

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, December 7, 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, Paul Harmon, Ali Hassoun, Lindsey Hopper (vice chair), Ines Kemper, Holly Sorensen, Andrew Stolfi, Om Sukheenai, Nashoba Temperly

In person – Kraig Anderson (chair)

Members not present: Ron Gallinat, Shannon Lee, Joanie Moore, Danielle Nichols

Other presenters: Stephanie Kennan, Tim Sweeney, Dorocida Martushev

Marketplace staff: Katie Button, plan management & policy analyst; Amy Coven, stakeholder & communications analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst & federal liaison; 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 October 12 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the October minutes.

- Approved October 12, 2023, minutes.

Federal health policy updates 7:11

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).

- Usually, the House and Senate get out around December 23. This year it looks like it will be happening next week.
- We have a new Speaker and they passed a laddered CR (continuing resolution).
- The Freedom Caucus was asking for deep cuts in the appropriation bills but decided to try to cut the Senate appropriation bills instead.
- Congress usually has an end-of-year omnibus health package, this year they don't. Some of the must-dos expired, like The Support Act, which deals with opioid treatment and behavioral health.
 - Since none of the marked-up bills have passed, they will have to pass bills the old fashion way, by suspension, in which they would not be able to amend the bill.
- A lot of focus is on PBM (pharmacy benefit managers), they haven't packaged it all together yet and likely they will do it next year.
- There should be a healthcare push at the beginning of next year.

- The White House issued framework allows the NIH (National Institutes of Health) to seize patents from drug companies if there has been a reliance on federal research.
- FTC (Federal Trade Commission) has been looking at patents. The FDA (Food and Drug Administration) has something called the “orange book” and they would like to go through and clean up the book. There are about 100 patents that are in the orange book that don’t belong. Last cleanup was about 25 years ago.
- The White House is looking at private equity companies that are siphoning off money from the healthcare system, hospitals. The private equity companies would invest in a hospital or physician taking them out-of-network.
- There are several bills, like the Support Act that need to be reauthorized. The House will be trying to do the reauthorizations under suspension next week in the Health Committee.

Basic health program updates
19:39

Timothy Sweeney and Katie Button presented updates on the Basic Health Program (BHP).
(See pages 8-10 of the handout packet for a copy of the slide deck.)

- Paul asked if there is concern with getting federal approval. Timothy replied that they don’t have many concerns. CMS (Centers for Medicare & Medicaid Services) has a lot on their plate and will likely approve in the spring.
- Kraig sought clarification about the people currently between 138 and 200% of the FPL, and if they are in a temporary Bridge program. Timothy explained that they are currently in a temporary Medicaid expansion until the BHP launches in July and the transition should be relatively seamless. There are federal rules that people on BHP cannot have other coverage, like employer plans, so they will not be eligible for BHP. Most have already gone through a redetermination and there will need to be a double check for other coverage.
- Kraig commented that he was in the Carrier Table meeting and it was good with a lot of interaction.

2024 open enrollment progress report
35:07

Cable Hogue reviewed data for the 2024 open enrollment so far.
(See pages 11-12 of the handout packet for a copy of the slide deck)

- No additional comments or questions were made.

Public comment & break
39:31

None given.

2024 open enrollment notes from the field
50:50

Misty Rayas went over outreach information and call center. Amy Coven gave an update on the communication strategies for the 2024 open enrollment.
(See pages 13-14 of the handout packet for a copy of the slide deck)

- Kraig wondered what people can do with the known issue about the Healthcare.gov provider directory. Misty and Chiqui suggested having them check our Window Shopping Tool and to also check with the providers.
- Holly commented that in Eastern Oregon they are seeing an increase in deductibles, making it harder for people to make plan decisions. Agreed that the Window Shopping Tool is helpful.
- Gladys has noticed that even though premiums are going up, the APTC (advanced premium tax credit) has gone up along with the premiums. More of her clients are

feeling more financially secure. The bulk of her work is people losing group coverage and renewals.

- Lindsey works at PacificSource and they are seeing a significant amount of people leaving the Medicaid plans. There hasn't been a significant change in the commercial side. The call volume has increased with questions about Medicaid, likely due to the redetermination cycle.
- Kraig agreed that at Moda nothing stands out compared to prior years.
- Nashoba works for a nonprofit in the Portland metro area. In the LGBTQ+ community there are questions about formularies and other gender affirming care.
- Om is a broker and has noticed people tending to enroll in bronze plans. Some clients are getting certain plans directly through the carrier and are seeing much lower premiums compared to Marketplace plans.
- Amy gave a marketing update. There was a rolling launch of the marketing campaign and some tactics did not go out until the end of November. There will be some talking points about House Bill 2002. Working with our communications staff about how to get the messaging out to let people know what is changing and what is staying the same.
- Gladys has noticed the ads running in both English and Spanish. She has seen the marketing more this year and it is resonating with the community and people are being connected to insurance brokers for help.
- Amy mentioned that the TV campaign was the last to launch and should be seen soon.
- Paul likes that the ads aren't generic this year, which has removed uncertainty from consumers. Amy noted that these are the national Healthcare.gov ads, but they have released more relatable ads.
- Amy informed that we have focused on the out-of-home messaging and public places where people go. The new branding colors are helping people notice the ads more with the bright pink.
- Chiqui has noticed in local Facebook groups members that are not community partners or brokers are referring people to the Marketplace Get Help tool.

SBM project update
1:14:19

Victor Garcia and Dorocida Martushev went over SBM (state-based marketplace) transition project updates.

(See pages 14-16 of the handout packet for a copy of the slides.)

- Chiqui added that we have a lot of human resources from the state. DAS (Department of Administrative Services), EIS (Enterprise Information Services), OIS (Office of Information Services), and DOJ (Department of Justice) to name a few. This project is a priority for OHA (Oregon Health Authority).
- Om inquired if there will be another name for it instead of SBM. Chiqui responded that we are using Oregon SBM Project right now. Victor indicated that we will be working with our marketing team to come up with a catchy name that resonates with the public.
- Chiqui wanted to know what topics the committee was interested in and what format they would like to get that information.
 - Holly thinks that making sure the public knows how the state-based marketplace would be different than the federal platform and what we can do differently.
 - Paul wants to have the state-based marketplace be more accessible to consumers.
 - Grace Hidding (member of the public) from RISE Partnership advised to make sure that the public knows this will be a better and smoother process from the previous SBM.
 - Amy has been counting down the minutes and is excited for partner engagement and improved data collection.

- Misty added that this will greatly help our training and we can help more with applications. Constituent issues can be resolved more timely and we can go into the system to fix things like APTC calculations.
- Cable is looking forward to being able to share data in more detail. We would have more leniency to the rules. For example, an SEP (special enrollment period) for pregnancy, currently we must wait until the baby is born or there is an open enrollment. We would be able to help consumers get issues resolved before it is too late.
- Chiqui expressed being excited about being able to track where people are coming from and where they are going to.
- Victor concluded that we may not be able to do everything right out of the gate but will continue to develop things with the vendor going forward.

Marketplace transition project update
1:46:56

Nina Remple, the marketplace transition project manager, provided updates on how the transition is going.
(See pages 16-19 of the handout packet for a copy of the slides.)

- Nina explained that the three attempts have reached 20% of the people on the first call. The three calls are attempted on different days, and at different times.
- Kraig wondered how many people who were on Medicaid moved to the Marketplace. Nina indicated that the data is still being looked at. Cable added that CMS does release reports that gives some data, but there are some issues lining up the people who specifically transitions because of the unwinding.

Proposed 2025 NBPP
1:57:16

Anthony Behrens presented information about the 2025 Notice of Benefit and Payment Parameters (NBPP).
(See pages 19-24 of the handout packet for a copy of the slides.)

- Kraig asked if the biggest impact is the limitation of plan offerings. Anthony agreed, and other impacts included network adequacy and charging states to verify income.

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

Public comment from Tom Sincic, a retired family nurse practitioner.

- Would like to get away from the word “consumer”. It is inappropriate for people who need care. They are people who need care, they aren’t consumers of care.
- Asked about implication for people who have employer plans will not qualify for the Bridge program. This may have Medicaid recipients looking for employers that do not provide insurance. Cable replied that yes, people who have employer coverage will not qualify for BHP due to tax credit eligibility.

Comment from Charlie Fisher from OSPIRG (Oregon State Public Interest Research Group).

- Wanted to introduce himself. He is the state director for OSPIRG and will be replacing Maribeth if confirmed with the Oregon Senate in February.

Gladys commented that if someone is on Medicaid / Oregon Health Plan, they can waive off their group coverage.

Next meeting will be Thursday, January 18, 2024, 9 a.m. to noon. Unless notified otherwise the meeting will be a hybrid of virtual and in-person.

Happy Holidays!

*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, December 7.