

Health Insurance Marketplace Advisory Committee Meeting Minutes

DRAFT

When: July, April 17, 2025 – 9 a.m. to 12:00 p.m.

Where: Virtual via Microsoft Teams

Committee members: Gladys Boutwell, Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper (chair), Shannon Lee, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly (vice chair), Joann ZumBrunnen

Members not present: TK Keen, Kathleen Orrick

Other presenters: Dorocida Martushev, Sean McNulty, Jesse O'Brien, Tashia Sizemore, Cassie Soucy

Marketplace staff: Anthony Behrens, senior policy advisor; Amy Coven, communications and public engagement analyst; Chiqui Flowers, director; Victor Garcia, operations advisor and program liaison; Dawn Shaw, office support coordinator

Agenda item and time stamp*	Discussion
Welcome, roll call, guidelines, approval of minutes	<p>Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the June 20 & June 26 assessment rate meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-4 for June 20 minutes, pages 5-6 for June 26 minutes, and page 7 for meeting protocols.)</p> <ul style="list-style-type: none">• Approved June 20 and June 26, minutes.<ul style="list-style-type: none">○ First motion to approve – Ron Gallinat○ Second motion to approve – Stacy Carmichael○ Ayes – Gladys Boutwell, Stacy Carmichael, Charlie Fisher, Ron Gallinat, Paul Harmon, Lindsey Hopper, Shannon Lee, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly, and Joann ZumBrunnen○ Nays – none• Our new DCBS (Department of Consumer and Business Services) ex-officio TK Keen was unable to attend and we will be doing the official welcome during the October meeting.
OHP Bridge updates 7:23	<p>Presenter: Sean McNulty, OHP (Oregon Health Plan) Member Communications Coordinator, and Amy Coven, Marketplace Communications Coordinator (See pages 8-10 of the handout packet for a copy of the slide deck)</p> <ul style="list-style-type: none">• Charlie wondered about the open enrollment coverage gap communication with members about paying the bill or if they paid the bill how to get reimbursed. Sean explained that we recently found out that about 1,500 people were affected and we are sending out notices. We can see the application dates and when they started OHP Bridge. For reimbursement the provider will need to send the bills into the CCO (Coordinated Care Organization) and any reimbursement will be handled through the provider.

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- Stacy asked what the communication from the Federally Facilitated Marketplace (FFM) will look like when someone applies and when coverage starts. Sean replied that unfortunately, the communication is currently minimal with the federal platform, it states that the applicant is potentially eligible and the application has been sent to the state for review.
 - The open enrollment coverage gap is going to exist going forward, it is not a one-time occurrence. OHA is trying to come up with a mitigation plan for next year. We expect when we have our state-based platform we will be able to make the communication clearer and more customized. When we receive information from the Marketplace the OHP notice has been updated to have the member go back and update the Marketplace about the approval.
 - Lindsey asked if Minnesota and New York, who also implemented Basic Health Programs, experienced this issue and what their solution has been. Sean will check to see if that has been looked in to.
 - About 1,000 to 1,100 are affected by the Annual Income Lower Limit policy correction.
 - Joann asked for clarification on applying for OHP and if it goes through the Marketplace. Sean clarified that OHP eligibility is determined through a separate system. Primary notifications will be coming from the ONE (OHP) eligibility system, the Marketplace will be doing some additional direct outreach to help.
 - Joann also asked if providers are being notified that there could be an issue with coverage changes from August 1 to the end of September. Sean indicated that there isn't a lot of direct to community provider communications channels so limited communications going out.
 - Lindsey inquired how this issue was identified. Sean informed that the system was built incorrectly and was unsure how the problem was identified. Will follow up and report back in a future meeting.
 - Om asked to confirm that the time frame for redetermining eligibility and member notification was July 15 to July 31, 2025, and if there would be a grace period. Sean confirmed the notices went out July 16 with an OHP closure date of July 31. Unfortunately, there is not going to be a grace period in order for the program to remain in compliance and protect the trust fund. Om also asked about the accuracy of the income information. Sean informed that it is up to members to ensure that their income is updated. Anyone whose income was updated prior to July 15 will be assessed using the updated income.
 - Nashoba added from the community partner side that they had received the list of affected members. It is integral that they indicate that they have a Medicaid denial in the Marketplace application so that they are not stuck in a loop. He advocated for a reminder in Marketplace partner communications. Amy agreed to include in upcoming partner updates.
 - Charlie asked how many people were affected. Sean indicated that approximately 1,015 are losing coverage and another 100 needed to submit information so the system could fully process them. The 100 will be getting a request for information to confirm if they are affected.
 - Stacy asked about what steps were being taken to ensure this doesn't happen again and recommended this would be a good topic for a follow up.
 - Joann queried if we had a county breakdown of the 1,500. Sean informed that we do not have that data yet.
 - Lindsey wanted to make sure she understood reconciliation process of third-party insurance was going to be an ongoing manual process. Sean confirmed that she understood correctly. The reconciliation backlog goes back to July 2024 and will investigate how they plan to flag these in a timelier manner in the future.
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SBM project updates
54:39

Presenters: Victor Garcia, Marketplace Operations Advisor & Program Liaison and Dorocida Martushev, SBM (State-based Marketplace) Project Manager.
(See pages 11-12 of the handout packet for a copy of the slides.)

- Zach Austin from Regence and Bridgespan plans asked if there is a date for carriers to engage with GetInsured. Victor responded that it depends on when the contract is executed, and the carrier kick off meetings are scheduled after. Hopefully the later part of Q3, around September.
- Zach from Regence also wanted to make sure that the carrier dates on testing are communicated to the carriers as soon as possible.

Public comment
1:18:17

Om made a comment on behalf of a consumer, hoping that the OHP Bridge start date communication can be an easy communication. I don't know how the consumer will reach out, by phone, text, or email. She had a walk in client that tried to contact OHP but no one answered at the 800 number or the ODHS (Department of Human Services) in the county. She hopes that there will be a lot easier process for the cleanup and clarification of communications with instructions to go back to the doctor to rebill. Amy is doing the best to communicate with affected members on the Annual Income Lower Limit issue that people going to lose the OHP Bridge by the end of the month and how to get other coverage, pending receipt of member contact information.

2025 CMS Marketplace Integrity & Affordability Final Rule overview
1:20:27

Presenter: Anthony Behrens, Marketplace Senior Policy Advisor.
(See pages 12-13 of the handout packet for a copy of the slide deck)

- Gladys questioned the allowance of coverage denials. For example, someone owed a premium for November 2025, they wouldn't be able to enroll for January 2026 and the carrier could back date termination to October 31. How would that show up on a third party platform like HealthSherpa? Anthony responded that the carriers could handle the situation in the example but does not have any clear implementation guidance at this time. We will be sending out information to interested parties as soon as we get it.
- Gladys had a follow-up question about how will brokers be advised on DACA (Deferred Action for Childhood Arrivals) recipients if they didn't specifically code them, so we can reach out to them. Chiqui acknowledges the frustrations and has raised the concerns about operationalizing the new federal guidelines and recommends keeping an eye out for bulletins from CCIIO (Center for Consumer Information and Insurance Oversight).
- Paul has seen an estimate of 5 to 10 million fewer Marketplace consumers nationwide due to the Program Integrity Rule and wonders if we have an estimate of how many of those will be Oregonians. Chiqui replied that we do not have that specific data at this time.
- Joann also was curious about the impact to Oregonians because of the Program Integrity Rule. Tashia from DFR (Division of Financial Regulation) stepped in and informed that as part of the rate review process carriers were asked about DACA enrollees and carriers advised there will be a small impact to the individual market. There will be a lot of monitoring to see what the final impact will be and there are quarterly enrollment reports.

Network Adequacy overview and updates

Presenter: Jesse O'Brien, DFR Policy Manager.
(See pages 13-14 of the handout packet for a copy of the slide deck)

- No additional questions were asked.
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1:41:37

2025 Rate Filings overview and updates; Provider Contracting overview

2:02:18

Presenters: Tashia Sizemore DFR Life & Health Insurance Product Regulation & Compliance Manager and Cassie Soucy, DFR Property & Casualty Insurance Production Regulation & Compliance Manager

- Due to the Program Integrity Rule, confusion, and uncertainty in the market we allowed for extra time to collect information from insurers this year especially on DACA and gender affirming care.
- We do not have final rate decisions currently but are reporting generally. Rate requests we are seeing are individual market increases 3.9% to 12.9%, small group increases 5.1% to 21.5%
- The cost of utilizing healthcare and the unit cost of obtaining care is going up. Unit costs are going up due to medical inflation, provider contractor changes, and intensity of medical care. Care modalities like more ambulatory care, mental health care, preventative services, and prescriptions. Higher utilization and lower costs.
- Working on getting the final rates posted on the website by the end of the day and will discuss them at the next public meeting for the insurers to either request additional consideration or accept the final decision is scheduled for Monday. At this point we do not think we will be opening a public comment period for the second rate meeting. You can engage by joining the meeting or watching the recording. Any concerns can be addressed by contacting the consumer advocacy unit or filing a request for consideration.
- PacificSource filed to move their individual market plans from a PPO (preferred provider organization) type to an EPO (exclusive provider organization) network type. Overall, this is a supported decision. This change will be narrowing their networks.
- Several insurers announced changes to their formulary for a popular biologic - for 2026 or that have already been implemented mid-year. A biosimilar for a popular autoimmune disease drug has been released - this may cause some consumer abrasion as they shop for plans so I wanted to make sure agents and producers were aware of this change.
- DFR has a product compliance team that investigates network adequacy issues, pharmacy benefit manager, and provider complaints even though their jurisdiction is limited.

SBM branding initiative

2:21:28

Presenter: Amy Coven, Marketplace Communications & Public Engagement Analyst. (See pages 16-19 of the handout packet for a copy of the slide deck)

- No additional comments.
- Will be sending out an email for additional feedback due to Amy (amy.coven@oha.oregon.gov) by the end of the month.

Public comment, wrap up & closing

2:38:24

- No public comment
- Next meeting is October 16, 2025, and will discuss baseline workplan for 2026.

*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 2025 Meetings, July 17.