

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, January 19, 2023 – 9 a.m. to noon

Where: Virtual via Microsoft Teams

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

Committee members:

Virtual – Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Ines Kemper, Joanie Moore, Linzay Shirahama, Holly Sorensen, Om Sukheenai, and Drew Tarab. TK Keen filling in for Andrew Stolfi.

In person – Kraig Anderson (chair), Lindsey Hopper (vice chair)

Members not present: Kathleen Jonathan, Andrew Stolfi (ex-officio), and Nashoba Temperly

Other presenters: Stephanie Kennan, Vivian Levy, Phil Schmidt, and Tim Sweeney

Marketplace staff: Miranda Amstutz, community partner liaison; Katie Button, plan management and policy analyst; Amy Coven, stakeholder and communications analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Misty Rayas, outreach and education section manager; Dawn Shaw, office support coordinator; and Micheil Wallace, agent liaison

Agenda item and time stamp*	Discussion
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Welcome, meeting guidelines, and approval of previous meeting minutes
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	Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the December 8 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the December minutes, and pages 16-17 for the meeting guideline. Slides 1-4 in the slide deck.) <ul style="list-style-type: none">• Approved December 8, 2022, minutes.
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Federal health policy updates 17:57
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	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). <ul style="list-style-type: none">• January has been both quiet and crazy in some ways with the new Congress.• In the health committee in the Senate there is a focus on prescription costs.• The equivalent committee in the House, the Energy and Commerce Committee, will be reviewing where the money went with COVID in general. The Committee has a broad range.• In the House, the Rules Committee determines which bills go through and how much time will be allotted for each. Three members were appointed to the Rules Committee that do not like to spend money. This may impact programs like Medicare and Social Security. The House and Senate used to operate as “pay go” which is if your proposal spent money than you had to pay for it. The House has now adopted a “cut go” if the bill increases spending in the budget increases in five to ten years there must be decrease in mandatory spending program budgets, like Social Security. Likely this change will make it hard to pass anything healthcare related that increases spending.
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- Today we hit the debt limit the House negotiate to reduce spending. The debt limit means we cannot borrow any more money. The receipts in June or July will not have any money to pay them. The House would like to look at reducing spending in the budget or determine which receipts have priority.
- Rescue committee in the Senate will be looking into budgets for Medicare, Social Security, the highway trust funds, and potentially Medicaid.
- February the House Appropriations Hearing changes and will look at other programs not reauthorized but received money in the appropriations process.
- Mental health and opioid abuse are still big issues. Will investigate other areas like organ transplants.
- This year is the year to get things done due to the upcoming presidential election.
- Gladys wondered about the changes to transplants. Stephanie replied that they want to track organs to help with patient safety. They wonder why there is an increase on the organs not being used. More systemic changes, not determinations on who get transplants. Kidneys are often removed before there is a match due to the high demand. The discard rate is high. Kidneys and livers do not travel with a team, other organs do.
- FDA (Federal Drug Administration) will propose changes to prescriptions and over the counter medications to reduce prescription drug costs.
- Darrell White with the Urban League of Portland asked if the Legislature look at people who do not qualify for dental or vision coverage and must go through OHP (Oregon Health Plan). Stephanie replied that it is not necessarily a federal issue and there was some discussion to add dental and vision to Medicare.

Open enrollment debrief on outreach, education, and enrollment
32:42

Chiqui Flowers led an initial debrief of open enrollment (OE).

(See page 18 of the handout package for a copy of the slide deck.)

- Initial numbers show this open enrollment with lower enrollment numbers than last year. Centers for Medicare and Medicaid Services (CMS) should be releasing the official numbers next week.
- Feedback on how the Committee felt open enrollment went.
 - Ines as a consumer and cancer patient used HealthCare.gov. Tried to put her two providers (oncologist and primary care) in and in the 15 plans, only three had both on the provider lists. Was wanting to look at lifetime maximums, was told that most insurance carriers would only cover three PET (positron emission tomography) scans in a lifetime. Could not find that information. Tried to find prescription maximums as well. Cancer drugs are very expensive.
 - Gladys as a broker had more calls this year. Most found her online through the Find Local Help tool on OregonHealthCare.gov. Some carriers appeared to be overwhelmed and there is a delay in application processing especially with data mismatches. Other brokers may have worked more due to carriers being understaffed, especially with group insurance. It took two weeks to correct a birthday in the system. More consumers appeared to be more aware of what they were wanting in an insurance plan and were seeking out help. Some clients found her through Facebook. First year an increase in consumers finding her on social media.
 - Kraig wondered why there was an increase due to social media or what the change was. Gladys answered questions and there were referral tags from clients. Posted more informational education posts and consumer decision to look for more help.
 - Ron as a broker found that clients would use Google to search for HealthCare.gov and select the first option, then they would be bombarded by spam. Had a client with a family of five that talked to another agent and the agent did not give out information about HealthCare.gov, so they didn't get

information on tax credits, which would have been around \$600 per month over the last few years. Would like a requirement for agents to look at HealthCare.gov when advising clients. Was looking at a Medicare Part D plan and for one generic cancer drug it had a cost of \$8,400 through Part D, Good Rx brought the cost down to \$1,400, and Cost Plus went down to \$173.

- Ines also agreed that Good Rx is a great way to look and compare prescription costs. Online pharmacies can be cheaper as well, cannot ship refrigerated medications in most cases.
- Chiqui thanked everyone for the suggestions and any future suggestions please email her.
- TK added that previously when the Marketplace was with Department of Consumer and Business Services (DCBS) the messaging was left to the Marketplace. Now with the move to Oregon Health Authority (OHA) there may be opportunity for Division of Financial Regulation (DFR) and DCBS to push information out to their networks.
 - Chiqui agreed to take this offline to find opportunities to synchronize messaging.
- Om as an agent stated that most people do not know when open enrollment is. Was able to send information through social media and postcards. Had a lot of Zoom appointments. People know they want health insurance but do not know how to get it. Did get some referrals from the Find Local Help tool on OregonHealthCare.gov. Made sure to ask about the client's situations, especially how they file the taxes and how much they are paying out-of-pocket. Most were changing from bronze plans to silver. Agreed with Ron that Cost Plus is a good resource.
- Holly as a community partner wondered about the data mismatch issue Gladys brought up and if any tax credits or out-of-pocket cost changes on the carrier side were reported.
 - Gladys replied that some clients were confused about what the tax household was. One client's husband's kids were being claimed on their taxes, but the kids did not live with them. That reduced the deductible and maximum out-of-pocket (MOOP) significantly with the change from a household of three to a household of five. Haven't heard of any increases of MOOP.
 - Om did add that there was an application submission on 1/13 and has been trying to submit a correction of income to the application and it isn't happening. Om mentioned that summary of benefits is a good place to look for MOOP.
 - Gladys emails clients the summary of benefits.
 - Chiqui will have Katie follow up with Holly on the findings and figure out next steps.
- Chiqui asked Miranda and Micheil what feedback they were hearing from other community partners and agents.
 - Miranda
 - Holly will provide her update. Nashoba could not attend and he works with the LGBTQ+ community and he reported an increase of health literacy. Need/demand for information is changing from needing full application assistance to help finding a plan. Other community partners reported more immigrants needing assistance. Less people impacted by the family glitch fix than anticipated.
 - Holly asked her team as they are doing more of the one-on-one assistance. Wallowa had positive trends. There is a data mismatch from the Marketplace to Moda, the billing ends up being inaccurate. More people are not going with individual dental insurance and are choosing to go to the FQHCs (federally qualified health centers) and the sliding scale. With an increase

in plan offerings Moda is looked at for premiums and deductibles and PacificSource for the national network. There has been an increase of people going to the Marketplace from faith-based insurance plans. Consumers in Eastern Oregon often must travel to get care.

- Micheil
 - Same as Miranda. Agents reported that open enrollment went well overall, fewer technology issues with HealthCare.gov and Health Sherpa. A few reported a slower OE, by in large most were busier. Happy with how it went and thankful for the agents.

Basic Health Program updates

01:04:29

Timothy Sweeney presented updates on the Basic Health Program (BHP). (See pages 19-24 of the handout packet for a copy of the slide deck.)

- Lindsey added that through a lot of meetings there was unanimous support on the recommendations. Most strongly held views were around coordinated care organization (CCO) service packages, no enrollee costs, and provider reimbursement. HIMAC's ongoing consumer feedback was taken into consideration.
- Om had a question about providers being in-network and no cost premium, copay, and deductibles like OHP.
 - Lindsey stated that this doesn't include people remaining on Medicaid but would be for folks who are transitioning and not be much different from OHP.
- Gladys wondered if the money is being taken from current enrollee's tax credits but would be the money uninsured would have gotten if they had been enrolled. Tim responded that it would not affect the tax credit and plan costs, but there may be secondary impacts.
- Gladys also wondered if the program would be finite. Tim replied that if they remain in the federal poverty level (FPL) range of 138 to 200 percent they would remain on the program. People will not be restricted by time but income and income variations.
- Looking at Minnesota as a model for our BHP.

Public comment & break

01:37:57

None given.

Marketplace transition proposed plans

1:44:39

Amy Coven, Katie Button, Miranda Amstutz, and Micheil Wallace reviewed the plans for the continuous eligibility unwinding.

(See pages 25-37 of the handout packet for a copy of the slides.)

- Reminder that the 150% of FPL special enrollment period (SEP) and Tribal enrollment periods provide further enrollment opportunities.
- Om requested a clarification on the deadline, starting in April and up to August still in OHP? Amy, yes, they will. Another question, most people on CWM (Citizen Waived Medical) are not eligible for Marketplace coverage? Amy answered that some CWM who may have a lawful permanent status of less than five years or other considerations, we will get tailored letters to make sure that they understand their options.
- Kraig wondered if the notifications would be going out in batches. Amy responded that there will be phasing based on the work of the Community and Partner Workgroup, who analyzed which groups are higher risk. We will push to the front people not needing as much help, leaving people needing more work to the end. The phasing is still being worked on and will send out the information out when it is finalized.

- Gladys expressed concern about sending consumers to carriers directly because they would not get tax credits. Katie will send info to HealthCare.gov and will be recommending agents for the best plan for the consumer.
- Kraig just to clarify if in a CCO going with that plan would be more familiar or they could go with the second-lowest cost silver plan providing their providers are in-network.
- Carissa Bishop in chat wanted to add people with disabilities to the list on slide 52 about current grantee support communities.
- On slide 63:
 - Om is concerned that some agents just enroll consumers in the cheapest plan and make sure that they are assisting getting them the best plan.
 - Gladys said it depends, look at both options and what the ask is for and if it can be accommodated with the current grantees.

Unwinding continuous eligibility in Oregon
2:26:41

- Vivian Levy discussed the plans for the upcoming Medicaid redeterminations. (See pages 37-40 of the handout packet for a copy of the slides.)
- Paul asked about if the temporary Medicaid program has been approved. Vivian said 1115 waiver request pending with CMS to create the program. Paul then wondered if we were confident of getting the waiver approved and if there were contingency plans. Vivian indicated that we have informed CMS that we would need a response by the end of February. We have everything set in place and are ready to begin the work and have plans in place if it doesn't get approved.
 - Kraig wanted to have an explanation of why there will be ten batches. Vivian, we have a mandate from CMS that we will complete the process in 14 months. Oregon Department of Human Services (ODHS) already has a backlog. Balance people out over the ten months for processing in time.

2023 legislative bills of interest for the Marketplace
02:41:19

- Phil Schmidt presented the bills of interest for the Marketplace during the 2023 legislative session. (See pages 40-43 of the handout package for a copy of the slide deck.)
- Slides were added during the meeting and the handout packet was updated online.
 - Phil will come back for future meetings to update on progress, legislative session just started.
 - Chiqui informed that Phil that committee members are interested in providing comments or testimony and wondered how the best way for them was to do so. Phil replied that you can provide comments as a member of the public but not as a HIMAC member.

Public comment, member recruitment, wrap up & closing
02:51:30

- No public comment given.
- Bid farewell to Kathleen Jonathan and Linzay Shirahama, their terms are up 2/28/2023 and they will not be applying for another term. With the new governor there may be some changes to the application process. Please let Chiqui know if you have any suggestions for new members.
- The annual report is due April 15, Chiqui will be emailing a copy for comments and/or feedback.
- Next meeting will be Thursday, April 20, 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 audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2023 Meetings, January 19.