



Oregon
Tina Kotek, Governor



Department of Consumer
and Business Services

TO: Individual and Small Group Health Benefit Plan Issuers
FROM: Tashia Sizemore, Life and Health Product Regulation Manager
DATE: April 2, 2025
RE: 2026 Standard Rate Review Questions

Insurers planning to participate in the Individual and Small Group Health Benefit Plan Market are required to provide answers to the following Standard Review questions as part of the annual rate filing. This information is due with rate filing submission, failure to include this information may result in a determination of an incomplete filing.

1. What is the greatest financial loss and gain that the company believes is conceivable in 2025? 2026?
 - a. Please describe the nature, extent, and results of stress testing performed in developing the proposed rates?
 - b. How have these projections changed since last year's filing?
2. What was the average age factor for 2025 premiums? What is the initial average age factor being filed for 2026 premiums?
3. Primary Care spending: As required by OAR 836-053-0473, identify the following information regarding the company's spending on primary care in the Primary Care Spending in Oregon Report (located at <https://www.oregon.gov/oha/HPA/ANALYTICS/PCSpendingDocs/2020-Oregon-Primary-Care-Spending-Report-Legislature.pdf>).
 - a. Percentage of medical spending allocated to primary care.
 - b. If the organizations spend is less than 12%, the rate filing should include a plan to increase primary care spending by 1% per year.
4. Under SB 1529 (2020), consumers are entitled to three \$5 primary care visits annually, before deductible.
 - a. How many consumers used at least one of the \$5 visits in 2024.
 - b. How many consumers used all three visits in 2024?
5. What is the load to silver plan rates attributable to the non-payment of CSRs? How is this is calculated?
6. If enhanced subsidies end what is the expected rate impact?
7. What is your organizations 2024 spend on telehealth? Both the total claims dollar amount and the percent of overall claims spend?

8. Has your organization experienced increased spending on abortion service with recent federal actions, or actions of other states, related to abortion access?
9. How is your organization managing healthcare workforce shortages impacting care availability generally?
 - a. Are providers requesting contract changes due to workforce shortages?
 - b. How has your organization adjusted networks to ensure adequacy?
10. How many members who were enrolled in the -05 (87% CSR) and -06 (95% CSR) silver plans did not re-enroll with your company in 2025?
11. For the following categories of care please provide the trend, total claim dollars spent, and the percentage of overall claims spend for the following service category. Have there been noticeable utilization changes in these categories?
 - a. Mental Healthcare/Substance Use Disorder Services
 - b. Inpatient/hospitalization
 - c. Prescription Drug
 - d. Preventive Services
 - e. Outpatient care, not including emergency care
 - f. Emergency services
12. What is the total dollar amount of prescription drug rebates received in the experience period?
13. What is the percent of overall spend on in-network vs. out-of-network spend?
14. Has your organization experienced an increase in claims costs from ongoing communicable disease events in Oregon or nationally – including whooping cough, avian flu, and measles?
15. In what ways has the company reflected federal uncertainty in the filed rates?