OREGON HEALTHCARE.gov

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Oregon Health Insurance Marketplace
Advisory Committee Meeting
February 19, 2026
9 a.m. – noon

</div>

<u>**Virtual**</u>
[Click here to join the Zoom meeting](#)
Phone: 669-254-5252
Meeting ID: 161 650 8210
Passcode: 572098

AGENDA

Time	Agenda Item	Facilitators and Presenters
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and approval of December minutes	Lindsey Hopper Committee Chair
9:10 – 9:20 a.m.	Welcome for new members and gratitude for reappointments	Chiqui Flowers Marketplace Director
9:20 – 9:35 a.m.	2026 Open Enrollment: Initial estimates and Agents and Community Partners Report	Cable Hogue Marketplace Business Process and Data Advisor Micheil Wallace Marketplace Agent Liaison Enedina Lopez-Paz Marketplace Community Partner Liaison
9:35 – 9:50 a.m.	2026 Oregon Legislative Session	Marybeth Mealue Senior Policy Advisor, External Relations Division, OHA
9:50 – 10:20 a.m.	SBM Project updates[1]	Victor Garcia Marketplace Operations Advisor and Program Liaison Dorocida Martushev Project Manager Amy Coven Marketplace Communication and Public Engagement Analyst

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[1] As approved in the [committee workplan](#) on 10/16/2025.

10:20 – 10:25 a.m.	Public comment	Lindsey Hopper Committee Chair
10:25 – 10:35 a.m.	Break	Lindsey Hopper Committee Chair
10:35 – 10:50 a.m.	Proposed 2027 Notice of Benefit and Payment Parameters	Anthony Behrens Marketplace Senior Policy Advisor and Carrier Liaison
10:50 – 11:40 a.m.	Marketplace Strategic Planning: Updates and workshop	Katie Button Marketplace Policy and Plan Management Advisor David Simnitt Principal, DS Consulting
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.

Health Insurance Marketplace Advisory Committee Meeting Minutes
DRAFT

When: December 4, 2025 – 9 a.m. to 12:00 p.m.
Where: Virtual via Microsoft Teams

Committee members: Marin Arreola, Gladys Boutwell, Ron Gallinat, Paul Harmon, Lindsey Hopper (chair), TK Keen, Kathleen Orrick, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly (vice chair)

Members not present: Stacy Carmichael, Charlie Fisher

Other presenters: Dr. Sejal Hathi, Clare Pierce-Wrobel

Marketplace staff: Amy Coven, Chiqui Flowers (director), Victor Garcia, Cable Hogue, Misty Rayas (deputy director), Dawn Shaw

Agenda item and time stamp*	Discussion

Welcome, roll call, guidelines, approval of minutes	Roll call of Health Insurance Marketplace Advisory Committee (HIMAC) members, review of meeting guidelines, and approval of the October 16 meeting minutes. (See the handout packet pages 1-2 for a copy of the agenda, pages 3-5 for October minutes, and page 6 for meeting protocols.)
	• Approved October 16, minutes.
	   ○ First motion to approve – Ron Gallinat
	   ○ Second motion to approve – Om Sukheenai
	   ○ Ayes – Marin Arreola, Gladys Boutwell, Ron Gallinat, Paul Harmon, Lindsey Hopper, TK Keen, Kathleen Orrick, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly
	   ○ Nays – none
	   ○ Absent – Stacy Carmichael, Charlie Fisher

Dialogue with OHA Director 4:40	Presenter: Dr. Sejal Hathi, Oregon Health Authority (OHA) Director
	• As we transition to a State-based Marketplace (SBM), Dr. Hathi wanted to hear from the committee on:
	   ○ How to align the Marketplace to reduce downstream spending and incentivize high value care.
	   ○ What features and supports must we get right in year one?
	     ■ How to ensure we are adequately supporting underserved communities. Where do we risk missing the mark?
	     ■ Where the most fragile hand-off points between Medicaid, Bridge, and the Marketplace for consumers, carriers, and assisters are?
	• Kathleen identified a risk where healthy people need insurance due to emergent situations. She recommends getting the word out to the public using community-focused outreach like farmers markets and using radio or social media. A great

concern in her community is the closure of a local LTAC (long term acute care) facility which is going to highly impact the hospital system in the area.

- Paul expressed concern about making sure that navigators, producers, brokers, and agents are empowered with quality information so that they can help consumers successfully transition to the SBM.
- Nashoba is a part of a community partner agency and believes that partnership is integral to help Oregonians and helps build trust in the community and reaching marginalized communities. Community partners also assist in getting information out to the community. What could help with the back-and- forth transition from Medicaid and private plan enrollments due to income fluctuation could be a more one-stop shopping platform.
- Marin agreed with Nashoba that community partners will be important in educating the community in advance and not wait till the last minute.
- Om has been hearing from brokers that they do not think that the SBM will be happening and suggest having a town hall in February or March. She thinks that consumers get confused with the different programs and thinks that one system would reduce confusion.
- Kathleen added that we should make sure that we make sure that everything is easy to read and understand.

2026 Open Enrollment progress report
24:17
	Presenter: Cable Hogue, Marketplace Business Policy and Data Advisor
	(See page 7 of the handout packet for a copy of the slide.)
	
	- From the chat:
	  - Individual market: "In the individual market, six companies submitted rate change requests ranging from an average increase of 3.9 percent (PacificSource) to 12.9 percent (Kaiser), for a weighted average increase of 9.7 percent. That average increase is slightly higher than last year's requested weighted average increase of 9.3 percent."
	  - "More information about impacts of expiration of EPTC (Enhanced Premium Tax Credits): orhim.info/eptcexpiration"
	- Gladys confirmed that her experience is being reflected in the numbers. People are not renewing due to higher premiums due to the loss of tax credits. She has been recommending other types of coverages like concierge care.
	  - *Note: The Marketplace does not recommend relying on coverage that is not ACA-compliant; see more information here (link to the document) on the risks of these coverage types. Please see the Comparing Types of Health Plans document located along with other December meeting minute materials.*

2026 Open Enrollment notes from the field 36:42	Presenters: Misty Rayas, Marketplace Deputy Director and Amy Coven, Marketplace Communications and Public Engagement Analyst (See pages 7-8 of the handout packet for a copy of the slides.) - Kathleen wondered if we were going to locations were people are located like food banks and churches. Misty confirmed that we do get out into the community, but food banks are more Medicaid-focused. Our community partners do make sure that our materials are found in those locations. Nashoba added that outreach can be in forms other than physical. COVID has helped develop remote and digital outreach platforms.
Public comment 51:55	No public comment given.

SBM project updates 52:50	Presenters: Victor Garcia, Marketplace Operations Advisor and Program Liaison and Chiqui Flowers, Marketplace Director (See pages 8-10 of the handout packet for a copy of the slides.) • Om wanted to know if people would still have to go to ONE.oregon.gov to sign up for Oregon Health Plan (OHP). Victor indicated that they would. The SBM would pass on information and try to make the handoff as seamless as possible but the application for OHP would have to be finished in the ONE system. • Marin was curious about the main differences between a SBM and the federal system. Victor explained that with the SBM, we would be able to respond with Oregon feedback and have greater control. We would have an Oregon-specific call center and ensure that they have the best customer service experience possible. We can reduce bounce-back between Marketplace and OHP. Our applications, as long as they have the required CMS (Centers for Medicare and Medicaid) data, can have additional REALD (race, ethnicity, language, disability) and SOGI (sexual orientation or gender identity) data so we can have better demographic data. • Om wondered if there is anything in the foreseeable future that could be a negative impact to the SBM project. Victor speculated that federal changes and market forces would be the biggest impacts.
Break	
Preparing for H.R. 1 & Marketplace Program Integrity Rule Implementation 1:35:20	Presenter: Victor Garcia, Marketplace Operations Advisor and Program Liaison (See page 10 of the handout packet for a copy of the slide.) • No additional questions or comments.

From the HPA Director
1:50:11
	Presenter: Clare Pierce-Wrobel, Health Policy and Analytics (HPA) Director
	• H.R. 1 is impacting the Medicaid systems, especially with requirements to provide proof of work and other administrative burdens. There will be a requirement to check eligibility more often.
	• Working with the Oregon Health Policy Board committees.
	    o Industry Advisory Committee is tasked with coming up with short- and long-term recommendations of the affordability crisis. Short-term costs can possibly prevent people from enrolling in the Marketplace. The long-term would work on fixing the problem.
	    o Cost Growth Target Program looks at the underlying costs of health care spending.
	    o Health Care Workforce Committee is looking to address the primary care crisis. Ensuring people have access to primary care providers and preventative care.
	• Applied for a federal grant that was made available nationwide. The baseline would be $100 million per year with up to $200 million. This would be to ensure sustainable access to care in rural settings. It cannot be used to replace loss of Medicaid funding as a result of H.R. 1. For further information: oregon.gov/oha/hpa/hp/pages/rural-health-transformation.aspx
	• Kathleen is concerned about the lack of primary care physicians and was curious if there was any thought about a loan forgiveness program. Claire

responded that the issue has been looked into by the Department of Education by possibly changing loan caps for certain types of clinicians. There is the Health Care Provider Incentive Program oregon.gov/oha/hpa/hp-pco/pages/hc-provider-incentive.aspx.

- Om suggested another way that could incentivize Oregon consumers to purchase insurance is to have a state tax credit. Claire and Chiqui agreed to take this suggestion to TK Keen and DFR. TK Keen had to leave the call early and was unable to respond.

Public comment, wrap up & closing 2:10:03	• No public comment given. • Before the break, TK Keen was congratulated for being appointed as the state's Insurance Commissioner. • Kathleen had a final comment that Vibra Specialty Care Hospital announced that they were going to be closing. That would lead to 310 employees that are out of work and acute patients requiring longer hospital stays. • Next meeting is January 15, 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, December 4.

Feb. 19, 2026

Health Insurance Marketplace Advisory Committee Meeting

OREGON HEALTH AUTHORITY

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Welcome and Roll Call

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Senate-confirmed HIMAC Members

REAPPOINTMENTS	NEW
Stacy Carmichael Charles Fisher Paul Harmon Lindsey Hopper Om Sukheenai Nashoba Temperly	Sr. Katherine Souza Matt Woodbridge Alena Zbirun

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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, Cont.

- 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.l.flowers@oha.oregon.gov
  503-884-6017
- Public Meetings Law webpage: orhim.info/4mtWKu8

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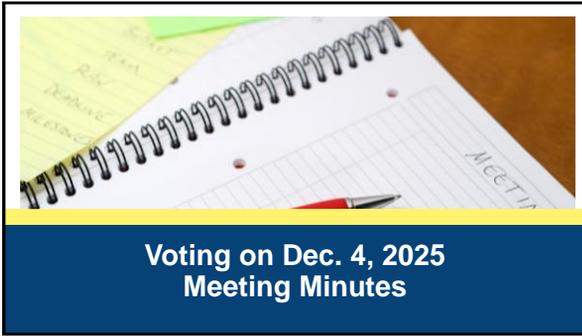
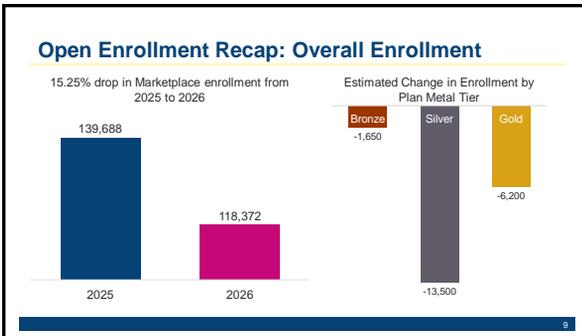## Voting on Dec. 4, 2025
Meeting Minutes

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Slide 8

2026 Open Enrollment: Initial Estimates and Enrollment Partners' Report

Cable Hogue
Marketplace Business Policy and Data Advisor
Micheil Wallace
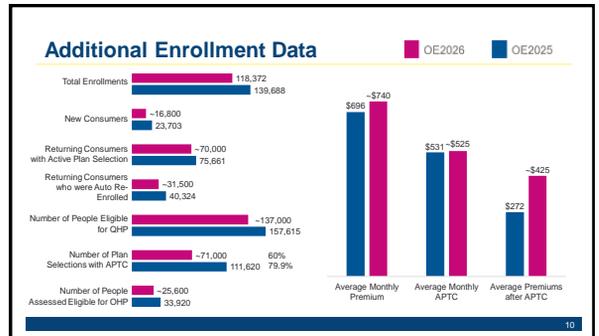Marketplace Agent Liaison
Enedina Lopez Paz
Marketplace Community Partner Liaison

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Slide 9

Open Enrollment Recap: Overall Enrollment

15.25% drop in Marketplace enrollment from 2025 to 2026

- 2025: 139,688
- 2026: 118,372

Estimated Change in Enrollment by Plan Metal Tier

- Bronze: -1,650
- Silver: -13,500
- Gold: -6,200

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Slide 10

Additional Enrollment Data

Legend: OE2026, OE2025

Category	OE2026	OE2025
Total Enrollments	118,372	139,688
New Consumers	~16,800	23,703
Returning Consumers with Active Plan Selection	~70,000	75,661
Returning Consumers who were Auto Re-Enrolled	~31,500	40,324
Number of People Eligible for QHP	~137,000	157,615
Number of Plan Selections with APTC	~71,000 (60%)	111,620 (79.9%)
Number of People Assessed Eligible for OHP	~25,600	33,920

- Average Monthly Premium: $696 / ~$740
- Average Monthly APTC: $531 / ~$525
- Average Premiums after APTC: $272 / ~$425

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Enrollment Trends by Demographic

Total Number Enrolled by Federal Poverty Level (FPL)

- Under 200% FPL: -7,000
- 201-500% FPL: -12,000
- Over 500% FPL: -3,500
- Not Requesting Financial Assistance: 2,500

2025 Enrollment Baseline

Change in Percent of Total Enrollment by Age Group

- Under 18: 0.80%
- 18-34: -1.70%
- 35-54: 0.40%
- 55+: 0.50%

Race/Ethnicity plan selections were similar to last year, except people reporting "unknown" decreased by appx. 2%
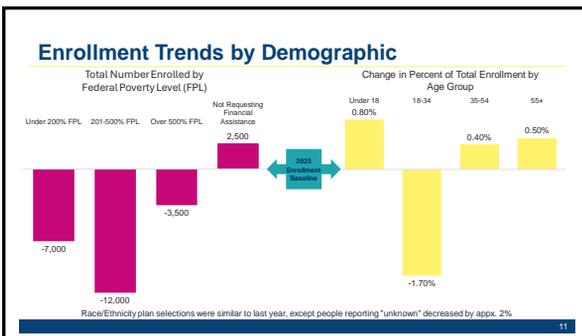
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Report from Enrollment Partners

- Confusion and concern common feelings amongst clients, led by federal uncertainty around the expiration of the expanded premium tax credits.
- Sticker shock due to the decreased advance premium tax credits (APTC) and increased rates experienced by many, if not most, clients.
- Changes in carriers' participation, plan offerings, and networks also a noted source of concern.
- Clients in the higher income range no longer qualified for APTC and clients in the lower income range were moved into OHP Bridge.
- Increase in work for insurance agents and a decrease in Marketplace enrollments. Many clients faced heart-breaking financial choices – whether to forgo enrolling in coverage or lowering to a lower-tiered plan.

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Marketplace Community Partner Grantees

- 13 community partner grantees to help Oregon's diverse communities navigate health insurance with confidence and trust.
- Grantees have conducted outreach to over 925,265 individuals from communities of focus as of Dec. 31, 2025.
- Grantees face unique challenges:
  - Building trust,
  - Addressing fears, and
  - Working within strict guidelines.
- Despite hurdles, grantees remain committed to empowering consumers with accurate information.

Asian communities	Latino/ Latina/ Latin-x communities	People living with HIV
Immigrant communities	Russian/Ukrainian communities	LGBTQIA2S+ communities
Rural communities	Farming Communities	Black/African Diaspora communities

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Marketplace Community Partner Grantees
Grant Period 2025-2027: Coverage Area

Grantees	Location
Arcoiris Cultural	Newport
Asian Health and Service Center	Portland
Cascade AIDS Project	Portland
Immigrant and Refugee Community Organization (IRCO)	Portland
Interface Network	Salem
Northeast Oregon Network (NEON)	La Grande
One Community Health	Hood River
Oregon L.E.A.D	Salem
Oregon Latino Health Coalition	Portland
Project Access NOW	Portland
Tayas Yawks	Klamath Falls
Waterfall Clinic	North Bend
We Care	Hillsboro

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Marketplace Community Partner Grantees
Open Enrollment Updates

- Rising costs, fear of immigration enforcement, and mistrust of federal systems created significant barriers to health coverage.
- Partners remain committed to providing accurate information and fostering trust, ensuring individuals can make informed decisions about their health care.

925,265 Outreach contacts

214,130 People reached on social media platforms

500 Networking meetings attended

36,900 Outreach materials distributed

All data as of Dec. 31, 2025. Final OE numbers will be available end of Feb. 2026.

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Marketplace Partner Agent Grantees

- 24 Partner agents with offices located throughout Oregon.
- Grantees have conducted outreach, attended events, and enrolled thousands of consumers, many from communities of focus.
- Serving most counties and many communities of focus.
- Approximately 45% of partner agencies have bilingual assistance on-site.
  - Languages offered include Chinese, Russian, Spanish, and Thai, among others.

Asian communities	Latino/ Latina/ Latin-x communities
LGBTQIA2S+ communities	Immigrant communities
Rural communities	Farming Communities

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Marketplace Partner Agent Grantees
Grant Period 2025-2027: Coverage Area

Aaron Burns Insurance Services
Abel Insurance
Bancorp Insurance
Boone Insurance Associates
Chehalem Insurance
Gordon Wood Insurance
Grace Insurance Services
HE Cross Company
Health Plans in Oregon
Healthwise Insurance Planning
Healthy, Wealthy & Wise
High Desert Insurance

Highstreet Insurance Services West
Hillock Insurance Agency
iCover Oregon
Insurance By Design
K Insurance Group
Linda Dugan Insurance
Matthew Woodbridge Insurance
Next Step Benefits
RJS & Associates
Saldivar Insurance
Valley Insurance

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2026 Oregon Legislative Session

Marybeth Mealue
Senior Policy Advisor, External Relations Division, OHA

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2026 Legislative Short Session

- Short sessions happen in even numbered years and are 35 days long
- Legislators have limitations on the number of bills that they are allowed to introduce
- State agencies can not introduce legislation during the short session

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Key Deadlines

Feb. 9, 2026	Post Work Session Deadline – bills must be posted online for a "work session" in which legislators will vote on the bill in their policy committee
Feb. 16, 2026	1st Chamber Deadline – bills need to have been introduced on the floor of their first legislative chamber (House or Senate)
Feb. 20, 2026	Post Work Session Deadline – bills need to have been scheduled for a vote in the policy committee in their second chamber
Feb. 26, 2026	2nd Chamber Deadline – bills need to have been introduced on the floor of their second legislative chamber
March 8, 2026	Sine Die – last day of legislative session

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Session By the Numbers

Total bills OHA is tracking so far: 142 (48% of the total 298 as of 2/13/26)
Priority 1 Bills: 29
Priority 2 Bills: 28
Priority 3 Bills: 57

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Bills of Interest

- **HB 4054** – AI Down coding
  - Updates the Oregon Insurance Code (ORS 743B) to require that health plans that utilize Artificial Intelligence (AI) in the review and down coding of reimbursement claims inform providers and allow them to appeal the down coding.
- **HB 4098** – Violations of Insurance Code
  - Adds bad acts done with respect to insurance to the list of bad acts that are subject to the Unlawful Trade Practices Act (UTPA)
- **HB 4088** – Shield Law
  - Focused on data protection. Creates privacy protections related to the provision of reproductive health and gender affirming care.
- **HB 4155** – Infertility Treatment Coverage
  - Requires certain insurers to cover infertility services and treatments
- **SB 1527** – Cervical Cancer Screening Coverage
  - Prohibits cost-sharing on certain health insurance coverage of cervical cancer screenings and follow up exams.

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Larger Themes of Session

- Immigration/law enforcement
- Education
- Federal response
- Transportation

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Slide 24

Questions?

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Slide 25

State-based Marketplace Project

Victor Garcia
Marketplace Operations Advisor
and Program Liaison

Dorocida Martushev
Project Manager

Amy Coven
Marketplace Communications and Public
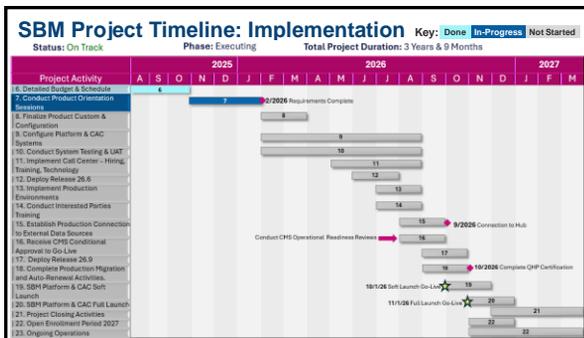Engagement Analyst

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Slide 26

State-based Marketplace (SBM) Topics

- Implementation Timeline
- Key Project Accomplishments
- Engagement with Centers for Medicare & Medicaid Services (CMS)
- Feedback from Listening Sessions with Assisters and Insurance Agents
- What's on the Horizon: Insurance Agents, Assisters, and Carriers
- Branding Update
- Other Upcoming Community Involvement Opportunities
- Federal Changes Impacting the Marketplace
- Looking Across and on Our Watchlist: Innovations in Other SBM States

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SBM Project Timeline: Implementation

Key: Done | In-Progress | Not Started

Status: On Track Phase: Executing Total Project Duration: 3 Years & 9 Months

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Key Project Accomplishments Since Dec. 2025

December	January	February
• 12/17: Accepted 1.2.6.3 Project Status Report	• 01/12: Accepted 1.2.6.5 Project Status Report	• 02/10: Conducted all 25 Product Orientation Sessions
• 12/23: UAT Vendor RFQ 1790586S Released	• 01/21: Signed Auditor (SAR/SAW) Work Order Contract.	• 02/12: Accepted Carrier EDI Test Plan
• 12/31: Approved 3.3.12 Monthly Status Report	• 01/26: CMS IMPL Connectivity Established	
• 12/31: Approved 1.5.1.1 Implementation Framework Plan	• 1/26: Completed Gap Analysis (SSAP)	
• 12/31: Accepted 1.2.6.4 Project Status Report	• 01/27: Conducted Data Reporting & Analytics Session	
	• 01/28: Accepted Designated Team POC List	

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Engagement with Centers for Medicare & Medicaid Services (CMS)

Area	What Happened	Date
CMS Blueprint application approved	CMS approved Oregon's request to move forward with building its own State-Based Marketplace.	June 2025
CMS Kick Off & Meeting Series	Oregon and CMS began regular work sessions to coordinate upcoming activities in the schedule.	November 2025
IEA Executed	Oregon signed the agreement that allows the state to legally share data with CMS.	December 2025
FDSH / HUB connectivity testing began	CMS gave Oregon the technical instructions needed to begin preparing the system to connect to federal services	January 2026
CMS HUB IMPL Network Connectivity Established	A secure network connection was set up between SBM and CMS to prepare for system connectivity.	January 2026
Single Streamlined Application	Oregon submitted its marketplace application form to CMS to confirm it meets federal requirements.	January 2026
Computer Matching Agreement Execution	Oregon received approval to use federal data (like IRS and Social Security) to verify eligibility for coverage.	February 2026
CMS Testing Plan	Oregon submitted its plan to CMS describing how the system will be tested before connecting to federal services.	February 2026

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Feedback from Listening Sessions with Insurance Agents and Community Partners

Oct. 2025 — Introduction to GetInsured

Jan. 2026 — Platform Walkthrough

- Questions about timing:
  - Short training timeline
  - Launch during open enrollment
- Questions about customer service support for partners
  - Consent for assistance
  - Assignment to consumers
  - Referencing calls to consumer assistance center
- Migration of data
- Security of consumer assignments to insurance agents
- Seeking ability to save provider and drug formulary search data in portal for future reference

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What's on the Horizon (Aug.): Enrollment Partners

Partner Summit

- In-person onboarding and training
- Networking for all enrollment partners
- Policy updates
- Open enrollment preparation

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What's on the Horizon (Aug. – Oct.): Enrollment Partners

Onboarding and Training

Updated Modules	• New system training aligned with updated processes and system changes. • Equip assisters and agents with clear guidance on the new SBM platform. • Offer training and demos for hands-on learning.
Live Support	• Get real-time assistance during onboarding for smooth transition. • Live resources and support via online tools.
Continuous Learning	• Implement ongoing education opportunities to reinforce skills and system proficiency. • Live in-person, online and on-demand training options to meet needs of partners in English and Spanish.

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What's on the Horizon (Aug. – Nov.): Enrollment Partners

Outreach Tips and Materials

- Share strategies for effective communication and engagement with partners before and during Open Enrollment.
- Develop and distribute shared outreach materials and messaging to ensure consistency.
- Create inclusive outreach strategies tailored for diverse communities to improve access and understanding.

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What's on the Horizon (Nov. 2025 – Sept. 2026): Carriers

Kickoff and Preparation (Nov. to May)	• Technical, Testing, and Admin documentation provided to Carriers • Carriers update their system according to the Companion Guide • 1:1 Meetings with Carriers are initiated
Environment Set up (Feb. to May)	• Carriers provide company information and technical details • SFTP Connectivity Test • Rate Data Loaded into Test Environment
EDI Testing (May to Sept.)	• EDI 834 Testing • EDI Reconciliation Testing • PayNow Integration Testing

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What's on the Horizon (June – Nov. 2026): Carriers

Production Readiness (June to Sept.)	• Carriers provide production SFTP setup and Carrier Profile forms • Carrier Profiles created in production and credentials provided • Production SFTP Access and Connectivity Test
Plan Certification and Display (June. to Nov.)	• Carriers submit plan and rate data; state staff review • Plan and rate data is loaded to system directly from SERFF • Carriers and SBM validate plan and rate data in production prior to publication • Provider and formulary search testing • Final plan data published for shopping and enrollment

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Branding Update

- Feb. - March: Estimated Trademark Approval from U.S. Patent and Trademark Office
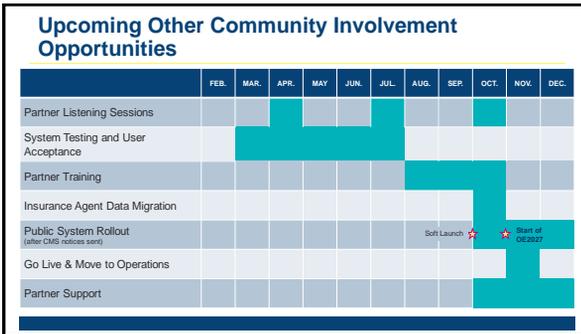- March: Brand Content Strategy Planning
- April – June: Production on Creative Assets; Photo and Video Shoot for Original Assets
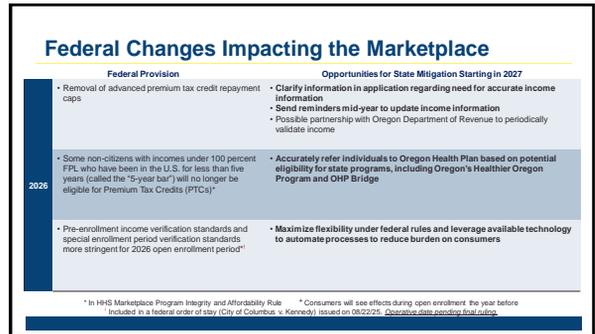- June – July: Internal Brand Launch Begins (exact TBD)
- August: Partner Brand Launch Begins
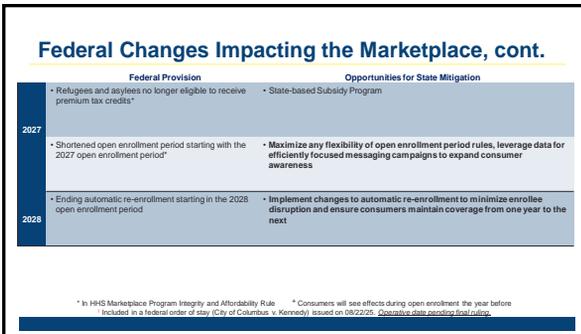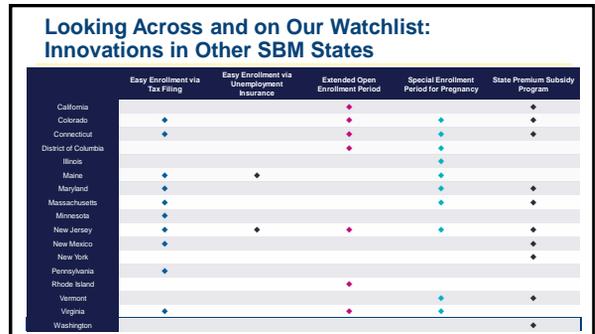- October: Public Brand Launch Begins (exact TBD)

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Upcoming Other Community Involvement Opportunities

	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
Partner Listening Sessions											
System Testing and User Acceptance											
Partner Training											
Insurance Agent Data Migration											
Public System Rollout (after CMS notices sent)								Soft Launch ☆	☆ Start of OE 2027		
Go Live & Move to Operations											
Partner Support											

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Federal Changes Impacting the Marketplace

	Federal Provision	Opportunities for State Mitigation Starting in 2027
	• Removal of advanced premium tax credit repayment caps	• Clarify information in application regarding need for accurate income information • Send reminders mid-year to update income information • Possible partnership with Oregon Department of Revenue to periodically validate income
2026	• Some non-citizens with incomes under 100 percent FPL who have been in the U.S. for less than five years (called the "5-year bar") will no longer be eligible for Premium Tax Credits (PTCs)*	• Accurately refer individuals to Oregon Health Plan based on potential eligibility for state programs, including Oregon's Healthier Oregon Program and OHP Bridge
	• Pre-enrollment income verification standards and special enrollment period verification standards more stringent for 2026 open enrollment period*ᶦ	• Maximize flexibility under federal rules and leverage available technology to automate processes to reduce burden on consumers

* In HHS Marketplace Program Integrity and Affordability Rule   * Consumers will see effects during open enrollment the year before
ᶦ Included in a federal order of stay (City of Columbus v. Kennedy) issued on 08/22/25. *Operative date pending final ruling.*

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Federal Changes Impacting the Marketplace, cont.

	Federal Provision	Opportunities for State Mitigation
2027	• Refugees and asylees no longer eligible to receive premium tax credits*	• State-based Subsidy Program
	• Shortened open enrollment period starting with the 2027 open enrollment period*	• Maximize any flexibility of open enrollment period rules, leverage data for efficiently focused messaging campaigns to expand consumer awareness
2028	• Ending automatic re-enrollment starting in the 2028 open enrollment period	• Implement changes to automatic re-enrollment to minimize enrollee disruption and ensure consumers maintain coverage from one year to the next

* In HHS Marketplace Program Integrity and Affordability Rule   * Consumers will see effects during open enrollment the year before
ᶦ Included in a federal order of stay (City of Columbus v. Kennedy) issued on 08/22/25. *Operative date pending final ruling.*

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Looking Across and on Our Watchlist: Innovations in Other SBM States

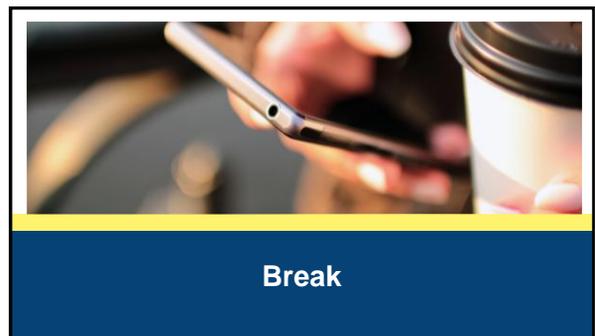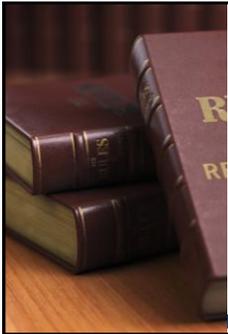|	Easy Enrollment via Tax Filing	Easy Enrollment via Unemployment Insurance	Extended Open Enrollment Period	Special Enrollment Period for Pregnancy	State Premium Subsidy Program
California			◆		◆
Colorado	◆		◆	◆	◆
Connecticut	◆		◆	◆	◆
District of Columbia			◆	◆	
Illinois				◆	
Maine	◆	◆		◆	
Maryland	◆			◆	◆
Massachusetts	◆			◆	◆
Minnesota	◆				
New Jersey	◆	◆	◆	◆	◆
New Mexico	◆				◆
New York					◆
Pennsylvania	◆				
Rhode Island			◆		
Vermont				◆	◆
Virginia	◆		◆	◆	
Washington					◆

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Public Comment

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Break

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Proposed 2027 Notice of Benefit and Payment Parameters

Anthony Behrens
Marketplace Senior Policy Advisor and Carrier Liaison

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Overview

Proposed rule for 2027 plan year standards

Sets parameters for Health Insurance Exchanges

Establishes standards for issuers, brokers, and agents

Public comment deadline: March 11, 2026

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User Fee Rates for 2027

- Rates unchanged from 2026 benefit year
- Federally-Facilitated Exchange (FFE) user fee: 2.5% of monthly premiums
- State-Based Exchange on the Federal Platform (SBE-FP) user fee: 2.0% of monthly premiums
- Risk adjustment user fee: $0.20 per member per month

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Marketing Practice Regulations

Qualified Health Plan (QHP) marketing and agent/broker practices

Prohibits providing cash, monetary rebates, or cash equivalents to induce enrollment

Prohibits falsely asserting consumers will qualify for zero-dollar insurance or premiums

Prohibits miscommunicating enrollment timelines and deadlines to consumers

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Agent and Broker Requirements

Agents, brokers, and web-brokers must use HHS-approved eligibility application review form

Required use of HHS-created consumer consent form for enrollment documentation

Clarifies what actions constitute consumer "taking an action" to review application accuracy

Vendor Training Program discontinued; training via Marketplace Learning Management System

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State Exchange Improper Payment Measurement

State Exchange Improper Payment Measurement (SEIPM) program launches in calendar year 2027

Measures improper Advance Premium Tax Credit (APTC) payments administered by State-based Exchanges (SBEs)

Justification: FFE already has improper payment measurement process; SBEs currently do not

48

Provider Access Reviews - FFE States

- FFE states may elect to conduct provider access and/or essential community provider (ECP) certification reviews of plans with or without networks
- State must satisfy criteria for Effective Provider Access Review Program and/or Effective ECP Review Program
- CMS continues collecting provider access and ECP data from all issuers to monitor consumer access
- If FFE state does not elect or lacks capacity, CMS continues performing reviews of QHP issuers
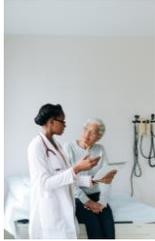
49

Network Adequacy - State-Based Exchanges

- Removes requirement that SBEs and SBE-FPs establish time and distance standards as stringent as FFE by 2026
- Requires states to ensure QHPs provide sufficient provider choices per applicable standards

Justification:
- Recognizes state knowledge of local market conditions, geographic constraints, and provider
- Reduces regulatory burden and addresses concerns about duplicative state and federal oversight

50

Essential Community Provider (ECP) Standards
Applicable to FFE, SBE, and SBE-FP States

Minimum ECP percentage issuers must contract with in each plan's service area revised from 35% to 20%

20% threshold applies to overall ECP requirement

20% threshold applies separately to federally qualified health centers and family planning provider requirements

Narrative justification requirement removed to reduce regulatory burden on QHP issuers

51

Non-Network Plans Certification

Non-network plans eligible for QHP certification starting plan year 2027

Plans set specific benefit amounts for covered services and communicate to enrollees

Enrollees may seek services from any provider; no contracted network required

Must ensure access to providers accepting benefit amount as payment in full, including ECPs and mental health providers

52

HHS Risk Adjustment Model Recalibration

2027 benefit year HHS risk adjustment models recalibrated using 2021, 2022, and 2023 benefit year enrollee-level EDGE data
- Justification: Keeps models up to date while promoting model stability

Additional scaling factor added for HHS-RADV error estimation starting with 2025 benefit year
- Justification: Aligns with sampling policy from 2026 Payment Notice to improve precision of error estimation methodology

53

State Exchange Transitions

States may transition directly from FFE to SBE without one-year SBE-FP operation requirement
- Justification: Eliminates unnecessary barriers for well-prepared states to implement SBE more immediately

Supplemental documentation requirement for Blueprint for Approval rescinded
- Justification: Blueprint already details how state will meet Exchange approval standards and demonstrate operational readiness

54

State Exchange Enhanced Direct Enrollment

New optional Exchange model permitting private sector-based approach for SBE consumers seeking coverage

SBE may rely exclusively on web-brokers to operate consumer-facing websites for eligibility and enrollment

Alternative to SBE operating centralized consumer-facing eligibility and enrollment website on own SBE website

Removes requirement for SBEs to operate centralized consumer-facing website

55

Essential Health Benefits

- Prohibits issuers from including routine non-pediatric (adult) dental services as Essential Health Benefits (EHB)
  o Reverses policy finalized in 2025 Payment Notice
- Justification: Better aligns with ACA section 1302(b)(2)(A) statutory requirement that EHB scope equal typical employer plan scope, which usually do not include routine adult dental services as core medical benefits

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State-Mandated Benefits Cost Defrayal

- Beginning with PY 2027, state-required benefit considered "in addition to EHB" (not EHB) if:
  o Required by state action after December 31, 2011
  o Applicable to small group and/or individual markets and specific to required care, treatment, or services
  o Not mandated for federal compliance; states must defray cost for enrollees in QHPs through Exchange

57

Premium Payment Thresholds

Seeks comment on temporarily or permanently rescinding fixed-dollar premium payment threshold for PY 2027 and beyond

Seeks comment on rescinding gross percentage-based premium payment threshold

Aims to decrease risk of consumers being improperly enrolled in coverage

Seeks comment on whether State Exchanges should have flexibility to adopt thresholds if unavailable on Federal platform

58

Special Enrollment Periods

Prohibition on offering 150% FPL SEP after PY 2026 per section 71304 of Working Families Tax Cut (WFTC) legislation

Pre-enrollment SEP verification requirement re-introduced for Exchanges on Federal platform

Allows verification for additional SEPs beyond loss of minimum essential coverage

Requires verification for at least 75% of new SEP enrollments to reduce improper enrollments

59

Standardized Plans

Discontinues requirement for FFE and SBE-FP issuers to offer federal standardized plan options in individual market

Removes limit on number of non-standardized plan options and related exceptions process

Issuers may continue, discontinue, or modify existing standardized options with same or modified cost sharing

Justification: Reduces issuer and HHS burden, regulatory complexity, and enhances plan design innovation flexibility

60

10

APTC & Cost-sharing Reduction Eligibility – Pt. 1

Updates regulations to align with section 71301 of WFTC requiring individual to be "eligible alien" for Premium Tax Credit (PTC)

Advance PTC (APTC) and Cost-sharing Reduction (CSR) eligibility limited to citizens and eligible noncitizens

Exchanges must verify applicants' "eligible alien" status

Conforming updates to BHP regulations defining "eligible noncitizen" beginning with plan years starting January 1, 2027

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APTC and CSR Eligibility – Pt. 2

Removes requirement for Exchange to determine tax filer eligible for APTC with income below 100% FPL

Applies to noncitizens lawfully present but ineligible for Medicaid due to immigration status

Aligns with section 71302 of WFTC legislation

BHP enrollees in this population excluded from federal BHP payment calculation beginning January 1, 2026

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Income Verification Requirements

Re-introduces requirement for consumers to submit documents when data sources indicate income under 100% FPL

Removes sunset date language; policy permanently implemented

When IRS returns no data for household, Exchanges may not accept household's income attestation alone

Justification: Improves program integrity and reduces burden of excess APTC on federal taxpayers

63

Failure to File and Reconcile

- Beginning PY 2028, Exchange must determine tax filer or enrollee ineligible for APTC if:
  - o HHS notifies Exchange that tax filer received APTC for prior year for which tax data would be used for verification
  - o Tax filer did not file federal income tax return and reconcile APTC for that year
- For PY 2027, Exchanges may implement this or continue current two-year failure to reconcile policy
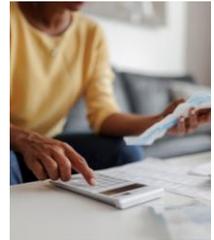
64

Audit Authority

Clarifies HHS authority to audit or conduct compliance review of issuer offering QHP through Exchange

Assesses compliance with all applicable requirements for APTC, CSR, and user fee programs

Compliance reviews may be conducted on as needed or annual basis rather than only ad hoc basis

Justification: Strengthens HHS ability to protect federal funds and ensure program compliance

65

Civil Money Penalties

Reiterates that HHS would identify lawful purpose or purposes when determining civil money penalty (CMP) amount

Clarifies HHS authority to impose CMPs against issuers in SBE and SBE-FP states for Exchange requirement violations

Applies when State notifies HHS it is not enforcing requirements or HHS determines State failing to substantially enforce

HHS can net payments owed to issuers and affiliates under same tax identification number against payments and CMPs owed to federal government

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Quality Improvement Strategy

QHP issuers must submit Quality Improvement Strategies (QIS) addressing any two of five ACA section 1311(g)(1) topic areas

No mandate for which specific topics issuer must address beginning PY 2027

QHP issuers are not required to submit QIS addressing health and health care disparities as specific topic area

Justification: Allows issuers to target quality efforts to most pressing health outcome needs of their own enrollees

67

Cost-Sharing Reduction Data

Requires issuers that silver load rates to account for unreimbursed CSRs for applicable rating year to submit certain information

CSR silver loading information required in Unified Rate Review Template (URRT)

CSR silver loading information required in Actuarial Memorandum

Applies for each year CSRs are not funded beginning with PY 2027 rate filings

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Catastrophic Plans

Proposes standards allowing catastrophic plans to have multi-year terms up to 10 consecutive years

Seeks comment on issuing similar multi-year standards for metal-level plans

Allows issuers to make plan-level adjustments to index rate and apply cost-sharing prorated monthly

Allows multi-year catastrophic plans to use value-based designs to cover preventive services beyond currently required coverage

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Hardship Exemption for Catastrophic Coverage

Allows individuals ineligible for APTC or CSRs due to projected household income below 100% or above 250% FPL to qualify for hardship exemption

Expands eligibility to individuals in all states aged 30 and older who receive this hardship exemption

Individuals with hardship exemption may enroll in catastrophic coverage if otherwise eligible

Justification: Improves consumers' access to affordable coverage when experiencing household income changes

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Cost-Sharing Changes

Proposes changes to permissible cost-sharing parameters for individual market bronze plans beginning PY 2027

Updates cost-sharing requirements for catastrophic plans beginning PY 2027

Justification: Improves consumers' access to affordable health care coverage and flexibility to tailor coverage to their needs

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Medical Loss Ratio Comment Solicitation

Seeks comment on impact of Federal MLR standard on individual market costs and premiums

Seeks comment on whether to amend regulations to enable HHS to adjust MLR standard in individual market

Seeks comment on how to reduce burden for states interested in requesting individual market MLR adjustment

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Comment Period

Public Comment Deadline:
March 11, 2026

Federal Register:
FederalRegister.gov/d/2026-02769

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Marketplace Strategic Planning: Updates and workshop

Katie Button
Marketplace Policy and Plan Management Advisor

David Simnitt
Principal, DS Consulting

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Welcome and Introductions

Facilitator: David Simnitt, Principal – DS Consulting

Role: Supporting strategic planning for the Marketplace's 2027–2031 plan

Purpose today:
- Share early findings from the statewide partner survey
- Gather partner reactions, insights, and refinements
- Identify additional priorities and considerations for the next strategic plan

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Why We're Here

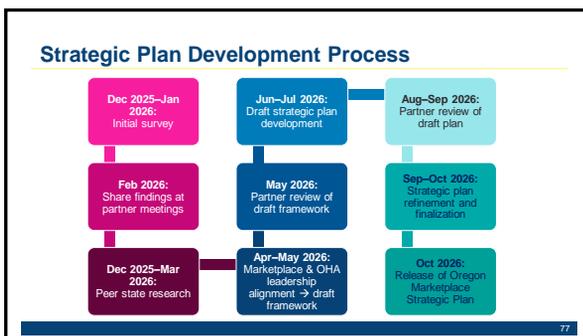Oregon is transitioning to a State-based Marketplace (SBM)

The transition lays the **foundation** – but the strategic plan will define **what comes next**

This meeting helps shape the Marketplace's priorities from 2027–2031

We want to ensure our direction is:
- Informed by partner experience
- Responsive to community needs
- Practical, achievable, and aligned across systems

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Strategic Plan Development Process

- **Dec 2025–Jan 2026:** Initial survey
- **Feb 2026:** Share findings at partner meetings
- **Dec 2025–Mar 2026:** Peer state research
- **Jun–Jul 2026:** Draft strategic plan development
- **May 2026:** Partner review of draft framework
- **Apr–May 2026:** Marketplace & OHA leadership alignment → draft framework
- **Aug–Sep 2026:** Partner review of draft plan
- **Sep–Oct 2026:** Strategic plan refinement and finalization
- **Oct 2026:** Release of Oregon Marketplace Strategic Plan

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What We Heard:
Top Themes Across Survey Respondents

- Simplify getting, keeping, and understanding coverage
- Strengthen affordability across income levels
- Improve integration across Marketplace, OHP, and Bridge
- Invest in culturally responsive outreach, access, and community trust
- Enhance tools and support for agents, assisters, and partners
- Ensure that the SBM platform is (and stays) stable, intuitive, and respectful

"Build a system that actually works for people — simple, stable, and easy to understand."

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2/18/2026

What We Heard:
Marketplace Enhancement Policy Top Priorities

1. A simpler enrollment process for people who are no longer eligible for OHP or OHP Bridge
2. Improvements to the customer experience, such as mobile-friendly enrollment, simpler applications, and better search for doctors and medications
3. Using data to better reach and keep people enrolled, especially those at risk of losing coverage
4. Education to help people understand health plans, including deductibles, copays, and what their coverage includes
5. State-funded financial help to lower premiums or out-of-pocket costs beyond federal assistance
6. More support for insurance agents and assisters, such as training, grant funding, and stronger connections with community organizations

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What We Heard:
Marketplace Enhancement Policy Priorities

1. Changes to standard plans to make coverage easier to understand and use
2. "Easy Enrollment" options that make it simple to identify uninsured people and connect them to coverage (for example, through DMV or tax forms)
3. Tools and education to help people nearing Medicare age compare and choose coverage that works with their doctors and medications, and aligns with available Medicare plans
4. Better language access and culturally relevant outreach, including translation, interpretation, and partnerships with trusted community groups
5. Working with housing, food, and other support programs to better connect people to coverage
6. Requirements for health plans to improve quality and advance equity, such as more reporting on who is enrolled and what their health outcomes are

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Discussion Questions:
What Resonates? What's Missing?

Which of these findings most reflect what you're seeing on the ground?

Did anything surprise you?

What key priorities did we miss?

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Discussion Questions: Sharpening the Priorities

Which priorities should the Marketplace focus on first after SBM launch?

Which would have the greatest impact on consumers?

Which would have the greatest impact on partners?

Where do you see the biggest opportunities for collaboration?

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Discussion Question: Next Steps

How would you like to stay involved in shaping the strategic plan?

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Any Additional Questions or Comments?

Thank You!!!

DS Consulting

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Public Comment

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**Thank you
Gladys Boutwell!**

**For serving four years of public
service as a HIMAC Member.**

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Wrap Up
Next meeting:
April 16, 2026

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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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