marketplace/partner agent marketing strategies.

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**Community Partner Program**  
2020-2022 grantees

- OHIM has contracts with six organizations to provide outreach and enrollment assistance to consumers in Oregon from August 2020 through July 2022.
- For this 2-year grant, all awards total \$770,000
  - Grants are awarded after an open and competitive process.

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**Community Partner Program**  
2020-2022 grantees

- All partners this grant cycle have been grantees in previous years.
  - Asian Health & Service Center (Portland)
  - Cascade AIDS Project (Portland)
  - Interface Network (Salem)
  - Immigrant & Refugee Community Organization (Portland)
  - Northeast Oregon Network (LaGrande)
  - Project Access NOW (Portland)

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**Community Partner Program**  
Plan year 2022 Marketplace training

- Training includes three options:
  - Marketplace Overview
    - Approximately 90-minute training providing information on the ACA, health insurance concepts, and the financial assistance programs available on the Marketplace
    - Intended for everyone who provides health coverage assistance (OHP/QHP)

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**Community Partner Program**  
Plan year 2022 Marketplace training

- Marketplace Assister
  - Approximately five-hour presentation illustrates the specific duties of a Marketplace Assister, including applications, comparing plans, service equity, post-enrollment follow-up, preventing fraud, appeals, and security/privacy, among other topics
- Marketplace Refresher
  - Abridged version of the Assister training for returning assisters

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**Community Partner Program**  
Plan year 2022 Marketplace training

- OHIM redesigned its Marketplace assister training in plan year 2022.
  - Offering online-only versions of the training for the second year due to COVID-19.
- OHIM continued to offer training and certification in both English and Spanish.

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**Community Partner Program**  
Plan year 2022 Marketplace training

- A “Refresher” training is offered to assisters that had completed the highest level of training in the previous two training years.
  - The training is a faster-paced, abridged version of the full Assister training.

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**Community Partner Program**  
Plan year 2022 Marketplace training

- OHIM implemented Mindflash, a new training software.
  - This improved efficiency of administrative tasks and recordkeeping. It also gave us the ability to offer training on demand instead of live.

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**Community Partner Program**  
Plan year 2022 Marketplace training

- Completion of Assister or Refresher is required to assist consumers with Marketplace enrollment.
  - This level of training is especially critical to help support consumers who migrate from Medicaid to Marketplace after the Public Health Emergency ends, which is an estimated 250,000 consumers.

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**Community Partner Program**  
Plan year 2022 Marketplace training

- In addition to a live webinar or completing the on-demand course, Assister and Refresher also requires attendees to complete the following:
  - Self-directed, pre-recorded modules on the ACA and privacy/security
  - 40-question post-training quiz

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**Community Partner Program**  
Plan year 2022 Marketplace training

- So far, from 7/1/21 to 10/07/21:
  - 1,776 assisters have created accounts for training in our Mindflash system
    - Of those, 978 have started (on-demand modules, live webinars)
      - This could include those that have a training date in the future.
    - Of those, 584 have completed training content, not counting post-training survey or exam.

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**Community Partner Program**  
Plan year 2022 Marketplace training

- Since July 1, 2021:
  - 21 trainings have been provided by the Marketplace team via webinar as of this writing, two on-demand assister trainings are available with an additional 4 planned webinars before Nov. 1

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**Community Partner Program**  
Plan year 2022 Marketplace training

- In Oregon, we have currently certified:
  - 584 individuals with some level of Marketplace training (including Overview)
  - 217 assisters can support consumers with the Marketplace application and plan selection process

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**Community Partner Program**

Plan year 2022 Marketplace training

- The Marketplace outreach team also held community-specific trainings with assisters that serve hard-to-reach populations:
  - 3 trainings held in Spanish
    - 7 Latinx-focused assisters attended

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**Community Partner Program**

Plan year 2022 Marketplace training

- One on-demand course in Spanish
  - 10 assisters in progress to complete
- One session focused on tribal-specific assisters
  - 5 individuals attended

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**Community Partner Program**

Plan year 2022 Marketplace training

- We will continue to offer Marketplace training after Open Enrollment
  - Our new software allows for self-directed modules
    - Takes some training burden off Marketplace staff
    - Allows assisters who onboard throughout the year to take Marketplace training at their own pace and on days/times that work best for them

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**Community Partner Program**

Plan year 2022 Marketplace training

- Live webinars and (when possible) in-person trainings will still be offered, with less frequency, for newly hired assisters or those who prefer direct contact with trainers

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## Marketplace outreach strategy

### *Pre-2022 open enrollment/plan year*

Due to COVID-19, all in-person events had been canceled, rolled to the next year, or made into a virtual event. Starting in August 2021, the Outreach Team has attended some in-person events.

Outside open enrollment for plan year 2022, the Outreach Team supports:

- Statewide outreach and education events:
  - Events that draw millennials
  - Events that are tribal focused
  - Multicultural events
  - African American events
  - Latino events
  - Russian cultural events
  - LGBTQ+ events
  - Rural events
  - Events that may draw APTC-eligible
  - Health fairs
  - College resource events
  - Faith based events
  - School outreach
  - Legislative outreach
- Rapid Response and Trade Act sessions with Employment Office and WorkSource offices.
  - These sessions have been scheduled and happen three times a week or more if a standalone company asks for a session.
- Training (offered virtually for consumers): Health Insurance 101 and Building Blocks of Health Insurance
- Facilitate Oregon-specific statewide virtual Marketplace community partner certification training
- Co-present and attend collaborative meetings throughout the state with OHA partners virtually
- Attend virtual Service Integration Team meetings throughout the state
- Attend Latino Interface Network Committee meetings (LINC), Community Advisory Council meetings, Linn-Benton Health Equity Alliance (LBHEA) meetings, and meetings with agents and community partners throughout the state
- Working with Vaccine Outreach Team Equity (VOTE) to support underserved populations
- Link with community partner organizations and events that are supporting vaccine events and outreach



- Outreach to targeted populations:
  - Work with county clerk offices to include info in marriage packets
  - Send information to engaged people on wedding show lists
  - Send emails and mailings to people on Oregon Education Board layoff lists
  - Direct mailing (postcard) to 26-year-olds using DMV data
  - Direct outreach to consumers found not eligible for Medicaid
    - Additional preparations for the Public Health Emergency ending that will migrate current OHP enrollees who will lose OHP benefits to Marketplace coverage

*Dedicated Tribal Liaison for Tribal Outreach*

Outreach we have done or will be supporting August-October 2021:

- SB 770 health clusters
- Webinar on coverage options for Oregon Native American chambers
- Virtual tribal site visits
- Marketplace training for tribal assisters
- Discuss potential revival of Tribal Collaboratives with CPOP
- Coordination with OHA/HPA tribal liaisons
- Attended tribal liaison training with OHA
- Attended OHA tribal monthly meetings
- Attended 2021 American Indian/Alaska Native (AI/AN) Health Summit
- Sponsored Jim Pepper Festival
- Tribal constituent work to resolved insurance issues
- Legislative Commission on Indian Services (LCIS) meetings
- Oregon Native American Chamber (ONAC) meetings.
- Meeting with Yellowhawk CFO to discuss cost protections and funding options for enrolled tribal members

*Dedicated Latino/Hispanic outreach coordinator for Latino/Hispanic-specific outreach:*

Listed are some of the outreach we have done or will be supporting August-October 2021.

- Events:
  - Woodburn Fiesta Mexicana
  - Viva Tualatin!
  - Bi-National Health Week – Cornelius
- Meetings/partnerships:
  - Panel for small business startup serving BIPOC self-employed and small business owners – partnership with ONAC, will be produced in Spanish, as well
  - Monthly collaborative with Spanish-speaking CP assisters
  - Spanish Marketplace trainings for community partners



- Latinx Interagency Network Committees (Douglas, Jackson, and Josephine counties) LINC meetings and LBHEA meetings
- Linn Benton Health Equity Alliance
- Coordination meeting with the Consulado de México

*Customer service center*

- Provides Oregonians with information and local resources using OregonHealthCare.gov
  - Supported by Outreach Team and new hire customer service representative as of 10/4/2021
- Helps consumers walk through HealthCare.gov, if needed
- Maintains a 95 percent or better customer service level outside and during open enrollment

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 the Oregon Department of Consumer and Business Services 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 14 members of the Health Insurance Exchange Advisory Committee, hereafter referred to as the Marketplace Advisory Committee, and the OHA Director or their designee must serve as a member; and

WHEREAS, the members of the Marketplace Advisory Committee 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 Marketplace Advisory Committee hereby adopts its bylaws for the Marketplace Advisory Committee of the Oregon Health Insurance Marketplace, attached as Exhibit A.

I HEREBY CERTIFY that the foregoing resolution was adopted on the 22<sup>nd</sup> day of July 2021, by the Marketplace Advisory Committee of the Oregon Health Insurance Marketplace.

**Dan Field**  
Committee Chair

## Exhibit A

# BYLAWS OF THE MARKETPLACE ADVISORY COMMITTEE

## ARTICLE I

### DEFINITIONS

- 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.
- CMS: 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.
- 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 unit within the Health Policy and Analytics Division of the OHA.

Section 3: As set forth in the legislation, the duties of the 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 implementation 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
- Solicitation of customer feedback
- 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.

## ARTICLE III

### MARKETPLACE ADVISORY COMMITTEE

Section 1: The committee consists of 15 members, consisting of one ex-officio voting members (the director or designee of the director of the OHA and 14 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: Committee members serve without compensation but are entitled to travel expenses as outlined in ORS 292.495.

#### Section 7: Rules of Order

- A. The committee will conduct its business through discussion, consensus building, and informal meeting procedures.
- B. 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

- A. Quorum – 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.
- B. Voting – 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 roll-call 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.

Section 9: Conflict of Interest. Actions of the committee are subject to the Oregon government ethics law, including requirements for declaring 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 department.

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

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## 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”.