

Health Insurance Marketplace Advisory Committee Meeting Minutes

When: Thursday, October 12, 2023 – 9 a.m. to noon

Where: Virtual via Microsoft Teams

In-person at the Barbara Roberts Human Services Building
500 Summer St NE Rm 160, Salem OR 97301

Committee members:

Virtual – Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Lindsey Hopper (vice chair), Ines Kemper, Joanie Moore, Holly Sorensen, Numi Griffith filling in for Andrew Stolfi, Drew Tarab, and Nashoba Temperly

In person – Kraig Anderson (chair), Shannon Lee

Members not present: Danielle Nichols, Om Sukheenai

Other presenters: Stephanie Kennan, Tim Sweeney

Marketplace staff: Katie Button, plan management & policy analyst; Amy Coven, stakeholder & communications 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, assorted business

Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members and staff, review of meeting guidelines, and approval of the July 20 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-6 for the July minutes.

- Approved July 20, 2023, minutes.
- Introduced new OHA ex-officio member, Ali Hassoun.

Federal health policy updates 24:02

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).

- Government funding if there is a shutdown.
 - Currently operating under a continuing resolution until November 17.
 - The House doesn't have a speaker.
 - The Four Corners (House and Senate majority and minority staff of appropriations) can't talk to each other because the House doesn't have any direction.
 - Appropriations covers discretionary spending and does not include Medicare, Medicaid, or Social Security.
 - There are 12 appropriation bills that will have to be passed, individually or packaged together.
 - Contingency plans:
 - HHS retains 58% of the staff, 42% would be furloughed.
 - CMS retains slightly less than half of the staff.

- Medicare is funded through the first quarter of 2024. They are not a part of appropriations.
 - CMS would maintain staff necessary to make payments, CHIP program, federal exchange efforts and eligibility verification. Will use carryover user fees.
 - Work would be much slower due to the lower staff levels.
 - Talk of doing another commission, but the Erskine Bowles Commission done by Clinton did not get used.
 - Possible House speakers are Scalise and Jordan.
- Pharmacy benefit management reform legislation.
 - A bill was to go to the floor but was pulled due to concerns over what could happen under the legislation.
 - Not sure when it will be brought back up due to appropriations and Ukraine/Israel issues when they are back in December.
- No Surprise Act
 - Implementation has been bumpy.
 - House Ways and Means felt their part of the bill was dropped.
 - Four court cases have been filed.
 - Providers feel the system is difficult for them to use.
 - CMS had closed the portal but reopened it on Friday. There is a backlog of claims.
- Gladys was worried that the shutdown could affect her clients that have data mismatch issues and only have three months to clear it up. Stephanie responded that the IRS and CMS are aware of the potential for issues to occur and are discussing options. Things should go forward, but it will be slow.

Basic Health Program updates
42:58

- Timothy Sweeney and Katie Button presented updates on the Basic Health Program (BHP).
(See pages 8-12 of the handout packet for a copy of the slide deck.)
- Blueprint was approved by the Oregon Health Policy Board and formally submitted to CMS on Sept. 14. Anticipated formal approval by CMS should be early 2024, with a July 1 launch of the program.
 - Rule drafting is underway and will be shared publicly later in 2023 in advance of the Rules Advisory Committee process early February 2024.
 - Paul hopes we find a way to find a way through the regulatory challenges and find a way to use state dollars most efficiently.
 - Kraig attended the Carrier Table Meeting and it seems to him that the federal dollars are not an option and we would need to explore state funded options.
 - Numi stated that there will likely be a balance between DCBS and OHA on which subsidies are extended and adjusted. Deciding which pot of money that will be affected. Waivers are a lengthy process and would not allow for a 2025 start date. DCBS is committed to make sure that what ever happens the individual market remains healthy.
 - Gladys expressed concern over giving a flat dollar subsidy and if that was going to create more work for brokers and possibly have consumers selecting off Marketplace for cheaper plans.

2024 plan offerings
1:05:20

- Katie Button reviewed the 2024 plan offerings.
(See pages 13-16 of the handout packet for a copy of the slide deck)
- Kraig asked if metrics are tracked on who accesses the tool. Katie replied that, yes metrics are tracked. There are between 30 and 40,000 users during open enrollment and around 100,000 unique users annually.

**Public
comment &
break**
1:13:40

None given.

**2024 open
enrollment
outreach
and
education**
1:24:56

Amy Coven introduced our new marketing firm, Quinn Thomas, our new color scheme, and reviewed the survey, focus groups, and communication strategies for the 2024 open enrollment.

(See pages 17-21 of the handout packet for a copy of the slide deck, pages 29-45 are supplemental information)

- Kraig wondered if the survey/focus group response was broken down to distinguish between age, income level, gender identity. Amy responded that they did account for demographics and is willing to share the data.
- Chiqui asked if any of the members agreed or disagreed with the research findings.
 - Shannon agreed and as a consumer always tries to figure out what her medical needs will be in the coming year and talks to a broker. Was not surprised by the figures.
 - Gladys as a broker agrees and gave an example of a client with in and out of network issues and confusion on how the bill would get paid and how much everything will cost.
 - Holly as a community partner agrees and thinks that with the plans displaying data in different ways it causes confusion. She is happy that she can refer to an agent to provide help to those with complex needs.
 - Nashoba, also a community partner, echoes the sentiments others have shared. There are several levels of confusion and horror stories. With people engaged in frontline work have to dismantle the fear and confusion.
 - Ali, with a PEBB/OEBB perspective has always tried to make things as personal as possible and it helps when people feel overwhelmed.
 - Ines, as a consumer and cancer patient, feels that confusion comes from not being able to compare apples to apples and having too many plan options that are way to different. If the plans were more uniform it would be helpful.
 - Numi in DFR feels like they do have plans that are uniform, but there may be an issue on identifying which ones are similar. There is always a balance between the carriers and overwhelming choice.
 - Kraig had a question about the 4% and how that number was determined. Amy responded that it is currently our uninsured rate but does not take into account the Medicaid renewals and people coming off of OHP.
 - With our integration with OHA, we are able to work closely with the OHP team to make sure our information is helping people find the coverage that fits them best.
 - Numi asked about the lack of outreach mid December and in January. Amy explained that most people take action before December 15 and with holiday advertising it gets too expensive to advertise.

SBM project
2:17:23

Chiqui Flowers and Victor Garcia went over SBM transition project updates. (See pages 21-24 of the handout packet for a copy of the slides.)

- Paul wondered if there are any parts of the timeline is a concern going forward. Victor responded that the first part of the timeline is less familiar. There is a great team assisting with the vendor selection process, which will be the foundation of the project.
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Marketplace transition project
2:39:48

Nina Remple, the marketplace transition project manager, provided updates on how the transition is going.
(See pages 24-27 of the handout packet for a copy of the slides.)

- Numi clarified that the 40,000 number doesn't mean they are uninsured. Some may have moved out of state or become eligible for Medicare. Nina confirmed that those individuals were being removed from the list prior to sending out the letters.

Public comment, committee business, wrap up & closing
2:50:23

Reviewed and approved the 2024 HIMAC work plan, charter, and bylaws. Updates to the charter and bylaws was required due to SB 966.
(See page 46 in the handout packet for a copy of the proposed 2024 work plan, pages 47-50 for the charter, and 51-57 for the bylaws)

Open enrollment is in 19 days, November 1 to January 15. On our 9th open enrollment on HealthCare.gov.

Next meeting will be Thursday, December 7, 2023, 9 a.m. to noon. Unless notified otherwise the meeting will be a hybrid of virtual and in-person.

*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2023 Meetings, October 12.