Oregon Health Insurance Marketplace Advisory Committee Meeting
October 17, 2024
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: 160 671 0591
Passcode: 961706

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

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

AGENDA

Time	Agenda Item	Facilitators and Presenters	Purpose
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and approval of previous meeting's minutes	Lindsey Hopper Committee Vice-chair	Information and voting
9:10 – 9:15 a.m.	New member introduction: Kathleen Orrick	Lindsey Hopper Committee Vice-chair	Information
9:15 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information and discussion
9:25 – 9:55 a.m.	OHA 2025 Legislative Preview	OHA Government Relations	Information
9:55 – 10:05 a.m.	SBM project updates*	Victor Garcia Marketplace Operations Development Specialist Dorocida Martushev Project Manager	Information and discussion

*As approved in the committee workplan on 10/12/2023.

Time	Agenda Item	Facilitators and Presenters	Purpose
10:05 – 10:20 a.m.	OHP Bridge updates*	Tim Sweeney Senior Policy Analyst, Health Policy & Analytics, OHA Sean McAnulty OHP Member Communications Coordinator Katie Button Marketplace Policy & Plan Management Analyst	Information and discussion
10:20 – 10:25 a.m.	Public comment	Lindsey Hopper Committee Vice-chair	
10:25 – 10:35 a.m.	Break		
10:35 – 10:50 a.m.	2025 health insurance rates	Tashia Sizemore Life & Health Product Regulation and Compliance Manager	Information
10:50 – 11:05 a.m.	2025 plan offerings* and updates to the Window Shopping tool	Katie Button Marketplace Plan Management and Policy Analyst	Information and discussion
11:05 – 11:25 a.m.	2025 Open Enrollment outreach and education*	Amy Coven Marketplace Stakeholder and Communications Analyst	Information and discussion
11:25 – 11:35 a.m.	Proposed 2026 NBPP overview	Anthony Behrens Marketplace Senior Policy Analyst	Information
11:35 – 11:40 a.m.	Public comment	Lindsey Hopper Committee vice-chair	
11:40 – 11:45 a.m.	Committee business – 2025 work plan	Victor Garcia Marketplace Operations Development Specialist	Information and discussion
11:45 – 11:55 a.m.	Committee business – Elections	Chiqui Flowers Marketplace Director	Discussion and voting
11:55 a.m. – noon	Wrap up and closing	Lindsey Hopper Committee vice-chair	

*As approved in the committee workplan on 10/12/2023.

Oregon Health Insurance Marketplace

500 Summer Street NE E-56, Salem, OR 97301 | 855-268-3767 (toll-free)

Health Insurance Marketplace Advisory Committee Meeting Minutes
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When: Thursday, July 18, 2024 – 10 a.m. to 1 p.m.
Where: Virtual via Microsoft Zoom
In-person at the Barbara Roberts Human Services Building
500 Summer St NE Rms 137C & 137D, Salem OR 97301

Committee members:
In-person – Gladys Boutwell, Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (vice chair), Shannon Lee, Nashoba Temperly
Virtual – Ali Hassoun, Andrew Stolfi, Om Sukheenai

Members not present: none

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

Marketplace staff: Amy Coven, communications and public engagement analyst; Katie Button, plan management and policy analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Nina Remple, Marketplace transition program manager; Dawn Shaw, office support coordinator

Agenda item and time stamp*	Discussion
Welcome, roll call, guidelines, approval of minutes	Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the February 23 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the April minutes, and page 8 for meeting protocols) • Approved April 18, 2024, minutes.

Federal health policy updates	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).
	• Legislators are out now and will be back before Labor Day.
	• Appropriations
	  ○ Plan was for the House to get all 12 bills ready for the Senate in August.
	  ○ Bills that are coming out of the House would not pass a democratic Senate.
	  ○ Before Labor HHS (Health and Human Service) bill, some programs may be zeroed out.
	  ○ Looks like they will be doing a Continuing Resolution to get through the elections. When they come back, they likely will do another Continuing Resolution until Christmas or through to the next Congress.
	  ○ Labor HHS bill marked up in the appropriation and is 7% below the 2024 budget. $14 billion below the President's request and zeroed out several programs and completely reorganized NIH (National Institute of Health). Lays out the Republican views, with them being the majority, on several health care issues like lowering prescription costs under special

circumstances. The Republicans do not like the proposal that the President has put out.

- Everyone wants 340B reform. There is a proposal to tweak the CMS (Centers for Medicare and Medicaid Services) proposal to change the Medicaid prescription program.
  - *Note: The 340B Program requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for uninsured and low-income patients. Eligible healthcare clinics and hospitals can purchase outpatient drugs at a 20-50% discount through this program.*
- Regulations that are expected to come out:
  - DEA (Drug Enforcement Administration) telehealth prescribing rule out in September. Changed title to Special Registration for Telemedicine and Limited State Telemedicine Registration. Should be issued three months before the current pandemic era that allowed providers to prescribe controlled prescription via telehealth. Proposed rules required an in-person visit, which could be problematic in rural areas.
  - New interoperability, likely to be out in September or October. Builds on a previous regulation on AI (artificial intelligence) and interoperability. Will contain provisions on information blocking.
  - Proposed rule to update Emergency Preparedness mandates for providers and suppliers participating in Medicare and Medicaid. Hoping to get out by October.
  - Data protection regulation that follows a Biden era executive order concerning foreign entities having access to data, including genetic information.
  - Department of Justice regulation around disabilities and diagnostics. Would ensure access to tables and other diagnostic equipment, like X-rays, for people with disabilities. Should be out in the next few months.
  - Regulation for insurers to treat mental health like any other disease. Has not made it out of OMB (Office of Management and Budget) yet.
- There is a Supreme Court case about the Chevron doctrine. Changes interpretation of the law back to legislative intent and not the interpretation of the agency. Congress will have to pass bills that are more specific.
  - Some bills that are being looked at include the No Surprises Act and may have to look at the bills to see areas where they will need to change to comply.
- ACA premium tax credits were reviewed by Paragon and found some fraud. Over $5 million received subsidies that shouldn't have. The OIG (Office of Inspector General) and Government Accountability Office will be looking to corroborate Paragon's findings. Determine if the mistakes were accidents or fraud. The ACA tax credit is set to expire next year and was trying to attach the extension to another bill. Will be moved to next year.
- Other issues to see in the lame duck session and high on the list to be completed includes PBM (prescription benefit management) reform, healthcare cost transparency, and site neutral reform in Medicare.
- Paul asked if the subsidy issue is due to ARPA (American Rescue Plan Act). Stephanie confirmed it did and added that extending would not likely happen.

OHP Bridge updates 14:42	Timothy Sweeney, Sean McAnulty, and Katie Button presented updates on the OHP (Oregon Health Plan) Bridge program. (See pages 9-14 of the handout packet for a copy of the slide deck)

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- Stacy asked what the initial projections were vs. the actual projections. Tim explained that initial counts for people moving straight from OHP to OHP Bridge would be 45,000 – 65,000. Expected around 45,000 for people who are on a Marketplace plan or not insured. The estimates have not been lowered. There is a group of 100,000 people who were granted extensions to be redetermined. Still looking to see what the actual numbers would be.
- Om was wondering about people who are immigrants over 65 and do not qualify for Medicare, what would they do? Sean replied that they will continue going through the Marketplace like they do now.
- Charlie wanted to know about communications for people going from the Marketplace to OHP Bridge so when they go to renew that they are not surprised. Sean stated they will be going through state channels to get the message out and they cannot know if they qualify until they apply. Chiqui added that not being able to identify the individuals is another drawback of not having our own SBM (state-based marketplace) as we have limited data and are unable to be proactive. Amy clarified that they should be getting information along with their eligibility notice.
- Gladys questioned if people who qualify for OHP and they are going to be having surgery in August, would they have to postpone the surgery?
  - Sean replied that there is not going to be an opt-out option and timelines are like the Marketplace and when the application is processed. Tribes do not have the same timelines.
  - Ron asked if the individual had COBRA (Consolidated Omnibus Budget Reconciliation Act) and Gladys said that the company went out of business and there isn't a COBRA option.
  - Sean added that if they do not have a job, they can apply for OHP based on current months income. OHP uses current income, OHP Bridge will use annual income.
  - Amy clarified that if they have applied for unemployment but do not have it yet, to go ahead and apply and update when their unemployment is approved. All communications are directing people to our (OregonHealthCare.gov) website to guide them to the Window Shopping Tool so people are routed to the right place.
- Katie asked, "What are you hearing from your communities since the launch of OHP Bridge?"
  - Ron – gets called often and will route them to the Window Shopping Tool.
  - Nashoba – a lot of positive feedback but some have had issues with interruptions of care.
  - Lindsey – several customer service calls but not more than expected.
- Lindsey brought up that in the last meeting the committee was interested to know about mitigation and how it is going. Katie stated that we are still working on and it is on the radar but does not have anything to report at this time.

SBM project updates
43:51

Victor Garcia and Dorocida Martushev went over SBM Project updates. Amy Coven presented about community engagement for the SBM Project.
(See pages 14-16 of the handout packet for a copy of the slides.)

- Stacy asked if there was a lot of engagement in creating the RFP (request for proposal). Dorocida stated that there were 10 vendors that participated in the pre-conference.
- There will be a seven-member committee for round one evaluation. with a group of SMEs (subject matter experts) as advisors.
  - Participants include other agencies, community partners, agents, members of the public, and insurers.

	○ We have consulted with other states and have gotten advice from them. ○ The attendees of the pre-conference weren't surprising and are known entities. ○ There has been some time built into the timeline as a buffer in case something takes longer than anticipated. • Chiqui added that we will be submitting a POP (policy option package) to hire on additional staff members to support the project. Have wonderful partners and resources. • Topic will be a part of the baseline work plan from now on. • Om asked if the SBM would be affected by the upcoming elections. Chiqui responded that we will keep an eye out to see if there will be any changes but will be proceeding until there are any changes.
Marketplace Transition project updates 57:20	Nina presented updates on the Marketplace Transition project. (See pages 16-18 of the handout packet for a copy of the slide deck) • There wasn't a surprise on the email response from the survey. If they provided a phone number a follow up call was made.
Public comment 1:04:20	Om wondered about the income for the OHP Bridge program. She calculates that people would have a $16 per hour job. Wondered if anyone who makes under $16 per hour post pandemic.
SBM project: community engagement, part 1 1:06:49	Amy Coven reviewed plans for SBM community engagement, branding, and equity focus. (See pages 19-30 of the handout packet for a copy of the slide deck) • How can we partner with communities? ○ Gladys suggested that non-profits are the way to go. They are already a part of the community and are trusted and known and a good resource for information. ○ Stacey suggested community events and information in community centers. Amy indicated that our outreach staff are always in the field building brand awareness and referrals. Gladys added events like rodeos, chambers of commerce, rotaries, summer concerts, farmers markets, etc. Paul added that there are a lot of micro-communities that we may not be aware of. ○ Lindsey asked about the potential budget to support efforts to reach out to impacted communities. We are looking at free, low-cost options until we have an approved budget from the legislature. • How can we use data to inform decisions equitably? ○ Paul suggested the need to look at options that get the most bang for the buck. • Stacey wondered if the listening sessions happened in January, and there was a question on if any of the feedback informed some of the topics for scoring the RFP. ○ Victor affirmed that it did And Amy added that what we were hearing reinforced what the staff currently knew. • Gladys asked about the "Desired improvements" under the Assisters column where it states, "Do not allow someone eligible for OHP to purchase Marketplace coverage." If they qualify for OHP, it doesn't let them enroll in Marketplace. Amy

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	explained that we have had instances where the different systems had problems communicating with each other.
	• Are there feedback and desired improvements that you feel we should prioritize? What else would you add to the list?
	  ○ Gladys would suggest making the process as close to what is available now and there isn't a big learning curve. Also wondered if the data was going from HealthCare.gov and dropped in the SBM or are we having to start from scratch? Amy replied that the plan is to have the data migrate.
	  ○ Stacy commented on the consistency between the three groups (insurance agents, assisters, and insurance carriers).
	  ○ Paul wants to make sure that the redirects on the Window Shopping tool are integrated into the process.
	  ○ Nashoba commented that identity proofing is a concern on the platform. Documentation submission process has been long and cumbersome. Thinks that referrals to local groups could be an opportunity. Some people have problems with access, such as logging in and password retrieval.
	  ○ Gladys found systems like Health Sherpa were a great way to be able to look up people and find their information.

Break 1:35:03	

SBM project: equity focus, and branding, part 2
1:48:52
	Amy Coven outlined the plans for SBM equity focus and branding.
	• Used equity tabletop discussion between ODHS (Oregon Department of Human Services), OHA (Oregon Health Authority), DCBS DFR (Department of Consumer and Business Services, Department of Financial Regulation). We invited Employment Department to inform our assessment.
	• Are there types of outreach or places that you feel we should consider adding? Are there communications mechanisms that we should consider adding to our strategy? Are there other accessibility, training, or communications considerations that we may have missed?
	  ○ Paul suggested making accessible times to accommodate people with different work schedules.
	  ○ Stacey wanted to know where we came up with the list of languages. Amy responded that we did get the list from the most requested languages through OHP. There isn't a top language list. An additional question was if there was a way to access Oregon demographics. Gladys added that census data could help. Amy is looking into it.
	  ○ Ron recommended there to be a section about their time availability. Amy will investigate updating our Find Local Help tool.
	  ○ Om suggested adding Thai and Laotian (Laotian can read Thai) to the language list. Amy said that all Oregon state websites uses Google translate but cannot test its accuracy.
	  ○ Paul suggested adding preferred language to the intake forms for language preferences.
	• Created a form on our website to collect and respond to feedback.
	• Chiqui hopes to be as transparent as possible about what we can or cannot do, or what we will be doing in the future.
	• Is the amount of project communication thus far enough, not enough, or too much? Are we providing adequate opportunities for partner engagement and feedback? What may we have missed?
	  ○ Amy has subscribed the committee to our GovDelivery.

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- Stacey would like to close the loop, highlight, summarize, and emphasize what is being done. Maybe a high level executive summary. Making sure people are feeling like they are being heard.
- Chiqui can be reached any time for feedback.

- Should the SBM platform have its own identity? Thoughts and feelings on our existing brand.
  - Lindsey indicated that she supports whatever creates the least amount of confusion. Has heard that people like our new advertising.
  - Nashoba recommended we carry over one identity as switching could cause some confusion. There is a general hesitancy identifying as a state government identity.
  - Gladys thinks that making sure that people know what they applied for, OHP vs. insurance. Making sure they are going to the right place.
  - Ron wondered why we don't just have one platform.
  - Chiqui commented that we are trying to make sure there is a one-stop shop and no wrong door. How to attract people and let them know of the changes ahead.
  - Charlie thinks that people would Google Oregon Healthcare and be able to find it easily.
  - Om wondered about doing a prescreen to direct them to the right place.
  - Katie asked if people they work with are all on OHP or all on Marketplace or are the families split. Gladys has about half of the families have kids in CHIP and others in the Marketplace.
  - Stacey thought that keeping it simple and clear, the pizzaz in a separate platform.
  - Paul expressed concern about losing people with snazzier names.
  - Amy would like to have a call to action like the OHP Bridge program.

Public comment, wrap up & closing
2:12:56

No public comments received or given.

Lindsey asked for topics for the October meeting.

- Paul would like to know more about mitigation and more actual numbers and not theoretical. Katie will have the 2025 plan rates by that meeting.
- Stacy wanted to have more of a deep dive on the RFP results.
- Lindsey would like a follow up on the survey.
- Open Enrollment is around the corner.

We currently have four vacancies and the next Senate confirmation in September. We will be filling two of the vacancies for community partner and provider. Still looking for tribal and a Marketplace enrollee. Let us know of potential members.

Next meeting we will be voting for the chair and vice chair positions. Right now, we will have Lindsey as chair and Nashoba as vice-chair. Chiqui will be sending out the bios.

Our next meeting will be October 17.

*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, July 18.

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Oct. 17, 2024

Health Insurance Marketplace Advisory Committee Meeting

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Welcome and Roll Call

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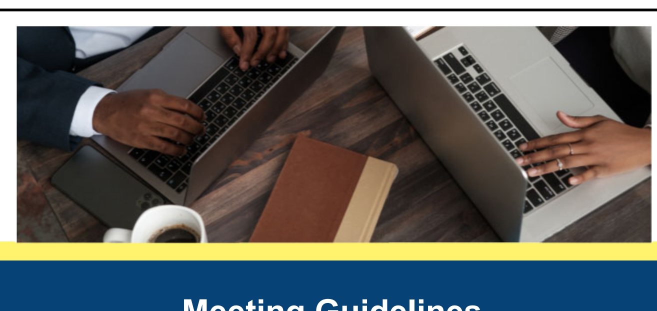

Meeting Guidelines

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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.l.flowers@oha.oregon.gov

  503-884-6017

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Approval of July 18, 2024 Meeting Minutes

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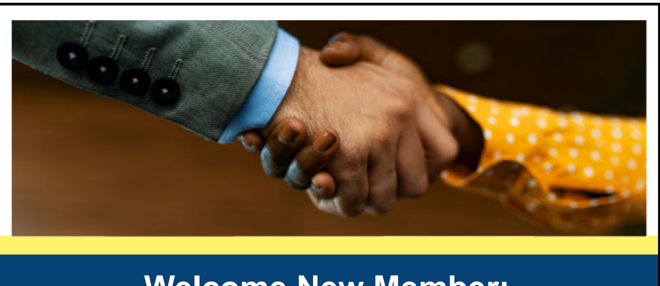

Welcome New Member: Kathleen Orrick

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Kathleen Orrick MSN, BSN, RN

Career experience:

- Skilled nursing
- Home health care
- Acute care in a Level One Trauma Center
- Care management
- Utilization management
- House supervisor
- Clinic manager of eight specialty care clinics
- Adjunct Nursing Professor at Linfield University

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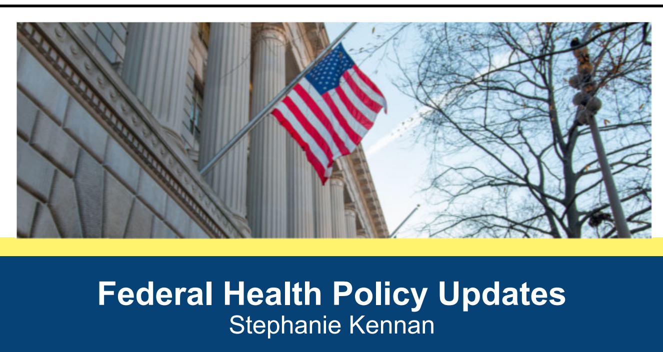

Federal Health Policy Updates

Stephanie Kennan

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OHA 2025 Legislative Preview

OHA Government Relations Team

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2025 Legislative Calendar (Predicted)

- December 10-12 — Legislative Committee Days presentations
- Mid-January — Bills released
- **January 21 — First day of session**
- March 21 — First chamber posting deadline*
- April 8 — First chamber work session deadline**
- May 9 — Second chamber posting deadline*
- May 23 — Second chamber work session deadline**
- June 28 — Constitutional Sine Die

* Bills must be scheduled for a vote in committee by this date.
** Bills must be voted on and passed by a committee by this date.
Bills in budget and rules committees are exempt from these deadlines.

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Legislative Terminology

- LC = Legislative Concept, a policy/statute request
- POP = Policy Option Package, a budget request

- Policy committees: Most OHA bills go to the health care committees, but some may go to environmental, addictions, judiciary, or other committees
- Budget committees: OHA budget requests normally go to the Joint Human Services Subcommittee, before they go to the full Joint Ways & Means Committee

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OHA Strategic Plan

✓Transforming behavioral health
✓Strengthening access to affordable care for all
✓Fostering healthy families and environments
✓Achieving healthy Tribal communities
✓Building OHA's internal capacity and commitment to eliminate health inequities

Link to OHA Strategic Plan

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2025-2027 Agency Budget Request Highlights

- Aligns with Governor's priorities:
  - Increase behavioral health treatment capacity
  - Better meet the needs of people with severe mental illness
  - Reduce homelessness
- Total: $39.0B
  - Current Service Level: $36.2B (0.8% increase over 2023-2025)
  - POPs: $2.9B
    - $313M general purpose (0.9% increase over CSL)
    - $423M behavioral health investment package
    - $2.1B assessment for Medicaid funding
- $6.9B is state general funds, remainder is federal or other funds
- Healthier Oregon is fully funded in Current Service Level

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Transforming Behavioral Health: LCs

- LC 409, Oregon State Hospital Housekeeping
- LC 420, OSH and Community Restoration Limits Placeholder
- LC 438, Alcohol and Drug Policy Committee Membership (on behalf of ADPC)
- **LC 451, Modernizing Juvenile Restoration Statutes**
- LC 469, Modernizing the DUII System*

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Transforming Behavioral Health: POPs, part 1

- POP 416, Organizational Resilience and Healing Policy: $966,857
- POP 418, Child Medicaid Behavioral Health: Home & Community-Care Based Services: $919,708
- POP 419, OSH Facility Conservation and Development: $14,118,719
- **POP 550, Behavioral Health Workforce: $117,377,314**
- POP 551, Save Lives Oregon Harm Reduction Clearinghouse & Treatment Innovation Pilots: $36,603,397
- **POP 552, Expanding on Residential+ Study: $176,121,770**

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Transforming Behavioral Health: POPs, part 2

- POP 553, Behavioral Health Data Requirements: $7,091,265
- POP 554, Adult Medicaid Behavioral Health: $36,880,520
- **POP 556, Certified Community Behavioral Health Clinic (CCBHC) Expansion: $47,805,217**
- POP 557: Alcohol and Drug Policy Commission Sustainability: $842,863

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Access To Affordable Care For All: LCs

- **LC 423, Updating Oregon Health Plan Benefit Coverage**
- LC 448, Modernizing Hospital Oversight Fee Structure
- LC 462, Improving Local Government Participation in PEBB and OEBB
- **LC 470, Hospital and Insurance Assessment**

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Access To Affordable Care For All: POPs, part 1

- POP 407, Health Care Market Oversight Program Funding Support: $3,115,253
- **POP 408, Medical Benefits for Incarcerated Individuals: $121,771,482**
- POP 409, EHR and Information Technology (AVATAR): $3,100,000
- POP 413, Medicaid Interoperability: $19,876,420
- **POP 417, Reinvesting OHP Bridge Savings: $56,343,648**

Access To Affordable Care For All: POPs, part 2

- **POP 421, Hospital Assessment Renewal: $1,985,000,000**
- **POP 422, Insurers' Assessment Renewal: $123,965,962**
- POP 423, PEBB OEBB Program Integrity and Development: $5,275,071
- **POP 424, State-Based Marketplace Eligibility and Enrollment Platform Phase II: $25,000,000**
- POP 425, PEBB OEBB Benefits Management System Replacement: $6,188,956
- **POP 426, Hospital Licensing Fees: $1,664,897**

Fostering Healthy Families and Environments: LCs

- LC 426, Expanding SERV-OR Activities and Membership
- LC 429, Strengthening the System of Care Advisory Council (on behalf of SOCAC)
- **LC 446, Protecting Youth by Closing Tobacco Loopholes***
- LC 450, Public Health Technical Fixes
- **LC 460, Updating Newborn Bloodspot Screening**

Fostering Healthy Families and Environments: POPs

- **POP 410, Public Health Modernization: $5,000,000**
- POP 415, Domestic Well Safety: $2,500,000
- POP 420, Universally-offered Home Visiting, Family Connects Oregon: $700,000
- POP 427, Equitable Enforcement of Commercial Tobacco: $130,000
- **POP 555, KIDS (Kids Integrated Delivery in Schools): Increasing Access to BH Services: $17,431,688**
- POP 559, Strengthening the System of Care Advisory Council: $571,098

Achieving Healthy Tribal Communities: LCs, POPs

- **LC 413, Collection & Protection of Tribal Affiliation Data**
- **LC 444, Sharing Health Data with Tribes**
- POP 414, Native Services: $211,729

Capacity to Eliminate Health Inequities: LCs

- **LC 416, CCO Procurement Placeholder**
- LC 464, Improving the Children's Health Report
- LC 472, Expanding Regional Health Equity Coalitions

Capacity to Eliminate Health Inequities: POPs

- POP 401, Human Resources Capacity: $6,713,582
- POP 402, Strategic Plan Support: $3,615,904
- **POP 403, Community Partners & the Public: Ensuring Multi-Directional Feedback & Support for All: $2,416,219**
- POP 406, Required Inclusive & Supportive Access: $4,095,265
- **POP 411, Regional Health Equity Coalitions: $3,752,334**
- **POP 412, Operationalizing Health Equity in Health Services Delivery: $3,085,588**
- POP 201, Mainframe Modernization: $13,383,134
- POP 202, Improve IT Security and Privacy Posture: $7,545,892

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Government Relations team

Title	Name	Contact information
Government Relations Director	Phil Schmidt	503-383-6079 philip.schmidt@oha.oregon.gov
Public Health, Equity & Inclusion	Em Droge	971-409-3449 emily.droge@oha.oregon.gov
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Executive Support	Sarah Herb	971-372-9887 sarah.herb@oha.oregon.gov
Medicaid, Education, Home & Community-Based Services, External Relations	John Inglish	971-393-3860 john.a.inglish@oha.oregon.gov
Behavioral Health, Tribal Affairs	Robert Lee	971-372-9888 robert.lee@oha.oregon.gov
Health Policy and Analytics, Oral Health, PEBB/OEBB, Pharmaceuticals	Marybeth Mealue	503-490-8100 marybeth.mealue@oha.oregon.gov

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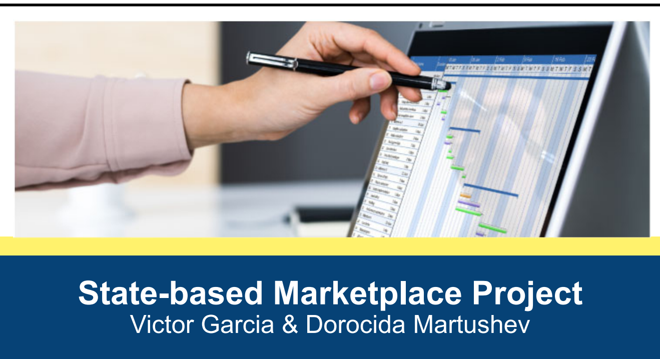

State-based Marketplace Project

Victor Garcia & Dorocida Martushev

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State-based Marketplace (SBM) topics

- Project accomplishments
- Project timeline and progress updates
- Request for proposals (RFP) timeline and upcoming activities
- Upcoming partner engagements
- Policy Option Package 424
- What's next?

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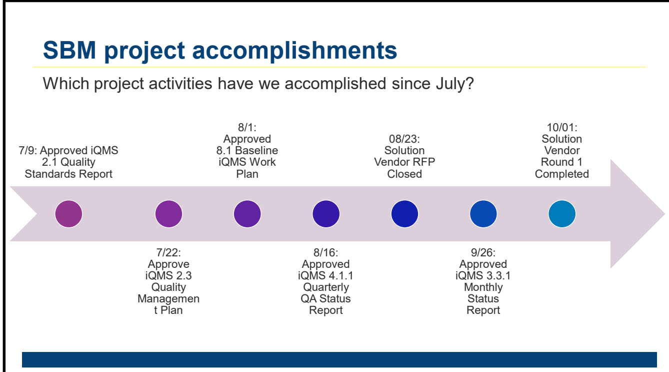
SBM project accomplishments

Which project activities have we accomplished since July?



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SBM Project timeline

Status: On Track **Phase:** Planning **Total Project Duration:** 4 Years & 8 Months

Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Mar 25 | Jun 25 | Sep 25 | Dec 25 | Mar 26 | Jun 26 | Sep 26 | Dec 26 | Mar 27

Project Approvals
Market Research & Requirements
Project Mgmnt
Readiness Assessment
Quality Vendor Procurement
Solution Vendor Procurement
Implementation
Closing

7/6/2023 Project Started
9/20/2023 Obtained Approvals to Begin Planning
4/11/2024 Completed Resource & Solution Analysis Planning (Stage Gate 2)
4/2025 Complete Implementation Planning
11/2026 Go Live & Move to Operations
03/2027 Close Project

Key: Done | In-Progress | Not Started

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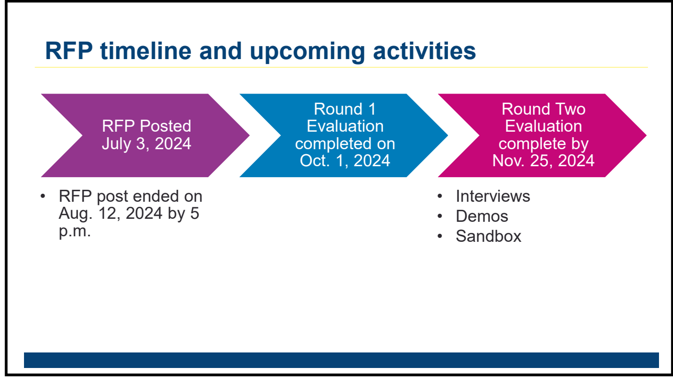

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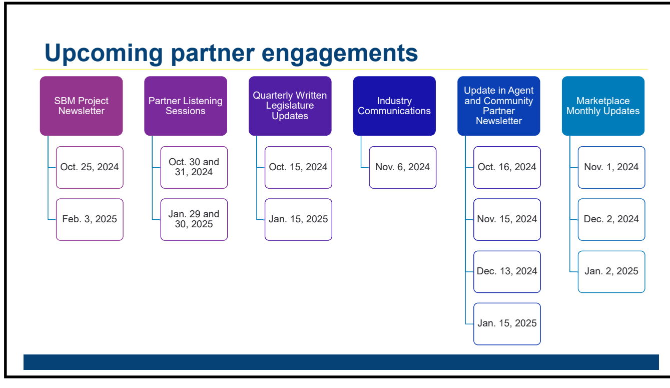

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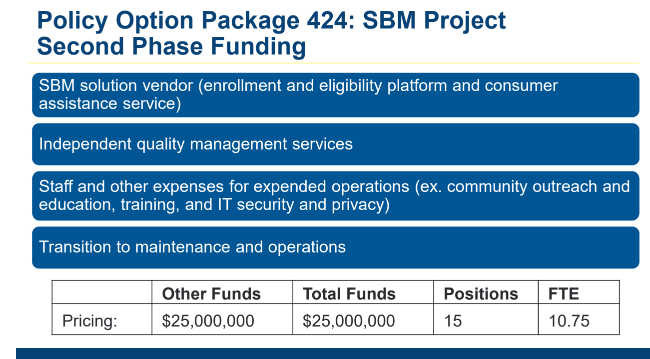

	Other Funds	Total Funds	Positions	FTE
Pricing:	$25,000,000	$25,000,000	15	10.75

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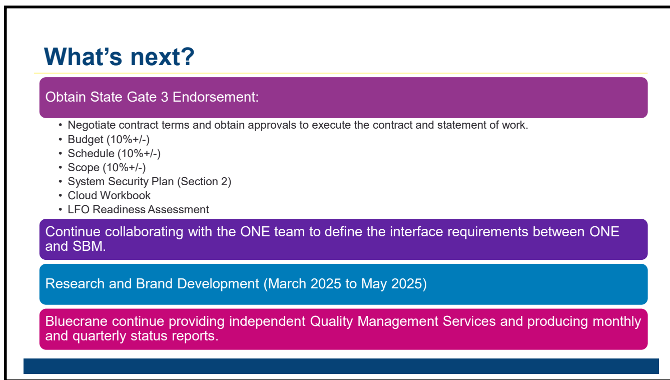

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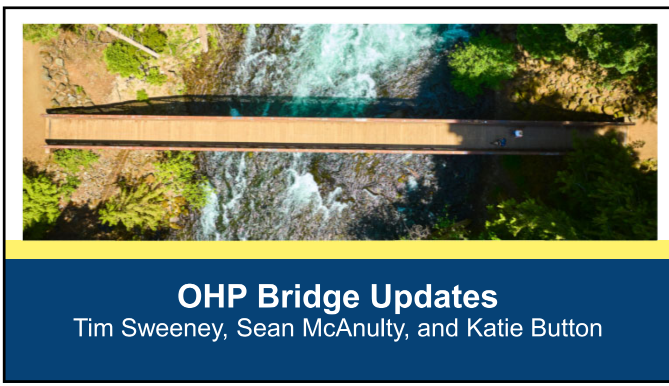

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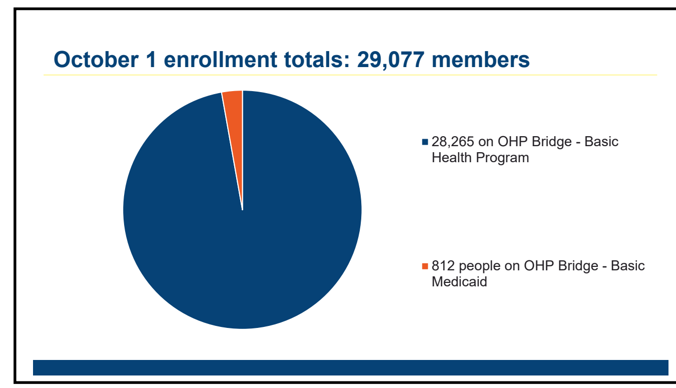

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OHP Bridge Advisory Committee (OBAC)

- OHA established the OHP Bridge Advisory Committee (OBAC)
- Purpose: To provide recommendations for the program and guide Trust Fund management, member outreach and communication; create a venue for reporting on federal negotiations and considering revisions to the BRG benefit.
- The OBAC is not a decision-making body
- The OBAC will include the following representation:

• **Two** OHP Bridge Members	• **Two** Consumer Advocacy representatives
• **One** Healthcare Provider from a Metro Area	• **One** health equity specialist
• **One** Healthcare Provider from a rural area or FQHC	• **One** consumer navigator/assister
• **Two** representatives of Healthcare Organizations	• **One** Tribal member representative

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The OBAC: further information

- The OBAC held its first meeting on Wednesday, October 16.
- Additional information regarding the OBAC can be found at the OHP Bridge Website under the OHP Bridge Advisory Committee, or by visiting these links:

  OBAC English webpage: https://orhim.info/OBAC

  OBAC Spanish webpage: https://orhim.info/OBAC-es

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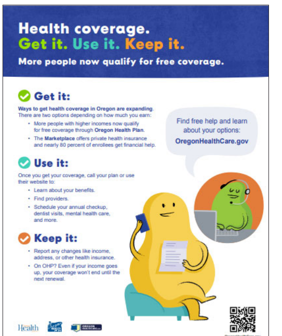
New OHP Bridge materials

- Additional outreach materials available in October:
  - Flyers and Rack Cards in 14 languages
  - Social Posts in 7 languages
- Materials will be available on OHA Bridge webpage
  - English: ohp.Oregon.gov/Bridge
  - Spanish: ohp.Oregon.gov/Puente



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Open enrollment plans

- Preparing "Transition page" messaging for OHP Bridge site speaking to marketplace referrals, along with other updates
- Advertising, continuing to promote coverage regardless of specific program
- DACA and Youth with Special Health Care Needs rollouts happening during Open Enrollment
- Open Enrollment/OHP Bridge/DACA press release and messaging through channels such as social media and partner communications

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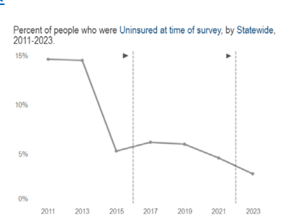
Oregon's uninsured rate: only 3%

- Press release last month announced the results of 2023 Oregon Health Insurance Survey
- Contributing Policies:
  - Affordable Care Act
  - Healthier Oregon
  - OHP Bridge
  - Unwinding
  - Continuous Eligibility
- Latino uninsured rate dropped from 27% to 7.7%



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Data on remaining uninsured

- New data dashboard with many options
- Counties with largest uninsured population (percent of total uninsured):
  - Washington: 18,000 people (15.4%)
  - Multnomah: 14,000 (12.0%)
  - Marion: 10800 (9.3%)
  - Lane: 10,200 (8.7%)
  - Jackson: 10,000 (8.6%)
  - Clackamas: 9,000 (7.7%)

Insurance rates: Uninsured at time of survey by region, 2023.

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Demographics of OHP-eligible uninsured

- About 24000 people who are uninsured and likely eligible for OHP (data collected in 2023, prior to OHP Bridge launch)
  - 4,300 children, 9900 age 19-34, 9800 age 35-64
  - 10,700 are employed, 2,300 self employed, 3,300 unemployed, 4,200 out of the labor force
  - 14,300 men, 8,400 women, nonbinary sample size too small
  - Primary race/ethnicity identification: 2,200 Latino, 15,200 white, others were also a statistically unreliable sample size
  - Primary reason for not applying: Not eligible, make too much money

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Public Comment

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Break

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2025 Health Insurance Rates

Tashia Sizemore

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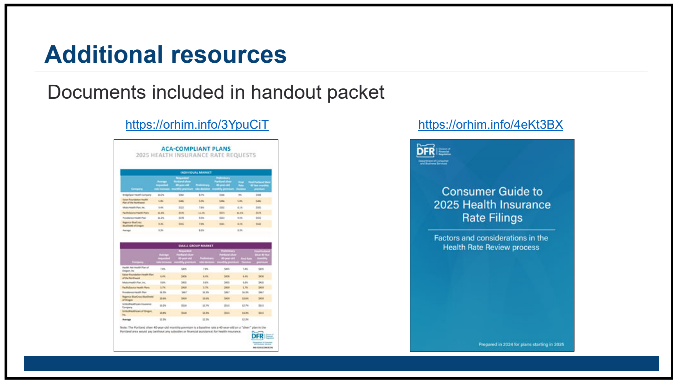
Additional resources

Documents included in handout packet

https://orhim.info/3YpuCiT

https://orhim.info/4eKt3BX



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2025 Plan Offerings and Window Shopping Tool

Katie Button

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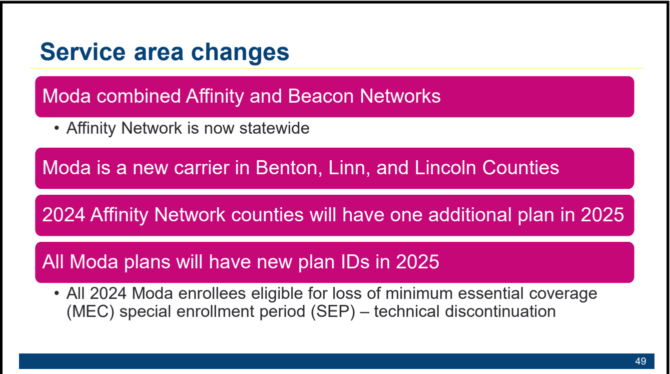

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Plan discontinuations

CMS rules prohibit more than 2 non-standard plans per tier, with exceptions for dental and adult vision coverage

Kaiser Permanente	PacificSource	Regence
71287OR0420018 - KP OR Bronze 9100/75	10091OR0750018 – Navigator Bronze 9400 Exchange	77969OR5280012 - Bronze Virtual Value 8500 Individual and Family Network
71287OR0420022 - KP OR Silver 750/35		77969OR5280014 - Silver 4500 Individual and Family Network
		77969OR5280015 - Silver 4500 Legacy
		77969OR5280018 - Bronze HSA 7000 Legacy
		77969OR5280019 - Bronze Virtual Value 8500 Legacy*

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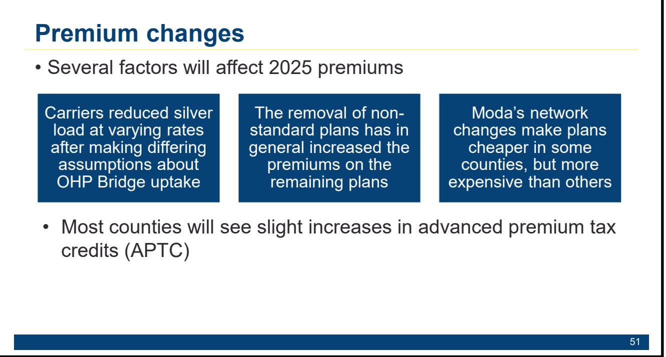

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Premium changes, continued

Clatsop, Coos, Curry, Tillamook and Wasco Counties will see large APTC increases (table uses 40-year-old premiums)

County(ies)	201% FPL	300% FPL	400% FPL	500% FPL
Clatsop/Coos/Curry/Tillamook	$53.55	$47.98	$41.58	$38.18
Hood River/Wasco	$88.49	$82.92	$76.52	$73.12

Columbia, Deschutes, Lincoln, Marion, and Polk Counties will see decreases in APTC (table uses 40-year-old premiums)

County(ies)	201% FPL	300% FPL	400% FPL	500% FPL
Marion/Polk	-$2.63	-$8.20	-$14.60	$0.00
Columbia	-$2.63	-$8.20	-$14.60	$0.00
Lincoln	-$11.52	-$17.09	-$23.49	-$26.89
Douglas	-$12.50	-$18.07	-$24.47	-$27.87

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Window shopping changes

- OregonHealthCare.gov/WindowShop
- Small changes to functionality
- Updated color scheme
- New section on Gender Affirming Care
  - Cost-sharing information on office visits, prescriptions, and surgical services
  - Explanatory language to help consumers access covered services

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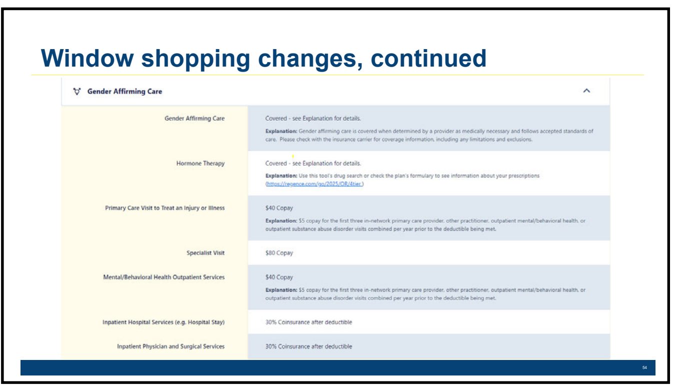

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Coverage expansion: DACA recipients

DACA recipients will now be eligible for OHP Bridge and private health coverage through the Marketplace.

- Marketplace-eligible DACA recipients may also qualify for financial assistance.
- Expansion is set to start Nov. 1, 2024.
  - Individuals who apply and enroll in Nov. 2024 will qualify for a special enrollment period for Dec. 2024 covered due to new eligibility.
  - Individuals will also need to enroll in coverage for 2025 – will not be automatically re-enrolled!

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DACA recipients in Oregon[1]

- 7,890 DACA recipients in Oregon
  - 5,260 DACA recipients in Portland-Vancouver-Hillsboro, OR-WA
  - 1,750 DACA recipients in Salem, OR

[1]USCIS Active DACA recipients FY2024 Q3

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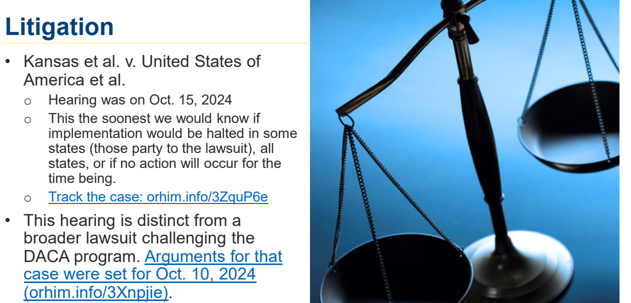
Litigation

- Kansas et al. v. United States of America et al.
  - Hearing was on Oct. 15, 2024
  - This the soonest we would know if implementation would be halted in some states (those party to the lawsuit), all states, or if no action will occur for the time being.
  - Track the case: orhim.info/3ZquP6e
- This hearing is distinct from a broader lawsuit challenging the DACA program. Arguments for that case were set for Oct. 10, 2024 (orhim.info/3Xnpjie).



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Open Enrollment 2025 Communications Plan

Amy Coven

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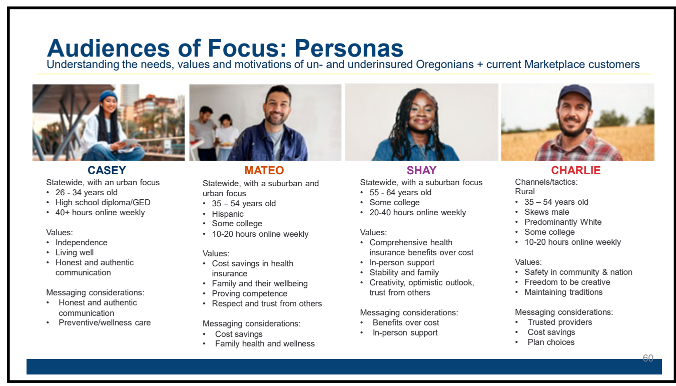

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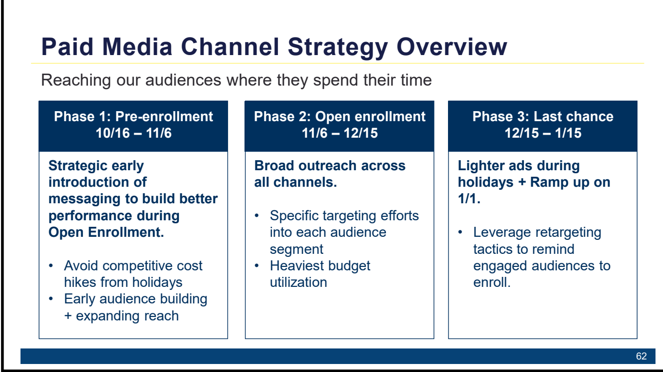

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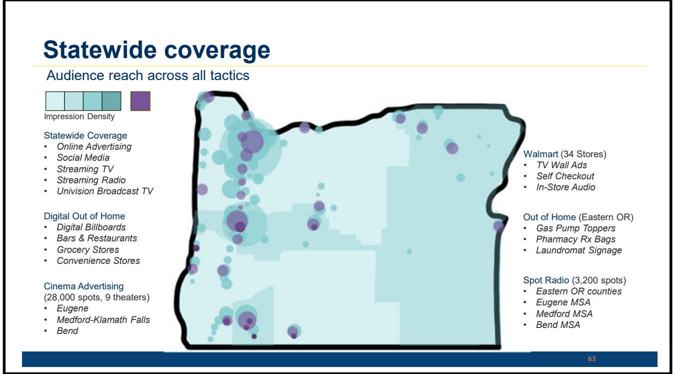

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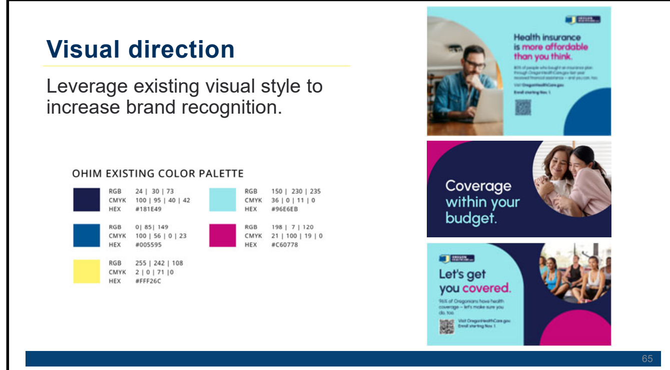

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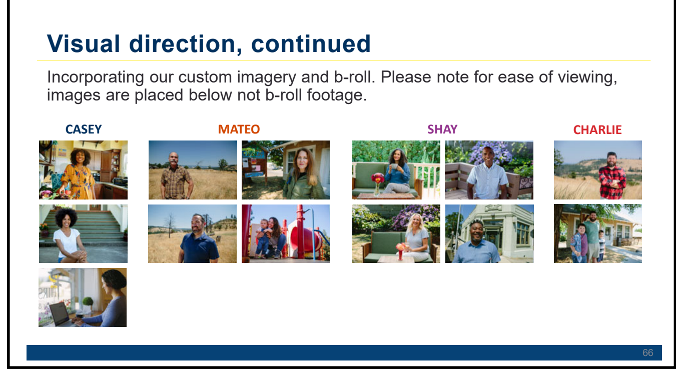

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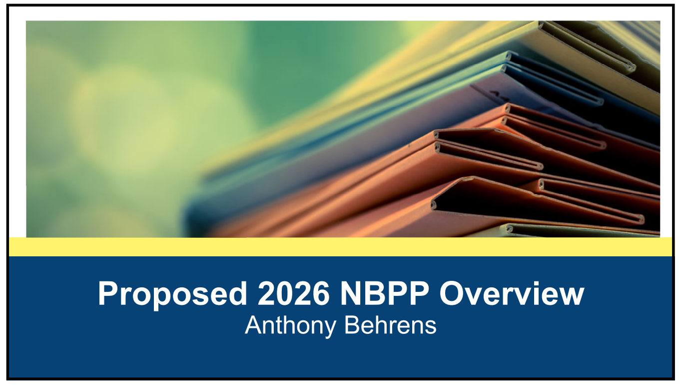

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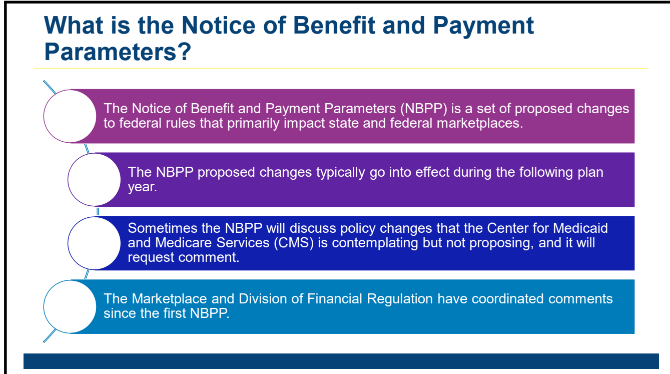

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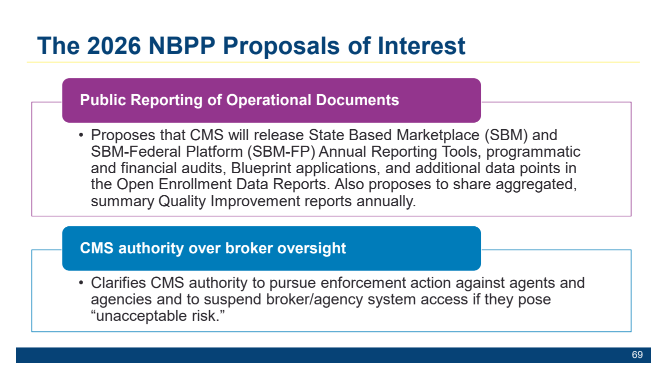

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The 2026 NBPP Proposals of Interest, Continued

New optional threshold for premium obligations

- Grants issuers flexibility to determine whether an enrollee has met their premium payment obligation, specifically proposing a fixed dollar threshold of no more than $5, no less than 95% of net premiums, or no less than 99% of gross premiums.

Silver-loading policies

- Requests comment on whether and how to codify previous guidance allowing states and insurers to raise silver plan premiums to account for the loss of reimbursement for Cost-Sharing Reductions.

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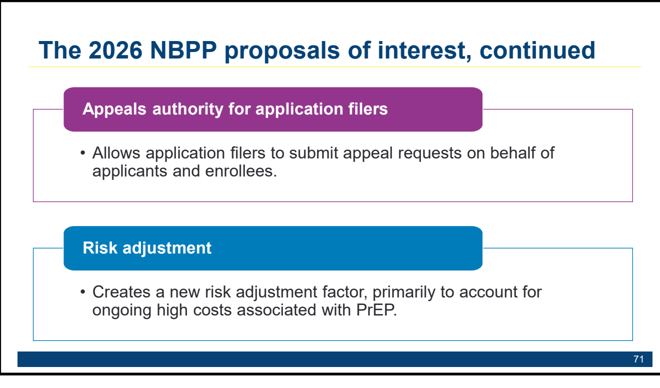

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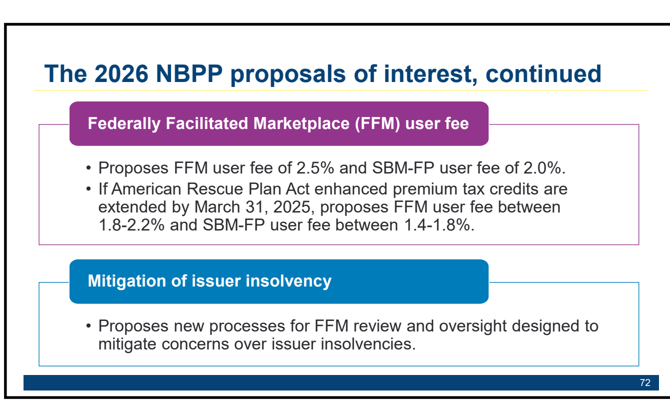

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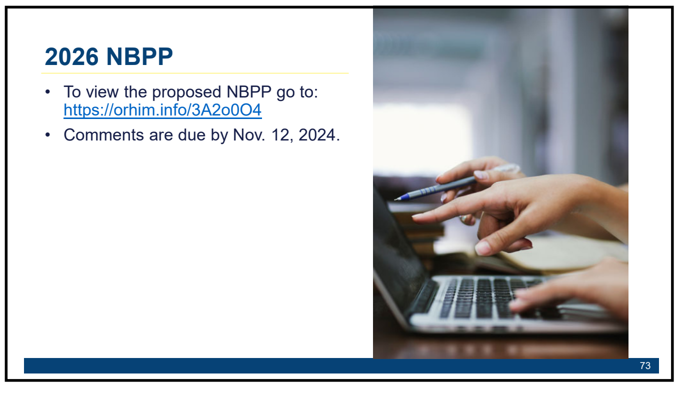

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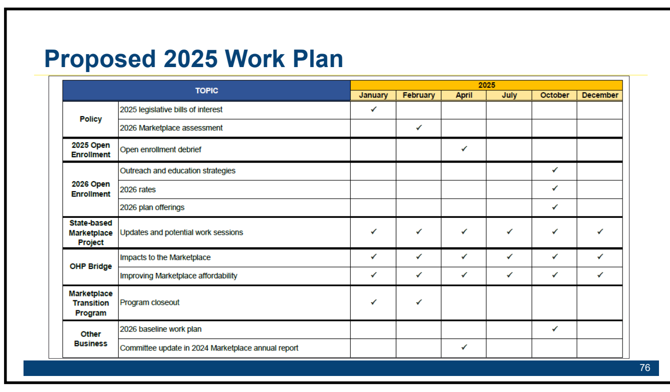

Proposed 2025 Work Plan

TOPIC		2025					
		January	February	April	July	October	December
Policy	2025 legislative bills of interest	✓					
	2026 Marketplace assessment		✓				
2025 Open Enrollment	Open enrollment debrief			✓			
2026 Open Enrollment	Outreach and education strategies					✓	
	2026 rates					✓	
	2026 plan offerings					✓	
State-based Marketplace Project	Updates and potential work sessions	✓	✓	✓	✓	✓	✓
OHP Bridge	Impacts to the Marketplace	✓	✓	✓	✓	✓	✓
	Improving Marketplace affordability	✓	✓	✓	✓	✓	✓
Marketplace Transition Program	Program closeout	✓	✓				
Other Business	2026 baseline work plan					✓	
	Committee update in 2024 Marketplace annual report			✓			

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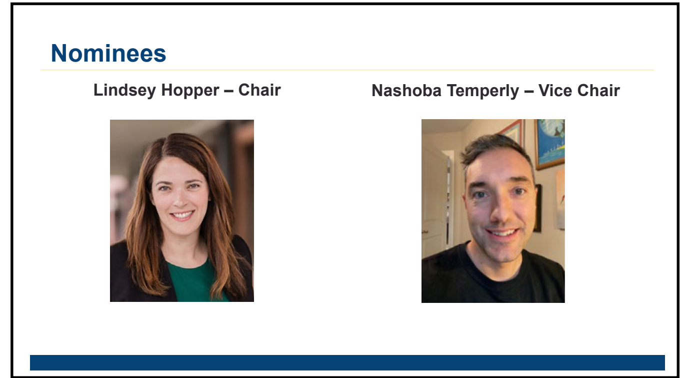

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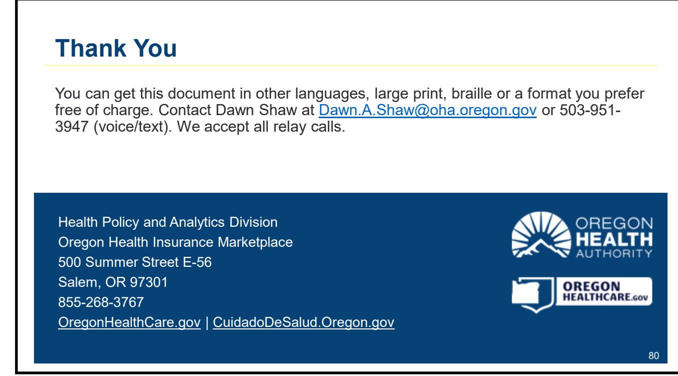

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ACA-COMPLIANT PLANS
2025 HEALTH INSURANCE RATE REQUESTS

INDIVIDUAL MARKET						
Company	Average requested rate increase	Requested Portland silver 40-year-old monthly premium	Preliminary rate decision	Preliminary Portland silver 40-year-old monthly premium	Final Rate Decision	Final Portland Silver 40 Year monthly premium
BridgeSpan Health Company	10.2%	$582	8.7%	$566	9%	$568
Kaiser Foundation Health Plan of the Northwest	5.0%	$486	5.0%	$486	5.0%	$486
Moda Health Plan, Inc.	9.4%	$522	7.6%	$502	8.1%	$505
PacificSource Health Plans	11.6%	$576	11.1%	$573	11.1%	$573
Providence Health Plan	11.2%	$578	9.5%	$553	9.5%	$555
Regence BlueCross BlueShield of Oregon	9.3%	$555	7.9%	$541	8.1%	$542
Average	9.3%		8.1%		8.3%	

SMALL GROUP MARKET						
Company	Average requested rate increase	Requested Portland silver 40-year-old monthly premium	Preliminary rate decision	Preliminary Portland silver 40-year-old monthly premium	Final Rate Decision	Final Portland Silver 40 Year monthly premium
Health Net Health Plan of Oregon, Inc	7.8%	$435	7.8%	$435	7.8%	$435
Kaiser Foundation Health Plan of the Northwest	6.4%	$426	6.4%	$426	6.4%	$426
Moda Health Plan, Inc.	9.8%	$435	9.8%	$435	9.8%	$435
PacificSource Health Plans	5.7%	$459	5.7%	$459	5.7%	$459
Providence Health Plan	16.3%	$467	16.3%	$467	16.3%	$467
Regence BlueCross BlueShield of Oregon	13.6%	$459	13.6%	$459	13.6%	$459
UnitedHealthcare Insurance Company	13.2%	$518	12.7%	$515	12.7%	$515
UnitedHealthcare of Oregon, Inc.	13.8%	$518	13.3%	$515	13.3%	$515
Average	12.3%		12.2%		12.2%	

Note: The Portland silver 40-year-old monthly premium is a baseline rate a 40-year-old on a "silver" plan in the Portland area would pay (without any subsidies or financial assistance) for health insurance.

DFR Division of Financial Regulation
Department of Consumer and Business Services

PROPOSED 2025 INDIVIDUAL PLAN COVERAGE BY COUNTY

County	BridgeSpan	* Kaiser	Moda	PacificSource	Providence	Regence	Total Carriers
BAKER	✓		✓	✓	✓	✓	5
BENTON	✓	✓	✓	✓	✓	✓	5
CLACKAMAS	✓	✓	✓	✓	✓	✓	6
CLATSOP	✓		✓	✓	✓	✓	5
COLUMBIA	✓	✓	✓	✓	✓	✓	6
COOS	✓		✓	✓	✓	✓	5
CROOK	✓		✓	✓	✓	✓	5
CURRY	✓		✓	✓	✓	✓	5
DESCHUTES	✓		✓	✓	✓	✓	5
DOUGLAS	✓		✓	✓	✓	✓	5
GILLIAM	✓		✓	✓	✓	✓	5
GRANT	✓		✓	✓	✓	✓	5
HARNEY	✓		✓	✓	✓	✓	5
HOOD RIVER	✓	✓	✓	✓	✓	✓	6
JACKSON	✓		✓	✓	✓	✓	5
JEFFERSON	✓		✓	✓	✓	✓	5
JOSEPHINE	✓		✓	✓	✓	✓	5
KLAMATH	✓		✓	✓	✓	✓	5
LAKE	✓		✓	✓	✓	✓	5
LANE	✓	✓	✓	✓	✓	✓	6
LINCOLN	✓		✓	✓	✓	✓	4
LINN	✓	✓	✓	✓	✓	✓	5
MALHEUR	✓		✓	✓	✓	✓	5
MARION	✓	✓	✓	✓	✓	✓	6
MORROW	✓		✓	✓	✓	✓	5
MULTNOMAH	✓	✓	✓	✓	✓	✓	6
POLK	✓	✓	✓	✓	✓	✓	6
SHERMAN	✓		✓	✓	✓	✓	5
TILLAMOOK	✓		✓	✓	✓	✓	5
UMATILLA	✓		✓	✓	✓	✓	5
UNION	✓		✓	✓	✓	✓	5
WALLOWA	✓		✓	✓	✓	✓	5
WASCO	✓		✓	✓	✓	✓	5
WASHINGTON	✓	✓	✓	✓	✓	✓	6
WHEELER	✓		✓	✓	✓	✓	5
YAMHILL	✓	✓	✓	✓	✓	✓	6

* Kaiser is offering partial service in Benton, Linn, and Hood River counties.

OREGON PRIVATE PLANS
available on HealthCare.gov

Clatsop
Columbia
Hood River
Tillamook
Washington
Multnomah
Sherman
Yamhill
Gilliam
Morrow
Umatilla
Union
Wallowa
Clackamas
Wasco
Polk
Marion
Baker
Jefferson
Wheeler
Lincoln
Benton
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Harney
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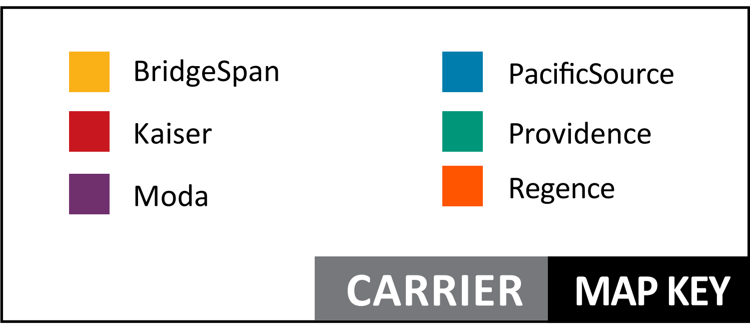
Josephine
Jackson



440-5220 (COM/7/24)

Department of Consumer
and Business Services

Consumer Guide to 2025 Health Insurance Rate Filings

Factors and considerations in the Health Rate Review process

Prepared in 2024 for plans starting in 2025

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INTRODUCTION

Each year, the Division of Financial Regulation (DFR) conducts a transparent health insurance rate review process for health plans that comply with the Affordable Care Act for small businesses and people who buy their own coverage rather than getting it through an employer. Conducting a yearly rate review ensures that premium rates charged to Oregonians adequately cover health care costs without being too high or too low.

This guide provides an overview of the rate change insurers requested, an explanation of the factors and trends affecting rates, and a summary of DFR's recommended rates formally communicated in DFR's preliminary decision documents, published on www.OregonHealthRates.org. The purpose of this guide is to aid in understanding DFR's preliminary decision document for rates set to become effective Jan. 1, 2025.

The 2025 health rate review process began in the fall of 2023 with insurance companies submitting filings that included information about their financial experience and assumptions. Pursuant to the authority granted by ORS 743.018(5), DFR actuaries review that data to ensure the requested rates are "reasonable and not excessive, inadequate or unfairly discriminatory."

The review process takes into account a three-year window:

- The year the plan takes effect (2025)
- The year the rates are prepared, filed, and reviewed (2024)
- The most recent full year of data that can be referenced (2023)

That three-year window means that rates are set using data from prior years that is then projected forward to produce current rates. Trained and certified actuaries, experts in mathematics and statistical methods, make those projections. DFR also employs actuaries to review the information provided by insurers and to provide an independent assessment of the insurer's calculations.

The rate review process is designed to foster a healthy insurance marketplace that maximizes consumer choice, minimizes consumer cost, and maintains the solvency of insurers to prevent consumer harm. Because of rising costs throughout the market, annual cost increases are to be expected most years – over time, inflation drives all costs up in healthy economies. The rate review process allows DFR actuaries to "check the math" of insurance companies, ensuring that their requested cost increases are justified by actuarial standards and market forces, and are necessary to maintain the solvency of the insurance company.

RATE CHANGE REQUESTS

The table below shows the rate change requested by each insurer this year. It shows the rate increase requested, a representative "base rate," and the total number of members affected.

The base rate represents what a 40-year-old on a "silver" plan in the Portland area would pay (without any subsidies or financial assistance) for health insurance. Rates vary based on geographic location and age.

Plans are rated on a "metals" system: bronze, silver, and gold. Those metal levels correlate to upfront premium costs (low for bronze, high for gold) and out-of-pocket cost sharing (high for bronze, low for gold). Consequently a Silver is the middle cost plan.

	Individual			Small Group		
Company	**% Increase**	**Rate**	**Members**	**% Increase**	**Rate**	**Members**
BridgeSpan	10.2%	$582	264			
Kaiser	5.0%	$486	34,574	6.4%	$426	27,959
Moda	9.4%	$522	29,992	9.8%	$435	8,828
PacificSource	11.6%	$576	24,943	5.7%	$459	12,171
Providence	11.2%	$578	44,753	16.3%	$467	46,501
Regence BCBS*	9.3%	$555	35,290	13.6%	$459	63,653
Health Net				7.8%	$435	3,140
UHC IC**				13.2%	$518	9,523
UHC of OR***				13.8%	$518	3

* BlueCross BlueShield

** UnitedHealthcare Insurance Company

*** United Healthcare of Oregon

Each insurers rate change request, and supporting documentation, underwent a comprehensive review.

RATE CHANGE CONTRIBUTING FACTORS

The table below shows the amount each rate component contributes to the requested rate change per company. The percent change is shown as a portion of the requested rate change, so the columns add up to the total rate change request.

Experience and trend are the primary factors driving cost increases. In short, trend accounts for both changes in the cost of services as well as changes in the utilization of services. Trend is explained in greater detail further in this document.

Individual market rate change contribution

Contribution factor	Kaiser	PacificSource	Moda	Providence	BridgeSpan	Regence
Experience and trend	9.8%	8.9%	12.3%	6.0%	8.7%	8.5%
Admin, taxes, and fees	-0.9%	0.7%	-1.2%	1.0%	1.0%	0.5%
Benefits, plan, and network	-2.9%	-0.6%		2.0%	0.5%	0.3%
Demographics	-0.6%					
Morbidity		2.5%				
Oregon Reinsurance	0.9%					
Margin	-1.4%					
Cost share reduction load				2.0%		
Other			-1.7%			
Total	**4.9%**	**11.5%**	**9.4%**	**11.0%**	**10.2%**	**9.3%**

Small group market rate change contribution

Contribution factor	Kaiser	PacificSource	Moda	Providence	Regence	HealthNet	UHC IC	UHC OR
Experience and trend	5.6%	9.1%	7.5%	11.0%	13.4%	7.3%	13.6%	13.3%
Admin, taxes, and fees	0.7%		-0.5%	3.0%	1.1%	0.5%	-0.4%	-0.4%
Plan design changes	-0.4%			2.0%	-0.5%		-0.1%	0.7%
Profit		2.6%		-2.0%			0.2%	0.2%
Morbidity		-5.7%						
Other	0.4%		2.8%					
Total	**6.3%**	**6.0%**	**9.8%**	**14.0%**	**14.0%**	**7.8%**	**13.3%**	**13.8%**

Experience and trend includes risk adjustment. More information on risk adjustment available here.

WHAT IS TREND?

Trend simply refers to the change in cost of providing services. Trend includes many factors, but it generally ends up illustrating how certain key costs are changing, influencing the premiums an insurer must charge to stay solvent.

Trend can be broken down into two key categories – medical and pharmacy – each with a handful of items contained within.

Trend Components

Medical

- Unit cost – when considering the same service is being provided, the cost of providing that service has gone up. This includes forces such as:
  - Medical inflation
  - Provider contract changes
  - Changes in intensity of medical care
- Utilization – In a given period, more services are being provided than before, causing an increase in costs. This includes forces such as:
  - Changes in medical care practices
  - Supply of services
  - Changes in health or behavior of the covered population

Pharmacy

- Typically, most insurers use a pharmacy benefit manager (PBM) model. In short, a third party is contracted to negotiate drug prices and coordinate with pharmacies. Includes forces such as:
  - Introduction of new drugs
  - Expiration of patents
  - Issuer-specific utilization by drug class

Trend has marketwide forces, but will also vary by specific insurer. Each insurers' trend calculation is reviewed by DFR actuaries.

Historical overall trend

Trend varies over time based on changes in the market. The table below illustrates the changes to trend over the last two years and compares it to the projected 2025 trend. Overall, trend is projected to be higher in 2025 than it was in 2024.

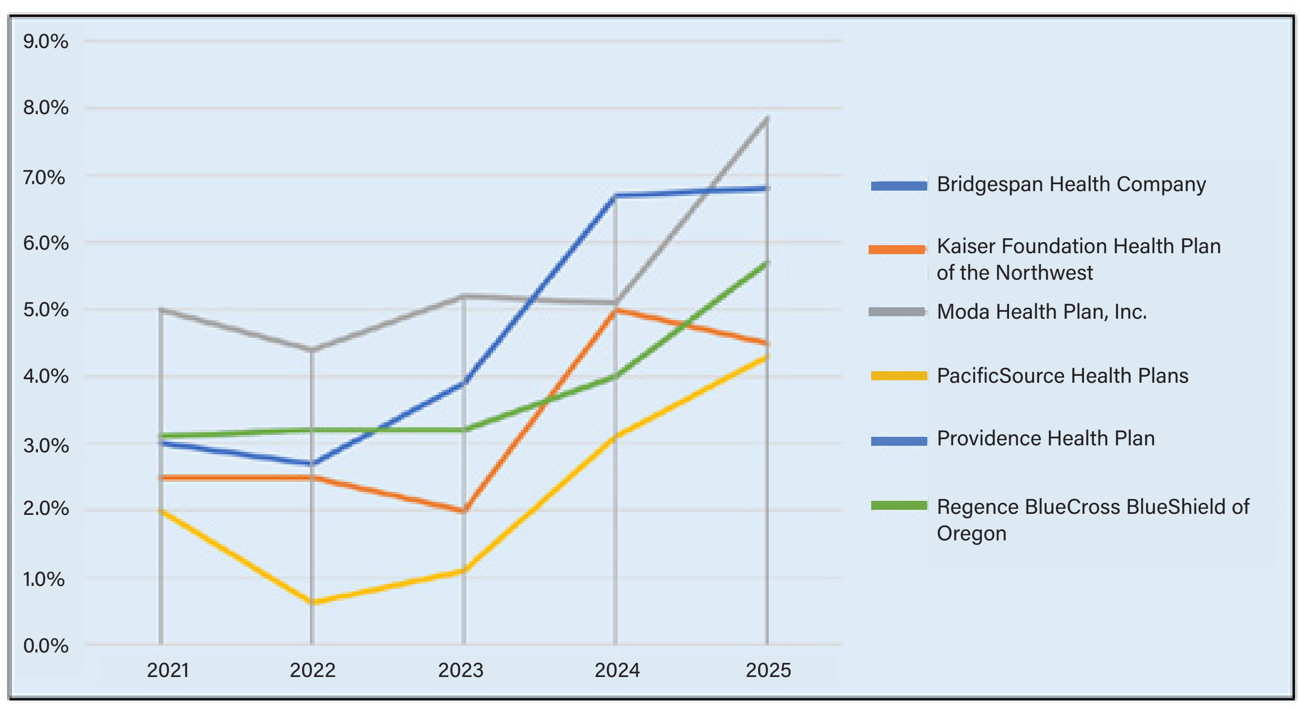
		Medical			RX			Overall		
	Year	Avg.	Min.	Max.	Avg.	Min.	Max.	Avg.	Min.	Max.
Individual	2023	4.6%	2.0%	6.1%	7.4%	2.0%	11.3%	5.2%	2.0%	6.6%
	2024	6.1%	5.0%	8.0%	8.3%	5.0%	10.2%	6.6%	5.0%	8.2%
	2025 (proj.)	7.9%	4.5%	9.4%	8.7%	4.5%	11.7%	8.0%	4.5%	9.6%
Small Group	2023	4.8%	2.0%	6.6%	7.3%	2.0%	11.3%	5.2%	2.0%	6.6%
	2024	6.4%	3.5%	8.7%	7.6%	3.5%	10.2%	6.6%	3.5%	8.5%
	2025 (proj.)	7.4%	4.1%	9.9%	7.9%	4.1%	11.2%	7.4%	4.1%	9.5%

Projected trend by insurer – individual market

The tables below compare the trend projected by each insurer. Variance here is normal as each insurer experiences different trend forces unique to the population covered by their policies as well as the contracts the insurer is able to negotiate with providers.

	Medical			RX			Overall		
Company	**Cost**	**Util.**	**Total**	**Cost**	**Util.**	**Total**	**Cost**	**Util.**	**Total**
BridgeSpan	5.7%	2.6%	8.4%	5.0%	2.6%	7.7%	5.5%	2.6%	8.2%
Kaiser	4.5%	0.0%	4.5%	4.5%	0.0%	4.5%	4.5%	0.0%	4.5%
Moda	7.9%	1.0%	8.9%	8.5%	2.5%	11.2%	8.0%	1.3%	9.4%
PacificSource	4.3%	3.1%	7.5%	4.2%	5.1%	9.6%	4.3%	3.5%	8.0%
Providence	6.8%	2.5%	9.4%	4.8%	6.5%	11.7%	6.3%	3.0%	9.6%
Regence BCBS	5.7%	2.6%	8.4%	5.0%	2.6%	7.7%	5.5%	2.6%	8.2%

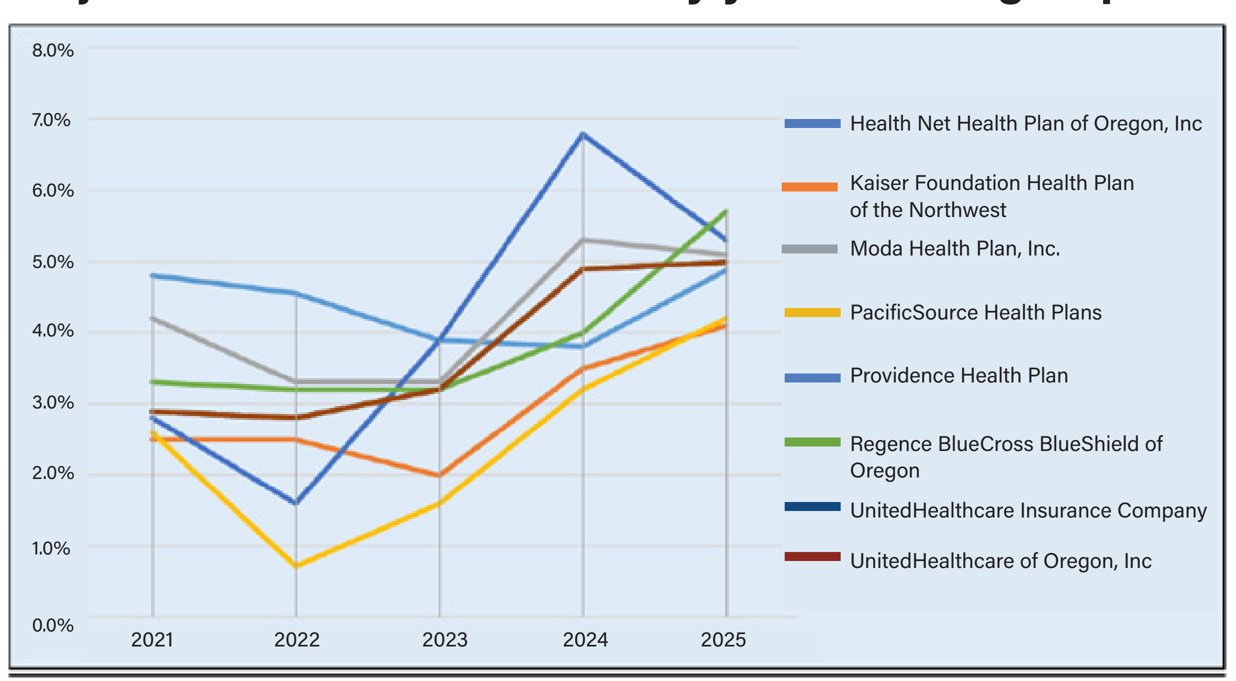
Projected medical cost trend by year – individual market



Projected trend by insurer – small group market

	Medical			RX			Overall			Quarterly Increase
Company	Cost	Util.	Total	Cost	Util.	Total	Cost	Util.	Total	
Health Net	4.9%	-0.1%	4.8%	4.5%	0.0%	4.5%	4.8%	-0.1%	4.7%	1.3%
Kaiser	4.1%	0.0%	4.1%	4.1%	0.0%	4.1%	4.1%	0.0%	4.1%	0.6%
Moda	5.1%	1.1%	6.3%	8.5%	2.5%	11.2%	5.6%	1.3%	7.0%	1.9%
PacificSource	4.2%	3.1%	7.4%	4.2%	5.1%	9.6%	4.2%	3.5%	7.8%	2.3%
Providence	5.3%	4.4%	9.9%	6.8%	2.7%	9.7%	6.8%	2.5%	9.5%	2.3%
Regence BCBS	5.7%	2.5%	8.2%	4.7%	2.5%	7.2%	5.4%	2.5%	7.9%	2.4%
UHC	5.0%	4.2%	9.4%	4.2%	4.2%	8.6%	4.9%	4.2%	9.3%	1.8%
UHC of OR	5.0%	4.2%	9.4%	4.2%	4.2%	8.6%	4.9%	4.2%	9.3%	1.8%

Projected medical cost trend by year – small group market



COST GROWTH TARGET ANALYSIS

While much of trend is the result of market forces, some costs can be influenced by insurer choices, such as contract negotiations. Oregon's Sustainable Health Care Cost Growth Target Program sets a statewide target for the annual per person growth rate of total health care spending in the state. The "cost growth target" (CGT) that it sets is meant to help ensure that health care costs are not growing faster than wages, inflation, and other economic indicators so that people continue to have access to high quality, affordable care.

The CGT is currently set at 3.4 percent. It is calculated at a high level, using a total cost of care approach. This view of health care spending includes all costs related to an individual's care, rather than focusing on a single factor such as prices. The CGT is not a spending cap and does not limit health care spending. Instead, the target aims to achieve a sustainable rate of growth.

The CGT is measured at four levels: statewide, by market (commercial, Medicaid, Medicare), for payers, and for provider organizations. The Cost Growth Target Program at the Oregon Health Authority annually measures and publicly reports on how the state is measuring against the CGT. More information is available here: OHA CGT.

The Cost Growth Target Program has developed a series of accountability focused rules that begin with transparency. Payers and provider organizations who exceed the CGT with statistical confidence **and** without an acceptable reason may be subject to a performance improvement plans. Payers and provider organizations who continue to exceed the target without an acceptable reason may be subject to financial penalties. More information on that available here: OHA CGT Accountability

Cost growth under the program is measured in two ways: total health care expenditures and total medical expenses, each of which are specifically defined. More information available here: Data Specification Manual. While not an exact comparison, the CGT is substantially similar to the medical unit cost trend reported by insurers. The table below shows how much lower premiums could be in 2025 if each insurer met the CGT target of 3.4% for its medical and pharmacy unit cost trend.

Company	Individual	Small Group
BridgeSpan	-2.0%	
Kaiser	-1.1%	-0.7%
Moda	-2.1%	-2.1%
PacificSource	-0.9%	-0.8%
Providence	-2.7%	-3.2%
Regence BCBS	-2.0%	-1.9%
Health Net		-1.3%
UHC IC		-1.4%
UHC of OR		-1.4%

PROJECTED MEDICAL LOSS RATIO

The Affordable Care Act (ACA) requires that 80 percent of premiums must be used to pay claims. The table below shows what percentage of premium costs each insurer paid in claims.

There is more than one way to calculate this figure. In the "federal medical loss ratio" (MLR) column below, "quality improvement" expenses are included in the claim amount, and taxes and fees are excluded from the premium in the calculation. This results in a higher projected medical loss ratio. In either case, all Oregon health insurers have exceeded this requirement.

Should an insurer go below 80 percent MLR, the ACA requires that insurers return the excess premiums collected to plan holders in the form of rebates.

	Individual		Small Group	
Company	**Pricing**	**Federal**	**Pricing**	**Federal**
BridgeSpan	83.7%	88.1%		
Kaiser	83.9%	84.9%	83.3%	87.3%
Moda	88.7%	90.5%	89.0%	90.9%
PacificSource	86.6%	90.9%	85.0%	87.7%
Providence	83.8%	88.7%	85.7%	88.6%
Regence BCBS	84.7%	89.0%	84.2%	87.6%
Health Net			83.9%	86.2%
UHC IC			83.8%	86.8%
UHC of OR			83.8%	86.8%

Pricing MLR – This calculation is strictly claims divided by premiums

Federal MLR – In this calculation, the quality improvement expense is included in the claim amount, and taxes and fees are excluded from the premium in the calculation.

RETENTION

This table shows what is done with the money left over after claims – the other side of the MLR shown above. This amount includes all salaries paid to insurer staff and any premium expected to be retained as profits or margin for the individual market.

Individual market retention

PMPM = per member per month

	BridgeSpan		Kaiser		Moda		PacificSource		Providence		Regence BCBS	
	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.
Expenses	$56.96	7.0%	$56.93	9.1%	$47.97	6.3%	$50.36	6.6%	$65.48	9.0%	$43.98	6.4%
Commissions	$3.09	0.4%	$6.62	1.1%	$5.86	0.8%	$7.74	1.0%	$8.20	1.1%	$6.97	1.0%
Vendor fees	$3.26	0.4%									$3.26	0.5%
Insurer fee	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%
Regulatory surcharge									$0.36	0.1%		
Risk Adj. Program Fee	$0.18	0.0%	$0.18	0.0%	$0.18	0.0%	$0.18	0.0%	$0.18	0.0%	$0.18	0.0%
Oregon Reinsurance	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$15.34	2.0%	$0.00	0.0%	$0.00	0.0%
Health care reform (HCR) pooling amount			$2.62	0.4%								
HCR - funding of Patient-Centered Outcomes Research (PCOR)	$0.30	0.0%	$0.30	0.1%	$0.20	0.0%	$0.30	0.0%	$0.28	0.0%	$0.30	0.0%
Oregon Exchange Fee	$17.41	2.1%	$14.22	2.3%	$12.53	1.7%	$10.40	1.4%	$14.33	2.0%	$13.36	1.9%
Oregon Premium Tax			$12.52	2.0%	$15.12	2.0%			$14.60	2.0%		
Profit/margin	$32.78	4.0%	$7.51	1.2%	$15.12	2.0%	$15.34	2.0%	$14.60	2.0%	$20.59	3.0%
Total premium retention	**$113.98**	**13.9%**	**$100.90**	**16.1%**	**$96.98**	**12.8%**	**$99.65**	**13.0%**	**$118.02**	**16.2%**	**$88.64**	**12.9%**

Individual market retention – expenses detailed view

This table shows the detailed breakdown of the "expenses" line in the table above for the individual market.

	BridgeSpan		Kaiser		Moda		PacificSource		Providence		Regence BCBS	
	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.
Salaries and wages	$36.97	4.5%	$49.05	7.8%	$29.91	4.0%	$35.63	4.6%	$35.03	4.8%	$26.29	3.8%
Cost depreciation	$5.04	0.6%	$0.01	0.0%	$3.58	0.5%	$1.20	0.2%	$1.67	0.2%	$4.50	0.7%
Rent (occupancy)	$1.21	0.1%	$2.74	0.4%	$1.72	0.2%	$0.68	0.1%	$2.01	0.3%	$1.07	0.2%
Marketing and advertising	$0.40	0.0%	$3.00	0.5%	$1.34	0.2%	$4.41	0.6%	$1.30	0.2%	$1.38	0.2%
General office expenses	$1.33	0.2%	$0.18	0.0%	$0.53	0.1%	$2.49	0.3%	$13.81	1.9%	$0.90	0.1%
Third-party admin. expenses or fees	$6.11	0.7%	$0.60	0.1%	$6.10	0.8%	($7.52)	-1.0%	$8.33	1.1%	$4.82	0.7%
Legal and consulting fees	$5.49	0.7%	$1.34	0.2%	$4.60	0.6%	$13.06	1.7%	$3.29	0.5%	$4.65	0.7%
Traveling expenses	$0.41	0.0%	$0.02	0.0%	$0.19	0.0%	$0.41	0.1%	$0.03	0.0%	$0.37	0.1%
Total expenses incurred	**$56.96**	**7.0%**	**$56.93**	**9.1%**	**$47.97**	**6.3%**	**$50.36**	**6.6%**	**$65.48**	**9.0%**	**$43.98**	**6.4%**

Small group market retention

	HealthNet		Kaiser		Moda		PacificSource		Providence		Regence		UHC IC		UHC OR	
	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.
Expenses	$51.86	8.4%	$63.30	11.1%	$40.59	6.6%	$48.28	7.7%	$62.63	9.3%	$44.28	6.9%	$65.30	10.2%	$65.30	10.2%
Commissions	$21.49	3.5%	$17.02	3.0%	$14.18	2.3%	$16.64	2.7%	$18.99	2.8%	$16.19	2.5%	$17.07	2.7%	$17.07	2.7%
Vendor fees											$6.60	1.0%				
Insurer fees	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%
Regulatory surcharge									$0.36	0.1%						
Risk Adj. Prog. Fee	$0.20	0.0%	$0.18	0.0%	$0.18	0.0%	$0.18	0.0%	$0.18	0.0%	$0.18	0.0%	$0.22	0.0%	$0.22	0.0%
Oregon Reinsurance	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$12.54	2.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%
HCR - funding of PCOR fee	$0.29	0.0%	$0.30	0.1%	$0.31	0.1%	$0.30	0.0%	$0.30	0.0%	$0.30	0.0%	$0.29	0.0%	$0.29	0.0%
Oregon Exchange Fee	$0.00	0.0%	$0.00	0.0%			$0.41	0.1%	$0.40	0.1%	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%
Income tax	$3.44	0.6%														
Payroll tax	$0.00	0.0%														
OR Premium tax	$12.28	2.0%	$11.36	2.0%	$12.31	2.0%			$13.43	2.0%						
HB 2391 premium assessment													$12.78	2.0%	$12.78	2.0%
Profit/margin	$9.30	1.5%	$2.84	0.5%	$0.00	0.0%	$15.68	2.5%	$0.00	0.0%	$15.99	2.5%	$7.58	1.2%	$7.58	1.2%
Total premium retention	**$98.85**	**16.1%**	**$95.00**	**16.7%**	**$67.57**	**11.0%**	**$94.03**	**15.0%**	**$96.29**	**14.3%**	**$83.54**	**13.1%**	**$103.25**	**16.2%**	**$103.25**	**16.2%**

Small group market retention – expenses detailed view

This table shows the detailed breakdown of the "expenses" line in the table above for the small group market.

	HealthNet		Kaiser		Moda		PacificSource		Providence		Regence		UHC IC		UHC OR	
	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.	PMPM	% of Prem.
Salaries and wages	$26.05	4.2%	$54.54	9.6%	$25.30	4.1%	$34.16	5.4%	$36.23	5.4%	$28.64	4.5%	$34.26	5.4%	$34.26	5.4%
Cost depreciation	$3.10	0.5%	$0.02	0.0%	$3.03	0.5%	$1.15	0.2%	$1.84	0.3%	$4.90	0.8%	$5.16	0.8%	$5.16	0.8%
Rent (occupancy)	$1.86	0.3%	$3.04	0.5%	$1.45	0.2%	$0.65	0.1%	$2.23	0.3%	$1.10	0.2%	$1.73	0.3%	$1.73	0.3%
Marketing and advertising	$1.37	0.2%	$3.33	0.6%	$1.14	0.2%	$4.23	0.7%	$1.03	0.2%	$0.51	0.1%	$2.61	0.4%	$2.61	0.4%
General office expenses	$2.24	0.4%	$0.20	0.0%	$0.45	0.1%	$2.39	0.4%	$8.94	1.3%	$0.39	0.1%	$3.01	0.5%	$3.01	0.5%
Third-party admin. expenses or fees	$8.68	1.4%	$0.66	0.1%	$5.17	0.8%	-$7.21	-1.2%	$8.77	1.3%	$3.19	0.5%	$6.33	1.0%	$6.33	1.0%
Legal and consulting fees	$8.29	1.4%	$1.49	0.3%	$3.89	0.6%	$12.52	2.0%	$3.55	0.5%	$5.11	0.8%	$16.25	2.5%	$16.25	2.5%
Traveling expenses	$0.26	0.0%	$0.02	0.0%	$0.16	0.0%	$0.39	0.1%	$0.04	0.0%	$0.45	0.1%	$1.15	0.2%	$1.15	0.2%
Total expenses incurred	**$51.86**	**8.4%**	**$63.30**	**11.1%**	**$40.59**	**6.6%**	**$48.28**	**7.7%**	**$62.63**	**9.3%**	**$44.28**	**6.9%**	**$65.30**	**10.2%**	**$65.30**	**10.2%**

OHP BRIDGE - BASIC HEALTH PROGRAM, COST-SHARING REDUCTION PLANS, AND SILVER-LOADING

There is a complex interaction between two different federal subsidy programs and Oregon's newly created Basic Health Program, officially called OHP Bridge – Basic Health Program. In short, Marketplace silver-tier plans will have reduced premiums following implementation, but federal premium tax credits may simultaneously be reduced for enrollees in other plan tiers. For some individuals on bronze and gold Marketplace plans, this will result in a higher net monthly premium payment than before.

To explain how this interaction unfolds, we need to describe the different elements at play.

OHP Bridge - Basic Health Program

OHP Bridge - Basic Health Program (OHP Bridge - BHP) is a program required by the legislature through House Bill 4035 (2022) and run by the Oregon Health Authority. It provides free health coverage for adults between 138 percent to 200 percent of the federal poverty level. More information available here: OHP Bridge

Cost-Sharing Reduction Plans

Cost-sharing reduction plans (CSR plans) are a type of silver plan required by the Affordable Care Act and are available for consumers with incomes under 250% of the federal poverty level (FPL). These plans have lower deductibles, co-pays, and other out-of-pocket expenses for low-income enrollees. Insurance companies are obligated to pay providers the difference in the reduced cost-sharing for eligible consumers who enroll in these plans. Prior to 2017, carriers would submit those expenses to the federal government for reimbursement. In 2017, however, the federal government stopped paying carriers to cover the costs of these subsidies.

Silver-loading

When the federal government stopped reimbursing cost-sharing reductions directly to carriers, states came up with a plan known as "Silver Loading". To cover the costs of the missing CSR payments, additional costs are "loaded" onto silver plan premiums, which makes silver plans more expensive.

However, because silver plans are the basis for calculating Premium Tax Credits (PTC), the increased cost of the silver-loaded plans caused the overall tax credits provided by the federal government to increase as well. In summary, the silver loading strategy results in higher premium tax credits giving consumers higher purchasing power towards bronze and gold plans.

The effect of the BHP on Marketplace Tax Credits

Based on the eligibility criteria for the BHP, enrollment in CSR-eligible plans is anticipated to decrease until 2027. As that happens, the amount carriers need to pay to cover CSR plans goes down, so premiums for silver plans go down as well. As stated above, premium tax credits for Marketplace plans are tied to the cost of premiums for the silver plans. As the premium goes down, the available premium tax credits also go down. For some individuals on bronze and gold plans, the decrease in premium tax credits will result in a monthly premium payment that is higher than it was before.

Reinsurance and risk adjustment – individual

The Oregon Reinsurance Program and the federal Risk Adjustment Program both work to offset risk (costs) experienced by insurers, ultimately lowering premiums.

Reinsurance is based on claim costs – when claims exceed a certain value, an insurer can receive payments from the reinsurance program to offset that risk, ultimately keeping costs lower for consumers.

The federal Risk Adjustment Program is designed to distribute the impact of high-risk, low-probability events across the market. These numbers represent payments made to the insurer or contributions to the pool.

	Reinsurance		**Risk Adjustment**		
Company	**Experience (prelim. 2023)**	**Projected (2025)**	**Experience (2023)**	**Actual (2023)**	**Projected (2025)**
BridgeSpan	$0.7	$0.3	$0.7	$0.3	$0.4
Kaiser	$15.0	$7.6	($30.5)	$-29.8	($19.4)
Moda	$29.5	$31.8	$10.9	$12	$12.0
PacificSource	$19.2	$20.6	$1.4	$10.7	$0.9
Providence	$27.4	$30.9	$22.9	$25.3	$22.6
Regence BCBS	$15.6	$24.2	($16.7)	$-18.6	($18.1)
Total	**$107.4**	**$115.5**	**($11.3)**	**$-0.1**	**($1.5)**

Values shown in millions

The small group market does not participate in the Oregon Reinsurance Program, so only Risk Adjustment Program data is shown

	Risk Adjustment				
Company	**Experience (prelim. 2023)**	**Actual (2023)**		**Projected (2025)**	
Health Net	$0.1	$0.3	$0.2	$0.3	$0.4
Kaiser	($9.8)	$-11.4	($11.3)	$-29.8	($19.4)
Moda	($1.8)	$-1.9	($3.6)	$12	$12.0
PacificSource	$6.3	$6.6	-	$10.7	$0.9
Providence	$1.4	$2.4	$0.9	$25.3	$22.6
Regence BCBS	$4.4	$2.1	$8.4	$-18.6	($18.1)
UHC	$1.3	$2.1	$0.9	$-0.1	($1.5)
UHC of OR	$1.8	$0	($4.4)		
Total	$0.1	$0.2	$0.2		

Values shown in millions

DFR RATE RECOMMENDATIONS

After a thorough review of the filed rates, DFR has recommended some adjustments to the rate increases requested. The changes are driven by two key factors: administrative cost adjustments and silver-load adjustments. The table below details those recommended changes per insurer.

These recommended changes are formally communicated in DFR's preliminary decision documents, published on www.OregonHealthRates.org.

	Individual				Small Group		
Company	**Orig. Req.**	**Admin**	**Basic Health Plan (BHP)**	**Final**	**Orig. Req.**	**Admin**	**Final**
BridgeSpan	10.2%	-0.3%	-1.2%	8.7%			
Kaiser	5.0%	-	-	5.0%	6.4%	-	6.4%
Moda	9.4%	-0.3%	-1.5%	7.6%	9.8%	-	9.8%
PacificSource	11.6%	-0.5%	-	11.1%	5.7%	-	5.7%
Providence	11.2%	-0.5%	-1.2%	9.5%	16.3%	-	16.3%
Regence BCBS	9.3%	-0.2%	-1.2%	7.9%	13.6%	-	13.6%
Health Net					7.8%	-	7.8%
UHC IC					13.2%	-0.5%	12.7%
UHC of OR					13.8%	-0.5%	13.3%
Average	**9.3%**			**8.1%**	**12.3%**		**12.2%**

440-5969(7/24/COM)

HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE
2025 Work Plan
As approved on 10/17/2024

TOPIC		2025					
		January	February	April	July	October	December
Policy	2025 legislative bills of interest	✓					
	2026 Marketplace assessment		✓				
2025 Open Enrollment	Open enrollment debrief			✓			
2026 Open Enrollment	Outreach and education strategies					✓	
	2026 rates					✓	
	2026 plan offerings					✓	
State-based Marketplace Project	Updates and potential work sessions	✓	✓	✓	✓	✓	✓
OHP Bridge	Impacts to the Marketplace	✓	✓	✓	✓	✓	✓
	Improving Marketplace affordability	✓	✓	✓	✓	✓	✓
Marketplace Transition Program	Program closeout	✓	✓				
Other Business	2026 baseline work plan					✓	
	Committee update in 2024 Marketplace annual report			✓			

Rev: 10/14/2024

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