



Oregon Health Insurance Marketplace Advisory Committee Meeting

December 7, 2023
9 a.m. - noon

In-person

Barbara Roberts Human Services Building
500 Summer Street NE, Conference Room 160
Salem, OR 97301

Virtual

[Click here to join the meeting](#)
(You can choose to have the meeting call you)
Phone: 971-277-2343
Access code: 123 544 724#

Everyone is welcome to join [Health Insurance Marketplace Advisory Committee \(HIMAC\) meetings](#).
For accessibility questions or requests, please contact dawn.a.shaw@oha.oregon.gov or call
503-951-3947 at least 3 business days prior to the meeting.

Please note that this public meeting will be recorded and transcribed.

AGENDA

Time	Agenda Item	Facilitators and Presenters	Purpose
9:05 – 9:10 a.m.	Welcome, meeting guidelines, and approval of previous meeting's minutes	Kraig Anderson Committee Chair	Information and voting
9:10 – 9:25 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information and discussion
9:25 – 9:55 a.m.	Basic Health Program updates*	Tim Sweeney Senior Policy Analyst, Health Policy and Analytics, OHA Katie Button Marketplace Policy and Plan Management Analyst	Information and discussion
9:55 – 10:00 a.m.	Public comment	Kraig Anderson Committee Chair	
10:00 – 10:10 a.m.	Break		

*As approved in the [committee workplan](#) on 07/21/2022.

Time	Agenda Item	Facilitators and Presenters	Purpose
10:10 – 10:25 a.m.	2024 Open Enrollment progress report	Cable Hogue Marketplace Implementation Analyst and Federal Liaison	Information
10:25 – 10:45 a.m.	2024 Open Enrollment: Notes from the field	Misty Rayas Marketplace Outreach and Education Manager Amy Coven Marketplace Stakeholder and Communications Analyst	Information and discussion
10:45 – 11:00 a.m.	SBM Project update	Victor Garcia Marketplace Operations Development Specialist Dorocida Martushev Project Manager	Information
11:00 – 11:15 a.m.	Marketplace Transition Project updates*	Nina Remple Marketplace Transition Project Manager	Information and discussion
11:15 – 11:30 a.m.	Proposed 2025 Notice of Benefit and Payment Parameters (NBPP)	Anthony Behrens Marketplace Senior Policy Advisor	Information and discussion
11:30 – 11:35 a.m.	Public comment	Kraig Anderson Committee Chair	
11:35 – 11:45 a.m.	Wrap up and closing	Kraig Anderson Committee Chair	

*As approved in the [committee workplan](#) on 07/21/2022.

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, October 12, 2023 – 9 a.m. to noon

Where: Virtual via Microsoft Teams

In-person at the Barbara Roberts Human Services Building
500 Summer St NE Rm 160, Salem OR 97301

Committee members:

Virtual – Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Lindsey Hopper (vice chair), Ines Kemper, Joanie Moore, Holly Sorensen, Numi Griffith filling in for Andrew Stolfi, Drew Tarab, and Nashoba Temperly

In person – Kraig Anderson (chair), Shannon Lee

Members not present: Danielle Nichols, Om Sukheenai

Other presenters: Stephanie Kennan, Tim Sweeney

Marketplace staff: Katie Button, plan management & policy analyst; Amy Coven, stakeholder & communications analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Nina Remple, marketplace transition project manager; and Dawn Shaw, office support coordinator

Agenda item and time stamp*

Welcome, roll call, assorted business

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the July 20 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the July minutes.

- Approved July 20, 2023, minutes.
- Introduced new OHA ex-officio member, Ali Hassoun.

Federal health policy updates 24:02

Stephanie Kennan from McGuire Woods Consulting called in from Washington, DC to present information about current legislation and cases that involve the Affordable Care Act (ACA).

- Government funding if there is a shutdown.
 - Currently operating under a continuing resolution until November 17.
 - The House doesn't have a speaker.
 - The Four Corners (House and Senate majority and minority staff of appropriations) can't talk to each other because the House doesn't have any direction.
 - Appropriations covers discretionary spending and does not include Medicare, Medicaid, or Social Security.
 - There are 12 appropriation bills that will have to be passed, individually or packaged together.
 - Contingency plans:
 - HHS retains 58% of the staff, 42% would be furloughed.
 - CMS retains slightly less than half of the staff.

- Medicare is funded through the first quarter of 2024. They are not a part of appropriations.
 - CMS would maintain staff necessary to make payments, CHIP program, federal exchange efforts and eligibility verification. Will use carryover user fees.
 - Work would be much slower due to the lower staff levels.
 - Talk of doing another commission, but the Erskine Bowles Commission done by Clinton did not get used.
 - Possible House speakers are Scalise and Jordan.
- Pharmacy benefit management reform legislation.
 - A bill was to go to the floor but was pulled due to concerns over what could happen under the legislation.
 - Not sure when it will be brought back up due to appropriations and Ukraine/Israel issues when they are back in December.
- No Surprise Act
 - Implementation has been bumpy.
 - House Ways and Means felt their part of the bill was dropped.
 - Four court cases have been filed.
 - Providers feel the system is difficult for them to use.
 - CMS had closed the portal but reopened it on Friday. There is a backlog of claims.
- Gladys was worried that the shutdown could affect her clients that have data mismatch issues and only have three months to clear it up. Stephanie responded that the IRS and CMS are aware of the potential for issues to occur and are discussing options. Things should go forward, but it will be slow.

Basic Health Program updates
42:58

- Timothy Sweeney and Katie Button presented updates on the Basic Health Program (BHP).
(See pages 8-12 of the handout packet for a copy of the slide deck.)
- Blueprint was approved by the Oregon Health Policy Board and formally submitted to CMS on Sept. 14. Anticipated formal approval by CMS should be early 2024, with a July 1 launch of the program.
 - Rule drafting is underway and will be shared publicly later in 2023 in advance of the Rules Advisory Committee process early February 2024.
 - Paul hopes we find a way to find a way through the regulatory challenges and find a way to use state dollars most efficiently.
 - Kraig attended the Carrier Table Meeting and it seems to him that the federal dollars are not an option and we would need to explore state funded options.
 - Numi stated that there will likely be a balance between DCBS and OHA on which subsidies are extended and adjusted. Deciding which pot of money that will be affected. Waivers are a lengthy process and would not allow for a 2025 start date. DCBS is committed to make sure that what ever happens the individual market remains healthy.
 - Gladys expressed concern over giving a flat dollar subsidy and if that was going to create more work for brokers and possibly have consumers selecting off Marketplace for cheaper plans.

2024 plan offerings
1:05:20

- Katie Button reviewed the 2024 plan offerings.
(See pages 13-16 of the handout packet for a copy of the slide deck)
- Kraig asked if metrics are tracked on who accesses the tool. Katie replied that, yes metrics are tracked. There are between 30 and 40,000 users during open enrollment and around 100,000 unique users annually.

**Public
comment &
break**
1:13:40

None given.

**2024 open
enrollment
outreach
and
education**
1:24:56

Amy Coven introduced our new marketing firm, Quinn Thomas, our new color scheme, and reviewed the survey, focus groups, and communication strategies for the 2024 open enrollment.

(See pages 17-21 of the handout packet for a copy of the slide deck, pages 29-45 are supplemental information)

- Kraig wondered if the survey/focus group response was broken down to distinguish between age, income level, gender identity. Amy responded that they did account for demographics and is willing to share the data.
- Chiqui asked if any of the members agreed or disagreed with the research findings.
 - Shannon agreed and as a consumer always tries to figure out what her medical needs will be in the coming year and talks to a broker. Was not surprised by the figures.
 - Gladys as a broker agrees and gave an example of a client with in and out of network issues and confusion on how the bill would get paid and how much everything will cost.
 - Holly as a community partner agrees and thinks that with the plans displaying data in different ways it causes confusion. She is happy that she can refer to an agent to provide help to those with complex needs.
 - Nashoba, also a community partner, echoes the sentiments others have shared. There are several levels of confusion and horror stories. With people engaged in frontline work have to dismantle the fear and confusion.
 - Ali, with a PEBB/OEBB perspective has always tried to make things as personal as possible and it helps when people feel overwhelmed.
 - Ines, as a consumer and cancer patient, feels that confusion comes from not being able to compare apples to apples and having too many plan options that are way to different. If the plans were more uniform it would be helpful.
 - Numi in DFR feels like they do have plans that are uniform, but there may be an issue on identifying which ones are similar. There is always a balance between the carriers and overwhelming choice.
 - Kraig had a question about the 4% and how that number was determined. Amy responded that it is currently our uninsured rate but does not take into account the Medicaid renewals and people coming off of OHP.
 - With our integration with OHA, we are able to work closely with the OHP team to make sure our information is helping people find the coverage that fits them best.
 - Numi asked about the lack of outreach mid December and in January. Amy explained that most people take action before December 15 and with holiday advertising it gets too expensive to advertise.

SBM project
2:17:23

Chiqui Flowers and Victor Garcia went over SBM transition project updates. (See pages 21-24 of the handout packet for a copy of the slides.)

- Paul wondered if there are any parts of the timeline is a concern going forward. Victor responded that the first part of the timeline is less familiar. There is a great team assisting with the vendor selection process, which will be the foundation of the project.
-

Marketplace transition project
2:39:48

Nina Remple, the marketplace transition project manager, provided updates on how the transition is going.
(See pages 24-27 of the handout packet for a copy of the slides.)

- Numi clarified that the 40,000 number doesn't mean they are uninsured. Some may have moved out of state or become eligible for Medicare. Nina confirmed that those individuals were being removed from the list prior to sending out the letters.

Public comment, committee business, wrap up & closing
2:50:23

Reviewed and approved the 2024 HIMAC work plan, charter, and bylaws. Updates to the charter and bylaws was required due to SB 966.
(See page 46 in the handout packet for a copy of the proposed 2024 work plan, pages 47-50 for the charter, and 51-57 for the bylaws)

Open enrollment is in 19 days, November 1 to January 15. On our 9th open enrollment on HealthCare.gov.

Next meeting will be Thursday, December 7, 2023, 9 a.m. to noon. Unless notified otherwise the meeting will be a hybrid of virtual and in-person.

*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2023 Meetings, October 12.

Health Insurance Marketplace Advisory Committee Meeting

December 7, 2023



Kraig Anderson
Committee Chair




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Welcome



Kraig Anderson
Committee Chair

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Meeting protocols and requests

- The Marketplace and the HIMAC is committed to safe and inclusive meetings for all attendees.
- We have differences in opinions and different experiences. There are no bad questions or silly ideas. We will seek the perspectives of all by inviting each person to speak.
- If you are subject of unacceptable behavior or have witnessed any such behavior during this meeting, please connect with:
 - Chiqui Flowers, Marketplace Director
chiqui.flowers@oha.oregon.gov
503-884-6017

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Meeting protocols and requests

- Please be on camera, as much and as often as you are comfortable, and mute your speaker.
- If you have a question or would like to comment, please raise your virtual hand or put it in the chat.
- This virtual meeting has the closed captioning feature available by clicking on "More" and selecting "Turn on live captions".
- For transcribing and accessibility purposes, please make sure to state your name before posing your question or comment during a presentation.

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Federal health policy updates

Stephanie Kennan
McGuireWoods Consulting



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Basic Health Program (BHP)

Tim Sweeney
Senior Policy Analyst, OHA/HPA

Katie Button
Plan Management and Policy Analyst



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Basic Health Program updates

- Blueprint approval process underway:
 - Blueprint submitted in September 2023
 - Ongoing work to address CMS questions and refine blueprint moving toward federal approval in Spring 2024
- Communications and branding:
 - Program name finalized: OHP Bridge
 - Currently developing communications strategy connected to July 2024 implementation, including strategy to communicate with people in Marketplace plans

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More Basic Health Program updates

- Rulemaking and contracting
 - Draft BHP rules publicized in January 2024
 - Rules Advisory Committee Feb 6-7, 2024
 - Draft contracts to CCOs in March 2024; final contracts in May 2024
- Program launch July 2024
 - Members transitioned from OHP first
 - People move from the Marketplace only when they take action to update their application or go through open enrollment

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Mitigation updates

- Carrier table #7 – October 9, 2023
- Follow up meeting with actuaries – November 3, 2023
 - Discussed previously proposed mitigation options
 - Solicited new ideas

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Mitigation updates

2025

- 2025 rates will be filed before the BHP is active, so no information about Marketplace enrollees moving to the BHP will be available
- The Division of Financial Regulation (DFR) is planning to direct carriers to file rates with a uniform silver load across all Marketplace silver plans with a conservative assumption about BHP uptake in 2025
- This should result in modest premium changes that maintain market stability

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Mitigation Updates

2026 and beyond

- Work is continuing to assess feasibility of proposed options
- Visible subsidy
 - Carriers reduce billed premiums and consumers see different amounts between HealthCare.gov and carrier bills
- Invisible subsidy
 - Carriers reduce filed rates and consumers see the same amounts on HealthCare.gov and carrier bills

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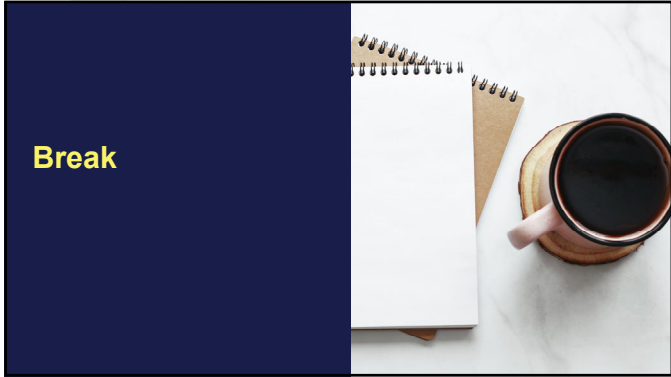
Questions?



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How is open enrollment going?

Enrollment Data

- Total plan selections through 12/2/2023: 48,152
 - This year's total is comparable to last year's when there were 49,154 through 12/3/2022.
- Plan selections amongst "New Consumers" are slightly ahead of last year's pace (~5,700) at the same point in time. As are total consumers determined eligible for a Marketplace Plan.
- Plan selections amongst the different metal tiers are at similar levels to last year's where Bronze is the favorite, followed by Silver, Gold, and Catastrophic.

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How is open enrollment going?

Enrollment Data

- Demographics of current plan selections compared to last year:
 - The share of Female and Male plan selections are nearly identical to last year's (54.5% / 45.5%).
 - Most race and ethnicity data is similar to last year, with the exception of slight increases in the share of people reporting "unknown."
 - Plan selections by FPL have seen increases in individuals reporting income between 100-150% and 151-200% FPL, with a decrease in those reporting 251-400% FPL.

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Questions?




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2024 Open Enrollment: Notes from the field

Misty Rayas
Outreach and Education Manager

Amy Coven
Stakeholder and Communications Analyst



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How is open enrollment going?

Feedback from the field

- The Marketplace application process has been going very smoothly.
- The demand for application assistance has steadily been picking up.
- Families who are losing a dependent (i.e. turning 27) are seeing sharp increases in premiums due to loss of financial help.

Questions to the Oregon Marketplace Call Center

- What is the difference between OHP and the Marketplace?
- What might I be eligible for now?
- How can I get help? Is the help local?

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How is open enrollment going?

Known issue

- HealthCare.gov website plan finder filtering is confusing.
 - If more than one provider or facility input, it displays plans with **either** provider in network **instead of all** providers in network.
- **Concern:** enrollees may not realize that not all of their preferred providers or facilities are in network.
- **Status:** Issue has been relayed to CMS with a request to fix. They have indicated that they plan to update for next plan year.


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How is open enrollment going?

What feedback have you heard?

Have you experienced any other issues?



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State-Based Marketplace Project

Dorocida Martushev
Project Manager

Victor Garcia
Operations Development Specialist



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State-Based Marketplace (SBM) topics

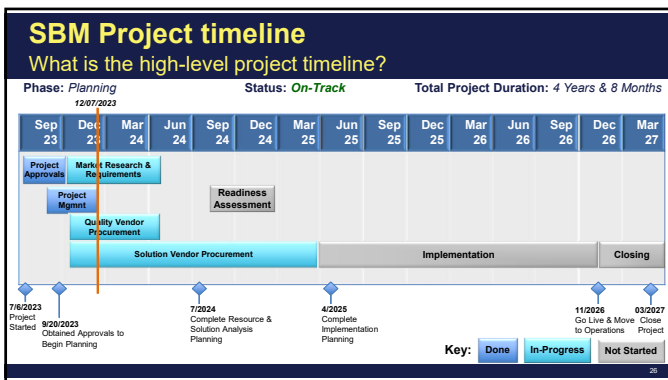
- Project accomplishments
- Project timeline and progress updates
- Established Project communications

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SBM Project communications

What communication methods are established?

- SBM Transition Project website: orhim.info/SBMtransition
- Sign up for the SBM Project newsletter!

Questions?
Please email us at marketplace_sbmproject@odtwa.oregon.gov

Sign up for SBM Transition Project updates
To sign up for SBM Transition Project updates or change how you get these updates, please answer the following question:

*What is your email address?

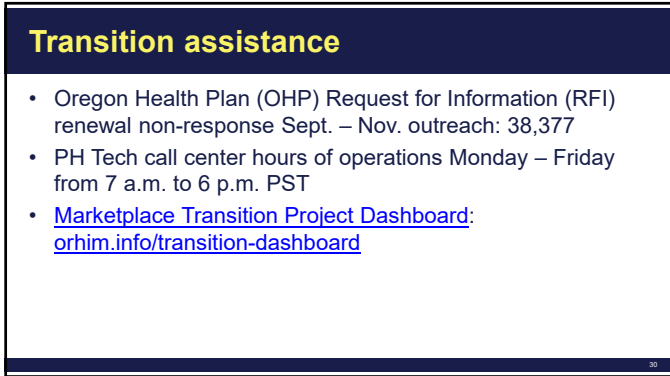
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Transition help

- Members who did not respond to the RFI become "procedural closures" and are not referred to HC.gov.
- Continuing outreach calls, SMS text messaging and email to these OHP members.
- Marketplace began outreach to members in Sept. Three attempts to reach the member have resulted in over 147,000 calls.
- OHP members received erroneous system-generated notices in July. Marketplace received 600 additional members mid-October for processing.

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The project so far

Number of people referred to the Marketplace 69,431		Marketplace Transition letters sent by language	
Number of people potentially Marketplace-eligible 61,190		Arabic	31
Number of Marketplace transition letters sent 53,079		Chukese	8
		English	47,881
		Hmong	0
		Korean	17
		Marshallese	1
		Russian	394
		Simplified Chinese	141
		Somali	87
		Spanish	4,219
		Tagalog	4
		Traditional Chinese	54
		Ukrainian	61
		Vietnamese	181

Text message outreach data	Email outreach data
16,495 Number of text messages sent	21,414 Number of emails sent
	82% Percent of emails delivered
	48% Average email open rate

Data as of Wednesday Nov. 29, 2023

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Call center activity

Text Messages sent: 16,495

Emails sent: 21,414

Outreach calls: 147,196

Data as of Wednesday Nov. 29, 2023

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Impacts of OHP processing issues

- CMS identified OHP was incorrectly assessed passive renewals at the individual level, affecting everyone on the case. 1,700 individuals have been reinstated and will be pushed to March/April 2024 for renewal.
- Deloitte is beginning analysis on a change request (CR) to correctly assess individuals on these ex parte cases.
- The CR for the ex parte case will include changes for redesigned notices for clarity for OSIPM cases.

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Impacts of OHP Medicaid issues

- The normal unwinding redetermination timeline allows 150 days before benefits are terminated.
- Renewals that start in April 2024, will send RFI notices out in May. If no response after 90 days, a 60-day closure notice is sent the end of July benefits will terminate.
- The August RFI file will include these closures that would initiate MTP outreach activities.
- If there are delays to the CR data fix, it pushes out the MTP work and affects the wind down and phase out of the MTP contracted call center.

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How to help people losing OHP benefits

- Advise of financial assistance programs available through not-for-profit hospitals and affiliated clinics/health systems
 - See list of participating facilities at orhim.info/ORHospitals
- Educate about their options through the Marketplace
 - Window Shopping tool:
 - English: OregonHealthCare.gov/WindowShop
 - Spanish: orhim.info/ObtengaCobertura

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How to help people losing OHP benefits

- Offer a referral to a Marketplace expert who can help with application/enrollment
 - English: OregonHealthCare.gov/GetHelp
 - Spanish: orhim.info/encuentrayuda


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Questions?



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Proposed 2025 Notice of Benefit and Payment Parameters (NBPP)



Anthony Behrens
Senior Policy Advisor

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What is the Notice of Benefit and Payment Parameters (NBPP)?

- The NBPP is a set of proposed changes to federal rules that primarily impact state and federal marketplaces.
- The NBPP proposed changes typically go into effect during the following plan year.
- Sometimes the NBPP will discuss policy changes that the Center for Medicaid and Medicare Services (CMS) is contemplating but not proposing, and it will request comment.

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Oregon's response to NBPP

- The Marketplace and Division of Financial Regulation have coordinated comments since the first NBPP.



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The 2025 NBPP

Proposals of interest

- Standardization of State and Federal Marketplaces
- Network Adequacy
- Essential Health Benefits
- Standard Plans and Limits on Number of Plans Offered
- SBM-FP User Fee and Federal Risk Adjustment User Fee

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Standardization of State & Federal Marketplaces

- **Catastrophic Plans:** Requires State-based marketplaces (SBMs) to reenroll individuals no longer eligible for a catastrophic plan or enrolled in a discontinued catastrophic plan into a bronze plan.
- **Call Center Standards:**
 - Requires guaranteed access to a live call center representative during published hours of operation; and
 - Call center representatives must be able to assist consumers with Marketplace applications, including with information about eligibility for financial assistance, plan options, and enrollment applications.

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Standardization of State & Federal Marketplaces

- **Web-broker Standards:** Requires application of federally-facilitated marketplace (FFM) web-broker displays of plan information, disclaimer language, information about financial assistance, operational readiness, standards of conduct, and the behavior of downstream agents and brokers to those operating in SBM states.
- **Open Enrollment:** Requires SBMs to begin open enrollment on November 1 and end it no sooner than January 15.

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Standardization of State & Federal Marketplaces

- **Special Enrollment Periods:** Requires SBMs to make coverage effective the first of the following month after plan selection.
- **Periodic Data Matching (PDM)** ¶Requires SBMs to check for death twice per year in line with other FFM PDM requirements.
- **Failure to Reconcile (FTR)** ¶Requires SBMs to check FTR status at least once/year and to send advance notice of an FTR finding to the consumer.
- **Network Adequacy**

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Network Adequacy

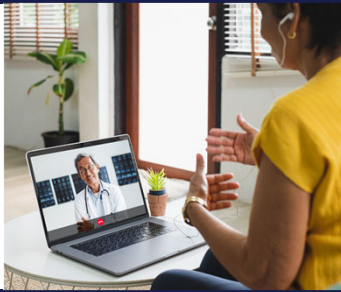
- For the 2025 plan year and beyond, the NBPP proposes quantitative time and distance standards that are at least as stringent as those that apply to FFM carriers.
- Carriers unable to meet the requirements are allowed to justify to the Marketplace the failure to meet the standards. The Marketplace can grant an exception to the standards and certify the plan if the justification is reasonable based on circumstances such as the local availability of providers and patterns of care.

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Network Adequacy

- The proposal requires Marketplaces to collect information from carriers about whether their providers offer telehealth services.



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Essential Health Benefits

- Allows states to add routine adult dental services as an essential health benefit (EHB) by updating their EHB-benchmark plans.
- Makes changes to the process for updating the EHB benchmark plan to make it easier for a state to change its benchmark.
 - Typicality standard
 - Generosity standard
 - Formulary submission

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Essential Health Benefits

- Mandates that drugs covered in excess of EHB be considered EHB and count toward the annual limits on cost sharing.



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Standard Plans & Limits on Number of Plans

- Standard Plans
 - Makes minor changes to the standard plans that federal platform states (not Oregon though) must offer to ensure they stay within the de minimis range.
 - Requests comments on whether SBMs should be required to offer a version of the federal standard plans.
- Limits on Number of Non-Standard Plans
 - For 2025, carriers may offer only two plans per network type, metal level, and dental/vision variant. The proposal allows carriers to offer additional plans if they "substantially benefit" consumers with chronic and high-cost conditions.

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SBM-FP User Fee & Federal Risk Adjustment User Fee

- SBM User Fee: Remains the same at 1.8% of premium.
- Federal Risk Adjustment Fee: Drops \$.01 to \$.20 per member per month.



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Comments

- To view the NBPP and submit comments, go to: <https://www.federalregister.gov/documents/2023/11/24/2023-25576/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2025>.
- Comments are due by January 2, 2024.

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Questions?



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Public comment



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