

Health Insurance Marketplace Advisory Committee Meeting Minutes

Thursday, Jan. 27, 2022 - 9 a.m. to noon

Virtual meeting via Microsoft Teams

Committee members: Kraig Anderson, Shonna Butler, Dan Field (chairperson), Maribeth Guarino, Jim Houser, Kathleen Jonathan, Sean McAnulty, Ken Provencher, Shanon Saldivar (vice-chairperson), Linzay Shirahama, and Andrew Stolfi (ex-officio)

Members not present: Ron Gallinat

Other presenters: Stephanie Kennan and Jeremy Vandehey

Marketplace staff: Anthony Behrens, senior policy advisor; 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 committee housekeeping 00:00:00*	Minutes from Dec. 9, 2021, meeting approved. <i>See Pages 3-6 of handout package for a copy of the minutes.</i>
Federal health policy movement 00:08:34	<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">• There were 14.5 million people enrolled through Marketplaces, 10 million through Healthcare.gov.• Continuing resolution that funds the government ends Feb. 18. If the Build Back Better (BBB) Act doesn't go through, there may be an omnibus passed.• Healthcare sector focus will include \$25 million in hospital provider relief, protection from loan repayments, protection of Medicaid dish payments for hospitals, and hospitals maintain the 340 B drug discount status.• The Medicare sequester, in a previous budget deal there was a 2 percent cut in Medicare for hospitals and physicians. It was extended and it will end in April 2022. 1 percent in April and up to 2 percent in June. They would like to extend it through the end of the Public Health Emergency (PHE).• PHE is set to end in April, but may be renewed again.• If the continuing resolution doesn't go through there will be a government shutdown, it may be close.• BBB Act is mostly dead, a few parts that are alive include Medicare drug reforms and tax credits or subsidies. They may add to a tax bill to have it go through.• Judicial nominations will be taking up a lot of floor time.• If anything doesn't pass or go through before June/July recess it will wait until after elections.• Notice of Benefit Payment Parameters (NBPP) will be discussed more later but some issues were brought back on track.• The ACA (Affordable Care Act) had a provision that requires insurers to contract with providers, but it has never been enforced. One of the last appropriations

bills required it to be a proposed rule begin Jan. 2022. That did not happen. They had a listening session on Jan. 19 to talk about how they ought to do a rule. The rule should come out some time this year.

- In regards to the public charge rule in respect to immigrants, 21 attorney generals have asked for this to be formally withdrawn. Biden is working on how to deal with immigrants coming into the U.S. and how to define as a public charge.
- Kraig asked about the Medicare hearing benefit. It didn't go to vote because it was an expensive benefit. The longer it lingers the least likely it will go through, if it does it will be slim.

Open enrollment updates

00:30:53

Cable Hogue reviewed information on open enrollment.

See Page 7 of handout package for a copy of the presentation.

- We have had the highest enrollments since 2018, the expanded enrollment period made a difference.
- Kraig asked if the data were for Feb. 1 or Jan. 1 first effective dates? Cable responded that we won't have January's enrollment data until the first week of Feb.
 - Post-meeting correction: plan selection data reported during the meeting was through the end of open enrollment. The Marketplace team will not have detailed enrollment data until the first part of Feb.
- Andrew T. asked if there are any potential changes to employer-sponsored plans. Cable stated that Division of Financial Regulation (DFR) tracks that data and Andrew Stolfi should be able to get us that information.

Proposed 2023 NBPP

00:37:38

Anthony Behrens reviewed the proposed changes for the 2023 Notice of Benefit and Payment Parameters (NBPP).

See Page 8 of handout package for a copy of the presentation.

- The NBPP this year supports OHA's focus on health equity.

Public comment

00:42:21

None given

Public option implementation report recommendations & Marketplace Community Conversations

00:43:27

Jeremy Vandehey and Chiqui Flowers reviewed the public option implementation report recommendations and the Marketplace Community Conversations (MCC) feedback.

See Pages 9-14 of handout package for a copy of the presentation.

- The MCC events were well attended: the Jan. 18 (public option and usability of Marketplace plans) meeting had 97 attendees including panelists and the Jan. 20 (Medicaid migration to the Marketplace) meeting had 65 attendees. We will be sharing notes from both meetings.
 - Maribeth felt that it went well and the comments in the chat were good.
 - Kraig was impressed by the engagement and praised Dan Field and Shanon Saldivar for their facilitation. A lot of anecdotal stories shared.
 - Planning to have more meetings through out the year, definitely after the short session, the next would likely be around March or April. Please send us any suggestions for future meeting topics.
 - Jim felt that people were respectful and had thoughtful comments and questions.
- Advancing the mission through the Marketplace slide

- Kraig commented that guiding principles are great and asked if simplifying include moving technologies. Chiqui stated it is part of the conversation.
- Maribeth thought the guiding principles are interconnected and good goals to strive towards.
- Shanon wondered how the taskforce for universal healthcare would fit or if there is any cross over. Jeremy said that there will be multiple conversations and would be a long-term goal.
- Public option and usability of Marketplace plans slide
 - Andrew T. asked for a definition for “family glitch.” Sean McAnulty informed that it is when the spouse and dependents are not eligible for premium tax credits due to the employee-only cost of coverage through an employer. Maribeth wondered if Biden was looking into the family glitch and Jeremy indicated there have not been any recent conversations. Cable informed that due to IRS tax laws that this would have to be a change at the federal level. Jim chimed in that back during the Obama administration that there was a lot of conversations.
- Focus on health equity – Public option report recommendations slide
 - Kraig mentioned that access to certain types of providers seems to be an important piece.
 - Jim discussed an equity situation to consider: companies lowering the pay of incoming staff not in the union and to be sure the people at the bottom do not bear the brunt of the costs.
 - Shanon shared that the target cost growth committee is looking at unintentional consequences, especially network access in rural communities.
 - Andrew T. indicated that another equity issue could also be the supply of different kinds providers and suggested considering how to improve supply or get creative and take advantage of technology no matter if they are in an urban or rural setting.
 - Linzay explained that ESL (English as a second language) clients struggle to understand benefits, networks, and how to access care.
- Focus on health equity – Options for Marketplace plans slides
 - Maribeth wondered how is ethnic information being collected outside of Marketplace applications?
 - Gladys questioned why data is being collected and commented that most people don’t know how the information is being used.
 - Sean curious about how outgoing calls will go? Any information about if people who don’t respond will be coming through community partners? It’s an uncomfortable point when trying to ask.
 - Andrew T. thinks that providers can collect the information, interoperability can also help with additional sources.
 - Sean agreed that collecting information from providers would be less intrusive.
 - Gladys is this wanting to know who requests translation services? Chiqui responded that translation services come from the CCO level.
 - Gladys expressed concern in finding providers. Kaiser is good and patients can ask for translators immediately, but others are not as easy to access. Clients also hesitate to share personal information with translators, it is hard enough to share with the provider.
 - Om agrees with Gladys on the quality of translators and would like them to have certain standards.

- Focus on health equity – CCO (coordinated care organization) levers to address social determinants of health (SDOH) slides
 - Kraig asked if non-CCOs would build these CCOs and offer all plans or only public option - wonders how it would work and if it is practical.
- Improve continuity of care public option slide
 - Maribeth commented on if the first bullet (incorporate CCO networks as much as possible) would help both consumers and providers overall.
 - Linzay likes all three bullets.
- Improve continuity of care expanding essential community provider (ECP) slides
 - Katie monitors how carriers are meeting the ECP requirements. Would like to make them more meaningful. Will need to see which traditional health workers (THWs) are on the list and see if they are also on the carrier's lists. If not, we will need to ask the carriers why and see if there are any barriers to the process to get them added. Also checking to see if there are any THWs that are not on this list and see about getting them listed.
 - Shanon has been seeing a difference in how people are contracted at the provider and facility level.
 - Kraig is thinking about continuity of care, individuals getting covered on high value networks and may need help with essential community providers.
 - Maribeth agrees with Kraig and thinks it is important to know that with a plan change between tiers the providers can be different.
 - Sean shared that it is good to have community partners refer people to hospital financial assistance plans, including Marketplace, OHP, or uninsured. Community partners are a good resource, especially with coverage denials, so the come back.
 - Andrew T. stated there is a perception of difference of quality of care of THWs and they may not get the same screening.
 - Katie volunteered to be a liaison between carriers and THWs for contracting.
 - Sean thinks that it seems like positive change, community health workers (CHWs) are not utilized and is administration heavy.
 - Om wondered why a THW not be in an ECP? Katie informed they might be. We have been struggling to get a list due to the pandemic and are in fact-finding mode. Some may not be aware there is a list.
- Help lower the total cost of care – public option report recommendations slides
 - Maribeth just read the recommendations report and liked that the numbers were crunched with different options.
 - Jim agrees with Maribeth that there are different opportunities and should take full advantage.
 - Sean wondered if there were more details on taking advantage of federal funds? Chiqui responded that it is taking advantage of advance premium tax credits and cost sharing reductions available through the Marketplace. Jeremy is looking to see how the Colorado program works and how to come up with a mechanism. The difference between the 1332 and 1115 waivers are the budgetary requirements.
 - Sean would like to promote organizations like Project Access NOW (PANOW) to take advantage of premium assistance programs.
 - Kraig wanted to know if are there more slides on this topic? Title is a misnomer, seems to be how to increase revenue, not public option report

- or cost growth. Jeremy understands and the Colorado projection Manatt indicated that if you hit target the market will move that way. Tim agreed.
- Jim envisions the public option fits best in terms of understanding. Providers are concerned about shifting the cost down in one area and increasing in another area. Small business up, large group plans down. Public option enables negotiations similar to employer plans.
- Andrew T. asked if the public option would draw away people getting federal subsidies or would make non-public option plans more expensive. This should be an important consideration.
- Maribeth commented that the cost growth target has had a lot of good prep work. A good way to have a program that doesn't have a past and creates a model.
- Dan wanted to build on Andrew's comment. HIMAC adjacent populations or programs should look at before going through legislation. Taking a holistic look at protecting people coming off Medicaid.
- Andrew T. mentioned the OHP Portland market has seen 7 percent down in morbidity, and suspects it is due to redeterminations.
- Sean thinks we are dancing around Medicaid discrimination due to low reimbursement rates.
- Chiqui will be looking into this discussion and will follow up.

Medicaid redeterminations and end of PHE
02:02:01

Chiqui Flowers and Jeremy Vandehey presented about Medicaid redeterminations and the end of the PHE continuous coverage requirement.

See Pages 14-17 of handout package for a copy of the presentation.

- The PHE could be extended again so it is hard to plan exact dates. The team is trying to have a flexible plan. All the states are looking into this issue. The timing of the legislative session is adding complications.
- There was a backlog on Oregon Health Plan (OHP) applications in 2017 when they transitioned from paper applications to electronic.
- Sean do we know if there are people reported increased income still going through redeterminations? Chiqui responded yes, the self reporters are coming off OHP. Jeremy, we have to do a new redetermination for everyone is federal guidance. OHP can not automatically terminate due to potentially outdated information.
- Linzay was curious about people who are over income want to get off can they skip the cycled redetermination? Jeremy answered they can come off whenever they want. Linzay mentioned that it affects premium tax credits on the Marketplace for those who opt out on own. Jeremy said when we will spread out redeterminations and we are trying to see if there is any way to prioritize those who want to go off OHP.
- Gladys wonders if going back to OHP later on because their income changes going to be an issue if they elect to opt out.
- SNAP and Medicaid get the same financial information, so people won't have to do applications for both.
- Dan wanted to know what are we going to be doing new that we aren't doing now from previous eligibility transfers? How can we help or what can be done better? Chiqui informed that we will now be getting enrollee level data for people losing OHP, we will know who they are and how to contact them.
- Chiqui thinks we will repurpose the CCO 2.0 algorithm. Based on usage and providers we can recommend certain plans. Working on targeted outreach. It will be a manual case management process. We will need more people, and are

looking at a call center. We won't be able to auto enroll. Looking for ideas to make the process more seamless.

- Dan why can't we auto enroll? Chiqui responded we do not have the authority to do so. HealthCare.gov's system will not allow. Some states are thinking about and proposing legislation - looking at a possible crosswalk to lowest cost silver plan. Other states are going to have millions of people going through this process.
- Sean said currently when someone is cross walked they are concerned going to collections if they select a different plan. If that could be clarified in outgoing notices that would be great.
- Chiqui reiterated that there is no auto-enrollment or crosswalk. We want to provide as much info as possible and for consumers to know their.

**Medicaid to
Marketplace**
02:32:22

Katie Button reviewed the Medicaid to Marketplace proposed plans.

See Pages 17-21 of handout package for a copy of the presentation

- Andrew T. asked that with the algorithm why not use primary care provider (PCP) assignment that most CCOs require? Some PCPs don't take commercial coverage.
- Andrew T. asked if also on the carrier level if the CCO pay rate is not as high as commercial? Katie agreed that the pay rate is slightly higher.
- Jeremy said we are not trying to solve a problem of plan usability. We know there is significant churn of people who are eligible but are not on OHP. Now that people are on OHP and remained on due to continuous coverage, the churn has stopped. There is confusion with the transitions, which is challenging. Focusing on continuity of care, not premium costs.
- Dan mentioned that if you could solve the administrative gap, then it helps the financial gap going to low cost sharing when coming from no cost sharing. It's important to make it administratively easy and financially seamless.
- Andrew T. said he doesn't know other plans very well but he knows HealthShare, and moving CCO carriers to the Marketplace can be messy. Katie responded that this will be a plan on the Marketplace using commercial with CCO.
- Linzay said that a bridge plan adds a different level of complications. Suggested a premium assistance program to help with getting a Marketplace plan. If we educate people we can help to lower their out-of-pocket costs.
- Sean said one of the benefits of a bridge plan is that it can give the state practice for a public option. Reluctant to want to create more assistance programs because they can still have gaps, and creating more programs increases the complexity, not decreasing it.
- Shanon said the maximum out-of-pocket (MOOP) can be impactful, and making sure consumers are aware when their benefit periods ends. American Rescue Plan Act (ARPA) may not be available in 2023, which can impact consumers already dealing with the PHE. Continuity of care is the most important part.
- Kraig commented, would the bridge plan become effective Jan. 1, 2023 we will need to start in Fall. It could possibly create a disruption in Marketplace migration.
- Dan wanted to express the great work done by Katie, Jeremy, and others. Other states should be doing this work.
- Maribeth wonders if legislature can help what we are working on? Jeremy shared that House Bill 4035 is a placeholder bill for what we may need for resources, budgetary impact, and to reduce churn. Considerations include, are we looking at just this redetermination period or are we looking more long-term?

Public comment None given
02:54:02

Departing members
02:54:53

Chiqui Flowers went over which members who are terming out in Feb. 2022 and gave them the opportunity to speak about their service.

See Page 22 of the handout package for a copy of the presentation.

- Shona Butler was unable to attend this meeting and Shanon expressed her gratitude for her service as a fellow representative of the agent community.
 - Dan Field – it has been a real honor and this was a great last meeting. Great experience and I am sad to be leaving after six years. Thank you everyone, honored to play a small role.
 - Jim Houser – never imagined becoming so deeply involved. Honored to participate. Thanks to Jeremy, who encouraged me to become involved and Katie, who has known since Cover Oregon. Learned a lot, and hope I have contributed. Will continue to advocate in creating a state-based Marketplace (SBM) system.
 - Sean McAnulty – been a truly gratifying experience, I also support an SBM and encouraging hospital assistance programs.
 - Ken Provencher was unable to attend this meeting. Shannon stated that it was great to have him on this committee for the carrier side of things.
 - Shanon Saldivar – I feel like I have had a valued seat at the table. This was my first time on a committee. I feel like I have been listened too and informed.
 - Chiqui – thank you all for spoiling us and making this fun. This was my first time as a committee advisor. Will still invite departing members to future meetings. New members, pending senate confirmation, are: Ines Kemper, Andrew Tarab, Paul Harmon, Gladys Boutwell, Om Sukheenai, Nashoba Temperly, and Lindsay Hopper. Thank you for accepting the challenge.
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Wrap up & closing
03:02:33

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

We will be having a meeting before then for the 2023 assessment rate hearing. There may be meetings coming out of the 2022 legislative short 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, Jan. 27.