



**Oregon Health Insurance Marketplace
Advisory Committee Meeting
October 12, 2023
9 a.m. - noon**

In-person

Barbara Roberts Human Services Building
500 Summer Street NE, Conference Room 166
Salem, OR 97301

Virtual

[Click here to join the meeting](#)
(You can choose to have the meeting call you)
Phone: 971-277-2343
Access code: 123 544 724#

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.

A G E N D A

Time	Agenda Item	Facilitators and Presenters	Purpose
9:05 – 9:10 a.m.	Welcome, meeting guidelines, and approval of previous meeting’s minutes <ul style="list-style-type: none"> Introduce Ali Hassoun, newest HIMAC member 	Kraig Anderson Committee Chair	Information and voting
9:10 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information and discussion
9:25 – 10:15 a.m.	Basic Health Program updates*	Tim Sweeney Senior Policy Analyst, Health Policy and Analytics, OHA Katie Button Marketplace Plan Management and Policy Analyst	Information and discussion
10:15 – 10:20 a.m.	Public comment	Kraig Anderson Committee Chair	

*As approved in the [committee workplan](#) on 07/21/2022.

Time	Agenda Item	Facilitators and Presenters	Purpose
10:20 – 10:25 a.m.	Break		
10:25 – 10:35 a.m.	2024 Plan offerings*	Katie Button Marketplace Plan Management and Policy Analyst	Information
10:35 – 11:00 a.m.	2024 Open Enrollment outreach and education*	Amy Coven Marketplace Stakeholder and Communications Analyst	Information and discussion
11:00 – 11:25 a.m.	SBM Project	Chiqui Flowers Marketplace Director Victor Garcia Marketplace Operations Development Specialist	Information and discussion
11:25 – 11:35 a.m.	Marketplace Transition Project*	Nina Remple Marketplace Transition Project Manager	Information and discussion
11:35 – 11:40 a.m.	Public comment	Kraig Anderson Committee Chair	
11:40 – 11:50 a.m.	Committee business: <ul style="list-style-type: none"> • 2024 HIMAC Baseline Work Plan • Updates to committee charter / bylaws as required by SB966 	Kraig Anderson Committee Chair	Information and voting
11:50 – 11:55 a.m.	Wrap up and closing	Kraig Anderson Committee Chair	

*As approved in the [committee workplan](#) on 07/21/2022.

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, July 20, 2023 – 9 a.m. to noon

Where: Virtual via Microsoft Teams

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

Committee members:

Virtual – Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Lindsey Hopper (vice chair), Ines Kemper, Holly Sorensen, Om Sukheenai, Andrew Stolfi, Drew Tarab, and Nashoba Temperly

In person – Kraig Anderson (chair)

Members not present: Joanie Moore, Shannon Lee, and Danielle Nichols

Other presenters: Stephanie Kennan, Vivian Levy, Phil Schmidt, Tashia Sizemore, and Tim Sweeney

Marketplace staff: Katie Button, plan management & policy analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Nina Remple, marketplace transition project manager; and Dawn Shaw, office support coordinator

Agenda item and time stamp*

Welcome, roll call, meeting guidelines, and approval of previous meeting minutes

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the May 25 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the May minutes, and pages 7-8 for the meeting guidelines.)

- Approved May 25, 2023, minutes.

Federal health policy updates 14:01

Stephanie Kennan from McGuire Woods Consulting called in from Washington, DC to present information about current legislation and cases that involve the Affordable Care Act (ACA).

- Debt ceiling crisis was averted, but appropriations is still an issue. Congress out at the end of July. Appropriations will need to be taken care of before the end of the fiscal year on September 30. Some of the debt reduction can take levels back to 2019.
- Proposition to reverse a Trump era regulation about short-term health plan coverage. It will include requirements to make sure the consumer knows what they are buying. Some would like to get rid of the short-term plans.
- Another proposed bill will close loopholes in the No Surprises Act where insurers can contract with a hospital and claim that the hospital is not in the network. Guidance is to make the consumers aware of network status and if there will be additional fees.
- HHS, Treasury, and Consumer Financial Protection Bureau are getting more information about medical credit cards and are looking to restrict them due to high interest rates.

- PBM (pharmacy benefit managers) bills are in multiple committees. They would like to delink PBM revenues from the price of the drug to help lower drug costs and get more transparency.
- Discussion is going on to extend regulations to have hospitals be clear on what a service cost.
- Kraig was concerned if the appropriations would affect the individual market. Stephanie replied that what could be affected is funding for Navigators, but likely there will be small cuts around the board.
- Andrew did inform that Oregon put a cap on short-term plans at three months. DCBS is looking into this and understands that Oregon will be allowed to keep the rule in place.

Basic Health Program updates
26:24

- Timothy Sweeney, Katie Button, and Nikki Olson presented updates on the Basic Health Program (BHP)
(See pages 9-17 of the handout packet for a copy of the slide deck.)
- Kraig is encouraged that the BHP is happening and will support.
 - Drew wondered if the communication plans are overly effective and if that would make the planned gradual migration to a faster migration. Katie noted the concern and will be passing it along.
 - Maribeth was concerned that there will be some redundancy in communication, with consumers being overwhelmed by multiple notices.
 - Om expressed concern about consumers having access to providers because people on OHP already have a hard time finding a provider. Another concern is increased premiums for people remaining on the Marketplace. Tim responded that there will be an increase in the premium and there is work to make sure plans are still affordable. Nikki informed that the access to care issue is being investigated and they are working with providers.
 - Paul is happy that carrier meetings are happening and wondered how we reach members who will have increased premiums, so they are not surprised.
 - Maribeth had been reading about other states approaches and most are just disenrolling people from Medicaid and Oregon is unique in our approach to make sure people stay on Medicaid.
 - Kraig acknowledged that Oregon is doing a good job and wanted to know if people remaining on the Marketplace in 2025 are those who are auto reenrolled. Katie replied that everyone will be auto enrolled but will not get tax credits unless they have given CMS approval to redetermine them. She will add it to the list of things to look into so there is a clear answer.
 - Lindsay added that BHP messaging is more complex than redeterminations.

Public comment & break
1:07:44

None given.

2024 rate filings updates
1:18:43

- Tashia Sizemore and Katie Button went over the 2024 rate filings.
(See pages 19-24 of the handout packet for a copy of the slide deck)
- The DFR (Division of Financial Regulation) did have to adjust the schedule this year due to pending legislation through HB 3008. Rate hearings were moved to August 4.
 - Rates are coming in higher than previous years and following the medical trend of 6.2% for the individual and 8.2% for the small group.
 - Samaritan did leave the small group market. There is a stable number of insurers in the individual and small group market.
 - Insurers were asked about impact of staffing on rates, and for the most part insurers anticipated this issue and worked it into their rates.

- Rate hearings will be virtual, allowing for a broader range of Oregonians able to attend.
- DFR [rate hearing](#) page
- Email tashia.sizemore@dcbs.oregon.gov for any questions.
- Paul commented that the representation on HealthCare.gov was not very informative.
- Drew wondered if the 2021 data was being used for reviewing rates or was it 2022? Tashia had left the meeting, so Katie would be passing the question on to her.
- Om asked for further clarification for the three \$5 visits. Katie reviewed the slides again for clarification on the visit types.
- Definitions for acronyms in slide deck:
 - MOOP – maximum out-of-pocket
 - CSR – cost sharing reduction

2023 legislative session updates
1:38:21

- Phil Schmidt presented the bills of interest for the Marketplace during the 2023 legislative session.
(See pages 25-27 of the handout packet for a copy of the slide deck)
- The log jam caused by the walk out was relieved when the legislature came back and approved a lot of bills.
 - Measure 111 is the Right to Healthcare amendment.
 - HB 2002 on reproductive rights was the cause of the walkout.

SB 972 and SBM transition update
2:02:46

- Chiqui Flowers and Victor Garcia went over SB 972 and the SBM transition timeline.
(See pages 28-30 of the handout packet for a copy of the slides.)
- The bill has not been signed by the governor, she has 30 days to do so, and it is a priority.
 - Chiqui is going to be the project sponsor and Victor has agreed to be the business lead.
 - Other state exchanges are happy to help with the creation of our SBM.
 - Maribeth had a question about the stage gate process and if the approvals must be given by legislators during session or can they happen in the interim. Victor will check on this, but the understanding is that it can be approved in the interim.
 - Kraig attested to all the work the committee has done to help with the SBM process.
 - Drew is wicker excited for this, was wondering if there will be other forums to have stakeholder input. Chiqui hopes to provide the baseline plan in September which will include potential engagement opportunities. Victor will be getting feedback before the RFP (request for proposal) and will be asking for it throughout the process.
 - Chiqui stated we will be working with the ONE system so the process is as seamless as possible. Email Victor or Chiqui with any questions in between meetings.

Unwinding continuous eligibility in Oregon
2:08:49

- Vivian Levy discussed the plans for the upcoming Medicaid redeterminations.
(See pages 30-34 of the handout packet for a copy of the slides.)
- Om requested clarification on how Healthier Oregon ties in with the unwinding. Vivian informed that Healthier Oregon was passed before the end of the public health emergency was known. Healthier Oregon was only partially expanded to a few age groups. Waiting on budget approval to see when Healthier Oregon can be expanded. There are two different changes happening at the same time.
 - ORRAI - Office of Reporting, Research, Analytics, and Implementation.
 - Kraig was confused about the circles on slide 81. Vivian agrees the percentages don't make sense and is going to go back and get clarification.
 - Vivian encourages comments be emailed to feedback@odhsoha.oregon.gov, the email is staffed and will actively respond.

Marketplace transition project updates
2:30:00

Nina Remple, the marketplace transition project manager, provided updates on how the transition is going.

(See pages 35-36 of the handout packet for a copy of the slides.)

- Chiqui requested any feedback from the community about how redeterminations are going.
- Gladys wondered why calls were getting directed to HeathCare.gov. Vivian clarified it is directed to OregonHealthCare.gov.
- Holly commented that the first round seems to be those that are 65 and older or on a non-MAGI (modified adjusted gross income) Medicaid. NEON (Northeast Oregon Network) has been making referrals to local agents and walking them through the ONE system prompt.
- Nashoba with Cascade AIDS Project reports some hesitancy and confusion. Self-employed individuals are confused about submitting RFI (request for information) regarding income statements and future estimation forms. Vivian will have the team look at the forms and try to make them clearer.
- Chiqui reminded that Marketplace open enrollment is November 1. If there is any way to lessen the confusion, we would love to get that feedback.
- Holly has seen some confusion with notices referring to another notice, but they can't find or did not get the other notice. Vivian agrees that is very confusing and is looking at combining some of the notices. Nina reported that the Marketplace call center has been getting calls about the letter confusion. One notice will indicate they lost benefits and they will go and enroll in a Marketplace plan, only to get a notice that they still have benefits.
- Om had a client that is a family of five, but only four of them got OHP. Vivian supposed that it could be how the family is doing the tax filing. Om had a follow up question on how the unhoused are getting notifications. Vivian stated that there is a network of community partners that help get the work out. Other methods are emails and texts, along with marketing campaign. It is a challenge.

Public comment, wrap up & closing
2:49:24

Next meeting will be Thursday, October 12, 2023, 9 a.m. to noon. Unless notified otherwise the meeting will be a hybrid of virtual and in-person. In that meeting we will be discussing updates on open enrollment, Marketplace Transition Project, and BHP. We will be inviting Tim, Laurel, Nikki, Katie, and Tashia Sizemore back for updates.

SBM is going to be added to the 23-23 basic work plan. A draft will be emailed out prior to the October meeting.

Look out for 2024 meeting schedule to be emailed out in the next couple of months.

*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 2023 Meetings, July 20.

Health Insurance Marketplace Advisory Committee Meeting

October 12, 2023



 **Kraig Anderson**
Committee Chair 

1


Welcome



Kraig Anderson
Committee Chair

2

Federal health policy updates




Stephanie Kennan
McGuireWoods Consulting

3

Basic Health Program

Tim Sweeney
Senior Policy Analyst, OHA/HPA

Katie Button
Plan Management and Policy Analyst



4

BHP updates

Blueprint submission

- Oregon Health Policy Board (OHPB) unanimously approved Blueprint for federal submission on 9/12/23
- Blueprint formally submitted to CMS on 9/14/23
- Currently integrating CMS feedback; anticipate formal approval early 2024

Rulemaking

- Rule drafting underway; will be shared publicly prior to RAC
- Rules Advisory Committee (RAC) planned for early-February

5

Federally funded options recap

State-administered subsidy program	Gold Benchmark on the Marketplace	BHP look-a-like
<ul style="list-style-type: none"> Capture federal funds to create a subsidy to reduce the cost of premiums CMS did not believe Oregon could pass guardrail requirements 	<ul style="list-style-type: none"> Implement a policy that would increase amount of tax credits consumers receive CMS was not willing to update HealthCare.gov to allow this 	<ul style="list-style-type: none"> Instead of using Section 1331 authority, use a different federal authority to create a permanent coverage category for this population This option potentially exposes Oregon to significant state costs if enrollment increases over current levels (which is highly likely)

6

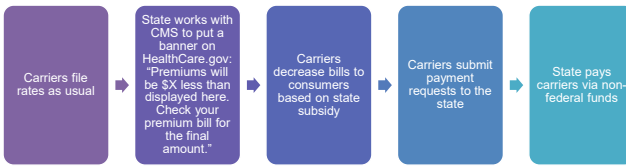
Non-federally funded options

- With no federal funding available, Oregon could seek other funding for mitigation
- With non-federal funding, some previous constraints are eliminated
 - **Could previously unfavorable options be more workable?**
 - **Are there other ideas we could explore?**

7

Visible subsidy

Details



8

Visible subsidy

Pros

- Helps consumers
- Maintains current adherence to rate filing requirements for single risk pool and risk adjustment, among others

9

Visible subsidy

Cons

- May cause consumer confusion, as HealthCare.gov and carrier will show two different premium amounts
- Requires a small change to HealthCare.gov
- Requires some sort of billing and payment mechanism, and will likely require additional state staff to conduct payment activities, which increases costs and is procedurally difficult

10

10

Visible subsidy

Cons

- Implementation hurdles for carriers:
 - Setting more than one subsidy amount (i.e. variable amount based on age) may be more difficult
 - Reconciling APTC payments with CMS may be challenging
 - Until all BHP-eligible consumers are transitioned to the BHP, there will be enrollees who have premiums less than the subsidy amount; it may be difficult for carriers to report the lower amount for reimbursement

11

11

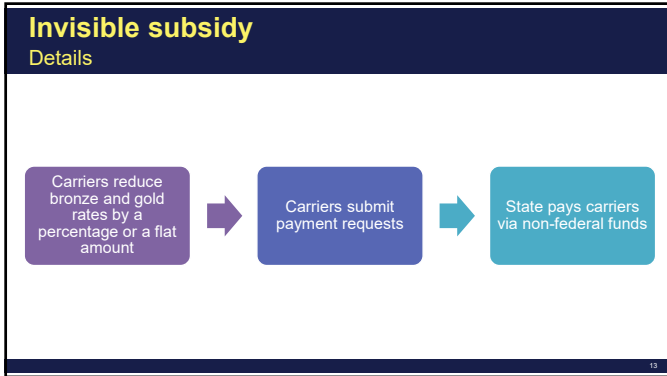
Visible subsidy

Strategy improvements

- Flat dollar amount offered to all enrollees
 - Makes billing and payment easier
- State works with CMS on APTC reconciliation process to find a solution that reduces carrier burden
- Other suggestions?

12

12



13

- ### Invisible subsidy
- Pros
- Invisible to consumers – rates displayed on HealthCare.gov match what carriers bill
 - Percentage reductions could more closely mimic silver loaded APTC amounts
- 14

14

- ### Invisible subsidy
- Cons
- May violate single risk pool or other rate filing requirements
 - Makes risk adjustment inaccurate and requires additional work to correct it
 - Provides assistance to off-exchange consumers as well, increasing funding need, complicating approval path
 - State staff and funding required to develop billing and payment mechanisms, increasing costs complexity
- 15

15

Invisible subsidy

Strategy improvements

- Consult with other states to see if we can implement something similar to existing state subsidies
- Look into a second 1332 to help circumvent risk pool or other rate filing issues
- Other suggestions?

16

Mitigation options – next steps

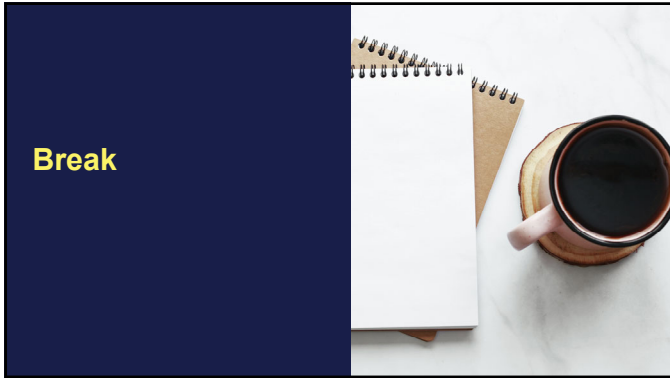
- Meeting with insurance carriers' actuaries and DFR actuaries to further discuss risk pool and other potential issues with the invisible subsidy strategy
- Continue learning more about other states' implementation of non-federal subsidies

17

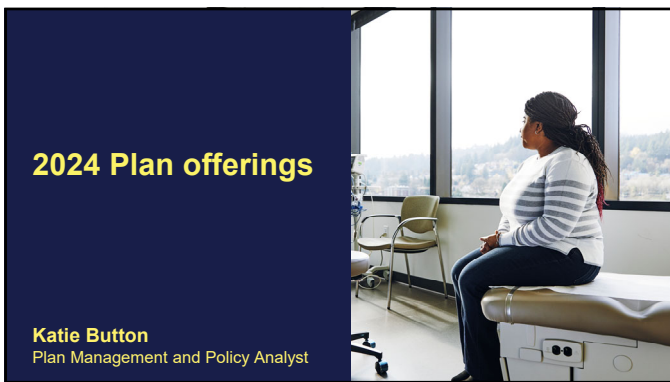
Public comment



18



19



20

Changes to plan offerings	
Plans discontinuing	Plans enrollees will be cross-walked to
Regence Bronze Essential 8000 With 4 Copay No Deductible Office Visits Legacy LHP (77969OR5280017)	Regence Standard Bronze Plan Legacy (77969OR5290009)
Regence Gold 2000 With Dental and Vision Exam Individual and Family Network (77969OR5320001)	Regence Gold 2500 Individual and Family Network (77969OR5280023)
Regence Gold 2000 With Dental and Vision Exam Legacy LHP (77969OR5320002)	Regence Gold 2500 Legacy (77969OR5280027)
PacificSource Catastrophic plan	Navigator Bronze 9400 Exchange (10091OR0750018)

21

Changes to plan offerings

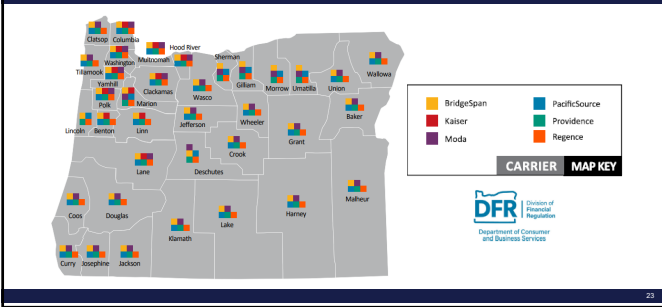
- Providence has expanded Signature Network statewide
- Moda has re-entered Deschutes and will offer 11 Affinity Network plans there



22

22

2024 coverage map



23

23

2024 Individual market carriers and plans

- 6 medical carriers: BridgeSpan, Kaiser, Moda, PacificSource, Providence, and Regence
- 76 medical plans – 26-65 plans per county
- 6 dental carriers: Delta Dental (ODS), Dental Health Services, Dentegra, Dominion, Kaiser, and PacificSource
- 20 dental plans – 14-20 plans per county

24

24

Window shopping tool updates

\$5 primary care and behavioral health office visits

New filtering option to show plans that offer the \$5 visits

Plan Features

- HSA Eligible ⓘ
- Out of Network Coverage ⓘ
- National Network ⓘ
- First 3 PCP/Mental Health ⓘ

Plan

\$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met.

- First 3 PCP/Mental Health ⓘ

28

Window shopping tool updates

\$5 primary care and behavioral health office visits

New tag on plan cards

Moda Health Oregon Standard Bronze Plan (Beacon) Compare View Plan Details

Overall Rating: ★★★★★ Bronze

\$5 visits - 1st 3 PCP/Mental Health ←

Monthly Premium: \$154.63 after \$687 subsidy Annual Deductible: \$9,450 Out-of-pocket Limit: \$9,450

Annual Cost Estimates

Good Year	Balanced	Bad Year
\$2,600	\$6,175	\$20,750

My Doctors Add My Prescriptions Add

My Hospitals Add

Show More ▾

29

Window shopping tool updates

\$5 primary care and behavioral health office visits


Explanation text automatically displays

Doctor Visits	
Primary Care Visit to Treat an Injury or Illness	<p>\$50 Copay</p> <p>Explanation: \$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met.</p>
Preventive Care/Screening/Immunization	<p>No Charge</p> <p>Explanation: 7 exams age 1-4 and one per year age 5+. See policy for other visit limits.</p>
Other Practitioner Office Visit (Nurse Physician Assistant)	<p>\$50 Copay</p> <p>Explanation: \$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met.</p>

30

2024 Open enrollment outreach and education

Amy Coven
Stakeholder and Communications Analyst



31

Research findings

- 97% of consumers believe that health coverage is important to have
- 62% do not consider health coverage affordable
- 61% say that the **cost they pay** is the most important consideration when purchasing health coverage

32

Research findings

- Participants were more likely to identify with the feelings of **helplessness and confusion** (65% and 57%, respectively) than feeling in control and confident (35% for both) when shopping for health coverage
- **About half of customers delay or do not seek care for cost reasons**

33

Marketing vendor

quinn thomas
Marketing communications agency

media+
Independently-owned media agency

dhM
RESEARCH
Research firm

washington healthplanfinder

34

Key persons

- Erin Krug**
• President
• Senior counsel
- Deborah Warren**
• Multicultural Marketing and Communications Manager
• Account manager
- Kaitlin Nguyen**
• Senior Account Executive
- Michelle Gallup**
• Creative Director
- Cher Marckx**
• Media Plus+
• Associate Media Director

35

Open enrollment campaign goals

Primary Goal: Retain existing Marketplace customers and reach the additional 4% of uninsured Oregonians

- 1 Drive awareness for the affordable options and financial support available on the Marketplace through new messaging and creative approaches
- 2 Increase trust with prospective customers through highly personalized and targeted marketing tactics
- 3 Reach new audiences through authentic multicultural marketing strategies

36

Campaign approach

Audience Targeting

- Segmented audience profiles that align to creative and messaging
- Uninsured audience skews male, 26-44, is single and earns under \$50k
- Opportunities to focus on uninsured areas, including:
 - Lane and Jackson Counties
 - Roseburg and Klamath Falls Cities
 - Deschutes County

Messaging and Creative

- Prioritize simplicity, customization and compassion in messaging
- Address concerns about high cost of insurance, while reinforcing support available through OHIIM
- Prioritize transcription and culturally competent approaches

Channel and Measurement

- Statewide campaign focused on awareness, consideration and conversion
- Custom rural strategies in television, social media, video and radio
- Advanced CRO, digital activation and analytics

37

Target demographic personas



Casey
Age: 26-40

Casey is a single adult living in the Sellwood community of Portland. They work mostly from home, are very budget conscious yet enjoy life. They work freelance jobs, so they don't have health insurance through their employer. They receive trusted information through social media, online research and friends and family.



Mateo
Age: 30-45

Mateo is a Hispanic male living in Central or Eastern, OR. He is married with kids, works long hours as a residential painter. He gets his news and information primarily on his mobile phone and trusted advice from friends, family members and his church community. English is his second language.



Shay
Age: 55-64

Shay is a married parent of two working multiple jobs living in Springfield. She understands the value of health insurance for her and her family but may be less familiar with the Marketplace. She is also likely to influence our Casey and Mateo personas. Shay prefers in-person support for navigating the difficult decision.

38

Messaging framework

Let's get you covered.

Health insurance is more affordable than you think.
Coverage within your budget.

Coverage for your basic needs and more.
All the benefits you need, at a price you can afford.

39

Sample Creative

Messaging subject to change

OHIM EXISTING COLOR PALETTE

OHIM NEW COLORS

PRINT AD

HEADLINE
Urbanist - semibold

SUB HEADLINE
Urbanist - medium

BODY COPY
Urbanist - regular

SOCIAL ADS

40

40

Channel Strategy

Highly engaged channels driving qualified traffic

Awareness

Public Relations, Events/Sponsorships, Placed-Based-Out of Home (OOH), Video & Audio Everywhere, Newspaper, Custom Content Sponsorships

Traditional forms of media drive both mass & targeted awareness

Large/Long format opportunities for brand building & story telling

Hyper-local, Demographic and Granular Targeting

Unique OOH Mediums – Pump Toppers, Laundromat, Standlees

Leverage trusted Sources (Custom content, Newspaper, Radio/DJ's)

Consideration

Display, Native & Social Media

Display, Native and Social leverage robust targeting details to capture interested users

High engagement among audiences

Sequential & Cross Device messaging opportunities

Social Channels: Facebook, Instagram, TikTok, Nextdoor, LinkedIn

Conversion

Paid Search

Search & Retargeting tactics deliver messaging right as a user is preparing to convert

Highest conversion rates among paid media

Cost efficient conversion driver

Multi-language opportunities

Capitalize and build on past performance.

41

41

Public relations schedule

Week of 10/16

Pre-OE media tour

Week of 10/30

OE kickoff with grantees

Week of 11/20

Thanksgiving release

Week of 1/1

Last Chance to Enroll Media Push

42

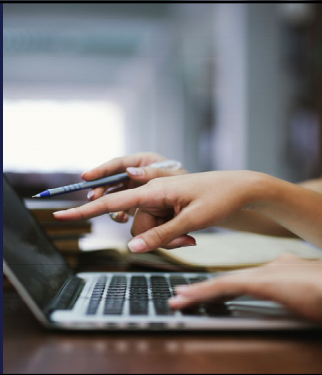
42

Timeline	Oct.				Nov.				Dec.				Jan.			
	9	16	23	30	6	13	20	27	4	11	18	25	7	14	21	28
Awareness	[Yellow bar]															
Out-of-Home	[Yellow bar]															
Custom Content	[Yellow bar]															
TV	[Yellow bar]															
Video	[Yellow bar]															
Terrestrial Radio	[Yellow bar]															
Streaming Radio	[Yellow bar]															
Print	[Yellow bar]															
Consideration	[Blue bar]															
Display	[Blue bar]															
Social Media	[Blue bar]															
Conversion	[Pink bar]															
Search	[Pink bar]															
In House	[Cyan bar]															
Newsletter (Email)	[Cyan bar]															
Text Messaging	[Cyan bar]															

43

State-Based Marketplace (SBM) Project

Chiqui Flowers
Director



44

State-Based Marketplace (SBM) topics

- Who is the Project Team?
- What is the State-based Marketplace (SBM) Project?
- What have we accomplished so far?
- What is the high-level project timeline?
- Identify impacted parties & engagement needs (Exercise)

45

SBM project team



Chiqui Flowers Project Sponsor	Victor Garcia Product Owner	Dorocida Martushev IT Project Manager	Dan Feder Business Systems Analyst	Talon Wood Project Advisor
--	---------------------------------------	---	--	--------------------------------------

Team members will be added to the project as it progresses.

46

What is the SBM Project?

- Transition Oregon from a State-Based Marketplace using the Federal Platform to a State-Based Marketplace
- Reasons for the change:
 - Improve the shopping and customer service experience, implement responses to feedback
 - Ability to track customer issues with enrollment and resolve them quickly

47

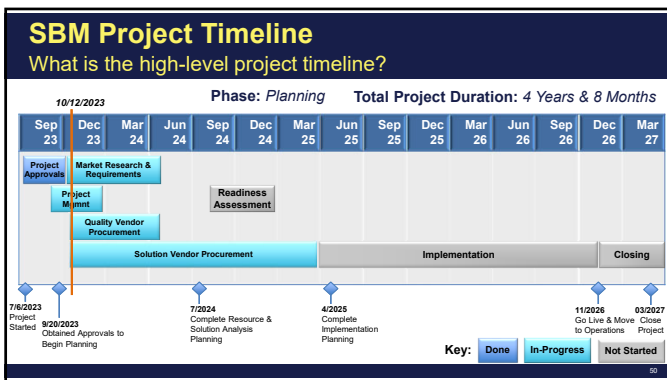
What is the SBM Project?

- More reasons for the change:
 - Increase transparency to improve accountability to Oregon partners and consumers
 - Improve service delivery to communities of focus with real-time access to demographic data
 - Have the ability to customize the platform for special enrollment periods and Oregon-specific programs

48



49



50

- ### SBM pre-implementation message themes
- Transition and timeline updates
 - Key reasons for vendor choice
 - Implementation phase collaboration opportunities
 - Key considerations that will be addressed during the transition

51

Transition help

- Members who did not respond to the RFI become “procedural closures” and are not referred to HC.gov.
- Outreach calls, SMS text messaging and email are going to these OHP members.
- Marketplace began outreach to approximately 17,000 members in Sept. Three attempts to reach the member could result in over 50,000 calls.

55

Transition help

- OHP members received erroneous system-generated notices in July. Marketplace will receive approx. 23,000 additional members mid-October for processing.

56

The project so far

Number of people referred to the Marketplace		Marketplace Transition letters sent by language	
55,262		Arabic	26
Number of people potentially Marketplace-eligible		Chuukese	8
48,789		English	38,711
Number of Marketplace transition letters sent		Hmong	0
43,100		Korean	17
		Marshallese	1
Text message outreach data	Email outreach data	Russian	339
13,763	11,117	Simplified Chinese	124
Number of text messages sent	Number of emails sent	Somali	83
	96%	Spanish	3,537
	Percent of emails delivered	Tagalog	4
	58%	Traditional Chinese	47
	Average email open rate	Ukrainian	44
		Vietnamese	159

Data as of Tuesday, Oct. 3, 2023

57

How to help people losing OHP benefits

- Advise of financial assistance programs available through not-for-profit hospitals and affiliated clinics/health systems
 - See list of participating facilities at orhim.info/ORHospitals
- Educate about their options through the Marketplace
 - Window Shopping tool:
 - English: OregonHealthCare.gov/WindowShop
 - Spanish: orhim.info/ObtengaCobertura

61

How to help people losing OHP benefits

- Offer a referral to a Marketplace expert who can help with application/enrollment
 - English: OregonHealthCare.gov/GetHelp
 - Spanish: orhim.info/encuentreayuda

62

Public comment



63

Committee business

Kraig Anderson
Committee Chair



64

Committee business

- 2024 HIMAC Baseline Work Plan
- Updates to committee charter / bylaws as required by SB966

65

65

Closing

Kraig Anderson
Committee Chair

66

Comparing 2024 Oregon Health Coverage Tiers



OREGON
HEALTHCARE.gov

	Oregon Health Plan	Oregon Standard Bronze	Oregon Standard Silver	Standard Silver: 201-250%	Standard Silver: 151-200%	Standard Silver: 139-150%	Oregon Standard Gold
Medical Deductible	\$0	\$9,450 combined	\$5,500	\$5,500	\$1,325	\$150	\$1,800
Rx Deductible	\$0		\$0	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket	\$0	\$9,450	\$9,450	\$7,550	\$3,150	\$1,075	\$7,550
Inpatient	\$0	No charge after deductible	30% after deductible	30% after deductible	10% after deductible	10% after deductible	20% after deductible
Outpatient	\$0	No charge after deductible	30% after deductible	30% after deductible	10% after deductible	10% after deductible	20% after deductible
Emergency Room	\$0	No charge after deductible	30% after deductible	30% after deductible	10% after deductible	10% after deductible	20% after deductible
X-Ray and Diagnostic Imaging	\$0	No charge after deductible	30% after deductible	30% after deductible	10% after deductible	10% after deductible	20% after deductible
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care/Mental Health office visit	\$0	\$50*	\$40*	\$40*	\$15*	\$10*	\$20*
Specialist visit	\$0	\$150	\$80	\$80	\$30	\$20	\$40
Urgent Care	\$0	\$100	\$70	\$70	\$40	\$30	\$60
Generic Rx	\$0	\$25	\$15	\$15	\$10	\$5	\$10
Rx Preferred Brand	\$0	No charge after deductible	\$60	\$60	\$25	\$10	\$30
Rx Non-Preferred Brand/Specialty	\$0	No charge after deductible	50%	50%	50%	25%	50%
Physical Therapy	\$0	\$50	\$40	\$40	\$15	\$10	\$20
Speech and Occupational Therapy	\$0	\$50	\$40	\$40	\$15	\$10	\$20
Acupuncture	\$0	\$50	\$40	\$40	\$15	\$10	\$20
Chiropractic	\$0	\$50	\$40	\$40	\$15	\$10	\$20

*First three visits are \$5.

Understanding **health coverage**

Coinsurance

The percentage of costs of a covered health care service you pay; 20 percent for an X-ray, for example.

Copayment

A fixed amount you pay for a covered health care service; \$20 for a visit with the doctor, for example.

Cost sharing

Health insurance company and enrollee shares the cost of covered benefits.

Deductible

The amount you pay before the plan starts to pay for some covered services. In Oregon, many plans do not require that the enrollee pays the deductible when they have office visits, but they will pay the deductible for services such as hospital stays or surgeries. It is extremely important to remember that there are many services covered by health plans, either in full or at least in part, before meeting the deductible.

Maximum out-of-pocket (OOP)

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100 percent of the costs of covered benefits. Things that do not count towards the out-of-pocket maximum are:

- Your monthly premium
- Anything you spend for services your plan doesn't cover
- Out-of-network care and services

Network

A group of providers, clinics, hospitals and pharmacies who are contracted with an insurance company to provide care or services for enrollees. Find out if your preferred provider or facility is in-network by contacting your insurance company or searching their provider directory, which can be found at orhim.info/health-plans.

Premium

The amount you pay for your health insurance each month.

Preventive services

Preventive and wellness services are typically covered with no copayments or coinsurance before you meet your plan's deductible, as long as they are ordered by your doctor and you're getting the services from an in-network provider or facility. Your health insurance company can't limit sex-specific recommended preventive services based on your sex assigned at birth, gender identity, or recorded gender — for example, a transgender man who has residual breast tissue or an intact cervix getting a mammogram or pap smear.

Provider

Someone who provides health care services, such as a doctor, dentist, or therapist.

Learn more about Marketplace health coverage at orhim.info/marketplace.

Plan Year 2024 Open Enrollment Outreach Overview

Outreach and education overview for year 2023 which primes supporting efforts for open enrollment plan year 2024

The Marketplace outreach team facilitates outreach and education efforts to every area of the state. The team publicizes Marketplace services at community events, holds in-person or virtual information sessions about coverage options, and answers phone calls from consumers to provide information about coverage options, eligibility, and find local help.

The outreach team is comprised of six outreach and education coordinators who each serve a specific region of the state: Central Oregon and the Gorge, Eastern Oregon, North Coast, Portland Metro, Southwestern Oregon, and the Willamette Valley. One Statewide Hispanic and Latino coordinator and two regional coordinators are bi-cultural and fluent in Spanish. These team members support bilingual, culturally appropriate outreach to Oregon's Hispanic/Latino communities throughout the state.

Throughout 2022, the outreach team talked to approximately 104,500 people at outreach events and meetings and will surpass that reach in 2023. Last year the team supported Tribal events, LGBTQIA2S+ events, faith-based events, Hispanic/Latino events, rapid response sessions, and presentations to communities, businesses, and community-based organizations, including new community partner organizations.

Marketplace outreach planning for open enrollment

This year, one of the primary populations of focus is individuals that are found to be no longer eligible for Oregon Health Plan (OHP) due to the Medicaid renewals process, which began in April 2023. We recognize that many Oregonians who have never needed to shop must consider their options for the first time this year. Our team has identified the following communities that are at a higher risk of being uninsured in Oregon:

- Hispanic/Latino community
- LGBTQIA2S+
- Men
- Millennials (26-35 years old)
- Rural Oregonians

The outreach team will continue to concentrate efforts in communities and counties throughout the state that have higher rates of uninsured, especially those which have less access to resources. Those communities include:

- The Portland metropolitan area, focusing on specific neighborhoods most at risk of being uninsured.

- Smaller cities in towns throughout Oregon with a high concentration of migrant or farm workers, especially those in the far-reaching areas of the state.
- The Black/African diaspora communities, Asian diaspora communities, immigrant communities and Slavic communities.

The Marketplace relies heavily on support from our trusted partners in the community to educate and enroll eligible Oregonians

Community Partner Liaison and the Community Partner Program

The Marketplace’s community partner liaison, Miranda Amstutz, oversees the Community Partner Program, which has 19 community partner grantees that provide trusted health insurance navigation assistance to Oregon’s diverse communities of focus.

Coos county

- Waterfall Community Health

Deschutes county

- Mosaic Medical

Douglas county

- Cow Creek Health and Wellness Center

Jackson county

- NOWIA Unete

Klamath county

- Klamath Tribal Health

Lane county

- Centro Latino Americano

Marion county

- Interface Network



Multnomah county

- Asian Health and Service Center
- Cascade AIDS Project
- Chinese Friendship Assoc. of Portland
- Ethiopian and Eritrean Cultural Resource Center
- Immigrant and Refugee Organization
- Portland Open Bible Church
- Project Access NOW
- Project Quest
- Slavic Community Center of NW
- Urban League of Portland

Walla Walla/Umatilla counties

- Northeast Oregon Network

Washington county

- Mercy Connections

Our grantees have served over 18,442 individuals from communities of focus since August 1, 2022. Grantee areas of focus include:

- Asian diaspora communities
- Black/African diaspora communities
- Hispanic/Latino communities
- Immigrant communities
- LGBTQIA2S+ communities
- People living with HIV
- Rural communities
- Slavic communities
- Tribal communities

Tribal Liaison and the Tribal Grant Program

Tribes are supported by the Marketplace Tribal liaison, Marina Cassandra, who collaborates directly with Oregon's nine federally recognized Tribes:

- Burns Paiute of Harney County
- Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of Umatilla Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Indians (Tribal Grantee)
- Klamath Tribes (Tribal Grantee)

The Marketplace Tribal liaison provides technical assistance, Tribal assister training, and complex case resolution, participates in government-to-government consultation, and advocates for tribes on Marketplace concepts affecting Tribal governments and their communities. The liaison also advises outreach team members on assisting Native Americans and Alaska Natives during their statewide outreach.

Agent Liaison and the Partner Agent Program

Insurance agents and brokers are supported by the Marketplace agent liaison, Micheil Wallace, who also oversees the Marketplace Partner Agent Program. The Program consists of 29 partner insurance agents with offices located throughout Oregon who serve most counties and many communities of focus, including:

- Asian diaspora communities

- Hispanic/Latino communities
- LGBTQIA2S+
- Rural communities

Benton County

- RJS & Associates Insurance

Clackamas County

- HealthMarkets Insurance
- M&G Insurance

Clatsop County

- Linda Dugan Insurance

Coos County

- Abel Insurance

Deschutes County

- Bancorp Insurance
- Country Financial
- High Desert Insurance

Douglas County

- Gordon Wood Insurance

Hood River County

- Shanon Saldivar Insurance

Jackson County

- The Simmons Agency

Josephine County

- Health Insurance Place

Klamath County

- The Simmons Agency

Lane County

- Aaron Burns Insurance
- Boone Insurance Associates
- Tomlin Benefits Planning



Linn County

- iCover Oregon

Marion County

- Matthew Woodbridge Insurance
- Premier NW Insurance

Multnomah County

- Grace Insurance Services
- Health Plans in Oregon
- Healthwise Insurance Planning
- HE Cross Co

Polk County

- K Insurance Group

Umatilla County

- The Simmons Agency

Union County

- Valley Insurance

Wallowa County

- Hillock Insurance

Wasco County

- Shanon Saldivar Insurance

Washington County

- Heathy, Wealthy & Wise Ins.
- Insurance By Design
- NW 365 Insurance

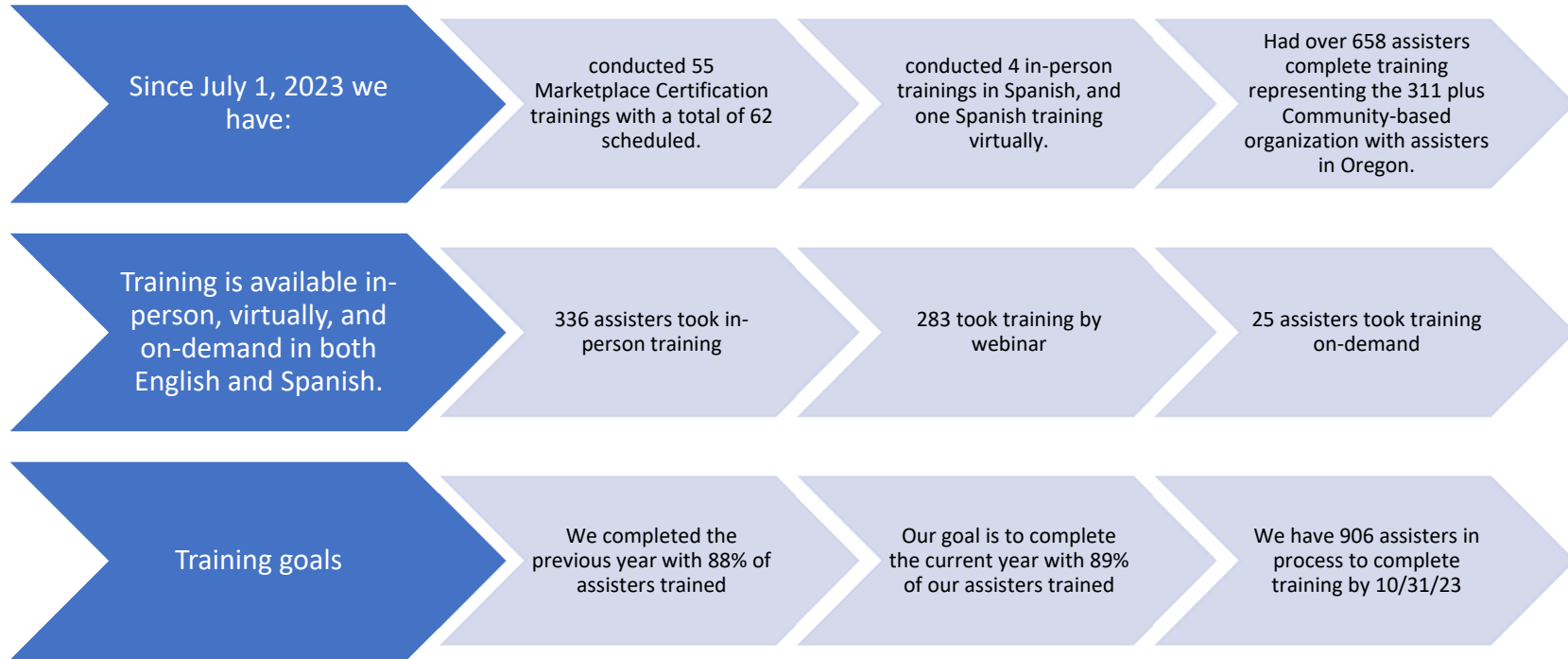
Yamhill County

- Chehalem Insurance Associates



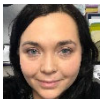

****Location dots and agent list are more than 29 as some agents have offices in more than one county.**

- Over one-third of our partner agencies have bilingual assistance available on-site in Chinese, Spanish, Russian, and Thai.
- Over 50% of our partner agencies are minority, or woman owned/operated.
- Due to Oregon Health Plan (OHP) renewals that began in April 2023, the Marketplace has seen increased and earlier partner agent visibility in communities served.

Plan year 2024 Marketplace assister training at a glance



Marketplace Outreach Program Contacts

	Marina Cassandra; Constituent and Tribal Liaison marina.cassandra@oha.oregon.gov (971) 301-1286	Statewide
	Micheil Wallace; Agent and Employer Liaison micheil.wallace@oha.oregon.gov (503) 956-3495	Statewide
	Miranda Amstutz; Community Partner Liaison miranda.s.amstutz@oha.oregon.gov (971) 302-1960	Statewide
	Misty Rayas; Outreach and Education Manager misty.d.rayas@oha.oregon.gov (971) 201-9768	Statewide

Plan Year 2024 Open Enrollment Communications Overview

New marketing vendor: Quinn Thomas

Quinn Thomas is an award-winning marketing communications agency with deep experience leading research-based marketing campaigns in the Northwest. They have 21 full-time professionals, offices in Portland and Seattle, and just celebrated their 13th year in business. They specialize in leading integrated marketing communication strategies that build trust, change perceptions and meet goals. They have a full-service creative department that leads everything from branding to video production to graphic design for a wide range of campaigns. Their client list includes the Washington Health Benefit Exchange, the state's state-based Marketplace. In 2021, Quinn Thomas acquired DHM Research to further their commitment to delivering research-based communications that change behavior and motivate action. An important part of this acquisition was investing in a full-time Director of Research Equity, who is now building on DHM's deep experience and commitment to understanding underrepresented and hard-to-reach audiences.

Quinn Thomas also has a longstanding partnership with Media Plus -- the largest independently owned media agency in the Pacific Northwest. Media+ is proudly women-owned and celebrated their 40th year in business this past February. Today, Media+ manages more than \$40 million annually in 43+ local markets throughout the US and Canada. Although they scale nationally, their roots are here in the Pacific Northwest, and they value long-standing relationships with iconic Pacific Northwest businesses, state-funded campaigns, healthcare systems, non-profits, and the local media community. The Media+ team is made up of 21 full-time self-proclaimed "media geeks" with expertise spanning strategy, reporting, analytics, and activation in both digital and non-digital environments. They employ an integrated approach to media, analyzing consumer behavior to determine the most effective channels, devices, and platforms to connect with audiences. They have also invested heavily in measurement and attribution practices to bring clarity to which channels are driving positive ROI for clients, and which are not.

In their proposal, Quinn Thomas assembled the leading experts in market research, brand creative, marketing strategy, and media placement in the Northwest. Their proposal delivered to OHIM a new approach to engage and mobilize Oregonians to shop, compare and purchase health insurance on the Oregon Health Insurance Marketplace. Their team proposed working in lockstep with OHIM to craft target audience segments, customized online and offline approaches, highly targeted creative and media that will reduce the uninsured population in Oregon and support OHA's goal of reaching health equity by 2030.

Key persons



Erin Krug

- President
- Senior counsel



Deborah Warren

- Multicultural Marketing and Communications Manager
- Account manager



Kaitlin Nguyen

- Senior Account Executive



Michelle Gallup

- Creative Director



Cher Marckx

- Media Plus+
- Associate Media Director

Creative plan for open enrollment

We all want to feel cared for. Underneath the confusing technical language, package options, and costs, health insurance is an important piece of caring for your family. And really, your loved ones want to know you're covered too, and caring for yourself can be a way to say, "I love you." Even though you know the importance of health insurance for you and your family, costs can be a very real concern. The good news? Health insurance can be more affordable than you think, and there are resources available to you to get the coverage you need. You can show your loved ones you care by getting covered, and we'll make it as stress free as possible.

At the Oregon Marketplace, we work tirelessly to make sure you have the resources to shop, compare, and navigate financial help for you and your family. We offer in-person support; you don't have to figure this all out on your own at home. While it can feel overwhelming to navigate the world of health insurance, you can breathe easy – because we've got you covered.

Campaign goals

Retain existing Marketplace customers and reach the additional 4% of uninsured		
Drive awareness for the affordable options and financial support available on the Marketplace through new messaging and creative approaches	Increase trust with prospective customers through highly personalized and targeted marketing tactics	Reach new audiences through authentic multicultural marketing strategies

Campaign approach

Audience Targeting

Segmented audience profiles that align to creative and messaging

Uninsured audience skews male, 26-44, is single and earns under \$50k

Opportunities to focus on uninsured areas, including:

- Lane and Jackson Counties
- Roseburg and Klamath Falls Cities
- Deschutes County

Messaging and Creative

Prioritize simplicity, customization and compassion in messaging

Address concerns about high cost of insurance, while reinforcing support available through OHIM

Prioritize transcreation and culturally competent approaches

Channel and Measurement

Statewide campaign focused on awareness, consideration and conversion

Custom rural strategies in television, social media, video and radio

Advanced CRO, digital activation and analytics

Target audience personas



Casey

Age: 26-40

Casey is a single adult living in the Sellwood community of Portland. They work mostly from home, are very budget conscious yet enjoy life. They work freelance jobs, so they don't have health insurance through their employer. They receive trusted information through social media, online research and friends and family.



Mateo

Age: 30-45

Mateo is a Hispanic male living in Central or Eastern, OR. He is married with kids, works long hours as a residential painter. He gets his news and information primarily on his mobile phone and trusted advice from friends, family members and his church community. English is his second language.



Shay

Age: 55-64

Shay is a married parent of two working multiple jobs living in Springfield. She understands the value of health insurance for her and her family but may be less familiar with the Marketplace. She is also likely to influence our Casey and Mateo personas. Shay prefers in-person support for navigating this difficult decision.

Message buckets

Let's get you covered

Casey 96% of Oregonians have health coverage – let's make sure you do, too.

Mateo Invest in your family's health today and be covered down the road.

Shay OregonHealthCare.gov offers in-person guidance for comparing and choosing a plan, and helps you understand your financial assistance options.

Health insurance is more affordable than you think. Coverage within your budget.

Casey 80% of people who bought an insurance plan through OregonHealthCare.gov last year received financial assistance – and you can, too.

Mateo Care for what matters most with quality health insurance options through OregonHealthCare.gov.

Shay Get you and your loved ones covered – OregonHealthCare.gov offers financial assistance to help with your budget.

Coverage for your basic needs and more. All the benefits you need, at a price you can afford.

Casey Get coverage from trusted companies designed to meet all of your basic needs and more through OregonHealthCare.gov.

Mateo Quality health insurance plans for your entire family, designed to meet their needs at any stage of life – available through OregonHealthCare.gov.

Shay Trusted insurance companies offer their plans on OregonHealthCare.gov, and we offer financial assistance and cost savings on their top tier benefits.

Visual direction

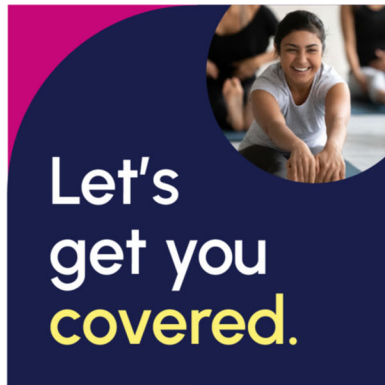
OHIM EXISTING COLOR PALETTE



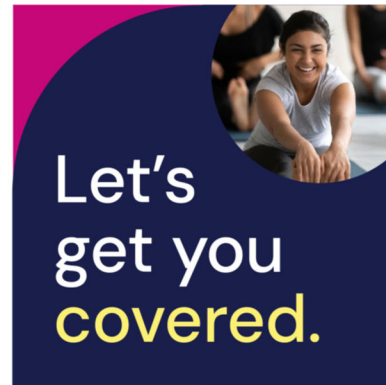
OHIM NEW COLORS



SOCIAL ADS



URBANIST



DM SANS

PRINT AD

Logo




Health insurance is more affordable than you think.

80% of people who bought an insurance plan through the Marketplace last year received financial assistance – and you can, too.



Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Donec massa sapien faucibus et molestie.

Visit [Oregonhealthcare.gov](https://www.oregonhealthcare.gov) and enroll starting November 1st.



Media buy plan



2024 OHIM OE Campaign	October					November					December					January				Est. Delivery (Imps/Clicks/Spots)	NET TOTAL MEDIA SPEND	% Spend
	25	2	9	16	23	30	6	13	20	27	4	11	18	25	7	14	21	28				
AWARENESS																		60,128,918	\$ 543,400	60.4%		
OUT OF HOME																		42,277,310	\$ 120,700	22.2%		
Gas Pump Toppers																		19,669,421	\$ 47,600	39.4%		
Standees																		9,420,561	\$ 50,400	41.8%		
POS																		7,520,661	\$ 9,100	7.5%		
Laundromats																		5,666,667	\$ 13,600	11.3%		
CUSTOM CONTENT																		\$ -	-	0.0%		
TV, Sponsorship, Native Digital	TBD																		-	\$ -	-	
TV																		\$ 2,371,429	\$ 83,000	15.3%		
Terrestrial :30-sec																		2,371,429	\$ 83,000			
VIDEO																		\$ 6,027,344	\$ 154,300	74.1%		
Connected Television :30-sec																		6,027,344	\$ 154,300			
OLV + YouTube :30-sec																		1,978,084	\$ 54,000	25.9%		
TERRESTRIAL RADIO																		\$ 3,722,151	\$ 65,000	12.0%		
Spot Buy :30-sec																		3,722,151	\$ 65,000			
STREAMING RADIO																		\$ 3,090,909	\$ 34,000	6.3%		
Programmatic :30-sec																		3,090,909	\$ 34,000			
PRINT																		\$ 661,691	\$ 32,400	6.0%		
PRINT :30-sec																		661,691	\$ 32,400			
CONSIDERATION																		51,085,783	\$ 286,400	31.9%		
DISPLAY																		\$ 30,244,606	\$ 118,000	41.2%		
Programmatic																		30,244,606	\$ 118,000	100.0%		
High Impact																		-	\$ -	0.0%		
SOCIAL MEDIA																		\$ 14,556,398	\$ 120,400	58.8%		
Facebook/Instagram																		14,556,398	\$ 120,400	71.5%		
Tik Tok																		2,749,591	\$ 21,000	12.5%		
Nextdoor																		1,047,463	\$ 8,000	4.8%		
LinkedIn																		2,487,725	\$ 19,000	11.3%		
CONVERSION																		974,648	\$ 69,200	7.7%		
SEARCH																		974,648	\$ 69,200			
Google text																		974,648	\$ 69,200			
2024 OE TOTAL																		112,189,349	\$ 899,000			

Questions?



Amy Coven
Stakeholder and Communications Analyst
amy.coven@oha.oregon.gov
(503) 943-0164



HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE
2024 Work Plan
 As approved on <date>



TOPIC		2024					
		January	February	April	July	October	December
Policy	2024 legislative bills of interest	✓					
	2025 Marketplace assessment		✓				
Open Enrollment	2024 Open enrollment debrief	✓		✓			
	2025 Outreach and education strategies					✓	
	2025 plan offerings					✓	
State-based Marketplace Project	Updates and potential work sessions	✓		✓	✓	✓	✓
BHP	Impacts to the Marketplace	✓		✓	✓	✓	✓
	Development and implementation updates	✓		✓	✓	✓	✓
Marketplace Transition Program	Updates and potential work sessions	✓		✓	✓		
Other Business	2025 baseline work plan					✓	
	Committee update on 2023 Marketplace report			✓			

Rev: 10/11/2023

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



Oregon Health Policy Board Health Insurance Marketplace Advisory Committee Charter

Approved by the Committee on **<date>**

I. Authority

The Health Insurance Marketplace Advisory Committee (HIMAC) is created to advise the Oregon Health Insurance Marketplace (OHIM) and the Oregon Health Authority (OHA) in the development and implementation of the policies and operational procedures governing the administration of a health insurance exchange in this state including, but not limited to, all 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 the insurers offering qualified health plans through the health insurance exchange.
- The affordability of qualified health 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 plans offered through the exchange.

The committee shall periodically review its charter at the request of the OHA Director or the Oregon Health Policy Board (OHPB).

II. Scope

The OHPB or the OHA Director may solicit recommendations from the committee, and the committee may initiate recommendations on its own.

The committee may provide annual reports to the Legislative Assembly, in the manner provided in ORS 192.245, of the findings and recommendations the committee considers appropriate, including but not limited to a report on the:

- Adequacy of assessments for reserve programs and administrative costs;
- Implementation of the Small Business Health Options Program;
- Number of qualified health plans offered through the exchange;
- Number and demographics of individuals enrolled in qualified health plans;
- Advance premium tax credits provided to enrollees in qualified health plans; and
- Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the exchange.



III. Dependencies

The Committee will seek information from and collaborate with a wide range of partners including, but not limited to:

- OHA Leadership
- Oregon Health Policy Board
- Oregon Legislature
- Governor's Office
- Department of Consumer and Business Services
- Community-based organizations
- Oregon's Federally Recognized Tribes

The ability of the Committee to fulfill its statutory duties as outlined in section II is contingent upon support of and direction by OHA, as well as coordination with other health policy advisory bodies.

IV. Membership

The committee consists of 15 members. **Thirteen** members shall be appointed by the Governor and are subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565. The appointed members serve at the pleasure of the Governor. The Director of the Oregon Health Authority **and the Director of the Department of Consumer and Business Services or their designees** shall serve as ex officio members of the committee.

Thirteen members appointed by the Governor must represent the interests of:

- Insurers;
- Insurance producers;
- Navigators, in-person assisters, application counselors and other individuals with experience in facilitating enrollment in qualified health plans;
- Health care providers;
- The business community, including small businesses and self-employed individuals;
- Consumer advocacy groups, including advocates for enrolling hard-to-reach populations;
- Enrollees in qualified health plans; and
- State agencies that administer the medical assistance program under ORS chapter 414.



The members of the committee shall be appointed for a term fixed by the Governor, not to exceed two years, and shall be entitled to compensation and travel expenses in accordance with ORS 292.495. The committee may hire, subject to the approval of the director, such experts as the committee may require to discharge its duties. All expenses of the committee shall be paid out of the Health Insurance Exchange Fund established in ORS 741.102.

V. Staff Resources

The committee is staffed by OHIM employees of the Health Policy and Analytics Division of OHA, as led by the OHIM **Director** and the HPA Director. Support will also be provided by other OHA staff, leaders, and consultants as requested or needed. Staff will assist the committee in the performance of its duties and, to the extent permitted by laws relating to confidentiality furnish such information and advice as the members of the committee consider necessary to perform their duties.

VI. Expectations for Meetings

The following expectations apply to all committee meetings:

- The committee will meet six times per calendar year (January, February, April, July, October, and December). **Meetings may be cancelled or moved if needed.** More frequent and ad hoc meetings may be called for by the chairperson.
- A standard meeting time will be established (with special exceptions).
- Meetings shall be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the committee website: oregonhealthcare.gov/MAC.
- Committee members, staff, and other attendees are expected to participate in a safe and inclusive manner.
- All meetings will offer attendees an option to participate virtually. Meetings will also have closed captioning as a standard feature. Additional accessibility features may be available upon request.
- A public notice will be provided to the public and media at least seven days in advance of each regular meeting and at least three days in advance of any special meeting.
- A majority of the voting members of the committee constitutes a quorum for the transaction of business during committee meetings.
- Committee members are expected to review materials prior to the meeting and come prepared to discuss and participate.



- Written minutes and recordings will be taken and made at all regular and special meetings. Minutes will include a summary of members present, all motions and guidelines proposed and their disposition, the substance of discussion on any matter, and a reference to any document discussed or distributed at the meeting or made available to the committee prior to the meeting. Approved minutes and recordings will be documented on the committee website: oregonhealthcare.gov/MAC. Transcripts are available upon request.



RESOLUTION OF THE ADVISORY COMMITTEE OF THE OREGON HEALTH INSURANCE EXCHANGE

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

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

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

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

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

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

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

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

Kraig Anderson
Committee Chair



Exhibit A

BYLAWS OF THE HEALTH INSURANCE 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.
- Health equity: A health system under which all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address the equitable distribution or redistribution of resources and power and recognizing, reconciling, and rectifying historical and contemporary injustices.



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

ARTICLE II

PURPOSE AND POWERS

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

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

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

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



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

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

ARTICLE III

HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE

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

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

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

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

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

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



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

Section 7: Rules of Order

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

Section 8: Quorum and Voting Rights

- Quorum – A majority of the voting members of the committee constitutes a quorum for the transaction of business or other action, so eight voting members constitute a quorum of the committee. The continued presence of a quorum is required for any official vote or action of the committee throughout an official meeting. Less than a quorum of the committee may receive testimony.
- Voting – All official actions of the committee must be taken by a public vote. On all motions or other matters, a voice vote may be used. At the discretion of the chairperson or at the request of a committee member, a show of hands or rollcall vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded. Abstaining votes are recorded as abstention. At least eight concurring votes must be cast in order to pass or reject a motion.

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 Marketplace.

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

ARTICLE VII

INDEMNIFICATION

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

- 30.260 – 30.300: Definitions for statutes related to “Tort Actions Against Public Bodies”



- 30.310: Actions and Suits by Governmental Units
- 30.312: Actions by Governmental Units Under Federal Antitrust Laws
- 30.390: Satisfaction of Judgment Against Public Corporations
- 30.400: Actions by and Against Public Officers in Official Capacity

ARTICLE VIII

AMENDMENT TO BYLAWS

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

History of amendments to bylaws:

- April 7, 2016 – Initial approval.
- June 4, 2018 – Revised title, updated with information of abolishment of the Oregon Health Insurance Exchange Corporation and creation of the Oregon Health Insurance Marketplace, sections reordered alphabetically, CMS definition added, Article 3, Section 1 added division director.
- October 2, 2019 – Revised term limits.
- July 22, 2021 – Revised title; revised resolution to incorporate SB 65 changes; revised Article I definition of “Marketplace Advisory Committee” to reflect SB 65 changes; revised Article II, Sections 1 and 2 and deleted Section 4 to reflect SB 65 changes; revised Article III, Section 1 to reflect changes required by SB 65; revised Article VI, Sections 2 and 3 to reflect SB 65 changes; deleted Article VII to reflect changes required by SB 65; renumbered Articles to Roman numerals, Articles VII and VIII to reflect deletions, and Article II Section 5 to reflect deletion; formatted spacing to be consistent with existing document; and made grammatical corrections.
- October 6, 2021 – Article II, Section 2 changed “independent” to “distinct”. Article II, Section 4 and Article III Section 4 changed “Department of Consumer and Business Services” to “Oregon Health Authority”.
- October 13, 2022 – Changed chair from Dan Field to Kraig Anderson. Revised resolution to include verbiage on OHA’s commitment and focus on work centered on health equity. All throughout, changed “Marketplace Advisory Committee” to “Health Insurance Marketplace Advisory Committee”. Updated Article I with agency’s definition of “health equity”. Updated Article III, Section 6 to comply with HB 4992.
- October 12, 2023 – Article II, Section 3 changed “implementation” to “maintenance” to comply with SB 966 (2023). Fourth paragraph of Resolution and Article III, Section 1 changed to update ex officio members in compliance with SB 966 (2023).