

Jan. 29 and 30, 2025



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State-based Marketplace Project Partner Listening Sessions Results

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Listening Sessions: Purpose

To solicit feedback from key partners (insurance carriers, community partners who provide application assistance, and insurance agents/brokers) about their experience using HealthCare.gov and desired improvements within the new state-based marketplace (SBM) enrollment and eligibility platform and consumer assistance center.

Listening Sessions

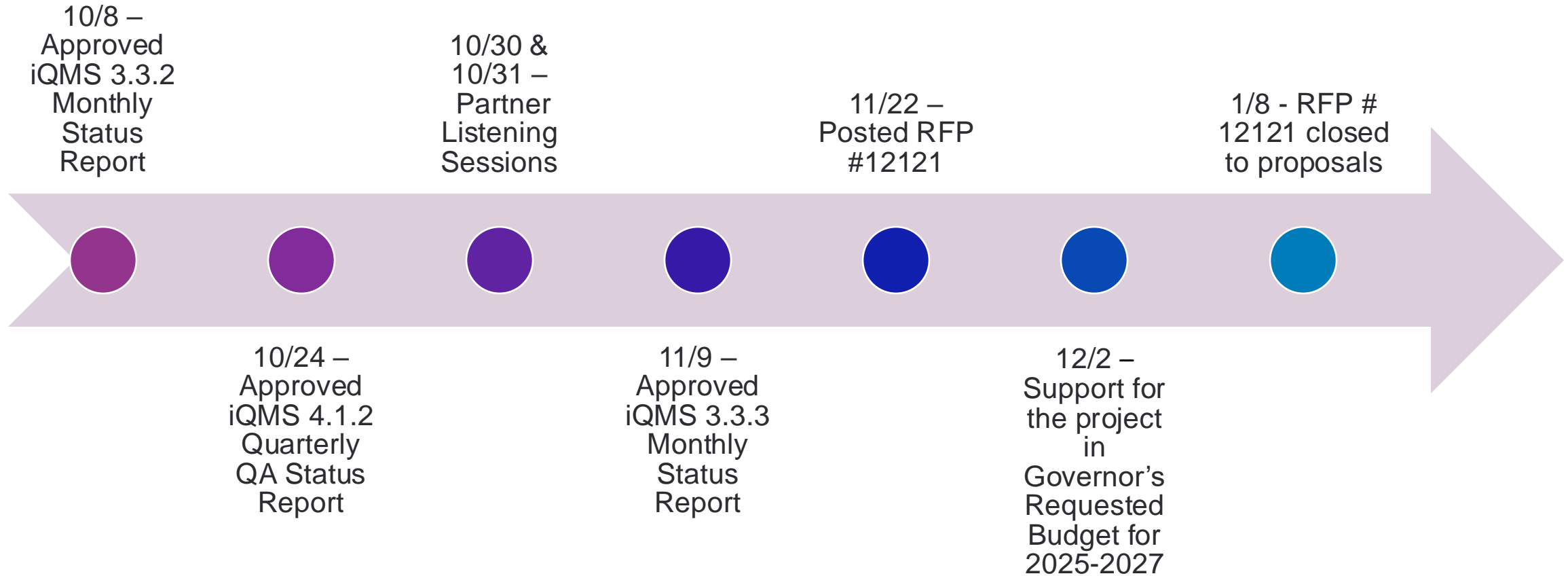
Please remember to...

1. Stay mentally and physically present
2. Contribute to meeting goals
3. Let everyone participate
4. Listen with an open mind
5. Stay on point and on time
6. Identify potential action items



Project Update

Recent Activities

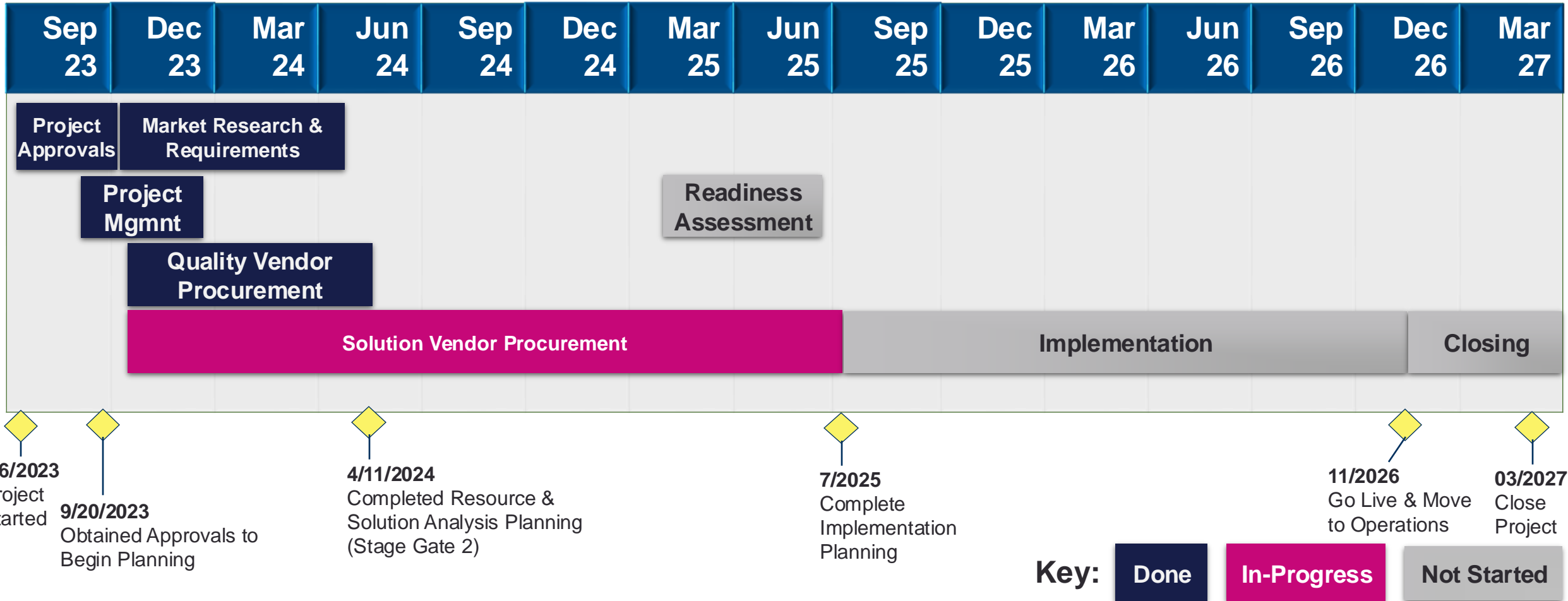


SBM Project Timeline

Status: **On Track**

Phase: Planning

Total Project Duration: 4 Years & 8 Months



7/6/2023
Project Started

9/20/2023
Obtained Approvals to Begin Planning

4/11/2024
Completed Resource & Solution Analysis Planning (Stage Gate 2)

7/2025
Complete Implementation Planning

11/2026
Go Live & Move to Operations

03/2027
Close Project



Let's Discuss: Open Enrollment for 2025

How did it go?



“Bridge program was challenging. Some of them got stuck in OHA approval.”



“Lots of technical issues where we had to call in and have the federal marketplace finish the enrollment.”



“Three-way calling with the federal marketplace – even though had required doc in place for consent, had to have consumer online – time and frustration for consumer.”

What went well?

Health Sherpa and other enhanced direct enrollment provided some stability amongst issues with HealthCare.gov.

Having multiple channels for people to get coverage, including the Marketplace and enhanced direct enrollment, has been pivotal to getting people coverage.

What could have gone better?

- Applications with split-eligibility results got stuck in the transfer from the federal marketplace to the ONE system if the household is already in the OHP system.
- Insurance agents were not able to call on behalf of clients, even with proper authorization.
- Confusion over eligibility: multiple reports of clients being told eligible for financial assistance and enrolled in private coverage, then later received a notice of eligibility for OHP Bridge.
 - Another report of clients being denied OHP Bridge eligibility through the Marketplace even though they are within income limits.
- OHP staff are unable to verify Marketplace enrollment.
- Individuals who accidentally reported incorrect income could not quickly fix and get correct eligibility without information being sent to the state.
- Inability to enroll at full cost if applied for financial help and potentially eligible for OHP or OHP Bridge (had to enroll direct).

What challenges did you face?

Questions on the application are not clear:

- “Will you have coverage next year?” Enrollees perceive as “yes” because they will have Marketplace coverage, but answering “yes” eliminates eligibility for financial assistance.

HealthCare.gov not honoring insurance agent role to act on behalf of clients.

- Marketplace requiring client to be on the phone as well.

Unable to easily verify current OHP/OHP Bridge enrollment, issues with misinformation or not able to access client’s information.

OHP Bridge start dates being different than OHP Plus caused confusion.

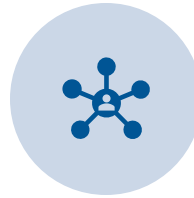
Issues with Providence plans specifically not recognizing new member numbers for premium payments.

An agent reported that they stopped using Health Sherpa after it allowed a client to enroll in a plan not available in their area.

What should we take forward for our SBM?



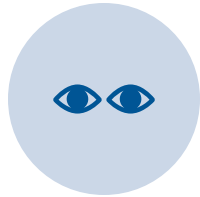
Dedicated phone line for insurance agents to assist clients.



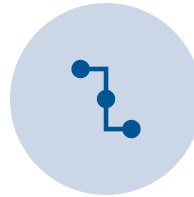
Better communication between ONE system and Marketplace.



Ability to check current OHP/OHP Bridge status when calling the Marketplace.



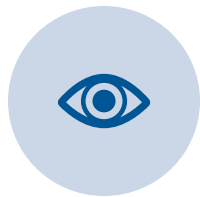
More clarity on referrals to OHP – when referred and status.



Link to ONE system in the beginning if someone may qualify for OHP or OHP Bridge, rather than making them do a Marketplace application.



Incorporate individual health coverage reimbursement arrangements (IHCRA) into system – they are growing in popularity.



Mirror HealthCare.gov format closely to avoid confusion.



Shared information/cross over information on APD, extra help, and other services available to people transitioning to Medicare or other programs.

Lingering Questions



“Would you be able to speak a little on the current plans regarding dental, and vision for the SBM?” Interested to know if the SBM will offer standalone dental or vision plans.



“Can I ask how this State Marketplace is supposed to work when Oregon is working on replacing insurance companies with a Universal Health Plan? ...it seems like the law is pushing for the same time goals.”



Closing

Stay Up to Date

- Questions?
Email us at marketplace.sbmproject@oha.Oregon.gov or complete a form that you can use to submit questions and comments at orhim.info/sbmfaqs
- Sign up for email updates
orhim.info/SBMupdates
- Keep an eye on our project website
orhim.info/SBMtransition

Future Listening Sessions

- Quarterly (Jan., April, July, Oct.) through Jan. 2027
- **Next topic:** Discussion on SBM brand development

Assisters

Last Weds. of the month
2-3:30 p.m.

orhim.info/SBMLS-Assisters



Agents/Brokers

Last Thurs. of the month
2-3:30 p.m.

orhim.info/SBMLS-Agents



Carriers

Last Thurs. of the month
3:30-4:30 p.m.

orhim.info/SBMLS-Carriers



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