



**Oregon Health Insurance Marketplace
Advisory Committee Meeting
July 21, 2022
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: 846 572 628#

*Everyone is welcome to join [Health Insurance Marketplace Advisory Committee \(HIMAC\) meetings](#).
For accessibility questions or requests, please contact dawn.a.shaw@dhsoha.state.or.us 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.

A G E N D A

Time	Agenda Item	Facilitators and Presenters	Purpose
9:00 – 9:15 a.m.	Welcome, meeting guidelines, and approval of previous meeting’s minutes	Kraig Anderson Acting Committee Chair	Information and voting
9:15 – 9:35 a.m.	Education series: Marketplace Plan Management	Katie Button Marketplace Plan Management Analyst	Information
9:35 – 9:55 a.m.	2023 preliminary private health insurance rates	Tashia Sizemore Life and Health Program Manager, Division of Financial Regulation (DFR), Department of Consumer and Business Services (DCBS)	Information
9:55 – 10:10 a.m.	Federal health policy updates	Stephanie Kennan McGuireWoods Consulting	Information
10:10 – 10:15 a.m.	Public comment	Kraig Anderson Acting Committee Chair	
10:15 – 10:30 a.m.	Meet the Oregon Health Authority Director	Pat Allen OHA Director	Information

Time	Agenda Item	Facilitators and Presenters	Purpose
10:30 – 10:40 a.m.	Break		
10:40 – 11:00 a.m.	Education series: OHA’s Equity and Inclusion Program	Leann Johnson Director, Office of Equity and Inclusion, OHA	Information
11:00 – 11:20 a.m.	Medicaid Redeterminations updates	Vivian Levy Integrated Eligibility Policy Business Director, Health Systems Division, OHA	Information
11:20 – 11:40 a.m.	Bridge Program Task Force updates	Timothy Sweeney Policy Analyst, Health Policy and Analytics, OHA Lindsey Hopper HIMAC Representative, Bridge Program Task Force	Information
11:40 – 11:50 a.m.	Other committee business: <ul style="list-style-type: none"> • Charter • Baseline work plan • Call for nominations and upcoming elections 	Kraig Anderson Acting Committee Chair Chiqui Flowers Marketplace Administrator	Information and voting
11:50 – 11:55 a.m.	Public comment	Kraig Anderson Acting Committee Chair	
11:55 – noon	Wrap up and closing	Kraig Anderson Acting Committee Chair	

Health Insurance Marketplace Advisory Committee Meeting Minutes

Thursday, April 21, 2022 - 9 a.m. to noon
Virtual meeting via Microsoft Teams

Committee members: Kraig Anderson (acting chair), Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Lindsey Hopper, Ines Kemper, Linzay Shirahama, Holly Sorenson, Andrew Stolfi (ex-officio), Om Sukheenai, Drew Tarab, and Nashoba Temperly

Members not present: Kathleen Jonathan

Other presenters: Stephanie Kennan, Kristen Lambert, and Steve Kokes

Marketplace staff: Amy Coven, Communications Strategist; Chiqui Flowers, administrator; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; and Dawn Shaw, office support coordinator

Agenda item and time stamp*

Discussion

Welcome and introductions
00:00*

- Introduction of committee members and staff
See Pages 1-2 of handout package for a copy of the agenda.
- Chiqui Flowers – Administrator, Oregon Health Insurance Marketplace
 - Kraig Anderson – Moda Health, with the HIMAC since 2018
 - Gladys Boutwell – insurance broker with Insurance by Design
 - Ron Gallinat – insurance broker in Bend, has previous board experience
 - Maribeth Guarino – advocate with OSPRIG
 - Paul Harmon – Regence BCBS (BlueCross & BlueShield)
 - Lindsey Hopper – Pacific Source
 - Ines Kemper – small business owner with low income, consumer of the ACA (Affordable Care Act) since its inception
 - Linzay Shirahama – Project Access NOW, premium assistance manager
 - Holly Sorenson – NEON (Northeast Oregon Network), a Community Partner with the Marketplace
 - Andrew Stolfi – DCBS (Department of Consumer and Business Services) Director and Insurance Commissioner
 - Om Sukheenai – insurance broker, Chehelam Insurance
 - Drew Tarab – Providence, lead financial & actuary
 - Nashoba Temperly – Cascade AIDS Project
 - Victor Garcia – Operations Development Specialist with the Marketplace
 - Dawn Shaw – Office Support Coordinator with the Marketplace

Meeting protocols and approval of Jan. minutes
12:36

Minutes approval will be completed via email.
See Pages 3-9 of handout package for a copy of the minutes and Pages 10-11 for the meeting protocols and requests.
Minutes approved via email on April 28, 2022.

Federal health policy movement 18:50

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).

- Some legislation has passed.
- Appropriation bill will fund the government through September 30.
- It is an election year and will likely have a lame duck session. In November, the real work will start.
- Build Back Better Act had a lot of health portions in it. The bill died in the Senate. Some health pieces are still alive, just looking for a bill to add them to.
- User fee agreements funds the FDA (Food and Drug Administration) and this must pass by the end of September.
- Provider directories have not been updated. With the “No Surprises Act” there are new requirements for provider directories. Patients are held harmless if they act on inaccurate data due to an out-of-date directory. There is a Texas court case that will be looking at the arbitration language.
- Insulin cap passed in the House; it is unclear what will happen in the Senate.
- Family glitch fix (more to come later in the meeting) is not perfect but it is a fix.
- Kraig asked about extension on the premium tax credits. There isn’t enough momentum and most are not comfortable about extending.
- Om asked about provider directory should it be updated by 2022. CMS is running out of time, and it will require additional work.

150% FPL SEP 32:52

Amy Coven discussed the new SEP (special enrollment) for people with lower incomes.

See Pages 12-13 for a copy of the presentation.

- Drew asked if due to the FPL (federal poverty level) threshold, should there be a low impact due to most qualifying for Medicaid. Amy confirmed.
- The American Rescue Plan Act provisions will end in 2022 unless legislation extends again.
- Translations for the direct messages are available.
- Om wondered if self-employment is considered in the net income. Amy responded that it was the same as before.
- Om also questioned, if there is a life change and the parents’ income goes up, will the kids be kicked off? Amy said it would make more sense to keep the kids on and transition the parents.
- Kraig stated that not a lot of people are eligible, but this will give more flexibility.

Family glitch fix 46:36

Cable Hogue reviewed information on fixing the family glitch.

See Pages 14-15 of handout package for a copy of the presentation.

- Gladys wondered how we can help to get the legislation pushed through. Cable suggested that the best way is to submit a public comment in support.
- Ines asked about the definition of “family”. Cable stated it is the tax filing household.
- Linzay questioned if there would be any problems with this going through and Cable responded that he hasn’t heard that it won’t, but it isn’t set in stone.
- Kraig wondered if the fix is going through the standard process. Cable said unless it is an emergency issue than it will be standard.



- Drew inquired if there were any cons that would make it so it won't pass. Cable replied that it could due to budget issues or any concerns brought up from large group carriers.

**Public comment
and break**
58:23

None given.

**2022 Marketplace
enrollees**
1:03:38

Cable Hogue presented information on the 2022 Marketplace enrollees.
See Pages 16-17 of handout package for a copy of the presentation.

- Holly stated that she would be curious to see how the enrollment numbers for Pacific Islanders compares to previous years due to COFA (Compact of Free Association) Medicaid expansion. Cable indicated we would see a difference of around 200-900.
- Maribeth wondered if any who applied for APTC (applied premium tax credits) were found ineligible or didn't apply. Cable answered there were around 13,000 who didn't apply.
- Kraig questioned if there were any surprises in the data this year vs. last. Cable responded that there were, but we do not have the effectuated data yet.
- Gladys said she felt like she had more new enrollees this year. Also, a lot of current enrollees did reach out and reviewed the plans, they may not have changed their enrollment but they did update their income. There was an increase of Latino enrollees. Social media has helped enrollees become more engaged, wanting coverage just in case.
- Maribeth wanted to know how many people enrolled with the ARP (America Rescue Plan) were still enrolled. Cable responded that we just get aggregate numbers.
- Chiqui wanted to everyone to know that with the upcoming PHE (public health emergency) end, there should be an increase in enrollment for open enrollment 2023. We will work with CMS (Centers of Medicaid and Medicare Services) for health equity.

**Marketplace
community
research**
1:21:05

Kristen Lambert and Steve Kokes from Coates Kokes, the advertising firm that the Oregon Health Insurance Marketplace uses, reviewed advertising plans for the 2023 Open Enrollment.

See Pages 17-20 of handout package for a copy of the presentation.

- Paul agreed that it was good to look at both acquisition and retention and was interested in the qualitative approach.
- Holly stated it is getting down to why they are or are not signing up to help with retention and to bring in new consumers.
- Om wants to know if the consumers are happy. Is there any confusion on subsidies? Steve Kokes said they can explore these questions. Kristen agreed it would be good to explore the "just in case" mindset.
- Linzay questioned about how to follow up with Coates Kokes to share more client experiences. Steve responded that they are planning a series of interviews with people that work with clients and people who sign up.
- Chiqui indicated this is the first of many steps, there will be more to come.

- Holly suggested that a Community Partner survey could be a way to gather information from enrollees.
- Kraig wondered should we look at people remaining on the sidelines and those recently coming onboard being most informative. Steve will make sure that these considerations will be a part of the upcoming interviews.
- Ines is one of the end users and stated that each year there were different reasons to stay on a plan or change. Could be due to health, living situations, location, etc. A look at the qualitative side would be more useful.
- Om's experiences with surveys are if it is more than five minutes she is done. Steve informed there will be different methods of gathering data.
- Drew pondered why people are on the sidelines and how to get them enrolled, other than cost. Coates Kokes will be exploring this aspect and look forward to the input.

Break
1:52:22

Took a short break.

**2022-2023
planning**
1:58:08

Chiqui Flowers and Victor Garcia presented about Health Insurance Marketplace Advisory Committee plans for 2022-2023

See Pages 20-23 of handout package for a copy of the presentation.

- Voted on the focus areas and was approved.
- Drew wondered where the Bridge Program fit. Chiqui responded that it would be handled by the taskforce. There will be taskforce meetings on 4/26 and 5/10. Lindsey Hopper will be the HIMAC representative and Andrew Stolfi will be involved.
- Maribeth was curious on what we will need to do to align with the OHPB (Oregon Health Policy Board). Chiqui indicated they are still reviewing the responses from the recent retreat. Most likely we will revise our charter to reflect current work and will continue to have diversity.
- Kraig wanted to make sure we considered financial impact. Victor will be looking at other areas, like the Bridge Program to determine impact.
- Kraig observed there was some overlap in the areas.
- Paul commented that with the broad scope of the OHPB with healthcare and related health issues. This will give us an opportunity to connect with other groups.
- Holly observed that the OHPB should give guidance for any areas we are not being equitable.
- Katie Button would be presenting on Plan Management. Going over what she looks for when approving plans.
- Drew thinks that a quantitative view on why people don't enroll would be good.
- Lindsey commented in the chat "All of those topics sound promising--and it would be helpful to pair them with some targeted discussion questions (could even tie to feedback the OHPB might be particularly interested in)".
- We are actively recruiting for a tribal position and would like to have them confirmed in September.



Public comment

2:50:17

Aprilla McPherson asked about becoming a member. Staff will follow up with her after the meeting.

Wrap up & closing

2:53:33

Next meeting will be Thursday, July 21, 2022, 9 a.m. to noon.

We will be sending out a survey about future meetings being in-person or a hybrid.

On 4/15/2022 there was an email that went out asking if there was any interest to being a part of the HB 4035 Community Partner Workgroup. Email Chiqui with any questions or concerns.

For the July meeting we would like to know who is interested in the chair and vice chair positions.

Laura asked about the timeline for our own SBM. Chiqui responded a legislative concept may likely be introduced in the 2023 long session.

*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2022 Meetings, April 21.

Oregon Health Policy Board
Health Insurance Marketplace Advisory Committee
Charter

Approved by the Committee on <date>

I. Authority

The Health Insurance Marketplace Advisory Committee (HIMAC) is created to advise the Oregon Health Insurance Marketplace (OHIM) and the Oregon Health Authority (OHA) in the development and implementation of the policies and operational procedures governing the administration of a health insurance exchange in this state including, but not limited to, all the following:

- The amount of the assessment imposed on insurers under ORS 741.105.
- The implementation of a Small Business Health Options Program in accordance with 42 U.S.C. 18031.
- The processes and procedures to enable each insurance producer to be authorized to act for all the insurers offering qualified health plans through the health insurance exchange.
- The affordability of qualified health plans offered by employers under section 5000A(e)(1) of the Internal Revenue Code.
- Outreach strategies for reaching minority and low-income communities.
- Solicitation of customer feedback.
- The affordability of health plans offered through the exchange.

The committee shall periodically review its charter at the request of the OHA Director or the Oregon Health Policy Board (OHPB).

II. Scope

The OHPB or the OHA Director may solicit recommendations from the committee, and the committee may initiate recommendations on its own.

The committee may provide annual reports to the Legislative Assembly, in the manner provided in ORS 192.245, of the findings and recommendations the committee considers appropriate, including but not limited to a report on the:

- Adequacy of assessments for reserve programs and administrative costs;
- Implementation of the Small Business Health Options Program;
- Number of qualified health plans offered through the exchange;
- Number and demographics of individuals enrolled in qualified health plans;
- Advance premium tax credits provided to enrollees in qualified health plans; and
- Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the exchange.

III. Dependencies

The Committee will seek information from and collaborate with a wide range of partners including, but not limited to:

- OHA Leadership
- Oregon Health Policy Board
- Oregon Legislature
- Governor's Office
- Department of Consumer and Business Services
- Community-based organizations
- Oregon's Federally Recognized Tribes

The ability of the Committee to fulfill its statutory duties as outlined in section II is contingent upon support of and direction by OHA, as well as coordination with other health policy advisory bodies.

IV. Membership

The committee consists of 15 members. Fourteen members shall be appointed by the Governor and are subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565. The appointed members serve at the pleasure of the Governor. The Director of the Oregon Health Authority or the director's designee shall serve as an ex officio member of the committee.

14 members appointed by the Governor must represent the interests of:

- Insurers;
- Insurance producers;
- Navigators, in-person assisters, application counselors and other individuals with experience in facilitating enrollment in qualified health plans;
- Health care providers;
- The business community, including small businesses and self-employed individuals;
- Consumer advocacy groups, including advocates for enrolling hard-to-reach populations;
- Enrollees in qualified health plans; and
- State agencies that administer the medical assistance program under ORS chapter 414.

The members of the committee shall be appointed for a term fixed by the Governor, not to exceed two years, and shall be entitled to compensation and travel expenses in accordance with ORS 292.495. The committee may hire, subject to the approval of the director, such experts as the committee may require to discharge its duties. All expenses of the committee shall be paid out of the Health Insurance Exchange Fund established in ORS 741.102.

V. Staff Resources

The committee is staffed by OHIM employees of the Health Policy and Analytics Division of OHA, as led by the OHIM Administrator and the HPA Director. Support will also be provided by other OHA staff, leaders, and consultants as requested or needed. Staff will assist the committee in the performance of its duties and, to the extent permitted by laws relating to confidentiality furnish such information and advice as the members of the committee consider necessary to perform their duties.

VI. Expectations for Meetings

- The following expectations apply to all committee meetings:
- The committee will meet six times per calendar year (June, February, April, July, October, and December). More frequent and ad hoc meetings may be called for by the chairperson.
- A standard meeting time will be established (with special exceptions).
- Meetings shall be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the committee website: www.oregonhealthcare.gov/MAC.
- Committee members, staff, and other attendees are expected to participate in a safe and inclusive manner.
- All meetings will offer attendees an option to participate virtually. Meetings will also have closed captioning as a standard feature. Additional accessibility features may be available upon request.
- A public notice will be provided to the public and media at least seven days in advance of each regular meeting and at least three days in advance of any special meeting.
- A majority of the voting members of the committee constitutes a quorum for the transaction of business during committee meetings.
- Committee members are expected to review materials prior to the meeting and come prepared to discuss and participate.
- Written minutes and recordings will be taken and made at all regular and special meetings. Minutes will include a summary of members present, all motions and guidelines proposed and their disposition, the substance of discussion on any matter, and a reference to any document discussed or distributed at the meeting or made available to the committee prior to the meeting. Approved minutes and recordings will be documented on the committee website: www.oregonhealthcare.gov/MAC.



HEALTH INSURANCE MARKETPLACE ADVISORY COMMITTEE
July 2022 - December 2023 Work Plan (DRAFT)
 As approved on [insert date]



TOPIC		2022			2023					
		July	October	December	January	February	April	July	October	December
Policy	2023 legislative bills of interest				✓					
	2024 Marketplace assessment					✓				
	SBM transition legislative concept / bill				✓	✓	✓	✓		
2023 Open Enrollment	Focus group discussions results		✓							
	Outreach and education strategies		✓							
	2023 plan offerings		✓							
	Open enrollment debrief					✓	✓			
2024 Open Enrollment	Outreach and education strategies		✓						✓	
	2024 plan offerings		✓						✓	
	Open enrollment debrief					✓	✓			
Medicaid Migration to the Marketplace	Outreach strategies			✓						
	Member transition experience			✓						
	Project updates				✓	✓	✓	✓	✓	✓
Basic Health Program	Impacts to the Marketplace		✓							
	Marketplace mitigation			✓						
	Development and implementation updates	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other committee business	Baseline work plan	✓								
	Charter	✓								
	Election of chair and vice chair		✓							
	Revisions to the by-laws		✓							
	Committee update in 2022 Marketplace report						✓			
	Recruitment of tribal representative for the committee		✓							

Note: Topics are mapped out based on the standard meeting cadence. Additional meetings may be scheduled as needed.