Results from State-Based Marketplace Listening Sessions: Requirements

OREGON HEALTHCARE.GOV

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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

Scope

In scope

- HealthCare.gov feedback
- Communication between systems
- Application flow and verbiage feedback

Out-of-scope

- Affordable Care Act (ACA) policy
- Health coverage affordability & availability
- Network adequacy

How partners use HealthCare.gov

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Insurance Agents	• Direct access to enroll consumers through Agent Portal or Enhanced Direct Enrollment (EDE) platform • Contact HealthCare.gov for issue resolution on behalf of the consumer
Assisters	• Assist consumers through their own HealthCare.gov account • Contact HealthCare.gov for issue resolution with the consumer
Insurance Carriers	• Interface for testing to test formulary and json files • Two-way exchange of enrollment and correction files

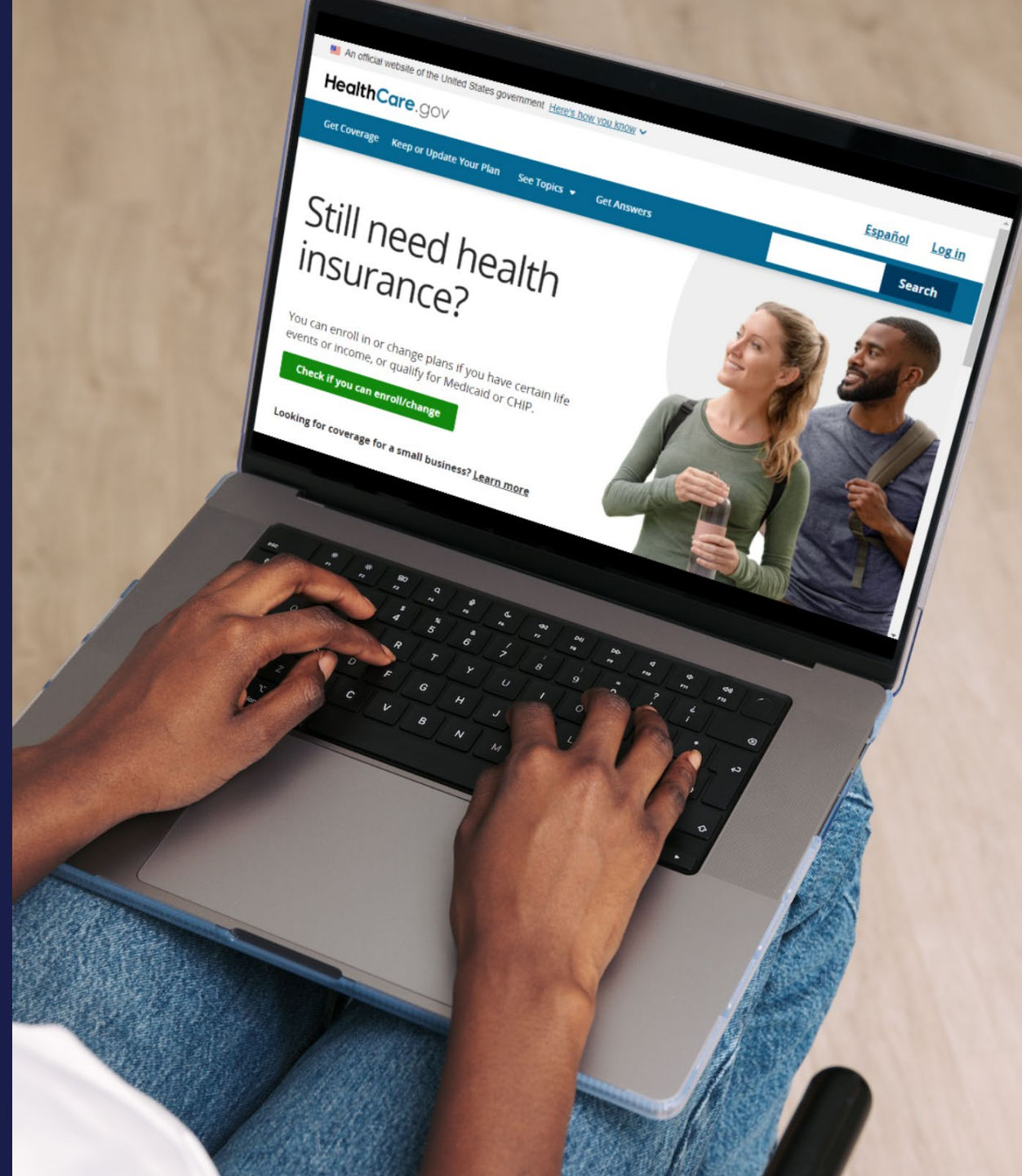**On a scale of 1 to 10, how has your experience been with HealthCare.gov?**

Please use 1 as the worst experience and 10 as the best.
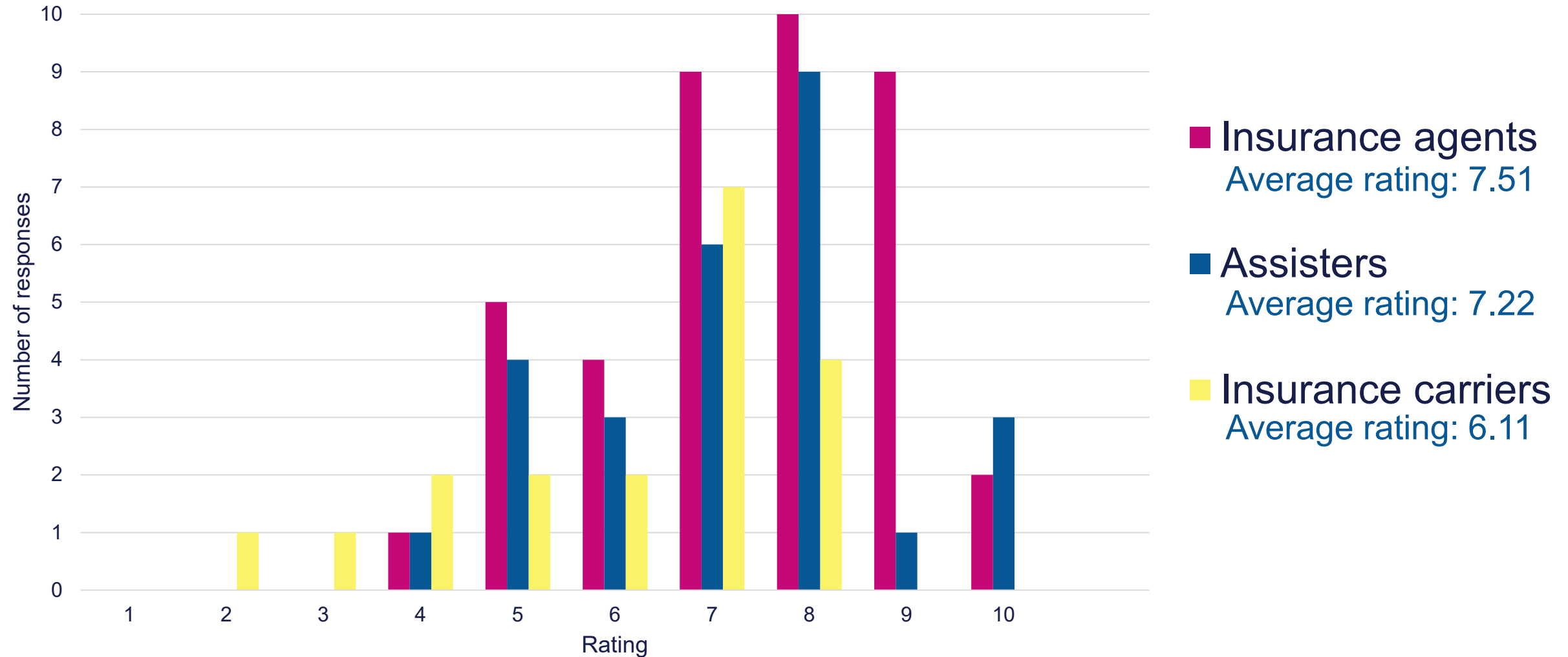
Please tell us more about your experience using HealthCare.gov.

HealthCare.gov experience feedback

Insurance agents

- Enjoys using Enhanced Direct Enrollment (EDE) platforms
- Appreciates flow of questions improvements
- **HealthCare.gov call center is "hit or miss"**
- **Agent of Record doesn't carry over from one year to the next**
- Agent of Record doesn't include verbal authorization for assistance
- Lacks opportunity to select cancellation date
- **Verification system is cumbersome**
- Inability to jump through application is frustrating and time consuming when submitting changes/updates
- Inability to make payments is cumbersome

Assisters

- **User-friendly**
- Issues when needing to verify information across systems (ex: OHP end date)
- Security questions are vague and hard to remember
- Difficult to find specific information on HealthCare.gov
- **Application questions are confusing to the public**
- **Notices are not always sent timely**
- System does not save information as it is entered, must submit application to save

Insurance carriers

- **Resolving escalated issues is cumbersome and takes a lot of time**
- EDE systems currently being used by insurance agents and carriers is helpful
- CMS makes things far more complicated for dental than necessary
- Multiple windows to click through to get to the one you need
- Issues with sending files with error messages that did not have information
- Help desk does not respond in a timely manner
- Uploading files is fairly easy
- **HealthCare.gov support is inconsistent**
- Lack of communication when issues arise
- Cost-sharing is not described consistently
- **Having the ability to check records against HealthCare.gov in the portal has been invaluable**

What improvements would you like to see in the new state-based marketplace?

Desired improvements

Insurance agents

- **Agent dashboard crucial**
- Have an option to select the cancellation date
- Make sure the system isn't stagnant
- **Ensure subsidy eligibility calculates properly depending on when the coverage will start**
- Stabilization of agent on record for passive renewals
- Ability to see payment status
- Integration with EDE platforms
- Include member ID information on the account
- Ability to update one part of the application without having to go through the entire application
- **Oregon-based call center**
- **Better communications when relevant (and not when action already taken)**
- Connection to OHP system for verification and status updates
- Transfer data from HealthCare.gov
- Ability for agents to create a ticket on an account and monitor status
- Ability to see status of document processing

Assisters

- Better options for security questions that people will remember (less vague)
- Two-way communication between Marketplace and ONE system to transfer information, check status, and validate end dates
- Use something other than Experian for identity proofing
- **Faster document verification**
- Recorded trainings to look back on when questions arise
- Clear concise language
- **Do not allow someone eligible for OHP to purchase Marketplace coverage**
- **Stop reminders if referred to OHP**
- More details on drug tiers in plan details
- Better customer service (assister line)
- Updated, nonrepetitive disclosures at the end of the application
- Easier management of dental benefits
- Ability to update a specific part of the application without going through the entire application

Insurance carriers

- Warning or error messages that specify what is wrong with a file when being submitted
- **Timely assistance with issue resolution**
- System that displays plan designs being offered by the carriers
- Consistent report formats
- Application programing interfaces testing
- **Routing to the correct application system at the beginning of the process, for example people who may qualify for OHP are routed to the ONE system**
- Integrate costs and subsidies in a more upfront manner
- **Local tech support where carriers are treated as partners**
- Customization for a local market
- Prescription details including what tier they are on with the plan
- Improved communication between carriers and Marketplace
- Enrollment data by carrier by county on a quarterly basis
- Better decision tree to help consumers narrow plan options

Next steps

Compare feedback to minimum viable product standards

Add feasible requirements to Request for Proposal

Create baseline list of requirements for future enhancements

Stay up-to-date

- Questions?
  - Email us at marketplace.sbmproject@odhsoha.Oregon.gov
- Sign up for email updates
  - https://orhim.info/SBMupdates
- Keep an eye on our project website
  - https://orhim.info/SBMtransition

Future Listening Sessions

- Quarterly (Jan., April, July, Oct.) through Jan. 2027
- Last week of the month

Assisters	**Agents/Brokers**	**Carriers**
Last Weds. of the month	Last Thurs. of the month	Last Thurs. of the month
2-3:30 p.m.	2-3:30 p.m.	3:30-4:30 p.m.
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