



Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, October 13, 2022 - 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: Kraig Anderson (chair), Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Lindsey Hopper (vice chair), Ines Kemper, Joanie Moore, Linzay Shirahama, Holly Sorensen, Andrew Stolfi (ex-officio), Om Sukheenai, Nashoba Temperly, and Drew Tarab

Members not present: Kathleen Jonathan

Other presenters: Stephanie Kennan, Ali Hassoun, Tim Hinkle, and Tim Sweeney

Marketplace staff: Katie Button, plan management analyst; Amy Coven, stakeholder and communications analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; and Dawn Shaw, office support coordinator

Agenda item and time stamp*	Discussion
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Welcome, meeting guidelines, and approval of previous meeting minutes	Introduction of committee members and staff <i>See Pages 1-2 of handout package for a copy of the agenda. Pages 1-2 of the slide deck for the meeting guidelines. Pages 3-5 of the handout package for a copy of the July minutes.</i> <ul style="list-style-type: none">• Approved July 21, 2022, minutes.
Welcome Joanie Moore 1:07	Kraig Anderson introduced our newest member, Joanie Moore. <ul style="list-style-type: none">• Our new tribal representative.• Native Oregonian and human resources analyst with Cow Creek Band of Umpqua Tribe of Indians in Roseburg.• Licensed health, life, and property and casualty agent in Oregon since 2003.• Has worked with tribes in Washington, Oregon, Idaho, and a few in the Midwest.• Not a tribal member but has worked with the tribes.
Meet the Interim Health Policy and Analytics (HPA) Director 3:43	Ali Hassoun, interim Health Policy and Analytics (HPA) Director introduced himself to the new members and discussed his priorities. <ul style="list-style-type: none">• Worked in public service for 24 years, first with the Department of Administrative Services (DAS). Working with statewide policy issues and development of agency budgets.• Part of the Public Employees Benefit Board (PEBB) / Oregon Educators Benefits Board (OEBB) leadership since 2012. Will be working with PEBB/OEBB as well as being the interim HPA director.



Federal health policy updates

7:12

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).

- Inflation Reduction Act has been extended until 2025. They calculate that it would cost \$25 billion per year to make it permanent.
- Family glitch fix rule came out Tuesday [October 11]. The proposal didn't change much from the draft. Entitles low income Americans to get premium assistance if their employer or sponsored insurance doesn't reach certain thresholds. Should affect 5.1 million people. Mostly administrative and not a perfect fix.
- Surprise billing rule was finalized in August. There are some lawsuit issues by Texas due to some provisions the Centers for Medicare and Medicaid (CMS) left out from the Ways and Means bill that were important for the providers.
- They have funded the government through December 16.
- It is an election year so some work has been held off. Some healthcare topics on the table are telehealth, expanding mental health services, and opioid treatment.
- Public Health Emergency (PHE) may be extended until 2023.
 - There is a push to eventually make COVID vaccines vaccines are no longer covered by the government.
 - Chiqui wondered if 90 days is the furthest it can be extended. Stephanie didn't have an answer and will investigate this.

2023 preliminary private health insurance rates

18:40

Tim Hinkle, the DFR (Department of Financial Regulation) Health Program Actuary discussed the 2023 private insurance rate approval process. *See Pages 8-10 of the handout package and Page 4 of the slide deck for a copy of the county coverage.*

- Tim is presenting on behalf of Tashia Sizemore, who was unable to attend the meeting.
 - 2023 rates are finalized and have been sent to CMS.
 - Was a quiet year with 2.3 to 12.6 percent increases for individual, and 3.4 to 10.6 percent for small business.
 - Mostly approved as filed, some tweaks when the risk adjustment report came out.
 - When filing they look back two years. COVID has affected the rates. Some insurance usage was down due to COVID restrictions, but now they have been lifted more people are going back to receive services.
 - The reinsurance program helps reduce the cost of high cost claims. The program tends to keep premiums down by six percent.
 - Chiqui was curious on how our rate increases compared to the national average. Andrew responded stating he had looked at other states and our rate increases are on the low end.
 - Kraig wondered if there has been a change in the morbidity due to the Inflation Reduction Act. Tim stated it was quiet this year and was like last year.
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2023 plan offerings
29:12

Katie Button went over the Marketplace plan approval process.
See Pages 4-6 of the slide deck for a copy of the presentation.

- Kraig asked Katie about her process and what she is looking for in regards of the plans. Katie informed that she looks to make sure that the plans are meeting all the standards. She also is involved with cross walking plans, making sure the members are going to an equal plan.
- Om questioned people choosing the bronze plan over an HSA (health savings account). Katie responded that HSAs are good for people who can contribute to the plan, but with bronze plans people know exactly what they are getting and the costs associated with their plan. Bronze plans are popular.

Open Enrollment marketing
40:11

Amy Coven presented plans for the 2023 open enrollment (OE) marketing.
See Pages 14-19 of the slide deck for a copy of the presentation.

- Drew asked in chat why the estimate for the percentage of Oregonians covered by insurance in the focus groups were so low. Amy replied that it could be that people may or may not know if their friends or family have insurance. Another possible reason is that people don't realize how accessible insurance is. Confusion between OHP (Oregon Health Plan) and the Marketplace may be a contributor as well. Holly mentioned it may be due to a lack of health literacy.
- Paul wondered what we can do to connect people with Navigators or other resources, would this possibly be helped if we had our own SBM (state-based marketplace)? Amy affirmed that most people do not know that there is free help available.
- Kraig queried if the participants in the focus group were covered by insurance. Amy will need to get back to him on this, as the focus groups were screened by a professional firm to check.
- Joanie questioned which tribal media was included. Amy put in the chat:
 - KBMS-AM and The Numberz
 - KWSO - Warm Springs Radio
 - KCUW - Umatilla Reservation Radio
 - Confederated Umatilla Journal
 - Smoke Signals
 - Spilyay Tymoo
- Don't look for our ads right after Open Enrollment (OE) starts. They will be run after the elections when ads aren't as expensive. Ads will also run heavier during weekends and the holidays.
- We have a small state staff and Community Partners and agents help a lot with making sure we get out into the communities.

Public comment
1:14:38

None given.

Break
1:15:02



Bridge Program Task Force and Marketplace mitigation updates

1:26:07

Timothy Sweeney, Katie Button, and Lindsey Hopper presented updates on the Bridge Program Task Force and the Marketplace mitigation.

See Pages 7-17 of the slide deck for a copy of the presentation.

- On slide 31 there is a meeting scheduled between Nov. 15 and Dec. 13.
- 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.
- Administrative complexity from a member or state perspective have been reviewed, the carrier side is still needing to be explored.
- Potential ideas involve reinsurance, 1332 waiver, reduced or subsidized APTC (advanced premium tax credits).
- Drew wanted to know if the idea of benchmarking gold plans was still on the table. Tim indicated that no ideas are off the table at this point. In some regions this could be detrimental. Gold benchmarking may be more expensive than a pass through.
- Kraig informed the committee that himself, Drew, and Paul are participating in the Carrier Work Group. Chiqui is attending the Carrier Mitigation Work Group.
- Drew pointed out that attempting administrative simplification and levels of subsidies can be complex. There will be winners and losers.
- Holly wondered how the reconciliation process would affect tax filing, would it be on the 1095? Katie responded that it most likely would not be a part of the 1095 but will confirm with CMS (Centers of Medicare and Medicaid Services) to see how the process would work.
- Om asked if, with income fluctuations, would consumers have to pay back the state for any overages. Tim stated it would be unlikely that a consumer would have to pay the state back.
- Maribeth asked if the timeline for the Bridge Program isn't until 2025 would there be contingencies in place when we get our own SBM? Tim stated it is hard to tell at this time and would be revisited down the road. Kraig indicated that the soonest a SBM could be implemented would be OE 2026 for the 2027 plan year.
- Om wondered about the SBM. Chiqui answered that currently we have a legislative concept to put through for the next legislative season. Having our own SBM would make some of the subtleties of subsidies easier than through Healthcare.gov. Legislators need to determine operationally feasible, equitable and all the considerations we need to do for our policy initiatives.
- Linzay wanted to clarify that people who are in the 138 to 200% FPL would be qualified for the Oregon additional subsidy and they're not at risk of repaying that even if their income goes up. Tim stated that those folks would move from the Marketplace to a basic health plan (BHP). Anyone over 200% would be moved to the Marketplace.



- Joanie questioned if we had looked at other states to see what challenges and successes they have had. Tim answered that we have looked at other states and considered Oregon's unique issues around the subsidies. Kraig informed that we have looked at Minnesota and New York's programs. Tim added on Colorado did get a 1332 wavier and Kentucky is looking at building BHPs.
- Feel free to attend next Tuesday morning meeting.
- Kraig pointed out that the purpose of the bridge plan is to reduce churn for those people under 200% of the federal poverty and allow them to remain where they've been, which is on Medicaid. For the most part, because we haven't had redeterminations. So that's the work of the task force.
- Drew wanted to know if the topic of cost shifting had come up. Lindsey stated it had come up and was being considered.
- Chiqui sent out a request from Lindsey to gather information about consumer engagement.

Committee business

2:30:12

Kraig Anderson and Chiqui Flowers called for chair and vice chair position elections and voted on changes to the bylaws.

See Pages 11-12 of the handout package for information on the chair and vice chair nominees, Pages 13-19 for a copy of the bylaws.

- Kraig Anderson was voted in as chair and Lindsey Hopper as vice chair.
- Changes to bylaws based on OHA's focus on health equity by 2030.
- Bylaws were approved and will be updated with Kraig Anderson as the chair.

Public comment, wrap up & closing

2:36:02

No public comment given.

Next meeting will be Thursday, December 8, 2022, 9 a.m. to noon. Due to the timing with OE, it may be challenging for agents and community partners to attend. Until further notice all meetings will remain a hybrid of virtual and in-person.

December agenda items so far include PHE migration, Community Partner Work Group, and BHP updates. A call for agenda items will be sent out in advance of the meeting. Feel free to email Chiqui with topics anytime.

*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, October 21.