

Health Insurance Marketplace Advisory Committee Meeting Minutes

Thursday, July 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, Andrew Stolfi (ex-officio), and Nashoba Temperly

Members not present: Kathleen Jonathan, Holly Sorensen, Om Sukheenai, and Drew Tarab

Other presenters: Stephanie Kennan, Tashia Sizemore, Leann Johnson, and Vivian Levy

Marketplace staff: Katie Button, plan management analyst; Chiqui Flowers, administrator; Victor Garcia, operations development specialist; and Dawn Shaw, office support coordinator

Agenda item and time stamp*

Discussion

Welcome, meeting guidelines, and approval of previous meeting minutes

Introduction of committee members and staff
See Pages 1-2 of handout package for a copy of the agenda. Page 1 of the slide deck for the meeting guidelines. Pages 3-7 of the handout package for a copy of the April minutes.

- Approved April 21, 2022, minutes.

Education Series: Marketplace Plan Management 3:10

Katie Button reviewed the Marketplace plan approval process.
See Pages 2-8 of the slide deck for a copy of the presentation.

- Acronym definitions
 - ACA – Affordable Care Act
 - CSR – cost sharing reduction
 - FPL – federal poverty level
 - OOP – out-of-pocket
 - SBM-FP – State Based Marketplace on the Federal Platform
 - PCP – primary care physician
 - CMS – Centers of Medicare and Medicaid Services
- Maribeth wondered if the Window Shopping Tool includes information about physicians. Katie indicated that it does include information about providers and hospitals, but not all facilities. Tried to get the information cleaned up to show better information. Our provider lists and hospital lists are cleaner than the HealthCare.gov lists.
- Maribeth asked why Oregon doesn't have any platinum plans. Katie responded that they were not as popular and the insurance companies chose to offer the other tiers instead.
- Kraig questioned on how the Marketplace gets feedback on discretionary considerations on the standard plan. Katie replied that both the DFR rulemaking process and receiving feedback from consumers through complaints. The Marketplace makes sure that any changes have a positive impact.
- Ines queried if there is a way for consumers to compare the plans apples-to-apples/oranges-to-oranges. Katie replied that through the Window Shopping Tool there is a way to put in your physician and prescriptions. To make sure that



the consumers are making informed choices the best way is to contact a local agent or community partner to go over the options.

2023 preliminary private health insurance rates 23:05

Tashia Sizemore, the DFR (Department of Financial Regulation) Life & Health Program Manager discussed the 2023 private insurance rate approval process.

- Did not have a slide deck due to the rates not being finalized. Will come back after the final rates are approved for another presentation.
- DFR works with Katie to make sure the plans work the way that they are supposed to.
- Changed the timeline so rate review hearings are not around the 4th of July holiday.
- There will be meetings next week to review the forms and binders.
- Individual and small group plans continue to show stability.
- 2021 claims are coming up higher most likely due to COVID.
- For 2023, there are no carriers leaving or new carriers providing plans.
- When reviewing plans medical trends and legislative changes for 2023 are considered.
- CMS did change the AVs (actuarial value) for 2023.
- Rate increases are ranging from 2.3% to 12.6% for the individual market, 3.5% to 10% for the small group.
- Will be sharing rate information with the Cost Growth Task Force. Seeing a trend exceeding the 3.4% benchmark.
- Kraig mentioned that the increase in rates do not affect just Oregon and are nationwide. Tashia indicated that the rates are increased nationwide to go along with inflation, will be discussed in the rate hearing. Insurance Commissioner Andrew Stolfi stated there is some concern that rates are up due to medical usage.
- There has been increased utilization due to people putting off normal procedures due to COVID.
- DFR has worked to make the rate review process better. The presentations are now recorded and PowerPoints will be posted. Tashia invited all to attend.
- Linzay mentioned that cost is a major factor with her clients. She works with clients with low income. Some consumers may not enroll due to cost or get surprised with rates when plans roll over. Rates are higher but cost of living adjustments and wages have not increased.

Federal health policy updates 40:07

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).

- Right now, things in Congress are hectic due to a desired August 5 recess.
 - New life is being breathed back into budget reconciliation. They are determining what they want to cut or increase. It is at Ways and Means to come up with plans. There will need to be a majority vote for the reconciliation to pass.
 - Build Back Better Act died in the Senate. Parts may still be used in other bills like the extension of tax credits.
 - “Byrd bath” – reconciliation must directly affect federal funding.
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- Lindsey had a question about silver loading. Stephanie indicated that talk keeps coming up but there are no plans yet.
 - Explanation of silver loading: In the early years of the ACA, the federal government made payments to insurers to compensate them for the cost of providing these cost-sharing reductions (CSRs). Following a legal dispute over whether the ACA appropriated the funds needed to make CSR payments, the Trump administration ended these payments in 2017. Insurers responded by raising the premiums they charged for silver plans to offset the now-uncompensated cost of continuing to provide CSRs, a practice commonly called “silver loading.”
- Kraig – was concerned with ARPA subsidies but it looks more positive going forward.

Break
53:40

Public comment
1:05:59

None given.

Meet the Oregon Health Authority Director
1:06:44

- Pat Allen, the Director of the Oregon Health Authority introduced himself to the new members and discussed his priorities.
- Great gains were made in getting people insured during the pandemic, progress with the African American community and health coverage for children regardless of citizenship.
 - Health insurance is a pathway for better health care.
 - With the PHE (public health emergency) unwinding, there will be around 1.4 million Oregonians going through the redetermination process for OHP (Oregon Health Plan). 300,000 people could potentially lose coverage. Some states are choosing not to do anything about this issue. Oregon will be working to minimize people who are uninsured.
 - Trying to minimize impact changes that are being made to other areas.
 - Biggest strategic goal is ending health inequity by 2030.
 - Wants to make sure that everyone has access to healthcare. What the state has been doing isn't working and needs to change.
 - Political dynamic has changed, especially with the discussion around a state-based marketplace.
 - Ron asked if the 40% that OHA has covered only count people on OHP. Pat indicated that it includes Medicaid, Healthier Oregon Program, OEBC (Oregon Educators Benefit Board), and PEBB (Public Employee Benefit Board).
 - Kraig was glad to hear that the SBM is becoming more of a reality.
 - Kraig wondered what lessons were learned during the pandemic. Pat replied that we have increased modernization and have built up relationships with the community.
 - Learned a lot about trust and humility.
 - Ines queried if Oregon is considering universal health care. Pat responded that there were different ways that could happen. We could build on existing



programs or throw it all out and have one system. SB 770 has a work group currently looking at the large scale issues.

**Education series:
OHA's Equity &
Inclusion Program**
1:24:50

Leann Johnson presented information on the Oregon Health Authority's Equity and Inclusion program.

See Pages 10-13 of the slide deck for a copy of the presentation.

- Kraig appreciated the overview and wanted to know how we can incorporate this into our work. Leann stated that she will be having conversations with Chiqui about any concerns and will be available as a resource.

**Medicaid
Redeterminations
update**
1:43:54

Vivian Levy reviewed the plans for the Medicaid redeterminations.

See Pages 13-16 of the slide deck for a copy of the presentation.

- Most likely the PHE will be bumped out to January. We should know in August if the PHE will be extended.
- Notices will be going out at 30 days and 60 days. Consumers will have 60 days to enroll with no gap in coverage.
- Ron wondered about a regional approach on renewals to avoid overloading the community partners. Vivian stated we have set up a flexible process to move things around.
- Linzay asked if community partners (CP) are available to request flexibility. Vivian responded that not on individual case level. We will be looking to create reports to send out to CPs to do targeted outreach.
- Linzay also wanted to know if people are on OHP and over income elect to drop due to increase in income, is that being considered? Vivian replied that they are building a temporary Medicaid group for those below 200% FPL spread out so they will remain covered. For those above 200% FPL, we are looking at when to sequence this group to get the most out of their Marketplace coverage.
- Linzay additionally questioned if someone could voluntarily drop. Vivian indicated that could be problematic because to get tax credits they will need a closure notice that they wouldn't get with a voluntary disenrollment. Current guidance indicated a consumer may voluntarily terminate their Medicaid coverage, and then apply and enroll in Marketplace coverage, provided they are above Medicaid income levels, and not eligible for Medicaid under any other eligibility provisions. They still must do this within two months of the end of their Medicaid coverage.
- Paul assumed more time is better, is there a better time of year resource wise that would increase our odds of transitioning better. Vivian did agree that January would be very problematic due to open enrollment and the holiday season. Would like to align with other programs, like SNAP (Supplemental Nutrition Assistance Program) to make sure we get higher numbers contacted.
- Kraig thanked Vivian for the presentation and wondered if there is any coordination with the Marketplace and the community partner groups for people outside of the Medicaid system. Vivian indicated that there has been guidance from CMS. It is better that the Marketplace is a part of OHA now so there is a more coordinated effort.
- Chiqui stated that HealthCare.gov is limited on what we can and cannot do. We are going to get a list of people who are no longer eligible. We will have a call center set up to help find community partners and agents. We want to inform

consumers which plans could be the best options based on cost and providers. Chiqui added that there is a self-attestation on Healthcare.gov, more to come.

**Bridge Program
Task Force
updates**
2:17:20

Timothy Sweeney and Lindsey Hopper presented updates on the Bridge Program Task Force.

See Pages 16-20 of the slide deck for a copy of the presentation.

- There could be a potential federal funding of \$500 per member per month.
- Meeting every other week.
- Doing scenario planning on a broad scale and it is challenging to get short term answers. Building potential recommendations.
- Ines asked about silver loading.
 - Explanation of silver loading: In the early years of the ACA, the federal government made payments to insurers to compensate them for the cost of providing these cost-sharing reductions (CSRs). Following a legal dispute over whether the ACA appropriated the funds needed to make CSR payments, the Trump administration ended these payments in 2017. Insurers responded by raising the premiums they charged for silver plans to offset the now-uncompensated cost of continuing to provide CSRs, a practice commonly called “silver loading.”
- Paul wondered about timing, what are the odds that it will be available for the PHE unwinding. Tim responded that that we are working on an 1115 waiver eligibility category that will keep eligible people on OHP. They will be there until the Bridge Program is up and running.
- Chiqui informed that if anyone who wants to provide public comment on the Bridge Program meetings is free to do so. The next HIMAC meeting is planned for October. We could potentially have a meeting sooner in a separate meeting if needed. Members can request additional meetings. Tim stated that there will be a Bridge Program Task Force meeting October 4, there will be updates for the October meeting.

**Committee
business**
2:46:58

Kraig Anderson and Chiqui Flowers discussed the new charter and baseline program. Call for nominations for upcoming chair and vice chair position elections. *See Pages 8-11 of the handout package for a copy of the charter and baseline work plan.*

- Gladys and Nashoba are trading off as HIMAC representatives on the Community Partner Work Group.
- New charter and baseline work plan reviewed and approved by the committee.
- Email Chiqui any nominations for chair and vice-chair by July 31, even if the nomination is yourself. If nominating for anyone other than yourself the individual will be contacted to see if they are interested in the position.

**Public comment,
wrap up & closing**
2:50:59

No public comment given.

Next meeting will be Thursday, October 13, 2022, 9 a.m. to noon.