Oregon Health Insurance Marketplace
Advisory Committee Meeting
July 16, 2026
9 a.m. – 1 p.m.

In-person (Preferred)
Barbara Roberts Human Services Building
500 Summer Street NE, CR 137A-D
Salem, OR 97301

Virtual
Click here to join the Teams meeting
Phone: 971-277-2343
Meeting ID: 296 587 569 067 01
Passcode: P6Ew3My7

AGENDA

Time	Agenda Item	Facilitators and Presenters
9:05 – 9:10 a.m.	Welcome, roll call, meeting guidelines, and approval of June minutes	Nashoba Temperly Interim Committee Chair
9:10 – 9:40 a.m.	Proposed 2027 Marketplace Assessment	Chiqui Flowers Marketplace Director Caleb Lavan Senior Manager Myers and Stauffer
9:40 – 10:00 a.m.	Marketplace rulemaking advisory	Victor Garcia Marketplace Operations Advisor and Program Liaison
10:00 – 10:15 a.m.	Federal developments and state impacts[1]	Katie Button Marketplace Plan Management and Policy Advisor
10:15 – 10:55 a.m.	SBM Project updates[1]	Dorocida Martushev Project Manager Amy Coven Marketplace Communications and Public Engagement Analyst Victor Garcia Marketplace Operations Advisor and Program Liaison Misty Rayas Marketplace Deputy Director

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

Time	Agenda Item	Facilitators and Presenters
10:55 – 11:00 a.m.	Public comment	Nashoba Temperly Interim Committee Chair
11:00 – 11:20 a.m.	2027 Filed Rates	Tashia Sizemore Life and Health Program Manager Division of Financial Regulation Dept. of Consumer and Business Services
11:20 – 11:40 a.m.	Break and gather lunch	All
11:40 – 12:40 p.m.	Marketplace Strategic Planning: Workshop	Katie Button Marketplace Plan Management and Policy Advisor David Simnitt Principal, DS Consulting
12:40 – 12:45 p.m.	Public comment	Nashoba Temperly Interim Committee Chair
12:45 – 12:55 p.m.	Committee business, wrap up and closing	Nashoba Temperly Interim Committee Chair Chiqui Flowers Marketplace Director

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

When: Friday, June 26, 2026 – 9:35 to 10:55 a.m.
Where: Virtual via Microsoft Teams

Committee members: Marin Arreola, Ron Gallinat, Paul Harmon, TK Keen, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly (interim chair), Matthew Woodbridge, Alena Zbirun

Members not present: Stacy Carmichael, Charlie Fisher, Kathleen Orrick

Other presenters and partners: Caleb Lavan

Marketplace staff: Katie Button, Chiqui Flowers (director), Victor Garcia, 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 April 16 meeting minutes. (See the handout packet page 1 for a copy of the agenda, pages 2-9 for April minutes, and page 25 for meeting protocols.)
	• Approved April 16, 2026, minutes.
	  ○ First motion to approve – Ron Gallinat
	  ○ Second motion to approve – Om Sukheenai
	  ○ Ayes – Ron Gallinat, TK Keen, Matthew Woodbridge, Clare Pierce-Wrobel, Om Sukheenai, Nashoba Temperly, Alena Zbirun
	  ○ Nays – none
	  ○ Absent – Marin Arreola, Stacy Carmichael, Charlie Fisher, Paul Harmon, Kathleen Orrick

Overview of the Marketplace Assessment & Upcoming Changes 24:26	Presenter: Chiqui Flowers, Marketplace Director (See pages 26-27 of the handout packet for a copy of the slides.) • No additional questions or comments
Proposed 2027 Marketplace assessment analysis 31:57	Presenter: Caleb Lavan, Senior Manager, Myers & Stauffer (See pages 27-31 of the handout packet for a copy of the memo and slides.) • Alena had some questions about the sensitivity of forecast model on slide 32. Caleb responded that they look at how revenue would be raised under different forecast scenarios. • Alena asked for clarification if the $6.85 rate for 2026 was for state and federal and Caleb replied that it was just the state rate. This year, the state takes responsibility for all duties, which is why the rate will be increasing to $35.60. • Matthew wondered if we keep seeing decreases in enrollment and if the assessment is not enough to cover expenditures, if that will create a deficit

	cycle or will we adjust the forecast in the next year. Chiqui explained that we have three measures for checks and balances to make sure that we have healthy budget: monthly expense checks, the annual assessment process, and generating savings whenever possible.

Next steps & voting
1:04:42
	Presenter: Victor Garcia, Marketplace Operations Advisor and Program Liaison
	(See page 31 of the handout packet for a copy of the slides.)
	• Alena had a question about Victor mentioning the possibility of spreading out the cost of the Assessment. Victor explained that instead of adding to the Assessment for 2026 to help pay for the SBM (State based Marketplace), we decided to defray the cost over the next few years in order to curb early costs.
	• Alena wondered if there was a way to adjust the Assessment mid-year if the enrollment was not as high as expected. Chiqui clarified that the Assessment is a part of the premiums and they are approved annually and cannot be changed mid-year.
	• Matthew asked if the Assessment rate applied to off exchange premiums. Victor informed us that yes, it applies to on and off exchange plans.
	• Om was curious if there were going to be any new insurance carriers this new plan year. Chiqui verified that we will have 4 medical carriers and 5 dental carriers. Katie informed that we have one new dental carrier, Humana, entering the market in 2027.
	• Feedback on the assessment rate:
	  ○ First motion in support – Ron Gallinat
	  ○ Second motion in support – Marin Arreola
	  ○ Ayes– Marin Arreola, Paul Harmon, Ron Gallinat, Matthew Woodbridge, Nashoba Temperly
	  ○ Nays – Om Sukheenai
	  ○ Abstain – Clare Pierce-Wrobel, TK Keen, Alena Zbirun
	  ○ Absent – Stacy Carmichael, Charlie Fisher, Kathleen Orrick
	•

Public comment, wrap up & closing 1:20:16	• Our next meeting will be a hybrid meeting on July 16, 2026.

*These minutes include timestamps from the meeting recording in an hour: minutes: second format. Meeting materials and recording are found on the Oregon Health Insurance Marketplace Advisory Committee website under 2026 Meetings, June 26.

July 16, 2026

Health Insurance Marketplace Advisory Committee Meeting

1

Welcome and Roll Call

2

Meeting Guidelines

3

Meeting Protocols and Requests

- The Marketplace and the Health Insurance Marketplace Advisory Committee (HIMAC) are committed to safe and inclusive meetings for all attendees.
- We have differences of 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 your question 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.

4

Meeting Protocols and Requests, Continued

- For transcribing and accessibility purposes, please state your name before speaking during the meeting.
- Members of the public are requested to hold questions and comments until the Public Comment portion/s of the meeting.
- If you are subjected to unacceptable behavior or witness unacceptable behavior during this meeting, please contact:
  Chiqui Flowers, Marketplace Director
  chiqui.l.flowers@oha.oregon.gov
  503-884-6017

5

REMINDER: Compliance with Public Meeting Law

- As your name is called, please state your vote. Your vote will be logged in the meeting minutes.
- Public Meetings Law webpage:
  - oregon.gov/ogec/public-meetings-law/pages/default.aspx

6

Voting on June 26, 2026 Meeting Minutes

7

Proposed 2027 Marketplace Assessment

Chiqui Flowers
Marketplace Director

Caleb Lavan
Senior Manager
Myers and Stauffer

8

What is the Marketplace assessment?

A fee charged to health insurance companies that sell plans through the Marketplace.

Helps fund the Marketplace's operations, including:

- Consumer assistance
- Outreach and education
- Technology
- Eligibility and enrollment systems
- Program administration
- Policy development

Used to help ensure Oregon is compliant with federal provisions and requirements for the exchange

9

Role of the Committee

ORS (Oregon Revised Statue) 741.105. (1) The Oregon Health Authority shall establish, by rule, an administrative charge. The authority shall impose and collect the charge from all insurers participating in the health insurance exchange or offering a health plan certified by the authority and state programs participating in the health insurance exchange. **The Health Insurance Exchange Advisory Committee shall advise the authority in establishing the administrative charge.** The charge must be in an amount sufficient to cover the costs of grants to navigators, in-person assisters and application counselors certified under ORS 741.002 and to pay the administrative and operational expenses of the authority in carrying out ORS 741.001 to 741.540.

10

Current Fee Structure

- State Assessment Fee
  - Oregon's Marketplace is funded through a per member per month fee on participating insurance companies.
- Federal Platform User Fee
  - Separate from the assessment fee
  - Paid directly by participating insurance companies to the federal government.
  - Charged as a percentage of premium, changes annually.

2026 Fees Using HealthCare.gov

Marketplace State Assessment For in-state policy development, plan management, outreach, education, training, escalated cases	0.93% of average premium*
Federal Platform User Fee For website, CAC, and agent training	2% of average premium
Total	2.93%

2027 SBM Fees

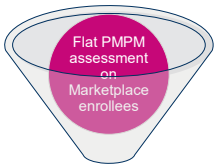
SBM Fee = Marketplace State Assessment For everything to be done in-state	

* Set as a flat fee in Oregon.

11

How Marketplace Carriers Incorporate the Fee

Insurance companies must spread the Marketplace assessment across the entire individual market, reducing the effective impact on any single enrollee.



Spead across direct and Marketplace enrollees

12

Our Commitment to Transparency

Oregon is committed to transparency by charging a flat exchange user fee

- Federal policy changes have negatively impacted enrollment, resulting in lower enrollment and higher costs for the state to try to maintain or increase enrollment
- Oregon relies on enrollment stability to sustain funding because unlike a fee based on a percentage of premium, a flat fee does not increase at the high rate of medical inflation

HealthCare.gov charges a percentage of premiums

- When federal policy changes increase premiums, HealthCare.gov may maintain or increase revenue even if enrollment is negatively impacted
- Perceived reductions in fees do not necessarily equate to lower federal revenue or reduced costs for insurers and consumers

13

13

Assessment Rate History

- Assessment rates increased moderately for 2026 to account for:
  - Lower enrollment due to Enhanced Premium Tax Credits (EPTC) expiration and implementation of the OHP Bridge.
  - Increased expenses related to transition to a state-based marketplace (SBM).
- The increase did not account for impacts from H.R. 1 or the 2025 Marketplace Integrity and Affordability Final Rule.

Marketplace Assessment Rates

	CY 2017 - CY 2019	CY 2020 - CY 2025	CY 2026	CY 2027
Medical PMPM	$6.00	$5.50	$6.85	TBD
Dental PMPM	$0.57	$0.36	$0.45	TBD

14

Main Points (Spoilers!)

- We recommend an increase in the Medical Assessment rate to $35.60 and the Dental Assessment rate to $1.70.
- Expenses are projected to increase due to the State-based Marketplace (SBM) and because enrollment is forecasted to go down due to:
  - Expiration of Enhanced Premium Tax Credits (EPTC) and continued affordability issues.
  - Transitions to the OHP Bridge.
  - Withdrawal of some insurance carriers from the individual market.
- The assessments are charged to insurers who will transition payments away from the federal facilitated marketplace to the Oregon SBM.

15

Expenditures

Marketplace Expenditures, Historical and Projected

CY 2022-2025 actuals and CY 2026-2027 forecast

	Marketplace Expenditures	Shared Services / SAEC	Total Expenditures
CY 2022	$6,071,063	$320,887	$6,391,950
CY 2023	$6,563,747	$936,474	$7,500,221
CY 2024	$6,958,386	$1,074,828	$8,033,214
CY 2025	$7,319,331	$1,360,893	$8,680,223
CY 2026	$14,889,794	$1,666,537	$16,556,331
CY 2027	* $33,924,962	$5,309,994	$39,234,956

SAEC - OHA Shared Assesment and Enterprise-wide Costs

*Expenditure increases in CY 2027 are a result of the transition to a state-based marketplace (SBM).

16

Forecasting Effectuated Medical Plan Enrollment

- Create a Baseline Forecast using recent history
- Add impacts for known factors that will impact enrollment
  - Continuing impacts from the end of the Enhanced Premium Tax Credits (EPTC)
  - The impact of the OHP Bridge
  - The impact of insurer withdrawals from the individual market

17

Not Included in the Forecast: Other Potential Risks

- Federal action on Medicaid
- Shorter open enrollment period
- Overall market uncertainty and volatility
- Other federal administrative choices
- Economic downturn

18

Feedback Request

ORS 741.105(1) requires the assessment to "be in an amount sufficient to cover the costs of grants to navigators, in-person assisters[,] and application counselors certified under ORS 741.002 and to pay the administrative and operational expenses of the authority in carrying out ORS 741.001 to 741.540."

- Is the proposed assessment sufficient to cover the costs of grants to navigators, in-person assisters, and certified application counselor? If not, please explain your thinking.
- Do you think the proposed assessment is sufficient to cover the costs of administrative and operational expenses? If not, please explain your thinking.
- Do you think the assessment is too low or too high?
  - How much should it be raised or lowered to? How did you arrive at your revised figure?
  - If you recommend a reduction, which areas / programs do you recommend reductions to?
  - If you recommend an increase, which areas / programs should the additional funds be used for?

19

Marketplace Rulemaking Advisory

Victor Garcia
Marketplace Operations Advisor and Program Liaison

20

Assessment Rule Amendment

ORS 741.105 requires the Oregon Health Authority (OHA) to establish assessment rates for qualified health plans and stand-alone dental plans sold through the Health Insurance Marketplace (Marketplace).

- The assessment is the funding source for the Oregon Health Insurance Marketplace's operations and support for qualified health plan (QHP) enrollment. The scope of rule change is limited just to the assessment rates on a per-member per-month basis.
- These rates are reviewed annually, adjusted based on budget and enrollment projections, and updated by amending Oregon Administrative Rule (OAR) 945-030-0030 with the rates for the following year.
- The Marketplace is required to consult the HIMAC and other interested parties in an advisory meeting regarding the potential economic and fiscal impacts of the rule change to affected parties including cost of compliance and impacts to small business.
- While the only parties directly paying the assessment are insurers, previous rule filings have acknowledged that the assessments are included in the administrative costs for carriers that are part of the insurance premiums paid by Oregon residents with qualified health plans.

21

Fiscal and Economic Impact Feedback

The administrative rule process requires that the agency gather input from an advisory committee regarding the economic impact of the rule on state agencies, local government, members of the public, and --

1. Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule.
   a. We previously included information regarding potential impacts to customer premiums

2. Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).
   a. There are no known direct impacts on small businesses.

22

Rule Amendment Proposed Language

The rate change is implemented through an amendment to OAR 945-030-0030. The amendment would add the following to the rule:

(10) Effective January 1, 2027, each health insurer or health care service contractor offering:

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to $35.60 times the number of members enrolled in a Marketplace plan in that month.

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to $1.70 times the number of members enrolled in a Marketplace plan in that month.

23

Rule Filing Next Steps and Discussion

Last half of July:
Notice of proposed rule hearing filed with Oregon Secretary of State and forwarded to legislature, which also starts official public comment period

Last half of August:
Administrative rule hearing is held to hear additional public testimony

September:
Comments and public testimony are considered. If there are no changes, final rule is filed

Questions and Discussion

24

Federal Developments and State Impacts

Katie Button
Plan Management and Policy Advisor

25

Immigration Status Changes

- Non-citizens must meet the definition of "eligible alien" to be eligible for tax credits
- Green card holders, citizens of COFA nations, and Cuban and Haitian entrants will qualify
- Refugees and asylees will be able to enroll in plans, but will not be eligible for tax credits

26

Income verification

2027 Notice of Benefit and Payment Parameters requires income verification when reported income does not match available sources

The recent City of Columbus lawsuit has asked for this provision to be stayed, so it might not be implemented

27

Changes not affecting Oregon

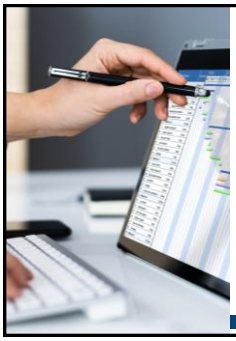
Expanded eligibility for catastrophic plans

- Federal rules allow applicants over 30 to enroll in catastrophic plans if they are not eligible for tax credits or cost-sharing reductions
- Oregon does not have catastrophic plans, so applicants who apply for the exemption will not be able to shop for them

Plans without networks

- Federal rules allow carriers to file plans without provider networks; consumers would be responsible for submitting claims directly to the insurance carrier
- Oregon carriers continue to use provider networks, ensuring claims are paid timely and properly

28



State-based Marketplace Project Updates

Victor Garcia
Marketplace Operations Advisor and Program Liaison

Dorocida Martushev
Senior Project Manager

Amy Coven
Marketplace Communications and Public Engagement Analyst

Misty Rayas
Marketplace Deputy Director

29

State-based Marketplace (SBM) Topics

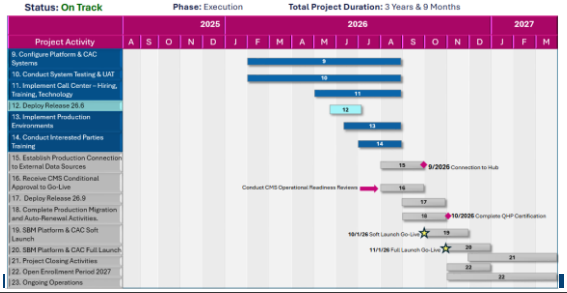
- Implementation Timeline
- Key Project Accomplishments
- Engagement with Centers for Medicare & Medicaid Services (CMS)
- Introducing the Oregon SBM Technical Team
- Marketplace Training Plan
- Feedback from GetInsured

30

SBM Project Timeline: Implementation

Key: Done | In-Progress | Not Started

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



31

Key Project Accomplishments Since April 2026 Meeting

April

- **04/14 -** ONE/SBM Infrastructure Completed (CR800305)
- **04/20 -** ONE/SBM Development Completed (CR800305)
- **04/21 -** Approved IQMS 4.1.8 Quarterly QA Status and Improvement Reports/Presentations
- **04/27 -** Approved IQMS 3.1.7.1.a Solution Contractor system testing plan

May

- **05/11 -** Approved GetInsured 1.3.5.1 Defect Management Plan
- **05/12 -** Approved IQMS 3.1.3 Solution Requirements (Requirements Traceability Matrix)
- **05/14 -** Approved BPM 2.1 Interim Security and Privacy Assessment Report
- **05/21 -** Approved IQMS 2.5a Independent Master Test Plan (IMTP) for FDSH Testing Verification (v1.0)
- **05/26 -** ONE/SBM SIT Completed (CR800305)

June

- **06/02 -** Approved BPM 2.2:Final Security and Privacy Assessment Report
- **06/02 -** Approved BPM 2.3: Security and Privacy Assessor Workbook (SAW)
- **06/02 -** Accepted POAM (v1.0)
- **06/02 -** Submitted Final ATC packet to CMS
- **06/05 -** ONE/SBM Development Completed (CR800305A)
- **06/05 -** Finalized Agency Test Plan
- **06/10 -** Approved IQMS 3.1.8.b Disaster Recovery Plan
- **06/16 -** Accepted all Plan, Policy, and Procedures documents (v1.0) from GetInsured
- **06/29 -** Approved GetInsured 1.6.3.1 System Security Plan (SSP)

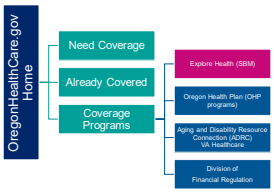
32

Engagement with Centers for Medicare & Medicaid Services (CMS)

Area	What Happened	Date
Intergovernmental Cooperation Act Agreement (IGCA)	CMS returned the fully executed Interconnection Security Agreement (IGCA) on April 23. The agreement with CMS is now complete. The remaining activity is an Oregon-specific administrative step to upload the executed agreement to OregonBuys.	April 2026
Interconnection Security Agreement (ISA)	CMS confirmed on May 14 that no further action is required for the Interconnection Security Agreement (ISA). The agreement is complete, and no additional updates or approvals are pending.	May 2026
System Security and Privacy Plan (SSPP)	Oregon developed and submitted the System Security and Privacy Plan (SSPP), documenting the system architecture, security controls, and compliance with CMS security standards (ARC-AMPE). CMS completed its review and provided feedback, and OHIM is currently addressing the comments.	June 2026
Privacy Impact Assessment (PIA)	Oregon developed and submitted the System Security and Privacy Plan (SSPP), documenting the system architecture, security controls, and compliance with CMS security standards (ARC-AMPE). CMS completed its review and provided feedback, and OHIM is currently addressing the comments.	June 2026
Safeguard Security Report (SSR)	Oregon prepared and submitted the Safeguard Security Report to the IRS, documenting the security controls, safeguards, and compliance measures implemented to protect Federal Tax Information (FTI). The IRS completed its review and provided feedback, and OHIM is currently addressing the requested evidence and follow-up items.	June 2026
PRIT (Payee Record Information Template)	Oregon completed and submitted the PRIT to CMS to establish the Vendor Management profile, including organization, financial, and contact information required to receive monthly CMS invoices for Hub services. CMS confirmed receipt from Oregon Treasury during the June 29 meeting, and no further action is required from the State.	June 2026

33

Increasing SBM Awareness and Launching Explore Health



By Open Enrollment (OE), users should:

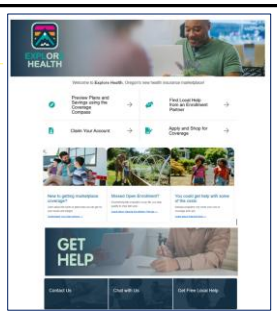
1. Recognize Explore Health as Oregon's marketplace
2. Understand its connection to OregonHealthCare.gov
3. Feel confident enrolling under the new brand

34

34

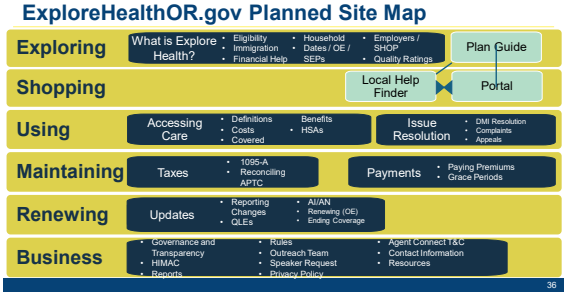
Website Updates: ExploreHealthOR.gov

- Simple navigation
- Clear messaging
- Graphics to help individuals with Limited English Proficiency
- Representative imagery
  - Images shown are placeholders



35

ExploreHealthOR.gov Planned Site Map



36

36

Website Design

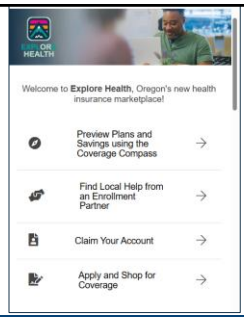
- Organized pages with a clear, consistent layout that is easy to navigate
- Easy-to-read text with strong color contrast
- Forms include clear labels, instructions, and helpful error messages
- Information is never communicated by color alone
- Buttons and links are large enough to tap or click easily

37

37

Website Accessibility

- Works well when users zoom in or view the site on different devices
- Images include descriptions that provide important information
- Links clearly describe where they go
- Designed to work with screen readers and other assistive technologies
- Works with a keyboard as well as a mouse or touch screen



38

38

Local Help Finder

39

39

Getting Ready for Open Enrollment: Carriers

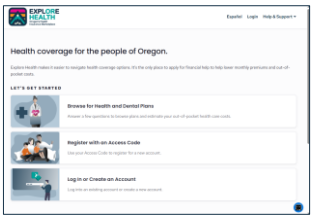
- After CMS approval in August, plan submission and certification activities move into the new system
- Final plan data review for Plan Guide by 10/15
- Final systems tests to ensure readiness for automatic re-enrollment
- Plan certification cycle completed by 10/1
- Renewal notices sent in September/October
- Process automatic re-enrollment files last week of October

40

40

What's in a Soft Launch?

- **ETA Oct. 1:** Initial notice of transition to current enrollees from CMS
- **~Oct. 2:** State sends Account Migration Notice
  - Consumers will be able to activate their account
- **ETA Oct. 15:** Window shopping opening Oct. 15 via Plan Guide



41

41

What's in a Soft Launch?: Customer Assistance Center

- GetInsured staffed team in place with Oregon-specific training and supervision
- Limited call scope: account setup, navigation help, login issues, general questions
- Controlled operating hours and smaller CSR cohort for quality monitoring
- Soft-launch goals: validate workflows, identify pain points, baseline performance before open enrollment
- Telephony and CRM integration active with real-time performance dashboards
- Established escalation paths for complex cases back to internal teams
- Live QA: call monitoring, weekly calibration, rapid script/knowledgebase updates

42

42

What's in a Soft Launch?: Agents

Agent Marketplace Certification Training well underway

- Available in-person, online and on-demand
- Make sure to complete training by October 30, 2026

Marketplace working to complete process to transition enrollments and associated NPN's to new system

Agent and agency information loaded into Explore Health system

Agents will have direct access to update their listing in the Find Local Assistance tool.

43

43

Marketplace Training

Partner Summit

- Training engagement began with the Partner Summit July 7.
- Introducing updates on upcoming trainings, tips, resources and opportunities for networking.

Rollout Timeline

- **Mid-July:** In-person Assister and Agent Training begins
- **August:** Webinar sessions offered.
- **August:** On-Demand Agent Marketplace Certification Training offered.
- **September:** On-Demand Assister Marketplace Certification Training offered

Training Delivery Options

- In-Person- English & Spanish
- Webinar- English & Spanish
- On-Demand- English & Spanish

Concentrated Training Information

orhim.info/training

44

Marketplace Training, cont.

Current in-person training available for both Agents and Assisters in English and Spanish.	45 In-person Assister Marketplace Certification trainings are scheduled and promoted in English.	4 In-person Assister Marketplace Certification trainings are scheduled and promoted in Spanish.	5 In-person Agent Marketplace Certification trainings are scheduled and promoted in English.
Training goals	By Mid-July offer/promote virtual Marketplace Certification Trainings for Agents and Assisters	By August 1 offer Agent on-demand Marketplace Certification trainings.	By Sept 1 offer Assister on-demand Marketplace Certification trainings in English and Spanish.

Marketplace Training Opportunities

Find a training near you at: orhim.info/training.

45

45

Public Comment

46

46

2027 Individual and Small Group Rate Filings

Tashia Sizemore, Life and Health Product Regulation Manager

DFR Division of Financial Regulation
Department of Consumer and Business Services

47

47

Overview

- High-level rate review process
- 2027 filed rates
- Standard review questions explained
  - What standard review questions are and why they are important in rate review
  - Why standard review questions are part of rate filings rather than form or binder filings
  - How responses standard review questions are currently used
- Examples of standard review questions and carrier responses

48

48

DFR: Health insurance rate review

DFR approves rates that are "reasonable and not excessive, inadequate, or unfairly discriminatory"

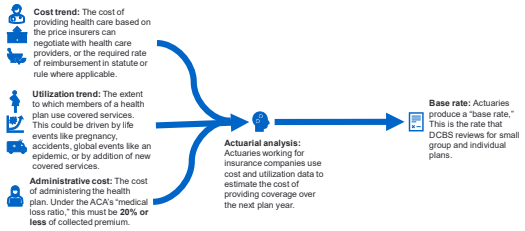
Consumer interest in having affordable, comprehensive health care coverage

DFR's role in ensuring that insurance companies remain financially stable

49

49

Insurance 101: What's in a rate?



50

50

2027 Filed rates

INDIVIDUAL MARKET		
Company	Average rate request increase	Requested Portland silver 40-year-old rate
BridgeSpan Health Company	11.7%	$687
Kaiser Foundation Health Plan of the Northwest	12.2%	$581
Moda Health Plan, Inc.	25%	$695
Regence BlueCross BlueShield of Oregon	12.2%	$660
Average	17.5%	

2027-rate-and-county-coverage.pdf

51

51

2027 Filed rates

SMALL GROUP MARKET		
Company	Average rate request increase	Requested Portland silver 40-year-old rate
Health Net Health Plan of Oregon, Inc	19%	$581
Kaiser Foundation Health Plan of the Northwest	9.5%	$509
Moda Health Plan, Inc.	22.7%	$648
PacificSource Health Plans	24.4%	$676
Regence BlueCross BlueShield of Oregon	15.6%	$587
UnitedHealthcare Insurance Company	28.9%	$800
Average	17%	

2027-rate-and-county-coverage.pdf

52

52

Standard review questions and why they are important in rate review

- Represent key issues that may result in cost changes for Oregonians and are likely to create downstream claims experience changes for insurers
- Responses may indicate difference in thinking between insurers in the market – differences can be discussed and where appropriate processes standardized for market consistency
- Reduction in the number of last minute objections to insurers and more time for consumers who want to review this information to have it accessible

53

53

Why standard review questions are part of rate filings rather than form or binder filings

- The questions have possible downstream rate impacts – for example, new coverage requirements, prescription drug rebates, or disease outbreaks
- Carrier responses provide valuable information about utilization of services – which is part of trend
- Rate filings are more easily available to the public and have specific outreach requirements codified in Oregon law

54

54

Current uses

- Internal rate review discussions
- Method of confirming market details (enrollment changes)
- Uptake of $5 primary care visits and possible rate impacts
- Monitor individual vaccination status and federal vaccine policy changes impact on Oregon's market
- Monitor market trend and spend on six specific care categories

55

55

Examples of questions and carrier responses

Q6: What is your organization's 2025 spend on telehealth? Both the total claims dollar amount and the percent of overall claims spend?

Insurer	Total claim dollar amount	Percent of overall claims spend
Bridgespan (ind)	$50K	3.1%
Kaiser (ind)	$208M	4.3%
Moda (ind)	$11M	4%
Regence (ind)	$12.3M	4.8%
Health Net (SG)	$385,251	1.00%
Kaiser (SG)	$208M	4.3%
Moda (SG)	$5 million	4.6%
PacificSource (SG)	$1,345,134	1.3%
Regence (SG)	$17.6M	4.7%
UnitedHealthcare Inc (SG)	$2,891,898	5.5%

56

56

Examples of questions and carrier responses (1 of 3)

Q10: For the following categories of care please provide the trend, total claim dollars spent, and the percentage of overall claims spend for the following service category. Have there been noticeable utilization changes in these categories?

- Mental Healthcare/Substance Use Disorder Services
- Inpatient/hospitalization
- Prescription Drug
- Preventive Services
- Outpatient care, not including emergency care
- Emergency services

57

57

Examples of questions and carrier responses Q10 (2 of 3)

	BridgeSpan	Kaiser	Moda	Regence
Prescription Drug				
Trend	23.60%	1.50%	3%	31.50%
Total claims dollars spent	$833K	$631M	$70,151,829	$58.6M
Percentage of overall claims spend	51.20%	12.90%	22%	23.00%
Noticeable utilization changes	11% decrease in Specialty Rx category and 35% increase in Preferred Brand category	(Nothing provided)	Comment below table: No noticeable changes in utilization between the two years.	24% increase in Specialty Rx category
Preventive Services				
Trend	35.90%	-10.70%	24%	10.80%
Total claims dollars spent	$79K	$238M	$2,300,196	$17.9M
Percentage of overall claims spend	4.90%	4.90%	1%	7.00%
Noticeable utilization changes	28% increase in Preventive Physical Exams category	(Nothing provided)	Comment below table: No noticeable changes in utilization between the two years.	11% increase in Preventive Physical Exams category

58

58

Examples of questions and carrier responses Q10 (3 of 3)

	HealthNet	Kaiser	Moda	PacificSource	Regence	UnitedHealthCare
Prescription Drug						
Trend	17.40%	1.50%	14%	14.30%	25.20%	22.20%
Total claims dollars spent	$4,026,081.78	$631M	$32,959,568	$17,129,404	$93.5M	$12,513,584
Percentage of overall claims spend	10.38%	12.90%	22%	17.30%	25.10%	19.40%
Noticeable utilization changes	Trends and claims dollars spent are net of rebates. HealthNet experienced a noticeable overall increase in the utilization of Brand and Specialty prescription drugs from 2024 to 2025 and expect the trend to continue in 2026 and 2027.	(Nothing provided)	Comment below table: No noticeable changes in utilization between the two years.	Comment above table: The data below reflects unadjusted observed Oregon Small Group claims experience. The categories above are mutually exclusive, but do not include all Oregon Small Group claims. Note that historical trends are not necessarily predictive of future trends.	19% increase in Specialty Rx category	13% increase in Scripts/1000
Preventive Services						
Trend	45.00%	-10.70%	19%	9.20%	9.80%	13.70%
Total claims dollars spent	$1,472,376.41	$238M	$1,476,810	$4,073,322	$25.6M	$1,770,297
Percentage of overall claims spend	3.80%	104.90%	1%	4.10%	6.90%	2.70%
Noticeable utilization changes	HealthNet experienced an increase in the overall utilization of preventive services from 2024 to 2025. We project a return to historical baseline levels in 2026 and 2027.	(Nothing provided)	Comment below table: No noticeable changes in utilization between the two years.	Comment above table: The data below reflects unadjusted observed Oregon Small Group claims experience. The categories above are mutually exclusive, but do not include all Oregon Small Group claims. Note that historical trends are not necessarily predictive of future trends.	5% increase in Preventive Physical Exams category	8% increase in Preventive Visits

59

59

For more information about 2027 rate filings

https://dfr.oregon.gov/healthrates/

Tashia Sizemore, Life and Health Product Regulation Manager
971-283-0102
tashia.sizemore@dcbs.oregon.gov

60

60

Break

61

Marketplace Strategic Planning: Workshop

Katie Button
Marketplace Policy and Plan Management Advisor

David Simnitt
Principal
DS Consulting

62

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**

We want to ensure our direction is:

- Informed by partner experience
- Responsive to community needs
- Practical, achievable, and aligned across systems

63

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
- **Sep 2026:** Partner review of draft plan
- **Oct 2026:** Strategic plan refinement and finalization
- **Nov 2026:** Release of Oregon Marketplace Strategic Plan

64

Purpose Today

Build on work completed since our last discussion

Review and discuss the identified measures for each of the Strategic Plan goal areas

Begin thinking about:

1) Where will data come from?
2) What is current performance?
3) What does success look like?
4) What improvement would be meaningful?

65

Measure Assessment Framework

Question	Discussion
Is this a good measure?	Does it reflect the objective?
Can we get data?	Existing or needs development?
Do we have a baseline?	Yes, partial, or no?
What should success look like?	Benchmark ideas?

66

Goal 1: Make coverage affordable, understandable, and valuable for Oregon residents

Objectives
- Mitigate premium and cost-sharing increases for consumers
- Improve consumers' ability to select plans that meet their needs and avoid unexpected cost

Measures
- Average net premium income band compared to national average
- Enrollment growth and retention trends
- Utilization of primary and preventive services
- Size and growth of Marketplace risk pool
- Consumer-reported understanding of plan selection and use (survey-based)

Discussion
- Are these measures sufficient to tell us whether coverage is more affordable and understandable?
- Which measures are likely easiest to operationalize?
- Which measures may require new data collection?
- Are we missing any key measures?

67

Goal 1: Make coverage affordable, understandable, and valuable for Oregon residents, cont.

Measure	Category
Average net premium income band compared to national average	
Enrollment growth and retention trends	
Utilization of primary and preventive services	
Size and growth of Marketplace risk pool	
Consumer-reported understanding of plan selection and use (survey-based)	

Category	Meaning
1. Ready now	Good measure, data likely available
2. Needs refinement	Right concept but needs work
3. Missing measure	Important gap

68

Goal 2: Improve coverage transitions and continuity across programs

Objectives
- Reduce coverage lapses between OHP, OHP Bridge, and the Marketplace
- Improve consumer understanding of coverage transitions and responsibilities
- Increase successful, gap-free transitions across programs

Measures
- Rate of successful transition without coverage gaps
- Marketplace enrollment rates following OHP/Bridge exit
- Volume and resolution time of issues related to transitioning to Marketplace coverage
- Consumer understanding of eligibility changes (survey-based)

Discussion
- Which measure best reflects "continuity of coverage"?
- Can these measures be built using existing ONE/SBM data?
- Should coverage gap reduction become the flagship measure for this goal?
- Are there other transition measures that matter more?

69

Goal 2: Improve coverage transitions and continuity across programs, cont.

Measure	Category
Rate of successful transition without coverage gaps	
Marketplace enrollment rates following OHP/Bridge exit	
Volume and resolution time of issues related to transitioning to Marketplace coverage	
Consumer understanding of eligibility changes (survey-based)	

Category	Meaning
1. Ready now	Good measure, data likely available
2. Needs refinement	Right concept but needs work
3. Missing measure	Important gap

70

Goal 3: Strengthen the partners and systems that support enrollment and retention

Objectives
- Improve partner efficiency and effectiveness
- Reduce administrative burden on enrollment partners
- Improve issue resolution and escalation pathways
- Strengthen pathways that connect consumers to enrollment partners

Measures
- Enrollment partner satisfaction
- Time to resolve partner-initiated issues
- Use of partner tools and portals
- Partner-supported enrollment and retention outcomes

Discussion
- If we had to pick only one or two measures to determine whether partner support improved, what would they be?

71

Goal 3: Strengthen the partners and systems that support enrollment and retention, cont.

Measure	Category
Enrollment partner satisfaction	
Time to resolve partner-initiated issues	
Use of partner tools and portals	
Partner-supported enrollment and retention outcomes	

Category	Meaning
1. Ready now	Good measure, data likely available
2. Needs refinement	Right concept but needs work
3. Missing measure	Important gap

72

Goal 4: Advance equity through culturally responsive access and quality

Objectives

- Increase enrollment in communities of focus
- Improve language access and culturally responsive support
- Increase optional self-reporting of READ information in enrollment applications

Measures

- Enrollment and retention by language, race/ethnicity, geography
- Access to and utilization of in-language assistance
- Adoption of Meaningful Language Access and related quality measures
- Partner and community feedback

Discussion

- Which equity measures are most actionable for the Marketplace itself?

73

73

Goal 4: Advance equity through culturally responsive access and quality, cont.

Measure	Category
Enrollment and retention by language, race/ethnicity, geography	
Access to and utilization of in-language assistance	
Adoption of Meaningful Language Access and related quality measures	
Partner and community feedback	

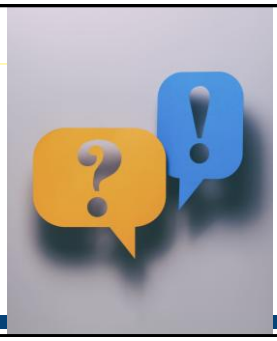
Category	Meaning
1. Ready now	Good measure, data likely available
2. Needs refinement	Right concept but needs work
3. Missing measure	Important gap

74

74

Thank you!

Additional questions or comments?



75

Public Comment

76

Committee Business

77

Wrap Up

Next meeting:
Oct. 15, 2026

78

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.

Health Policy and Analytics Division
Oregon Health Insurance Marketplace
500 Summer Street E-56
Salem, OR 97301
855-268-3767
OregonHealthCare.gov | CuidadoDeSalud.Oregon.gov

OREGON HEALTH AUTHORITY

OREGON HEALTHCARE.GOV

79

79

Health Insurance Marketplace Acronym List

ACA – Affordable Care Act

ADOS – Azure DevOps

ADRC – Aging and Disability Resource Connection

AHRQ — Agency for Healthcare Research & Quality

AI/AN - American Indian/Alaska Native

ALJ – Administrative Law Judge

AP – applicant portal

APTC – advanced premium tax credit

ARC-AMPE - Acceptable Risk Controls for ACA, Medicaid, and Partner Entities

ARPA – America Rescue Plan Act

AV – actuarial value

BHP – Bridge Health Program

CAC – consumer assistance center

CBO — Community-based Organization

CCIIO - Center for Consumer Information & Insurance Oversight

CCO – coordinated care organization

CIO – Chief Information Officer

CMS – Centers for Medicare & Medicaid Services

CP – community partner

CRM – customer relationship management

CSR – cost-sharing reductions

CTA – call to action

CWM – Citizen Waived Medical (formally CAWEM – Citizen Alien Waived Emergent Medical)

DAS - Department of Administrative Services

DCBS – Department of Consumer and Business Services

DDI – Design Development and Implementation

DDL – Deliverable Disposition Letter

DFR – Department of Financial Regulation

DMI – Data Matching Issue

DHS — Department of Homeland Security

DOJ – Department of Justice

EDE – enhanced direct enrollment

EDI – Electronic Data Interchange

EHB – essential health benefit

EIS – Enterprise Information Services

EO — Executive Order (contextual, appears in policy discussions)

EOM — End of Month (used in reporting/dashboard cadence)

ER – emergency room

ERISA — Employee Retirement Income Security Act

ESC – executive steering committee

FCR – First Contact Resolution

FFM – federally facilitated marketplace (HealthCare.gov; Oregon is not an FFM)

FPL – federal poverty level

FQHC – federally qualified health centers

GAC – gender-affirming care

GFE – Good Faith Extension

HICS – Health Insurance Casework System (HealthCare.gov system)

HIMAC – Health Insurance Marketplace Advisory Committee

HIPPA – Health Insurance Portability & Accountability Act

HB – House Bill

HHS – Health and Human Services

HNA – Heritage Native American (usually used with OHP benefits)

HPA – Health Policy and Analytics, an office within OHA

ICE – Immigration and Customs Enforcement

ICHRA – Individual Health Care Reimbursement Arrangement

IHS – Indian Health Services

IAA – Interagency Agreement

IAP – Insurance Affordability Program

IHCP – Indian Health Care Provider

IHI — Institute for Healthcare Improvement

IGCA – intergovernmental cooperation act agreement

IQMS – independent quality management system (bluecrane is our IQMS vendor)

IRA – Inflation Reduction Act

IRS — Internal Revenue Service

ISA – interconnection security agreement

ISPO – Information Security and Privacy Office

IT — Information Technology

KPI – Key Performance Indicator

LC – legislative concept

LD – limited duration

LFO – legislative fiscal office

MEC – minimum essential coverage

MARS-E – Minimum Acceptable Risk Standards for Exchanges

MMIS – Medicaid Management Information System

MOU – memorandum of understanding

MRH – Marketplace Resource Hub

NCQA — National Committee for Quality Assurance

NBPP – Notice of Benefit and Payment Parameters

OAR – Oregon Administrative Rule

OC&P – Office of Contracts and Procurement

OCHE – Office of Community Health and Engagement (formerly Community Partner Outreach Program, CPOP)

ODHS – Oregon Department of Human Services

OE – Open Enrollment

OHA – Oregon Health Authority

OHIM – Oregon Health Insurance Marketplace

OHP – Oregon Health Plan

OHPB – Oregon Health Policy Board

OIS – Office of Information Services

OMB – Office of Management and Budget

ONE – Oregon Eligibility

OOP – out-of-pocket

ORS - Oregon Revised Statute

PCP – primary care physician

PD – Position Description

PDM – Periodic Data Matching

PHE – public health emergency

PHI – protected health information

PIA – privacy impact assessment

PII – personally identifiable information

PMPM – per member per month

PPM – project portfolio management

PRIT – payee record information template

POC – point of contact

POP – policy option package

PTC – premium tax credit

QA – quality assurance

QHP – qualified health plan

QIS – quality improvement strategy

RACI(E) – responsible accountable consulted informed equitable

RFI – request for information

RFP – request for proposal

RFQ – request for quote

ROP – Reasonable Opportunity Period

RTM – requirements traceability matrix

REALD – race, ethnicity, language, and disability

SADP – stand-alone dental plan

SAR – Security Assessment Report

SAW – Security Assessment Workbook

SB – Senate Bill

SBD – Stand-alone Dental

SBM – State-based Marketplace

SBM-FP – state-based Marketplace using the federal platform

SDOH – Social Determinants of Health

SEP – special enrollment period

SERFF – System for Electronic Rate and Form Filing

SHOP – small business health options program

SME – subject matter expert

SMS – short message service (text message)

SOGI – sexual orientation and gender identity

SOW – statement of work

SOP – Standard Operating Procedure

SSR – Safeguard Security Report

SSPP – System Security and Privacy Plan

TOC — Table of Contents

UAT – user acceptance training

UC – urgent care

VA - Department of Veterans Affairs

VCI – virtual channel identifier

YoY – year over year