

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, July 20, 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, Lindsey Hopper (vice chair), Ines Kemper, Holly Sorensen, Om Sukheenai, Andrew Stolfi, Drew Tarab, and Nashoba Temperly

In person – Kraig Anderson (chair)

Members not present: Joanie Moore, Shannon Lee, and Danielle Nichols

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

Marketplace staff: Katie Button, plan management & policy analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; Nina Remple, marketplace transition project manager; and Dawn Shaw, office support coordinator

Agenda item and time stamp*

Welcome, roll call, meeting guidelines, and approval of previous meeting minutes

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the May 25 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the May minutes, and pages 7-8 for the meeting guidelines.)

- Approved May 25, 2023, minutes.

Federal health policy updates 14:01

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).

- Debt ceiling crisis was averted, but appropriations is still an issue. Congress out at the end of July. Appropriations will need to be taken care of before the end of the fiscal year on September 30. Some of the debt reduction can take levels back to 2019.
- Proposition to reverse a Trump era regulation about short-term health plan coverage. It will include requirements to make sure the consumer knows what they are buying. Some would like to get rid of the short-term plans.
- Another proposed bill will close loopholes in the No Surprises Act where insurers can contract with a hospital and claim that the hospital is not in the network. Guidance is to make the consumers aware of network status and if there will be additional fees.
- HHS, Treasury, and Consumer Financial Protection Bureau are getting more information about medical credit cards and are looking to restrict them due to high interest rates.

- PBM (pharmacy benefit managers) bills are in multiple committees. They would like to delink PBM revenues from the price of the drug to help lower drug costs and get more transparency.
- Discussion is going on to extend regulations to have hospitals be clear on what a service cost.
- Kraig was concerned if the appropriations would affect the individual market. Stephanie replied that what could be affected is funding for Navigators, but likely there will be small cuts around the board.
- Andrew did inform that Oregon put a cap on short-term plans at three months. DCBS is looking into this and understands that Oregon will be allowed to keep the rule in place.

Basic Health Program updates
26:24

- Timothy Sweeney, Katie Button, and Nikki Olson presented updates on the Basic Health Program (BHP)
(See pages 9-17 of the handout packet for a copy of the slide deck.)
- Kraig is encouraged that the BHP is happening and will support.
 - Drew wondered if the communication plans are overly effective and if that would make the planned gradual migration to a faster migration. Katie noted the concern and will be passing it along.
 - Maribeth was concerned that there will be some redundancy in communication, with consumers being overwhelmed by multiple notices.
 - Om expressed concern about consumers having access to providers because people on OHP already have a hard time finding a provider. Another concern is increased premiums for people remaining on the Marketplace. Tim responded that there will be an increase in the premium and there is work to make sure plans are still affordable. Nikki informed that the access to care issue is being investigated and they are working with providers.
 - Paul is happy that carrier meetings are happening and wondered how we reach members who will have increased premiums, so they are not surprised.
 - Maribeth had been reading about other states approaches and most are just disenrolling people from Medicaid and Oregon is unique in our approach to make sure people stay on Medicaid.
 - Kraig acknowledged that Oregon is doing a good job and wanted to know if people remaining on the Marketplace in 2025 are those who are auto reenrolled. Katie replied that everyone will be auto enrolled but will not get tax credits unless they have given CMS approval to redetermine them. She will add it to the list of things to look into so there is a clear answer.
 - Lindsay added that BHP messaging is more complex than redeterminations.

Public comment & break
1:07:44

None given.

2024 rate filings updates
1:18:43

- Tashia Sizemore and Katie Button went over the 2024 rate filings.
(See pages 19-24 of the handout packet for a copy of the slide deck)
- The DFR (Division of Financial Regulation) did have to adjust the schedule this year due to pending legislation through HB 3008. Rate hearings were moved to August 4.
 - Rates are coming in higher than previous years and following the medical trend of 6.2% for the individual and 8.2% for the small group.
 - Samaritan did leave the small group market. There is a stable number of insurers in the individual and small group market.
 - Insurers were asked about impact of staffing on rates, and for the most part insurers anticipated this issue and worked it into their rates.

- Rate hearings will be virtual, allowing for a broader range of Oregonians able to attend.
- DFR [rate hearing](#) page
- Email tashia.sizemore@dcbs.oregon.gov for any questions.
- Paul commented that the representation on HealthCare.gov was not very informative.
- Drew wondered if the 2021 data was being used for reviewing rates or was it 2022? Tashia had left the meeting, so Katie would be passing the question on to her.
- Om asked for further clarification for the three \$5 visits. Katie reviewed the slides again for clarification on the visit types.
- Definitions for acronyms in slide deck:
 - MOOP – maximum out-of-pocket
 - CSR – cost sharing reduction

2023 legislative session updates
1:38:21

- Phil Schmidt presented the bills of interest for the Marketplace during the 2023 legislative session.
(See pages 25-27 of the handout packet for a copy of the slide deck)
- The log jam caused by the walk out was relieved when the legislature came back and approved a lot of bills.
 - Measure 111 is the Right to Healthcare amendment.
 - HB 2002 on reproductive rights was the cause of the walkout.

SB 972 and SBM transition update
2:02:46

- Chiqui Flowers and Victor Garcia went over SB 972 and the SBM transition timeline.
(See pages 28-30 of the handout packet for a copy of the slides.)
- The bill has not been signed by the governor, she has 30 days to do so, and it is a priority.
 - Chiqui is going to be the project sponsor and Victor has agreed to be the business lead.
 - Other state exchanges are happy to help with the creation of our SBM.
 - Maribeth had a question about the stage gate process and if the approvals must be given by legislators during session or can they happen in the interim. Victor will check on this, but the understanding is that it can be approved in the interim.
 - Kraig attested to all the work the committee has done to help with the SBM process.
 - Drew is wicker excited for this, was wondering if there will be other forums to have stakeholder input. Chiqui hopes to provide the baseline plan in September which will include potential engagement opportunities. Victor will be getting feedback before the RFP (request for proposal) and will be asking for it throughout the process.
 - Chiqui stated we will be working with the ONE system so the process is as seamless as possible. Email Victor or Chiqui with any questions in between meetings.

Unwinding continuous eligibility in Oregon
2:08:49

- Vivian Levy discussed the plans for the upcoming Medicaid redeterminations.
(See pages 30-34 of the handout packet for a copy of the slides.)
- Om requested clarification on how Healthier Oregon ties in with the unwinding. Vivian informed that Healthier Oregon was passed before the end of the public health emergency was known. Healthier Oregon was only partially expanded to a few age groups. Waiting on budget approval to see when Healthier Oregon can be expanded. There are two different changes happening at the same time.
 - ORRAI - Office of Reporting, Research, Analytics, and Implementation.
 - Kraig was confused about the circles on slide 81. Vivian agrees the percentages don't make sense and is going to go back and get clarification.
 - Vivian encourages comments be emailed to feedback@odhsoha.oregon.gov, the email is staffed and will actively respond.

Marketplace transition project updates
2:30:00

Nina Remple, the marketplace transition project manager, provided updates on how the transition is going.

(See pages 35-36 of the handout packet for a copy of the slides.)

- Chiqui requested any feedback from the community about how redeterminations are going.
- Gladys wondered why calls were getting directed to HeathCare.gov. Vivian clarified it is directed to OregonHealthCare.gov.
- Holly commented that the first round seems to be those that are 65 and older or on a non-MAGI (modified adjusted gross income) Medicaid. NEON (Northeast Oregon Network) has been making referrals to local agents and walking them through the ONE system prompt.
- Nashoba with Cascade AIDS Project reports some hesitancy and confusion. Self-employed individuals are confused about submitting RFI (request for information) regarding income statements and future estimation forms. Vivian will have the team look at the forms and try to make them clearer.
- Chiqui reminded that Marketplace open enrollment is November 1. If there is any way to lessen the confusion, we would love to get that feedback.
- Holly has seen some confusion with notices referring to another notice, but they can't find or did not get the other notice. Vivian agrees that is very confusing and is looking at combining some of the notices. Nina reported that the Marketplace call center has been getting calls about the letter confusion. One notice will indicate they lost benefits and they will go and enroll in a Marketplace plan, only to get a notice that they still have benefits.
- Om had a client that is a family of five, but only four of them got OHP. Vivian supposed that it could be how the family is doing the tax filing. Om had a follow up question on how the unhoused are getting notifications. Vivian stated that there is a network of community partners that help get the work out. Other methods are emails and texts, along with marketing campaign. It is a challenge.

Public comment, wrap up & closing
2:49:24

Next meeting will be Thursday, October 12, 2023, 9 a.m. to noon. Unless notified otherwise the meeting will be a hybrid of virtual and in-person. In that meeting we will be discussing updates on open enrollment, Marketplace Transition Project, and BHP. We will be inviting Tim, Laurel, Nikki, Katie, and Tashia Sizemore back for updates.

SBM is going to be added to the 23-23 basic work plan. A draft will be emailed out prior to the October meeting.

Look out for 2024 meeting schedule to be emailed out in the next couple of months.

*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, July 20.

Minutes approved: October 12, 2023