



**Oregon Health Insurance Marketplace
Advisory Committee Meeting
October 16, 2025
9 a.m. – noon**

In-person

Barbara Roberts Human Services Building
500 Summer Street NE, Conference Room 160
Salem, OR 97301

Virtual

[Click here to join the Zoom meeting](#)
(You can choose to have the meeting call you)
Phone: 669-254-5252
Meeting ID: 161 139 0345
Passcode: 789030

AGENDA

Time	Agenda Item	Facilitators and Presenters
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and approval of July minutes	Lindsey Hopper Committee Chair
9:15 – 9:20 a.m.	Welcome, TK Keen and Marin Arreola!	Lindsey Hopper Committee Chair
9:2 – 9:30 a.m.	OHP Bridge updates ¹	Sean McNulty OHP Member Communications Coordinator
9:30 – 10:00 a.m.	SBM Project updates ¹ and introduction of GetInsured	Victor Garcia Marketplace Operations Advisor and Program Liaison Dorocida Martushev Project Manager GetInsured Team
10:00 – 10:05 a.m.	Public comment	Lindsey Hopper Committee Chair
10:05 – 10:30 a.m.	2026 health insurance rates ¹ , 2026 plan offerings ¹ and updates to the Window Shopping Tool	Tashia Sizemore Life and Health Product Regulation Manager Division of Financial Regulation Katie Button Marketplace Plan Management and Policy Analyst

¹ As approved in the [committee workplan](#) on 10/17/2024.

10:30 – 10:40 a.m.	Break	Lindsey Hopper Committee Chair
10:40 – 11:00 a.m.	Federal provisions and impacts	Katie Button Marketplace Plan Management and Policy Analyst Amy Coven Marketplace Communication and Public Engagement Analyst
11:00 – 11:25 a.m.	2026 Open Enrollment marketing ¹	Amy Coven Marketplace Communication and Public Engagement Analyst
11:25 – 11:30 a.m.	Public comment	Lindsey Hopper Committee Chair
11:30 – 11:40 a.m.	2026 HIMAC Work Plan	Victor Garcia Marketplace Operations Advisor and Program Liaison
11:40 – 11:50 a.m.	Wrap up and closing	Lindsey Hopper Committee Chair

Everyone is welcome to join [Health Insurance Marketplace Advisory Committee \(HIMAC\) meetings](#).
For accessibility questions or requests, please contact dawn.a.shaw@oha.oregon.gov or call 503-951-3947 at least 3 business days prior to the meeting.

Please note that this public meeting will be recorded and transcribed.

*As approved in the [committee workplan](#) on 10/17/2024.

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 Sukheeni, 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 Sukheeni, 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.

-
- 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.
-

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.
-

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.

Oct. 16, 2025

Health Insurance Marketplace Advisory Committee Meeting




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Welcome and Roll Call

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Meeting Guidelines

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Meeting Protocols and Requests


- The Marketplace and the Health Insurance Marketplace Advisory Committee (HIMAC) is committed to safe and inclusive meetings for all attendees.
- We have differences in opinions and different experiences. There are no bad questions or silly ideas. We will seek the perspectives of all by inviting each person to speak.
- If you have a question or would like to comment, please raise your virtual hand or put it in the chat.
- We have real-time Spanish interpretation. Please help by speaking at a moderate pace.
- Please be on camera, as much and as often as you are comfortable, and mute your speaker when not speaking.
- Votes will be logged into the meeting minutes.

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Meeting Protocols and Requests, Continued

- For transcribing and accessibility purposes, please make sure to state your name before posing your question or comment during a presentation.
- We ask any members of the public to hold questions or comments until our Public Comment sessions. There will be one in the middle and at the end of the meeting.
- If you are subject of unacceptable behavior or have witnessed any such behavior during this meeting, please connect with:
Chiqui Flowers, Marketplace Director
chiqui.flowers@oha.oregon.gov
503-884-6017
- Public Meetings Law webpage: <https://orhim.info/4mtWKu8>

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Voting on July 17, 2025 Meeting Minutes

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- President
- Advanced Economic Solutions, Inc.

OHP Member Communications

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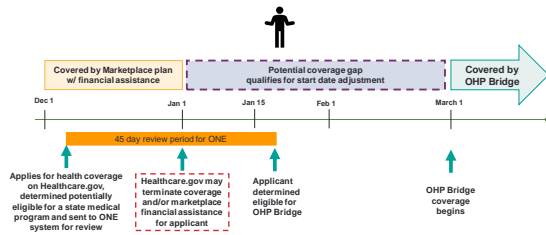
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OHP Bridge – BHP start date is based on the day the individual is determined eligible, not the date the application was submitted.

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2025 Open Enrollment Coverage Gap Visual:



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OHP Bridge start date adjustments, cont.

- Notices sent in early/mid October to ~1,500 OHP Bridge members who are potentially eligible for a start date adjustment.
- Eligible members:
 - Had marketplace coverage in 2024
 - Had a gap in coverage
 - Started OHP Bridge on February, March, or April 1
- Notice asks for member to leave a voicemail by November 30 to proceed with start date adjustment

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2025 Start date adjustment process

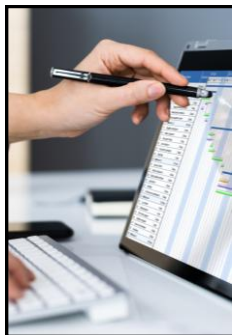
- Member needs to contact 833-210-4561 and leave a voicemail providing the name and date of birth for each OHP Bridge member needing start date adjustment, and their best contact number
- Eligibility staff will then move the OHP start date.
- Client Enrollment Services will then communicate the adjusted start date to the CCO.
- Once these steps are complete, Client Services Unit will contact the member to assist with rebilling services

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Open Enrollment 2026

- Start date adjustment process will not be available for this upcoming open enrollment.
- Corrected federal guidance allows people to stay enrolled in a marketplace plan, and auto-enroll into the next plan year preventing a coverage gap for most people.
- Messaging to instead take steps to stay covered through a marketplace plan until OHP Bridge begins.
- Once a OHP Bridge start date is received, report that to the marketplace to line up the marketplace end date.

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State-based Marketplace Project

Victor Garcia
Marketplace Operations Advisor
and Program Liaison

Dorocida Martushev
Senior Project Manager

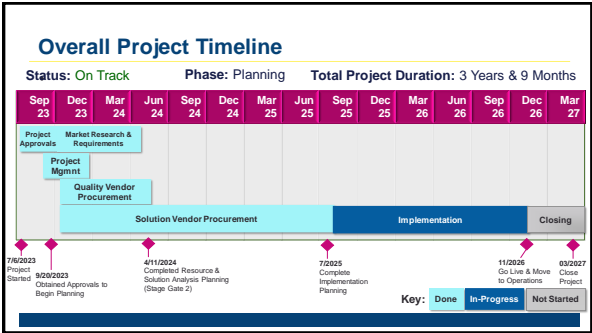
GetInsured Team

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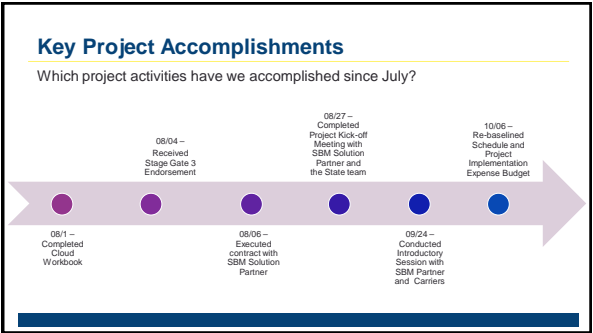
State-based Marketplace (SBM) Topics

- 📅 Overall Project Timeline
- 🏆 Key Project Accomplishments
- 📅 Implementation Timeline
- 👋 Welcome, GetInsured!
- 📊 30/60/90 Day Forward View
- 🗣️ Upcoming Partner Engagements

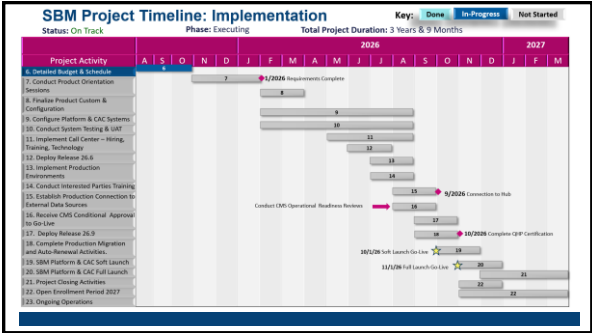
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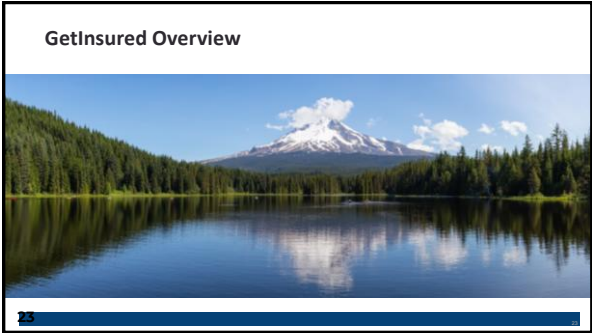
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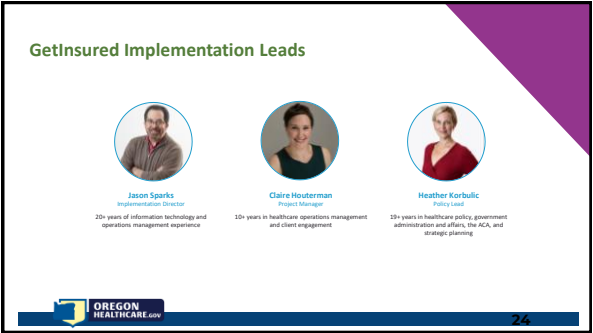
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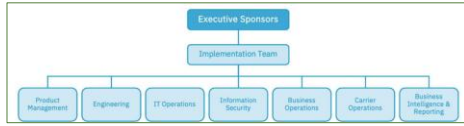


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GetInsured Implementation Team Structure



GetInsured Implementation Team



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GetInsured's Comprehensive Solution for Oregon

Software Platform

Comprehensive Requirements Fulfillment: Our SaaS solution meets OR SBM requirements.

Integrated CAC

Meets all SBM requirements, offering solutions from basic Level 1 tasks to complex issues.

Associated Services for DD&I

Based on Proven Implementation Plan:

- Meets all timelines with unparalleled experience in FFM data migration and CMS approvals.
- Includes platform configuration, testing, Medicaid integration, and partner management.
- Strategic support and advice to Exchange leadership.

Associated Services for M&O

Full Service Maintenance & Operations:

- Platform maintenance & bug fixes.
- High-availability hosting.
- Security and compliance management.
- Carrier and CMS coordination, reporting, and annual enhancements, all orchestrated by an expert M&O team.



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Our Experience

Your Health Idaho (Idaho)
GetInsured system integrated with the Idaho Medicaid Eligibility System (IES), run by the State Medicaid Department (Department of Health and Welfare) in Idaho.

Central California (California)
GetInsured system interface electronically with the integrated eligibility system, which is operated jointly by the State Medicaid Department (Department of Health Care Services) and the Exchange.

Minnesota (Minnesota)
Integrated awareness shopping, consumer decision support and enrollment system offered from the existing vendor and integrated with the Medicaid eligibility system in 2019 for GOP 2020.

Washington Health Benefits Exchange
Integrated the GetInsured Consumer Decision Support Tool.

Nevada Health Link (Nevada)
Successfully transitioned from the FFM and went live with eligibility, enrollment and fee integrated central center for the 2020 plan year. Integrated with the Nevada Medicaid Department (Division of Welfare and Supportive Services (DWSS)) using the Account Transfer protocol.

GetInsured NJ (New Jersey)
Successfully transitioned from the FFM and went live for GOP 2021. GetInsured's implementation of Account Transfer enabled the exchange of information for eligible members between the Exchange and New Jersey's Medicaid Agency (DHMH).

Pennsylvania (Pennsylvania)
Successfully transitioned from the FFM and went live for GOP 2021. Has been successfully integrated with Pennsylvania's Medicaid Agency (Department of Human Services (DHS)) using the standard FFM Account Transfer protocol.

GetInsured VA (Virginia)
Successfully transitioned from the FFM, transitioning the state's status as a determination state by implementing 1802, interoperability and integration with the Department of Medical Assistance Services (DMAS) and Department of Social Services (DSS).

Georgia Access (Georgia)
Successfully transitioned to a state-based exchange for plan year 2023, with record-breaking enrollment.

Bahamas (New Mexico)
In the process of transitioning from existing SBE provider to GetInsured technology and call center platform for Go Live for GOP 2024.

GetInsured Illinois (Illinois)
In implementation for a plan year 2024 launch.

Oregon Health Insurance Marketplace (Oregon)
In implementation for a plan year 2027 launch.



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A Focus on Oregon's Priorities

Prioritizing the Consumer Journey

- Building an intuitive user experience
- Connecting with Oregonians in a variety of languages

A Focus on Bridging Coverage Gaps

- Dedication to maintain the No Wrong Door Policy
- Incorporating the ORP Bridge eligibility rules into the solution to improve data that is transferred to the Medicaid system

A Well-Positioned OHIM Team

- Robust team of subject matter experts
- Clear dedication to serving Oregonians and improving the Oregon healthcare system

Past Marketplace Experiences

- Oregon has a long history as an innovative, and consumer-focused state
- Paired now with an industry lead in SBM transitions



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Upcoming Milestones: 30/60/90 View

Next 30 Days (mid November 2025)

- Begin product orientation sessions with OHIM to map requirements to the solution and ensure alignment
- Conduct carrier kick off and share resources so carriers to begin updating their systems
- Kickoff discussions with the CMS CCHO team

Next 60 Days (mid December 2025)

- Begin discussions on notice content and user interface content
- Conduct gap analysis between GetInsured's solution compared to HealthCare.gov user interface

Next 90 Days (mid January 2026)

- Complete product orientation sessions
- Finalize the Requirements Traceability Matrix (RTM) that outlines how each of OHIM's requirements are met by GetInsured's solution
- Prepare for discussions with OHIM on specific solution configurations



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Policy Overview



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Expiring Enhanced Premium Tax Credits (EPTCs)

If they expire...	If Congress extends...	Other "what ifs"
<ul style="list-style-type: none"> Households over 400% of FPL lose all financial assistance Enhanced PTC assistance for under 400% of FPL expires, reducing PTC Net/gross premiums increase across the board Effective January 1, 2026 	<ul style="list-style-type: none"> It all comes down to timing If it happens before renewals, then it should be relatively pain free for consumers If it happens after, there could be consumer confusion 	<p>What if...</p> <ul style="list-style-type: none"> Congress changes the formula? Congress extends after Open Enrollment Period 2026?

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Marketplace Integrity and Affordability Rule and H.R. 1 – Plan Year 2026

Marketplace Final Rule	Codified Changes	H.R.1
<ul style="list-style-type: none"> New Broker Standards Premium adjustment percentage index Prohibition on gender affirming care as EHB Shortened Open Enrollment Period (Plan Year 2027) Coverage denials for failure to pay premiums Changes to AV Reinstates DACA End 60-day auto extension for data matching issues (DMIs) Income verification (tax data, ~100% FPE) Conducting SEP eligibility verifications Pause 150% FPL SEP 	<ul style="list-style-type: none"> End APTC for income-based SEP Terms of PTC for income-based SEP 	<ul style="list-style-type: none"> End Automatic reenrollment Disallow PTC for income-based SEP Eliminate caps on recapture of APTC Terminating all bronze and catastrophic plans as high deductible health plans (HDHPs) Restrictions on marketplace tax credits for individuals denied Medicaid due to work requirements

Provisions in **bold** are only applicable for Plan Year 2026
 Provisions with ~~strike-through~~ are currently subject to injunction
 FTR Guidance has been issued by CMS in light of the injunction

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A Look Ahead: Policy

Plan Year 2027	Plan Year 2028	Marketplace and Medicaid
<ul style="list-style-type: none"> Notice of Benefit & Payment Parameters (NBPP) Limitations on the immigrant groups who qualify for PTC 	<ul style="list-style-type: none"> Automatic Enrollment End eligibility for APTC pending verification 	<ul style="list-style-type: none"> Community Engagement (Work) Requirement (Plan Year 2027) Medicaid redeterminations (Plan Year 2027)

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Public Comment

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2026 Health Insurance Rates and Updates to the Window Shopping Tool

Tashia Sizemore
 Life and Health Product Regulation Manager
 Division of Financial Regulation (DFR)

Katie Button
 Marketplace Plan Management and Policy Analyst

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2025 Rate Review Timeline

Jan. 13: Biden Admin. Finalizes Notice of Benefits and Payment Parameters

March 10: Draft Program Integrity Rule Released

March 25: CMS Release Revised 2025 Planned Reinsurance and Other New Guidance

May 14: Carrier's Submit Rate Filings to Oregon

June 29: CMS Finalizes Program Integrity and AV Calculator Rule

July 1: Lateral Filed to Challenge Reinstated Final AV Methodology Making 3 Insurer Plans No Longer Valid

Aug. 13: Rate Data Transferred to CMS

Aug. 19: Oregon Final Rate Orders Issued

Aug. 22: Stay Put in Place for Final AV Methodology

Aug. 23: CMS Begin Issuing Guidance Regarding the Stay and OPI and CHM Work to get Clarification from CMS

Sept. 19: CMS Issues Data Correction Window to Address the AV Issues After Appeal of the Stay Failed

Oct. 1: Three impacted Insurers Rate Data Re-Submitted to CMS

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Plan Changes for 2026

- PacificSource network will change from PPO to EPO
 - All 2025 plan IDs discontinued
 - 2025 enrollees will be eligible for loss of coverage Special Enrollment Period (SEP)
 - 2025 enrollees will be crosswalked to 2026 PacificSource plans
- PacificSource and Regence have added some new bronze plans
- All bronze plans are now HSA-eligible
 - Current pre-deductible coverage is still available
 - Traditional HDHPs are also still available

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Window Shopping Tool: OregonHealthCare.gov/WindowShop

- Slightly updated look and feel to meet revised accessibility standards
- Continues to provide enhanced functionality
 - Quality ratings
 - Formulary search with cost-sharing on covered prescriptions
 - More reliable provider and hospital searches
 - Gender affirming care section
 - Flag for \$5 office visits
 - Information on more covered benefits, such as maternity care and imaging

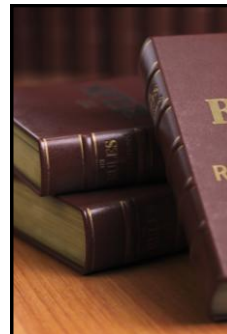
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Break

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Federal Provisions and Impacts

Katie Button

Marketplace Plan Management and Policy Analyst

Amy Coven

Marketplace Communications and Public Engagement Analyst

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Federal Changes Impacting the Marketplace: 2025



DACA recipients no longer eligible for Marketplace coverage

- Marketplace and OHP Bridge eligibility ended Aug. 25, 2025
- Current enrollees will be automatically disenrolled effective Oct. 1, 2025

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Federal Changes Impacting the Marketplace: 2026

Ending of eligibility for PTCs for non-citizens under 100% FPL and under the 5-year bar

• Individuals are typically eligible for OHP under Healthier Oregon Program

Change to premium adjustment percentage methodology

Changes to premium payment threshold calculation

Standards for termination of agents' agreements with HealthCare.gov

Gender affirming care not allowed as an Essential Health Benefit

• Still required under Oregon law

Special enrollment period for people under 150% FPL is paused for 2026

• Individuals are typically eligible for OHP Bridge

End of auto re-enrollment that moves consumers from bronze to silver plans





Bronze and catastrophic plans are high-deductible health plans

• Oregon does not currently offer catastrophic plans

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Federal Changes Impacting the Marketplace: 2026, Effective Date Pending Final Court Ruling

-  Changes to actuarial value of plans
-  Increased income verification standards
-  Increased pre-enrollment special enrollment period verification
-  Denying coverage for past-due premiums

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Non-Extension of Enhanced Premium Tax Credits



Since 2021, eligibility for PTCs were expanded.

- These enhanced PTCs expire at the end of 2025, unless Congress acts to extend them.

Starting in 2026, Marketplace coverage will become more expensive for most people.




- Thousands of Marketplace enrollees in Oregon could pay an average of \$127 - \$456 more per month, depending on their income level.



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Federal Changes Impacting the Marketplace: 2027

-  Removal of advanced premium tax credit repayment caps
-  Ending of eligibility for PTCs for refugees and asylees
-  Shortened open enrollment period
 - Nov. 1 to Dec. 31
 - Coverage must begin Jan. 1

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Federal Changes Impacting the Marketplace: 2028








End of automatic re-enrollment

- Approximately 33 percent of Marketplace enrollees in Oregon are auto-enrolled each year and will need to take action to remain covered

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Communications About Changes

-  Carrier communications advising of expiration of enhanced premium tax credits
-  Updates to the Window Shopping tool to accurately show coverage and costs
-  Consumer-facing blog
-  Email newsletter
-  General Open Enrollment text message including general messages about expiration of additional federal savings

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2026 Open Enrollment Marketing

Amy Coven

Marketplace Communications and Public Engagement Analyst

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OE 2026 Campaign Goals & Objectives

OE Goal: Maintain existing enrollment levels and continue efforts to close the uninsured gap, with particular focus on retention.

Objective 1

Build on successes of OE 2025 by refining our creative and messaging to reflect and effectively reach our target audiences.

Objective 2

Increase trust with prospective customers through a segmented and highly customized approach that maximizes our paid media budget through trust-building marketing channels.

Objective 3

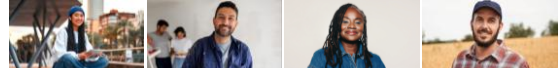
Keep enrollment up in rural communities and support non-English speaking audiences through new and enhanced marketing strategies, learning on insights from OE 2025.

Objective 4

Integrate outreach efforts and mitigate confusion or stress about changes to Marketplace plans and savings.

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Audiences of Focus: Personas



CASEY

Statewide, with an urban focus

- 26 - 34 years old
- High school diploma/GED
- 40+ hours online weekly

Values:

- Independence
- Living well
- Honest and authentic communication

Messaging considerations:

- Honest and authentic communication
- Preventive/wellness care

MATEO

Statewide, with a suburban and urban focus

- 35 - 44 years old
- Hispanic
- Some college
- 10-20 hours online weekly

Values:

- Cost savings in health insurance
- Family and their wellbeing
- Proving competence
- Respect and trust from others

Messaging considerations:

- Cost savings
- Family health and wellness

SHAY

Statewide, with a suburban focus

- 33 - 44 years old
- Some college
- 20-40 hours online weekly

Values:

- Comprehensive health insurance benefits over cost
- In-person support
- Stability and family
- Creativity, optimistic outlook, trust from others

Messaging considerations:

- Benefits over cost
- In-person support

CHARLIE

Channels/tactics:

- Rural
- 35 - 54 years old
- Stable male
- Predominantly White
- Some college
- 10-20 hours online weekly

Values:

- Safety in community & nation
- Freedom to be creative
- Maintaining traditions

Messaging considerations:

- Trusted providers
- Cost savings
- Plan choices

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Audience Trends

- Targeting the audience, not the channel.
- Maximized reach into uninsured areas of the state.
 - County-level targeting.
 - Prioritizing high-visibility transit placements in key neighborhoods within Multnomah County
 - Out of Home reaching into rural areas.
 - Static creative variations available for areas with low connectivity.
 - Short-form and mobile-first formats to reach homes without Wi-Fi or cable.
 - Linear radio remains relevant but is expensive and limited in targeting capabilities.



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OE 2026 Campaign Tactics

OE Goal: Maintain existing enrollment levels and continue efforts to close the uninsured gap, with particular focus on retention.



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OE Messaging Strategy

Primary message

- No matter what's changing, one thing stays the same: having health insurance is important.

Secondary message

- OregonHealthCare.gov is here to get you covered with help you can count on.

Rationale

- Reflects the importance of having and keeping health insurance
- Acknowledges that change may happen (in life or coverage)
- Emphasizes stability and trusted support

Creative Strategy

- Life happens. Let's get you covered.
- You can't predict what will happen, but we'll help you get the right health coverage so you're always prepared.

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Sample Headlines and Images



Because stitches after the game happen.

Because "We're pregnant!" happens.

Because yearly checkups, prescription refills and abnormal test results happen.

Because broken bones and preschool colds happen.

Because chronic coughs, weird moles and skateboarding injuries happen.

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Bringing it all together

Headline: Because chronic coughs, weird moles and skateboarding injuries happen.

Subhead: Life happens. Let's get you covered.

Callout: Open enrollment is Nov. 1, 2025 - Jan. 15, 2026

Copy: You can't predict the future. But, with the right health insurance, you'll be covered for anything life throws you. Count on us to help you find the best plan for your health needs, budget and location.

CTA: For help online or in person, visit OregonHealthCare.gov.



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Sample Final Ads



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Open Enrollment (OE) Campaign Phases



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Public Comment

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2026 HIMAC Work Plan

Victor Garcia

Marketplace Operations Advisor and Program Liaison



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Proposed 2026 Work Plan

TOPIC	2026					
	January	April	May/June	July	October	December
Policy						
Federal developments and state impacts	✓	✓		✓	✓	✓
2026 Open Enrollment						
Open enrollment district	✓					
Outreach and education strategies					✓	
2027 Open Enrollment						
2027 rates					✓	
2027 plan offerings					✓	
State-based Marketplace Project						
Updates and potential work sessions	✓	✓	✓	✓	✓	✓
OWP Bridge						
Updates related to Marketplace Open Enrollment					✓	✓
Other Business						
2027 Marketplace assessment			✓			
2027 baseline work plan					✓	
Committee update on 2025 Marketplace report		✓				

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2026 HIMAC Meeting Schedule

- January 15
- April 16 (in person)
- Spring TBA – 2027 Marketplace Assessment Rate
- July 16
- October 15
- December 3

Meetings are from 9:05 – 11:55 a.m. unless otherwise indicated and will be virtual except for April, which will be held at:

Barbara Roberts Human Services Building
500 Summer Street NE, Conference Room 160
Salem, OR 97301

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Wrap Up
Next meeting:
Dec. 4, 2025

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Thank You

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Dawn Shaw at dawn.a.shaw@oha.oregon.gov or 503-951-3947 (voice/text). We accept all relay calls.

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