

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, April 18, 2024 – 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:

In-person – Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (vice chair), Andrew Stolfi, Nashoba Temperly

Virtual – Gladys Boutwell, Ali Hassoun, Shannon Lee

Members not present: Maya Chan, Joanie Moore, Danielle Nichols, Om Sukheenai

Other presenters: Dr. Sejal Hathi, Stephanie Kennan, Dorocida Martushev, Tim Sweeney

Marketplace staff: Amy Coven, communications and public engagement analyst; Katie Button, plan management and policy analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; Misty Rayas, outreach and education manager; Nina Remple, Marketplace transition program manager; Dawn Shaw, office support coordinator

Agenda item and time stamp ¹	Discussion
Welcome, roll call, guidelines, approval of minutes	<p>Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the February 23 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-4 for the February minutes, and page 8 for meeting protocols).</p> <ul style="list-style-type: none">• Approved February 23, 2024, minutes.<ul style="list-style-type: none">○ One edit made to page 4 of the minutes to add Ron Gallinat as in favor of the administrative rule.
Federal health policy updates	<p>Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C. to present information about current legislation and cases that involve the Affordable Care Act (ACA).</p> <ul style="list-style-type: none">• The House is going to be spending a lot of time on foreign aid and FISA (Foreign Intelligence Surveillance Act) reauthorization which may push health care to the lame duck session.<ul style="list-style-type: none">○ Health care includes PBM (prescription benefit management) reform, Medicare, physician payments, and extending telehealth. What is missing is transparency.• The House Appropriations Committee has had a chairperson change from Kay Granger of Texas to Tom Cole from Oklahoma. Tom is looking to talk to both parties about avoiding drama over controversial earmarks.• Change Health had a cyberattack. CMS (Centers for Medicare and Medicaid Services) is looking at different ways to deal with the issue. The House Energy and Commerce Committee is looking for ways to improve response time. An option is to adjust HIPPA

¹These minutes include timestamps from the meeting recording in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2024 Meetings, April 24.
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(Health Insurance Portability and Accountability Act) to see if there are legal contract partnerships that can be put into place.

- No Surprises Act
 - An attempt to stop surprise billings through regulation.
 - A lot of providers are finding the system to be time consuming and difficult.
 - The Brookings Institute reported that private-equity-backed groups initiate and win most disputes. The payments tend to be higher than what Medicare would have paid.
 - CMS estimated about 17,000 claims to arbitrate and from April 22 to June 2023, there were 490,000 disputes.
 - Concern that it may be costing consumers more money.
- Medicaid unwinding
 - Kaiser Family Foundation's nationwide survey found that 83% of people who were enrolled in Medicaid prior to the unwinding either retained coverage or reenrolled into Medicaid. 8% of people are in other coverage, leaving 8% uncovered.
- Lawsuits related to ACA plans
 - Reports have been made a week or two ago about people being switched out of ACA plans to non-ACA plans that were not appropriate for them.
 - Senator Wyden's office reached out to Chiqui to see if Oregon is affected. So far there does not appear to be an issue in Oregon.
 - States that go through HealthCare.gov and have no state interaction require less information about the agents.
 - A lawsuit in Florida alleged that two call centers paid to buy names. Sales agents would use the information to mislead people saying they could get free government subsidies or other rewards.
 - New Mexico is another state that is affected.
 - Advocates are unhappy with CMS response.
 - Eli Lilly backed out of a settlement they were working on that would have capped insulin prices at \$35. Not sure what happened.
- The Congressional Review Act will be kicking in either mid-May or around Memorial Day.

Welcome, Dr. Sejal Hathi
12:11

- Dr. Sejal Hathi is the new OHA Director.
- Dr. Hathi was thrilled to join our meeting to glimpse at the work the committee does to serve fellow Oregonians.
 - Supportive of the state-based marketplace. It aligns with our mission to improve health care access and the Oregon Health Authority's (OHA) goal to eliminate health inequities by 2030.
 - Is aware that the OHP Bridge program may have some consequences of higher premiums to those not on the program. Dr. Hathi is being updated with the work the Marketplace is doing along with a partnership with DCBS (Department of Consumer and Business Services).
 - Gladys is an insurance broker and sees the impact to the middle class and would like to make sure the impact overall, not just the individuals.
 - If there are any feedback or thoughts, reach out to Chiqui or Dr. Hathi.

OHP Bridge updates
18:07

- Timothy Sweeney and Katie Button presented updates on the OHP Bridge program. (See pages 11-14 of the handout packet for a copy of the slide deck.)
- Stacy wondered about training materials and how they will be accessed once available. Amy informed that they will be doing on-demand assistor training and wasn't sure about sharing more broadly with other entities and would bring this up to the work group.
 - Paul questioned the lack of a fiscal impact in the rules. Tim's understanding is that the overall fiscal impact considered the negative and positive aspects.
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	<ul style="list-style-type: none"> Ron asked if this would be subject to a continuous open enrollment. Tim responded that there will be the continuous open enrollment period and will follow the traditional Marketplace 15th of the month cut-off. CMS just finalized a rule that will give states additional flexibility in enrollment date policies. Ron was curious if employer affordability will affect eligibility determination. Tim added that it will be following the Marketplace rules about tax credits.
2024 Open Enrollment debrief – part 1 40:22	<p>Cable Hogue presented the final data for the 2024 open enrollment. (See pages 16-18 of the handout packet for a copy of the slide deck.)</p> <ul style="list-style-type: none"> Paul commented that it looks like Oregon appears to have a lack of growth versus other states. Cable pointed out that it is most likely due to the lack of Medicaid expansion in the other states.
Public comment & break 47:26	None given.
2024 Open Enrollment debrief – part 2 1:01:17	<p>Misty Rayas presented 2024 open enrollment update for outreach, education, and partner programs. Amy Coven presented about open enrollment marketing. (See pages 18-20 of the handout packet for a copy of the slide deck for Misty's slides and pages 20-23 for Amy's slides.)</p> <ul style="list-style-type: none"> Lindsey wondered about targeted outreach for current enrollees and about any communications to the enrollees about the OHP Bridge plan. Amy informed that we do get demographics to target the information. No current plans on advertising about the OHP Bridge plan. Stacy sought clarification about targeting for the OHP Bridge enrollees. Amy responded that we get high level data, but we do not get a list of the people who are in that demographic. Lindsey asked what a qualified user means on the QR code slide. Amy explained that they are people who went to our site and took some action by clicking on other links and not just an accidental click on the ad. Gladys likes the ads she saw on Facebook in English and Spanish. Additionally informed about an issue she experienced with her clients who had issues with correct billing and enrollment. Chiqui thinks that it was due to auto enrollment on HealthCare.gov and will look into this more. There was a question about the overall budget for paid media, which was anywhere from \$1.5 to \$1.8 million, but didn't have an exact amount at the time of the presentation. Paul observed that the clickthrough rate was pretty much identical for both English and Spanish, which is a good sign. Amy replied that with help from community partners, we were able to get materials translated into other languages. Amy is proud of how our ad campaign did considering there was a quick turnaround.
Marketplace transition project update 1:27:18	<p>Nina Remple, the Marketplace Transition Program manager, provided updates on how the transition is going. (See pages 18-26 of the handout packet for a copy of the slides.)</p> <p>No additional questions or comments.</p>
SBM project update 1:34:51	<p>Victor Garcia and Dorocida Martushev went over SBM (state-based marketplace) Project updates. Amy Coven presented about community engagement for the SBM Project. (See pages 27-31 of the handout packet for a copy of the slides.)</p> <ul style="list-style-type: none"> Stacy asked for clarification on the term "small scheduled contingency buffer", six to eight months did not seem to be a small buffer. Victor explained that 15 months is about average and other states recommended that if we do have extra time, that we take it. Lindsey wondered about common risks for an 18-month implementation time frame. Victor has observed that a risk is the electronic interface and how it will hook up to other databases, such as the ONE (Oregon Eligibility) system. Chiqui added that we

have the luxury of learning from other states that went directly from FFM (federally facilitated marketplace) to an SBM.

- Paul inquired if there is a milestone that we could share at the next meeting. Victor replied that the next big milestone is to get the RFP (request for proposals) released. That is one of the biggest tasks we are working on right now. Another would be the onboarding of our IQMS (Independent Quality Management System) vendor. They will be providing input on how the project is going.
- Charlie was curious how the SBM would interact with the current system. Victor clarified that we wouldn't have access to the HealthCare.gov system and we are looking to set up a call center tier system. Tier one would be the general call center operations. Tier two would be escalated issues that likely will go to the state Marketplace staff.

For our next meeting, we will be sending out questions to consider prior to the meeting and will be workshoping the answers.

**Public
comment,
wrap up &
closing**
2:12:56

No public comment was given.

Our next meeting will be July 18. If you are unable to attend in person, we are looking at hybrid options. Topics from this meeting to address in the July meeting:

- Numbers on numbers of likely affected individuals on both sides of the OHP Bridge program going live.
- Impact mitigation strategies on the premiums and expected/unexpected impacts for those remaining in the Marketplace when the OHP Bridge program is in place.
- Follow up on OHP Bridge training materials to be shared.
- Workshop session for SBM. With topics identified ahead of time.

We have a vacancy for either the chair and/or vice chair position. In the next couple of days, an email will be going out for nominations, you may nominate yourself. Elections will be held in our October meeting.

There is a possibility we will be switching from Teams to Zoom to allow for live Spanish translation. Any updates on this will be added to the calendar invite.
