

Oregon Health Insurance Marketplace Overview

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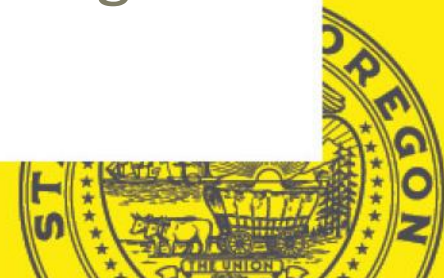


Oregon Marketplace background

- Program transferred from Cover Oregon to Department of Consumer and Business Services on July 1, 2015, per Senate Bill 1
- SB 1 restored full legislative oversight and control of the Marketplace
- Advisory committee will provide guidance and feedback on issues affecting the marketplace
- State-based marketplace using HealthCare.gov for enrollment

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Budget structure

- The Marketplace has **its own separate fund**, not dependent on federal grants or the state general fund
- It is currently funded through a **per member per month fee of \$9.66 for medical plans and 97 cents for dental plans** bought through the Marketplace
- For 2017, the proposed **per member per month fee will be \$6.00 for medical plans and 57 cents for dental plans**

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The Marketplace at DCBS

- **DCBS director responsible/accountable** for the Marketplace, with feedback and input from advisory committee.
- **A smaller, leaner organization** due to economies of scale/cost savings from shared services: 24 current employees vs. more than 100 at Cover Oregon in December 2014.
- Has its own fund, **funded through a per member per month fee** on plans sold through the exchange.
- **Works hand-in-hand with stakeholders**, including agents, insurers, OHA, CMS, IRS, etc.
- **Separate from the Division of Financial Regulation** (formerly Oregon Insurance Division).
- **Integrating the Senior Health Insurance Benefits Assistance program**, which provides support for Oregonians on Medicare, to help provide better service to Oregonians.

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What the Marketplace does

- Oversight and administration
- Finance (budgeting, accounting, procurement)
- Policy/rule making
- Plan management
- Outreach and education
- Navigator program
- Stakeholder engagement
- Small Business Health Options Program (SHOP)
- Call center
- Reporting/auditing

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What HealthCare.gov does

- Individual eligibility and enrollment
- Individual appeals and grievances
- Individual information technology platform
- Call center

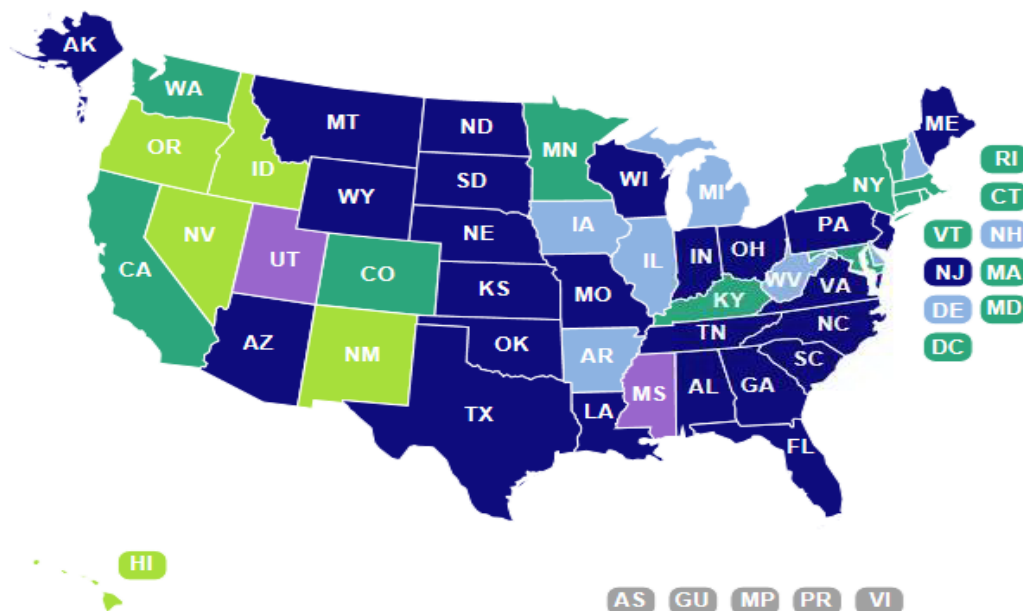
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State-by-state models

	State-Run Exchange		State-Run Exchange using federally-supported website		State-Federal Partnership		Federally-run Individual Marketplace; State-Run SHOP		Federally Facilitated Marketplace (Exchange)
<p>For 2016, Delaware and Pennsylvania, and for 2017, Arkansas, received "conditional approval" from HHS to convert to a state-run exchange, while using the federal Healthcare.gov website. Pennsylvania withdrew its application June 25 and remains federally-facilitated for 2016.</p>									



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Open enrollment update

- Aggressive, targeted outreach campaign to provide information, resources, and assistance to Oregonians.
- 147,109 Oregonians enrolled, which is 35,000 more than peak enrollment for the 2015 plan year.
- Oregon is No. 1 among HealthCare.gov states for highest percentage of enrollment compared to last year.

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Agent storefront program

- Mini grants to 24 insurance agents throughout the state.
- Agents opened storefront enrollment centers to help people enroll in health insurance for 2016 plan year.

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Storefront program results

- More than **16,000 customers served by our 24 storefront agents**, including 11,724 existing customers and 4,655 new customers.
- 752 customers referred to a community partner
- 120 earned media efforts
- 149 marketing/advertising efforts

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What's ahead

- Analyzing data and successes from this year to inform our planning for next year's outreach campaign
- Advisory committee public meetings underway
- Expansion of the agent storefront program
- Expanded Medicare outreach-agent locator

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Questions?

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