Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, April 16, 2026 – 9:05 a.m. to 1:00 p.m.
Where: Virtual via Microsoft Teams
In-person at the Barbara Roberts Human Services Building
500 Summer St NE Rms 137A-D, Salem OR 97301

Committee members:
In-person – Stacy Carmichael, Charlie Fisher, Paul Harmon, Kathleen Orrick, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly (vice chair), Matthew Woodbridge, Alena Zbirun

Virtual – Ron Gallinat Lindsey Hopper (chair), TK Keen

Members not present: Marin Arreola

Other presenters and partners: Claire Houterman, Bill Kramer, David Simnitt, Jason Sparks

Marketplace staff: Katie Button, Amy Coven, Chiqui Flowers (director), Victor Garcia, Richard Krummel, Albert Salinas, Dawn Shaw, Jeff Wilcox

Agenda item and time stamp*	Discussion

Welcome, roll call, guidelines, approval of minutes	Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the February 19 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for February minutes, and page 7 for meeting protocols.)
	• Approved February 19, 2026, minutes.
	  ○ First motion to approve – Nashoba Temperly
	  ○ Second motion to approve – Om Sukheenai
	  ○ Ayes – Stacy Carmichael, Paul Harmon, Lindsey Hopper, TK Keen, Clare Pierce-Wrobel, Om Sukheenai, Alena Zbirun
	  ○ Nays – none
	  ○ Absent – Marin Arreola, Charlie Fisher, Ron Gallinat, Kathleen Orrick

SBM project updates
7:00
	Presenters: Victor Garcia, Marketplace Operations Advisor and Program Liaison; Chiqui Flowers, Marketplace Director; Albert Salinas, Richard Krummel SBM Technical Team Managers; GetInsured Team – Jason Sparks & Claire Houterman; and Jeff Wilcox Marketplace Training Coordinator
	(See pages 8-10 of the handout packet for a copy of the slides.)
	• Marketplace Training – how can we strengthen our plan
	  ○ Theme
	  ▪ Stacy – emphasis on information about data migration. There are a lot of questions out in the field. We direct people to the website.
	  • Victor – the data will be migrating from HealthCare.gov with people who have active enrollments, this will include NPN (national producer number)

        - Om – will the data also include immigration status documentation?
        - Jason from GetInsured – if they have been determined lawfully present in 2026 by the Department of Homeland Security, we will get that information. Due to HR1, we will need to go through the reverification process in the future. As an agent you will be getting notifications to help with data matching issues.
    - Om – it would be great to have an agent portal so we can access client's information. I am an agent who assists people who speak English as a second language
        - Chiqui – yes, there will be different portals for both assisters and agents. Jeff will start agent training mid-July which includes the agent portal.
        - Amy – If you want a preview of the agent portal, you can watch it on the January Listening Session.
    - Kathleen – what about interpretation services
        - Amy – we will have native Spanish speakers and access to interpretation services in over 200 languages along with Google translate.
    - Matthew – would like to see an emphasis on social determinants of health and educate agents and assisters on how to best support underserved communities.
    - Stacy – a dedicated assister line or a point of contact
        - Chiqui – we have purchased a dedicated line, and we do have our liaisons on the program team who will continue to be points of contact.
- Training timeline
    - Matthew – when will the platform be finalized? It is important to have a final version, so training isn't constantly being updated.
        - Jason – the core product will be done in June with user acceptance testing to follow. Updates will be made on a quarterly basis, and we are constantly looking at ways to improve the system with new enhancements and features. We will share documentation well ahead of any upcoming releases.
    - Stacy – will the on-demand training be available after the conclusion of the training season on 10/31?
        - Amy – yes there will be a library available.
    - Om – will the training certify us to write business or do we go to the Marketplace?
        - Chiqui – whatever you have done with HealthCare.gov you will now do with us.
- Communication channels
    - Stacy – we at Moda do a producer roadshow for small group and individual markets towards the end of August. We would love to include some information about available Marketplace training, so we are not fielding questions and we are supporting you.
        - Amy – this is an amazing idea
        - Chiqui – we would love to take you up on the offer. I will have Katie and Anthony work with the carriers to reach out to the carrier reps.

        - Matthew – as an agent we appreciate standalone communication reminders from the carriers, and it builds a sense of partnership.
    - Ron – will the consent form still be required, if so, will it be streamlined?
        - Amy – I believe the form will still be required, we are still evaluating forms and seeing how we can update them.
    - Ron – will there be a special enrollment period (SEP) or contingency plan for people who are confused about the change?
        - Chiqui – the open enrollment is dictated by the federal government and is 11/1 through 12/31. This change is not eligible for an SEP.
    - Ron – what about 1095s for 2026?
        - Chiqui – since they enrolled through HealthCare.gov for 2026 they will go through HealthCare.gov to get their 1095 for that plan year.
- Help with confidence
    - Matthew – the timeline is aggressive and some in the agent and assister community have some PTSD from Cover Oregon. Having the finished product mid-year is huge and is inspiring confidence.
    - Om – what would be best is simplicity and having it be straightforward. Not having to answer so many questions or as an agent having to spend a lot of time explaining.
        - Chiqui – noted, we are trying to find the balance between that and HR1 requirements that start 1/1/2027. We will offer opportunities for feedback.
        - Amy – we have put a lot of effort into plain language
        - Om – in a simple case, an enrollment should only take a half hour
        - Jason – in other states, they have seen from account creating to completing the enrollment within a half hour.
    - Kathleen – a simple Explanation of Benefits would also help so people can understand what they have purchased.
    - Paul – the good thing is that we will have flexibility with our own platform going forward.
        - Chiqui – We are excited to take over the agent training; we have been training the community partners for the last eight years. The transition won't be seamless, but we will be available if you need to contact us.
    - Ron – with the data migration is there a timeline?
        - Jason – This is our tenth state, so we do have some confidence in our process. In May, we will get a full data set from HealthCare.gov and take it through the entire data migration and auto renewal process. We will identify any issues. We will get our next set of data in July and August and will continue to go through the process with the goal of getting 99% of the folks successfully migrated. What brokers or agents should expect is to get an invitation prior to go live with a unique link to access your agent portal to view your book of business. You will have a dedicated phone line for brokers and assistants if you need any support.

- Stacy – has seen the process with Your Health Idaho and has been able to assure brokers that it went well.
- Stacy – are we able to change the dates of the open enrollment?
  - Chiqui –federal guidelines state that it starts no later than 11/1 and ends no later than 12/31. We choose to maximize our time. Idaho chooses to end their open enrollment sooner.
  - Kathleen – what about if they retire?
  - Chiqui – if they lose their minimum essential coverage, that would qualify them for an SEP.

○

Public comment	• No public comments given
Federal developments & state impacts 1:05:01	Presenters: Victor Garcia, Marketplace Operations Advisor and Program Liaison and Katie Button, Marketplace Plan Management and Policy Advisor (See pages 10-11 of the handout packet for a copy of the slides.) • Matthew wanted to verify that the income verification variance historically has been 20 percent and if that will be continued. Katie believes that it will continue to be the same. • Charlie was curious if at the state level there was anything we could do to the bronze plan actuarial variance (AV) calculator to help people not enroll in objectionable plans. Katie indicated that our carriers have been good at squeezing every bit of AV out of the bronze plans. Plans will be filing in June so we will be able to see what will be offered for the next plan year. • Charlie wondered if there was a way to opt in to auto enrollment when they initially enroll in a plan. Katie stated that we already do that and we are still awaiting final guidance on what the auto enrollment process will be going forward. • Om questioned about catastrophic plans and if we could have one for people over 200% of the Federal Poverty Limit (FPL). Katie did some research in the five major cities across the country and only one had bronze plans that were more expensive. Om would like to see more plans that are lower deductible and lower out of pocket. • Clare added that OHA's approach is to seek policy flexibility in regard to implementing HR1 changes to keep people covered.

Oregon Health Policy Board Updates
1:19:46
	Presenter: Bill Kramer, OHPB (Oregon Health Policy Board) Member & HIMAC Liaison
	• OHPB has identified two major priorities: affordability and primary care.
	  ○ Affordability initiative launched last year were charged with developing short- and long-term policy recommendations. Also, they will be looking at protecting consumers from the high cost of healthcare and addressing the root causes.
	  ▪ An Affordability Committee has been formed, and they will be presenting to the OHPB this summer on which recommendations should go forward.
	  ○ Primary Care Strategy Committee launched this year, and they are looking at the crisis facing workforce shortages and stresses on providers. The committee consists of 18 members including representatives of primary care provider groups, patient groups, CCOs and two members of the state legislature. The first meeting is April 28.

	• OHPB looks forward to its continued partnership with the Marketplace and supporting the development of our SBM. • Stacy is excited about the work that OHPB is doing and is concerned about the decline in enrollment. She is looking forward to more updates on affordability. Bill shared that there is a lot of good information on the Affordability Committee website including minutes and would be a great place to keep up to date: oregon.gov/oha/HPA/HP/Pages/affordability-committee.aspx • Kathleen wanted to address a primary care issue about limited appointment time availability. If people have more than three concerns and they have to wait to come back and pay another copay, they could risk being admitted to the hospital. Bill agrees that this is a systemic problem and is an issue that won't be fixed overnight. • Om wondered if alternative providers, such as naturopaths or a PA could be a solution. Many insurers do not consider them a PCP (primary care physician). Bill thinks it is worth looking at the licensing requirements to see if they can be expanded.
Providence Health Plan update 1:33:42	Presenter: Chiqui Flowers, Marketplace Director • On March 19, Providence sent out a press release that they are exploring their options on selling their health plans. It will not have any impact on the 2026 Marketplace coverage. It is not determined what will happen for 2027 coverage. We will keep you updated as we get information. • Stacy wanted to know how we would find out. Katie informed us that we usually have two ways: request for applications and rate filings. Generally, the carriers give us heads up, but sometimes things are behind the scenes. • Matthew wondered if anyone has expressed any interest. Chiqui hasn't heard anything yet. • Charlie wanted to know if the sale would have to go through the Healthcare Market Oversight program. Clare stated that it depends on the transaction.
Marketplace Open Enrollment & SPM Launch Communications: Workshop 1:39:27	Presenter: Amy Coven, Marketplace Communications and Public Engagement Analyst (See pages 12-13 of the handout packet for a copy of the slides.) • Stacy wanted clarification on the timeline as it seemed to omit September. Amy stated that May, July, and October are key dates, but activities are happening throughout. • Kathleen wondered if in addition to social media, other types of media -- such as TB and radio -- were being used. Amy confirmed that we do have wonderful contacts with all types of media and will be using them. • Om asked if she would be able to add information about Explore Health into her quarterly newsletter. Amy requested holding off until we officially announce the name to our partners. • Om suggested that we make sure that things are in simple language. Some of her clients have immigration attorneys that are telling them not to get insurance and then they go to the emergency room and have a big bill. Would like to see something explaining to them in simple language why insurance is important. • Alena added that maybe having a launch party to spread the word at local libraries would be a good and free location.
Marketplace Strategic	Presenters: David Simnitt, Principal, DS Consulting; Katie Button, Marketplace Policy and Plan Management Advisor

Planning: workshop
2:01:26

(See pages 14-15 of the handout packet for a copy of the slides.)

- Affordability
    - AV calculator
        - Level funded pulls the healthy risk out of the individual and small group markets and that's how they achieve a lower premium. It's good for the people who have that option but creates challenges for the people who remain in the regulated market.
        - Fixed copay on labs in the standard plans. Equity issue as some communities of color needs more labs due to health issues that tend to be prevalent in those communities. It would be okay to increase deductible some to accommodate the lab copay.
        - Support affordability by making people aware of their options and getting them covered. The more people we cover, the more affordable coverage is. Having an SBM and being able to control the messaging and experience will help get more people covered.
    - ICHRAs
        - The 50-99 employee groups are really interested in ICHRAs. Worry about the risk to the individual market. Moving higher risks and higher claims folks into the market. Moves the bad risk from the employer group into the individual market. If the market is growing, the market can probably handle it.
        - If we can get more employers in general to do it, rather than those looking to escape high premiums due to bad risk. We could possibly look at MLR (medical loss ratio) by product segment to determine how risk is moving. Looking at rate trends.
        - The employers looking at ICHRAs (Individual Coverage Health Reimbursement Arrangement) are working with an agent, so anything we can do to scale up the agent community will help support that.
        - It is easier to put small groups in small group plans than sending 1-2 employees to HealthCare.gov.
    - Other ideas
        - Driving people to lower cost sites and reducing actual prices of healthcare.
        - Looking at profit margins vs what's being received by the consumer. Lots of money in the healthcare system, but we don't know where it's all going.
    - What does success look like?
        - The size of the pool. The market is eroding over time. We should have clear retention goals, and then also growth goals. Figuring out why people are leaving will allow us to refine strategies. Trying to track movement of folks better across different markets, including self-funded large group.
        - Utilization rates - are people using their coverage and accessing high-value services. Possibly use APAC (All Payer All Claims) database?
        - Having very simple instructions on how to access care, especially for populations that have chronic diseases.

        - Measuring affordability from various participants' perspectives will help. Many things will take more than one year to implement.
        - Tell people to use their plans. Having information that's more scenario-based would help people understand what to expect. Tell people how to use virtual options that are free or at a lower cost. Get the carriers to send us their tips and tricks for how to best use their plans. Model information from the "Welcome to Medicare" booklet. Different information for people who are new vs re-enrollments.
        - $10 gift card would motivate people to access care
        - "Climb the Mountain", start with getting a PCP, then different levels of care until you are on a path to wellness.
- Enhance Consumer Experience
    - The Oregon tools (Window Shopping and our future SBM) have been much better than HC.gov
    - Anonymous browser that flows more smoothly into an application (saves some information and inputs it into the application).
    - Identifying pain points in the application process to reach out to folks to help and also to identify future updates to make the application process easier to complete.
    - What does success look like?
        - Focus groups? UAT (user acceptance testing) with people who aren't state employees. Possibly a survey after someone enrolls. A simple thumbs up/thumbs down and then ask people if we can contact them to learn more.
        - Time on page for each section - how much time are people spending getting information complete? Are there outliers? Tracking overall time to completion and how many visits to complete application and enrollment? If people are having to come back multiple times, they may need adjustments. Maybe the system could tell people up front about how long it will take? Provide information on what people will need. A checklist.
- Improve Integration and Retention
    - In the agent portal, agents can see if their folks have been processed and determined eligible for Medicaid after ONE has sent back confirmation to the SBM.
    - More notices from OHP/OHP Bridge would be helpful when coverage is ending, or possibly different notices. Maybe Marketplace call center could make outbound calls or send emails to folks who are coming to the Marketplace from OHP (our folks we get on the weekly reports).
    - For Marketplace enrollees, as we're getting close to OE, possibly a countdown that will help consumers know when the end of the plan year is coming.
    - Integration into the Find Help tool for folks to be connected to an agent or CP when their application goes to ONE. Sometimes applications get stuck in ONE processing, and it would be great to get folks connected with someone who can help them track that and resolve it.
    - Goal should be 100% success rate in transitioning folks between OHP and Marketplace.
- Upgrade Partner Tools

	○ SLAs for partners so they know what's reasonable and when they should be expecting follow up or resolution. It would also be something we could track. ○ Can we have a URL for agents to use so folks can connect them more easily. • Expand Equity and Access ○ Sometimes translations are not good. Google translate doesn't always capture syntax appropriately. Having native speakers review documents is helpful. Try to find people who are also translators for medical terminology. ○ Meet the Marketplace so people can get to know the staff more Let them know we live here with them and are looking forward to helping them.
Public comment, wrap up & closing 2:46:57	• Rick Blackwell from PacificSource advised having patience for roll out of the platform to restore public trust. Urge broader conversation about strategic priorities to bring some more voices in when completing the strategic plan. • Next meeting is the Assessment Rate meeting on June 25, 2026. Our next regularly scheduled meeting is July 16, 2026. It is currently virtual but will likely be changed to hybrid.

*These 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 2026 Meetings, February 19.