



OREGON  
**HEALTH**  
AUTHORITY

# State-based Marketplace Phase II POP #424

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# Overview

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- What is the Oregon Health Insurance Marketplace?
- Project Purpose: Improve Access to Private Insurance
- Project Oversight
- Phase 1: Planning
- Phase 2: Implementation
- Policy Option Package (POP) #424

# What is the Marketplace?

Helps people enroll in private health insurance, typically with financial help

“Makes [health coverage] available to those who otherwise could not get it.”

Member of urban focus group

“Subsidized [private health insurance].”

Member of rural focus group

“Excellent coverage for the price.”

Member of mixed (rural/urban) focus group



“Yeah, we pay a little bit more for it on the Marketplace, but it’s \$0 copay. All of my prescriptions are covered. All of my doctor visits are covered. My surgery was over \$100,000, and it was covered, so yeah. We’re paying, it’s \$200 a month for us, and we’ll have to pay the \$300 subsidy back at the end of the year, but in the long run, it’s definitely worth it.”

Member of rural focus group

Comments from Oregon Health Insurance Marketplace focus groups which took place in July 2022.

# Current Experience with HealthCare.gov



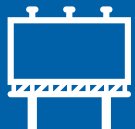
HealthCare.gov is a “one size fits all” solution that does not take in meaningful community input into process and policy changes. What works for Oregon must work for Alabama and vice versa.



The federal platform is inflexible, and the federal government generally won't customize it for specific state circumstances.



Customers experience long hold time and long call times. Oregon does not have the ability to help set quality control parameters or performance metrics.



No control of the messaging coming from the federally facilitated marketplace complicates outreach efforts at the local level, resulting in confusion for customers.



Ability to understand enrollment disparities is very hard to do as access to individual-level data is provided only once a year.

# Senate Bill 972 (2023)

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- Requires OHA to transition the Marketplace from a state-based marketplace using the federal platform (SBM-FP) to a state-based marketplace (SBM) in time for open enrollment for plan year 2027.
- Will allow Oregon to access real-time data and to design focused and flexible enrollment strategies to ensure everyone has access to high-quality, affordable health care.
- Lays the foundation for the state to be able to operationalize a variety of health policy and program innovations.
- For implementation, the agency requests via POP #424 a \$23.5 million limitation to be funded by Marketplace assessments.



**Technology platform**



**Call center**



**Go live: Nov. 1, 2026**

# Project Purpose: Improve Access to Private Insurance

## The transition to a state-based marketplace (SBM):

- Expands opportunities for state-based programs
- Allows access to REALD/SOGI data in real time
- Improves coordination between Marketplace and Oregon Eligibility system
- Gains local control and flexibility over systems and customer service experience

## Measuring Progress



Launch the SBM on time and within budget.



Retain the overall coverage percentage of Marketplace-eligible Oregonians.



Improve the overall Marketplace website experience, consumer assistance center, and local assistance from Marketplace community partners and agents.



Establish operational capacity to support special enrollment periods to accommodate Oregon-specific circumstances.



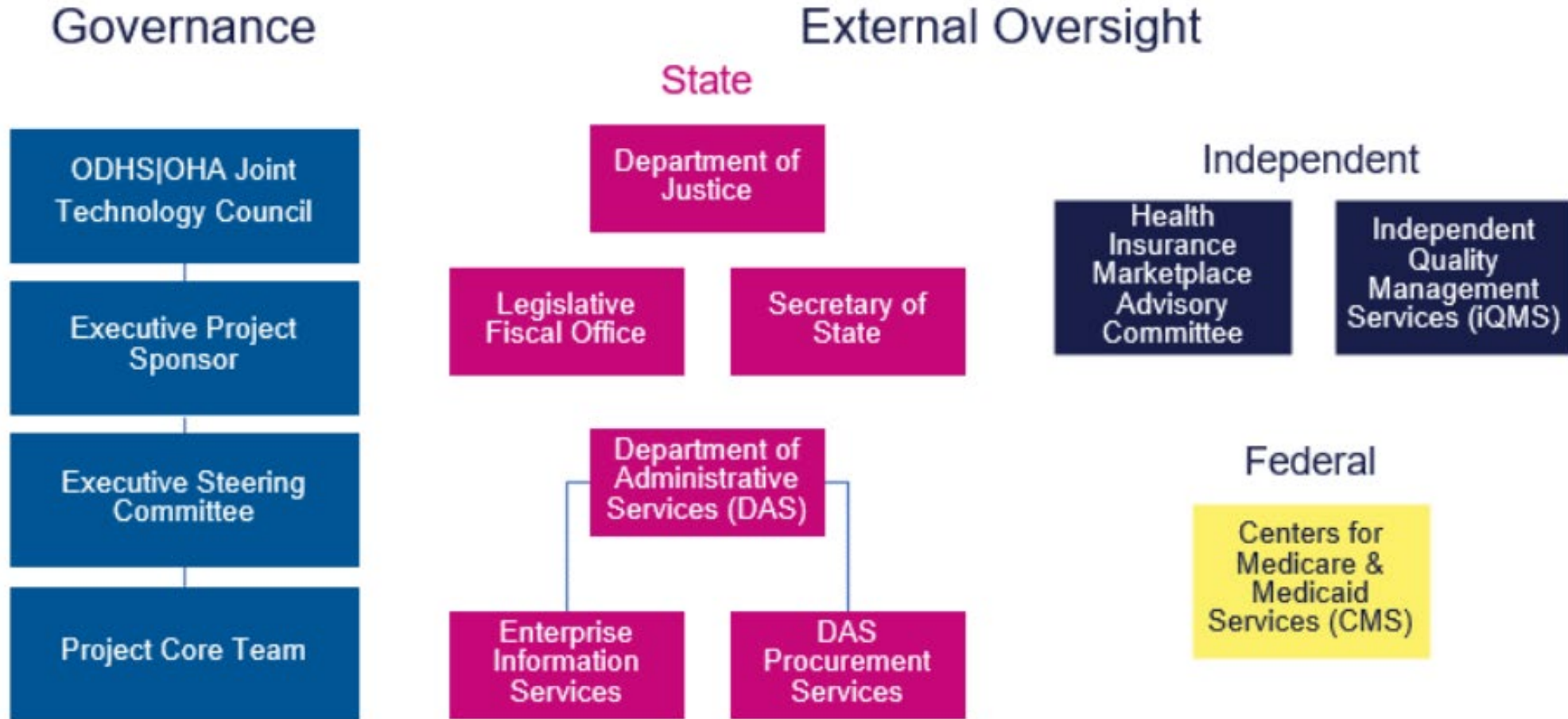
Improve effectiveness and efficiency of enrollment, outreach, and messaging tactics.

# Enhanced Services with SBM Transition

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- Improved shopping and customer service experience
- Local enrollment support and complex case resolution
- Tailored public outreach and education programs
- Local training and certification for community partners and insurance agents
- Data accessibility to inform policy development
- Customized special enrollment periods
- Coordination with Oregon-based programs
- Flexibility to apply Oregonians' feedback in the long-term

# Project Oversight Structure

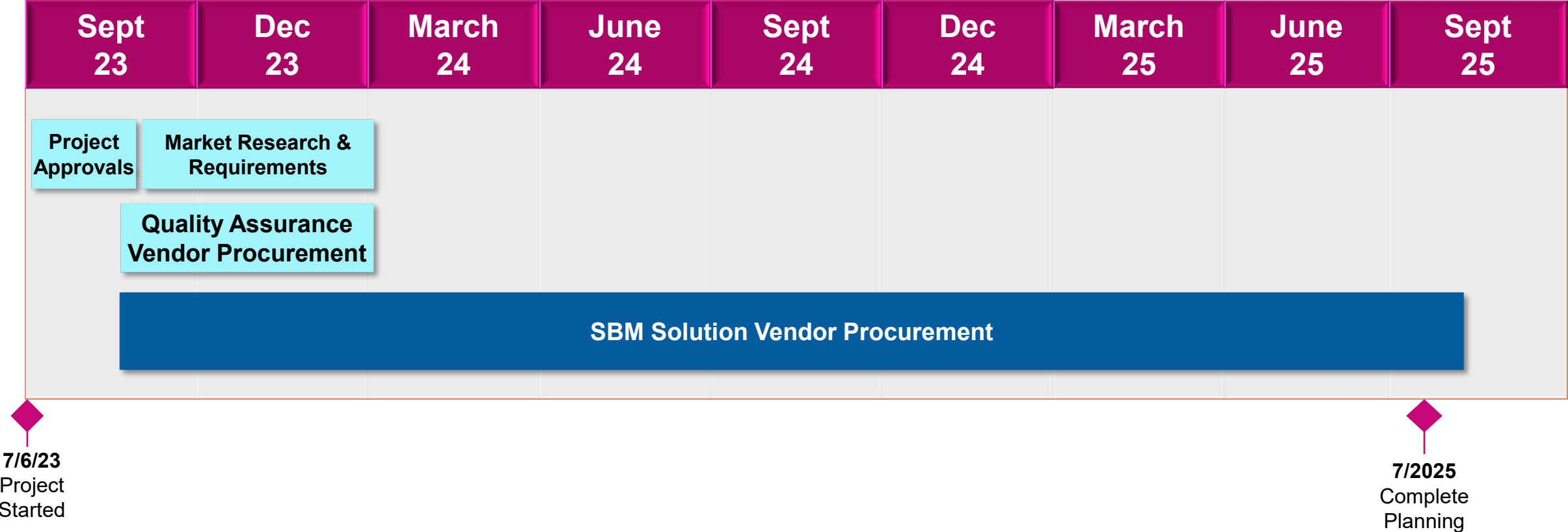




# Phase 1: Planning

Status: On Track

Total Project Duration: 3 Years & 9 Months



Key: Done In Progress Not Started

# Phase I: Funding

- Senate Bill 972 (2023) requires OHA to transition to a state-based marketplace and funded the initial planning, partner engagement, and procurement.
- Funds were used for research and planning purposes through the request for proposals (RFP) stage, drafting of the required federal blueprint to transition from an SBM-FP to a full SBM, and vendor selection under Phase 1.
- Staff were tasked with specialized expertise in expertise in technology project management, technology/architecture, planning, and research, to name a few.
- An Independent Quality Management Services (IQMS) vendor was onboarded to perform Quality Assurance (QA) services for the project.

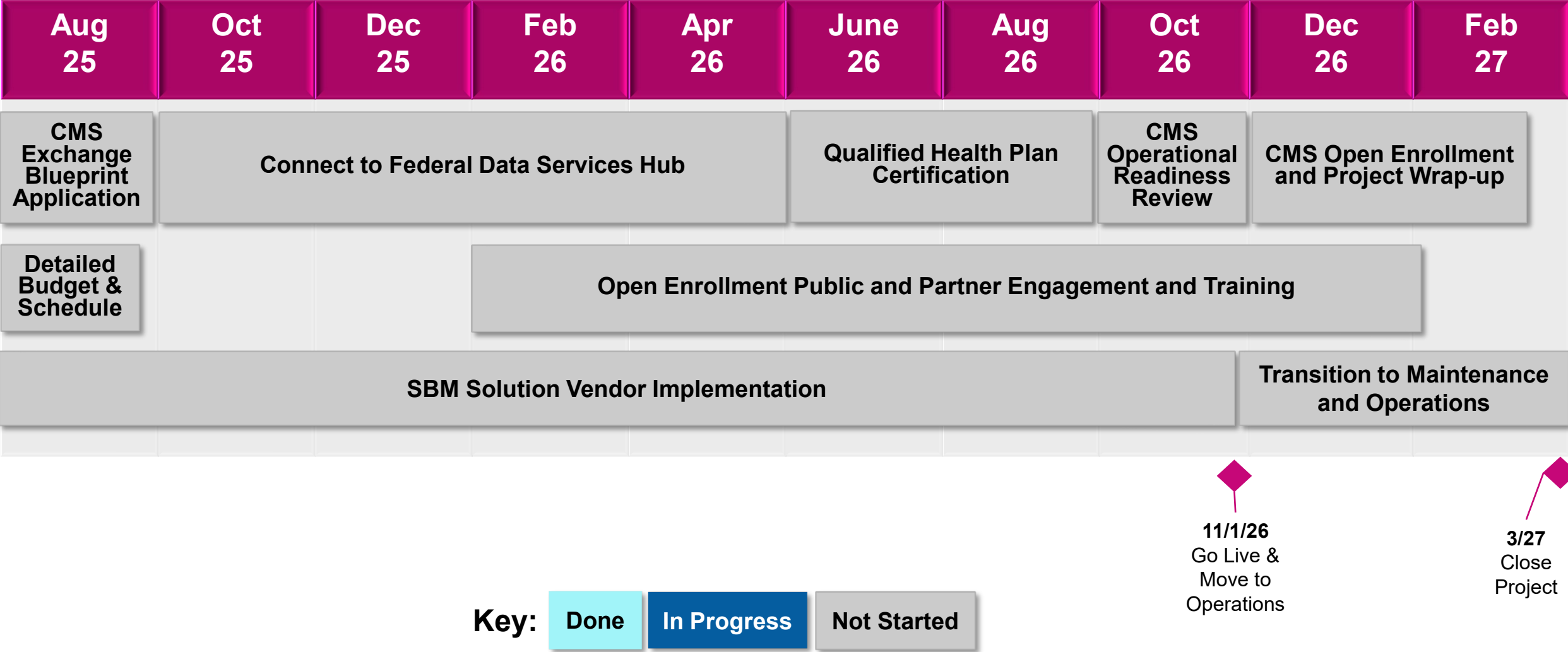
	Other Funds	Total Funds	Positions	FTE
SB 972 (2023)	\$2,059,864	\$2,059,864	4	3.25

# Phase 1: Accomplishments to Date

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- ✓ Submitted business case to EIS and LFO
- ✓ Received project approvals and Stage Gate 1 Endorsement
- ✓ Completed market research
- ✓ Launched partner engagement sessions with community partners, insurance agents, and insurance carriers
- ✓ Received Stage Gate 2 Endorsement
- ✓ Onboarded Bluecrane, Inc. as its independent Quality Management Services partner
- ✓ Completed business requirements
- ✓ Submitted letter of intent for SBM to CMS
- ✓ Posted a Requests for Proposals for SBM platform and consumer assistance center solution providers
- ✓ Released a Notice of Intent to Award to Vimo, Inc. (dba GetInsured)

# Phase 2: Implementation



# POP #424 – State-based Eligibility and Enrollment Platform Phase II

## Need:

- Senate Bill 972 (2023) required OHA to transition to a state-based marketplace, but only funded initial planning, partner engagement, and procurement. Additional funding limitation is needed to fully implement the technology solution and consumer assistance center, continue partner engagement, and move to operations and maintenance.

## Proposal and desired outcomes:

Other Fund limitation for the design, development, and implementation phase which includes:

- Procurement of a technology and consumer assistance vendor
- Independent quality management services
- Staff and other expenses for expanded operations (ex. Community outreach and education, training, and IT security and privacy)
- Transition to maintenance and operations

Other Funds (Marketplace Assessment)	Positions	FTE
\$23,590,131	15	10.75

# Requested Additional Full-time Positions

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**Office of Information Services** positions will support technology project management, IT vendor management, solutions planning, systems security, user acceptance testing management and interface systems

- Three (3) Information Systems Specialist 8 staff
- One (1) Information Technology Manager 2
- Two (2) Information Systems Specialist 8 staff

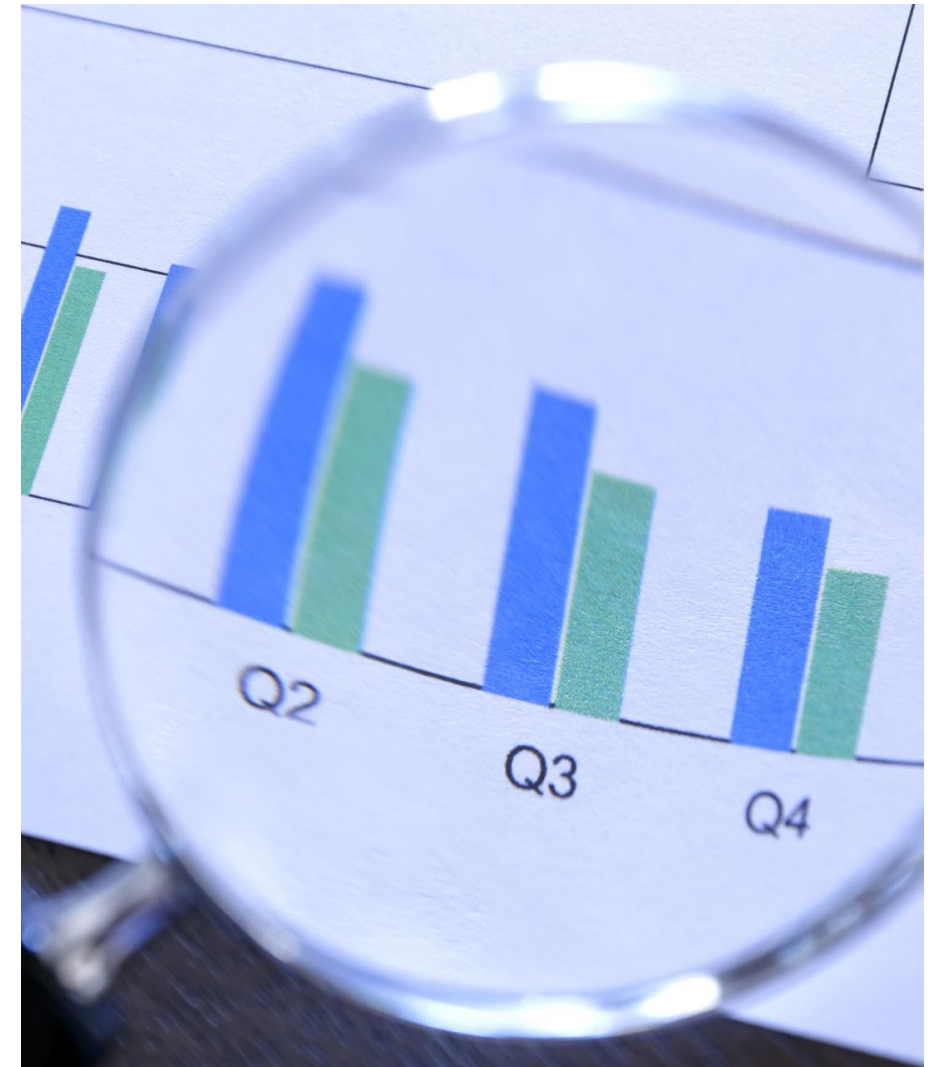
**Oregon Health Insurance Marketplace** staff will be responsible for partner training, appeals and complex case resolution, data management, customer communications, plan management and compliance, and operations project management.

- One (1) Business Operations Manager 2
- Two (2) Program Analyst 2 staff
- One (1) Operations and Policy Analyst 3
- One (1) Learning and Development Specialist 2
- One (1) Public Affairs Specialist 2
- One (1) Program Analyst 3
- One (1) Project Manager 2

**HPA Business Operations** will need one (1) Economist 2 for Marketplace assessment rate setting, collection, and analysis.

# Revenues Assumed: Marketplace Assessment (OF)

- Per ORS 741.105, an administrative charge is assessed to insurance carriers for plans purchased through the Marketplace, capped at 5% of premiums
- Annual assessment rulemaking establishes the rate for the following year, currently a flat amount per member per month
- An increased assessment will be needed in 2027 as carriers will direct their technology fees to the state rather than HealthCare.gov
- Notice of intended action to increase fee will be brought to the Legislature in 2026



# Thank you

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Health Policy & Analytics Division  
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