



# Oregon Health Insurance Marketplace and OHP Bridge Update

---

**Chiqui Flowers**

OHIM Director

**Clare Pierce-Wrobel**

HPA Director



# Marketplace Overview

## Private health insurance

Employer-sponsored coverage and COBRA

Direct purchase



## Public programs



**OHP**  
Medicaid and Children's Health Insurance Program



**OHP Bridge**  
Basic Health Program

**Medicare**  
For individuals 65+ and with certain disabilities

**VA benefits**  
For service members and their family members who qualify

Financial help for private plans is only available through the Marketplace:  
**premium tax credits** and **cost-sharing reductions**

# Expiration of Enhanced Premium Tax Credits

Marketplace coverage has become more expensive for most people in 2026.

- Thousands of Marketplace enrollees in Oregon are paying an **average of \$127 - \$456 more per month**, depending on their income level.
- **Older enrollees and enrollees in rural Oregon** are seeing larger increases to their monthly net premium.



Casey (32) from  
Portland (225% FPL)  
is paying

**\$1,592**

more per year in  
premiums without  
Enhanced PTCs on  
most plans.



Mateo (41) from  
Springfield (300%  
FPL) is paying

**\$2,091**

more per year in  
premiums without  
Enhanced PTCs on  
most plans.



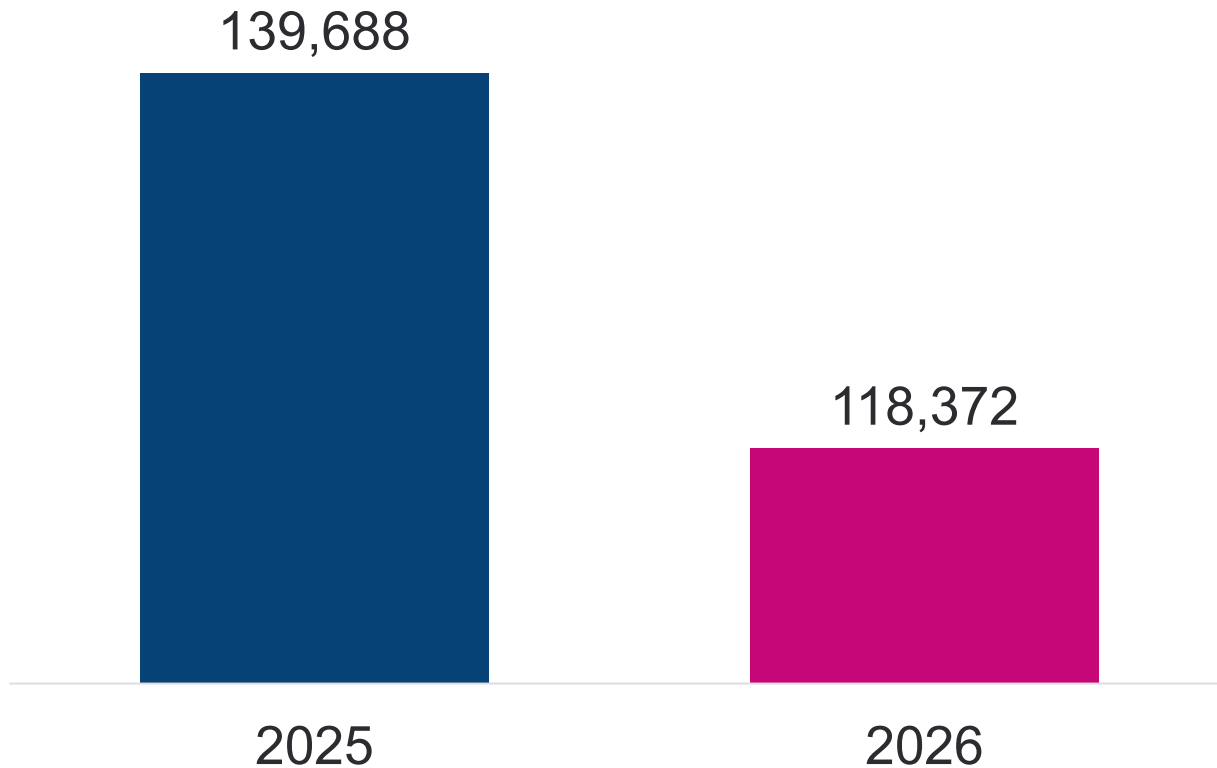
Shae (60 years old) and  
her spouse (64 years old)  
from Hermiston is paying

**\$25,438**

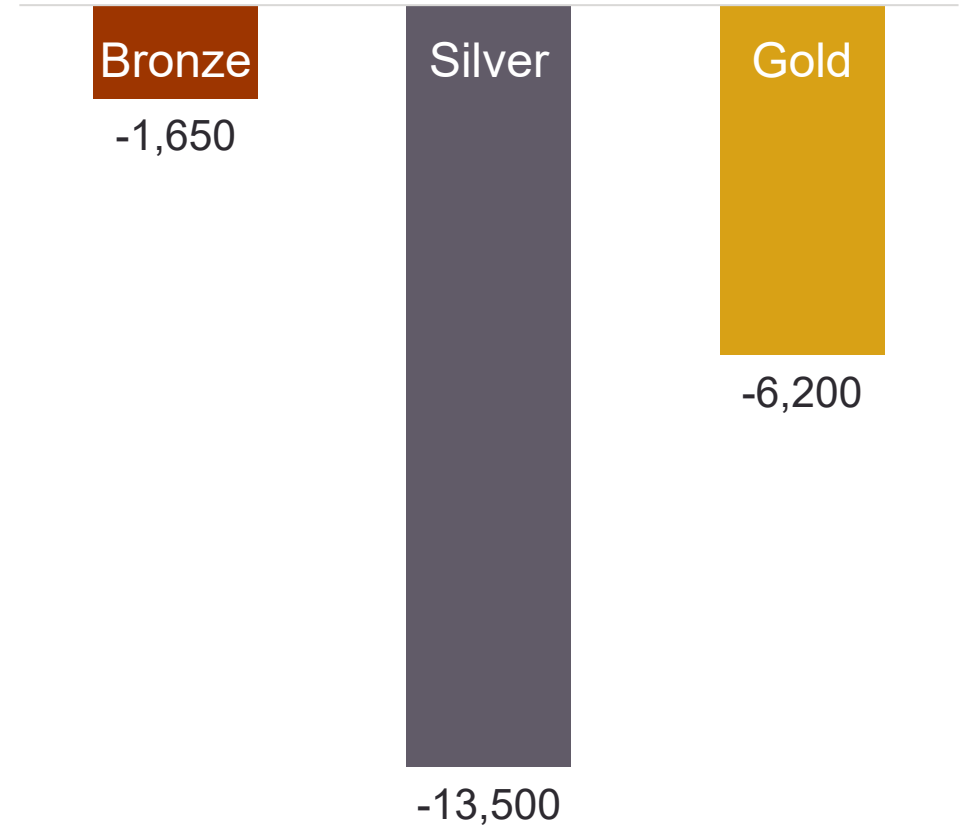
more per year in premiums  
without Enhanced PTCs on  
most plans.

# Open Enrollment Recap: Overall Enrollment

15.25% drop in Marketplace enrollment from 2025 to 2026



Estimated Change in Enrollment by Plan Metal Tier



# Rising Net Costs for Oregon Enrollees

---



Average monthly  
premium increase  
after advanced  
premium tax credits

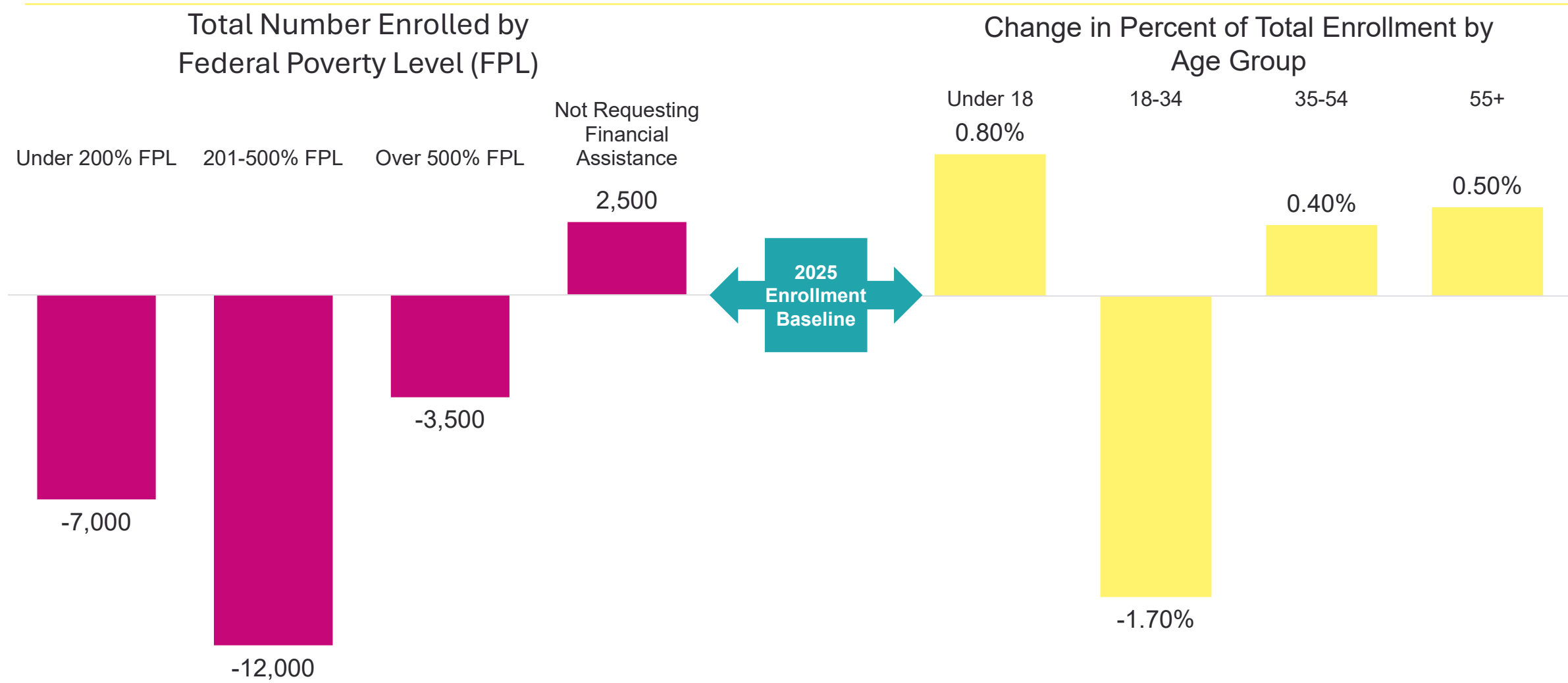


Plan selections with  
advanced premium  
tax credits



with premiums of  
\$10 a month or less  
after premium tax  
credits

# Enrollment Trends by Demographic



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

# State-based Marketplace Project: Senate Bill 972 (2023)

---

Requires OHA to transition the Marketplace from a state-based marketplace using the federal platform (SBM-FP) to a state-based marketplace (SBM) in time for open enrollment for plan year 2027.



**Technology platform**



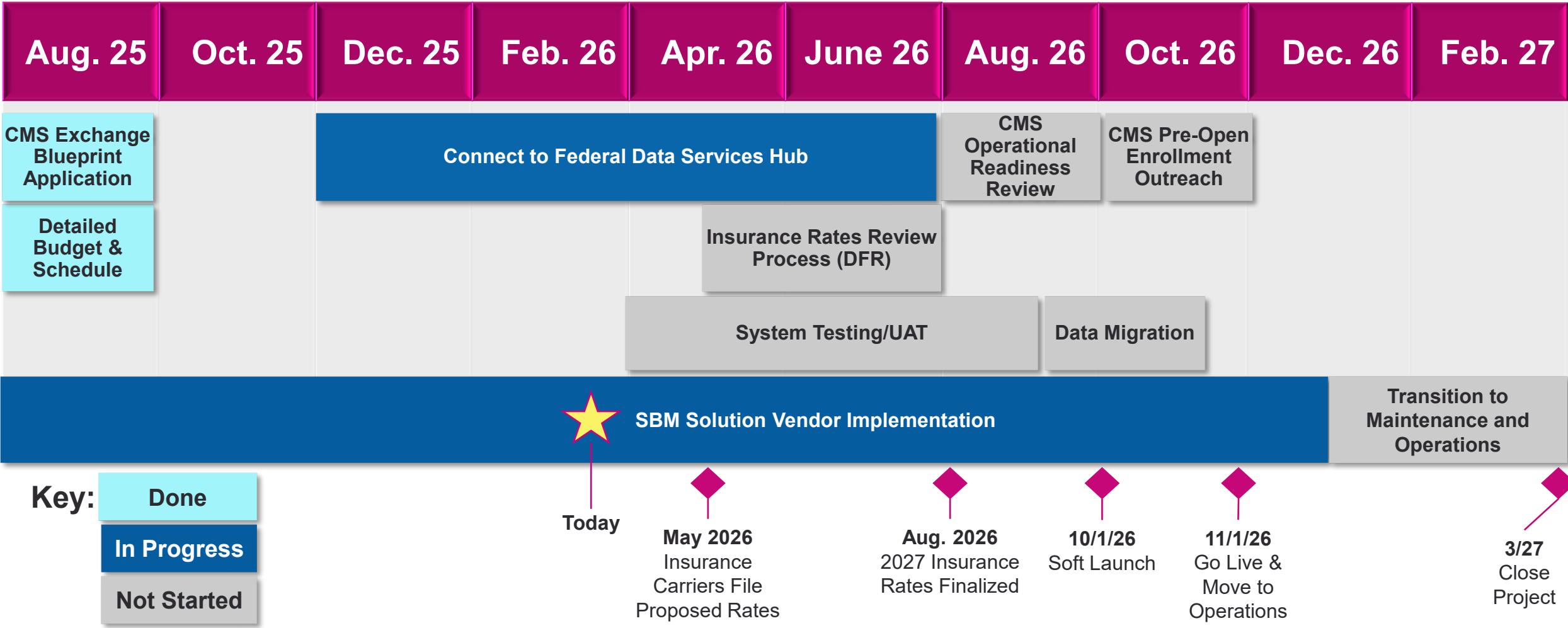
**Consumer Assistance  
Center**



**Go live: Nov. 1, 2026**

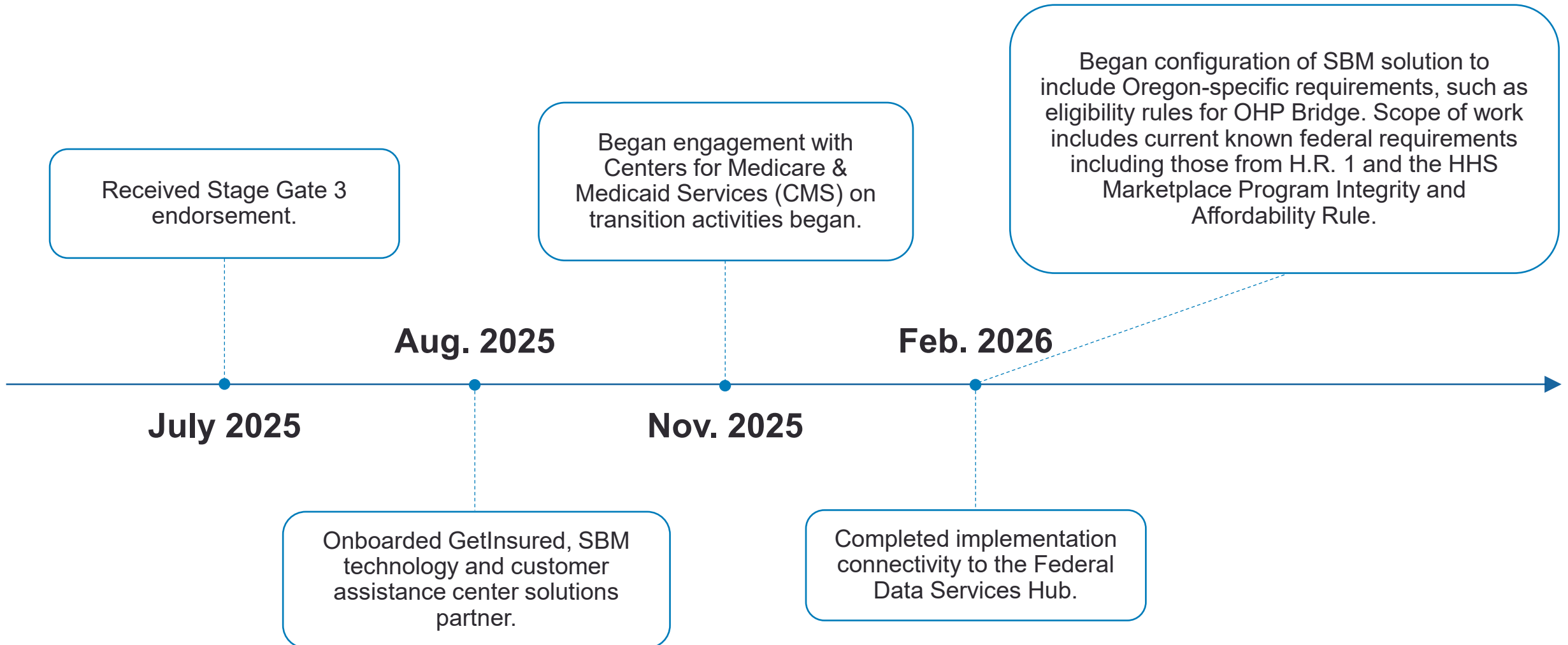
# SBM Project Timeline: Phase 2 Implementation

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





# Recent SBM Project Milestones



# SBM Project: Community Involvement Opportunities in 2026

[illegible]

# State-based Marketplace Transition Budget

July 2023 – March 2027: Initial Implementation Costs \$14,584,797			Total Implementation Costs \$23,999,829
Contracts/Services, incl. IT vendors* \$6,602,819	Personnel \$5,800,119	Contingency for Implementation Costs \$2,181,860	
April 2027 – Dec. 2029: Remaining Implementation Costs \$9,415,032			
April 2027 – Dec. 2031: Maintenance and Operations			Total Maintenance and Operations \$73,384,243
Contracts/Services, incl. IT vendors* \$53,565,316	Personnel \$13,147,632	Contingency \$6,671,295	
*IT Vendors includes: • Independent Quality Management Services • Security and Privacy Assessment • User Acceptance Testing • SBM Solution and Consumer Assistance Center			Total Costs \$97,384,243

# Marketplace Assessment (Other Fund)






Per ORS 741.105, an administrative charge is assessed to insurance carriers for plans purchased through the Marketplace, capped at 5% of premiums

Annual assessment rulemaking establishes the rate for the following year, currently a flat amount per member per month (PMPM):

- July – December 2025: \$5.50 PMPM for medical plans
- January – December 2026: \$6.85 PMPM for medical plans
- January – July 2027: To be determined



# Marketplace Funding Overview (2025-2027 Biennium)

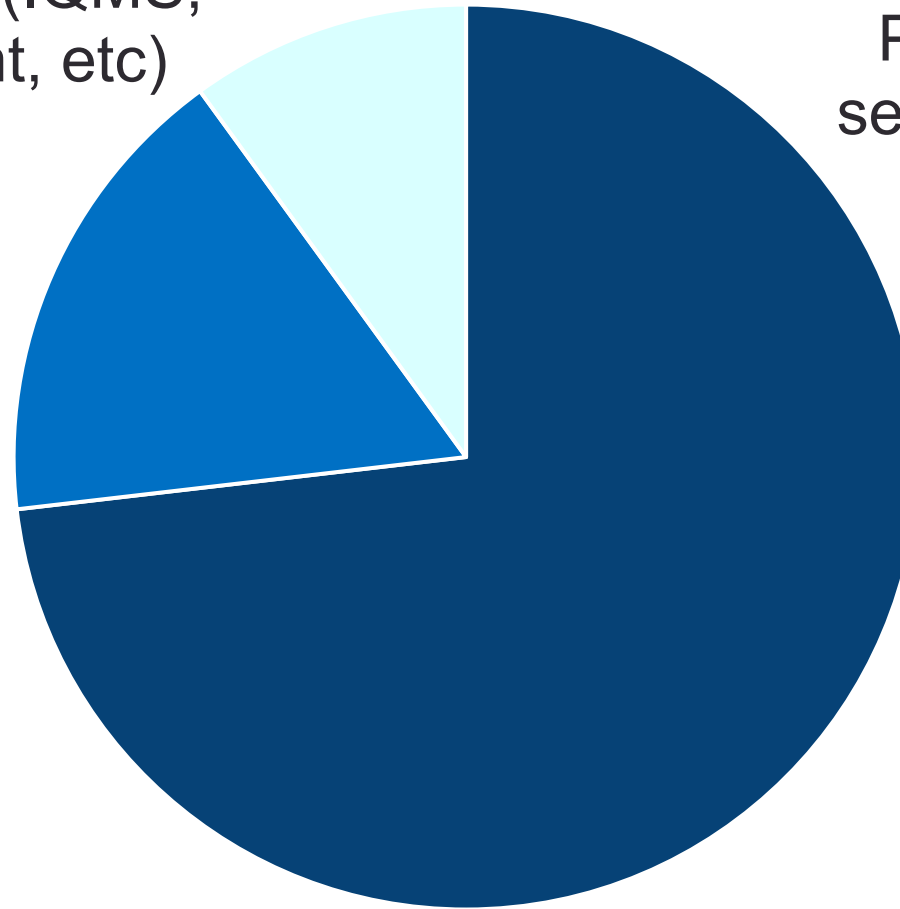
	Legislatively Approved Budget	\$41,890,723
	Projected Spend (as of 1/31/26)	\$39,704,693
	Reserves	\$10,000,000
	Collected revenue (as of 12/31/25)	\$3,247,980
	<div>Estimated revenue still to be collected<ul style="list-style-type: none"><li>Revenue projections are based on an average enrollment of 111,720</li><li>The 2027 Marketplace Assessment Rate process will be completed Spring 2026 after enrollment has stabilized enough and any new federal provisions are introduced. These factors will be considered in the 2027 enrollment model.</li></ul></div>	\$29,400,000

# Projected Spend (as of 1/31/26): \$39,704,693

---

Other vendors costs (IQMS,  
security assessment, etc)  
\$3,972,350

Technology and call  
center provider  
\$6,685,675



Program costs (salaries,  
services and supplies, etc.)  
\$29,046,668

# Federal User Fees

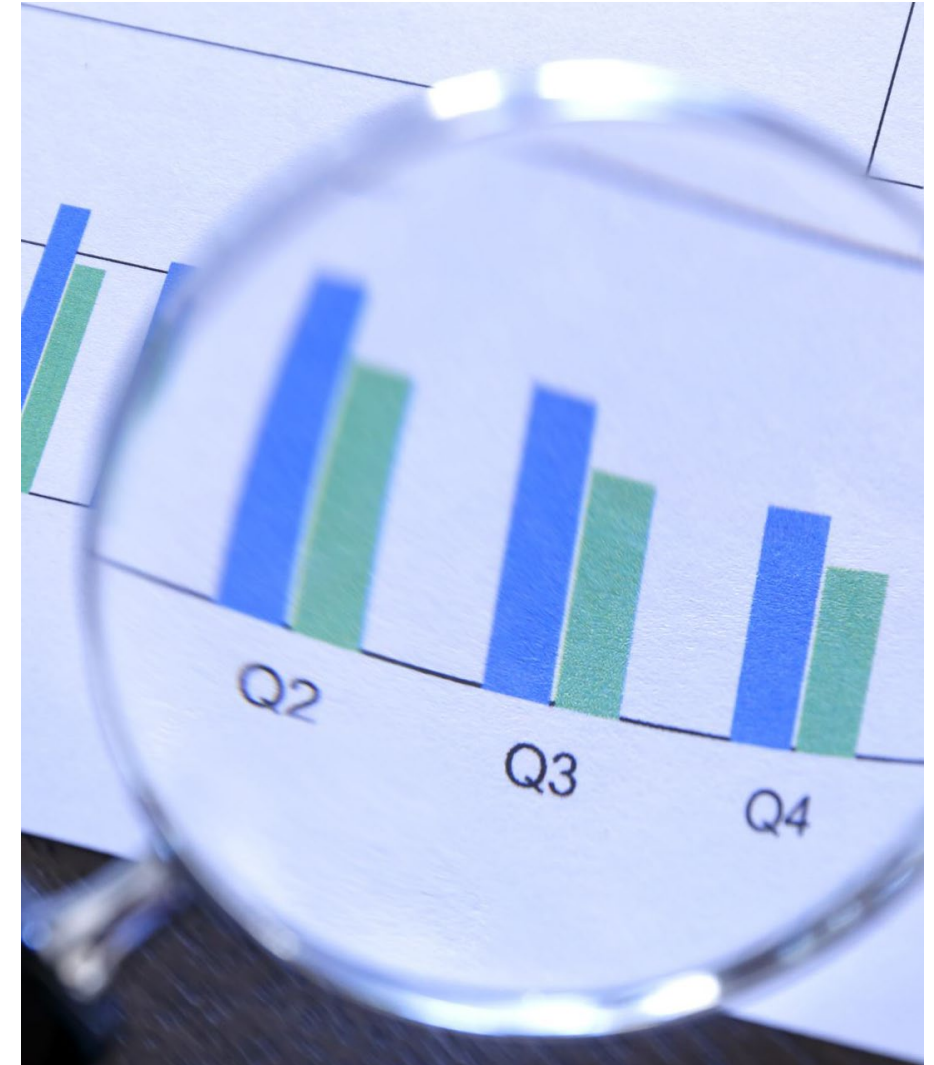
	2025	2026 (as of 1/31/2026)	2027
Rate as percent of premium (per person per month)	1.2%	2%	2%*
Average premium	\$687.23	\$741	\$815 <sup>+</sup>
Estimated total paid/ payable to CMS	\$12,400,000	\$21,400,000	\$23,153,563

\* As included in CMS' Proposed 2027 Notice of Benefit and Payment Parameters, released on Feb. 9, 2026.

<sup>+</sup> Estimated for 2027, with a 10% increase.

# Looking Ahead: 2027 Marketplace Assessment

- Annual assessment rulemaking process runs February – June 2026
- An increased assessment will be needed in 2027 as carriers will direct their technology fees to the state rather than HealthCare.gov
- Notice of intended action to increase fee will be provided to the Legislative Assembly after public rulemaking process



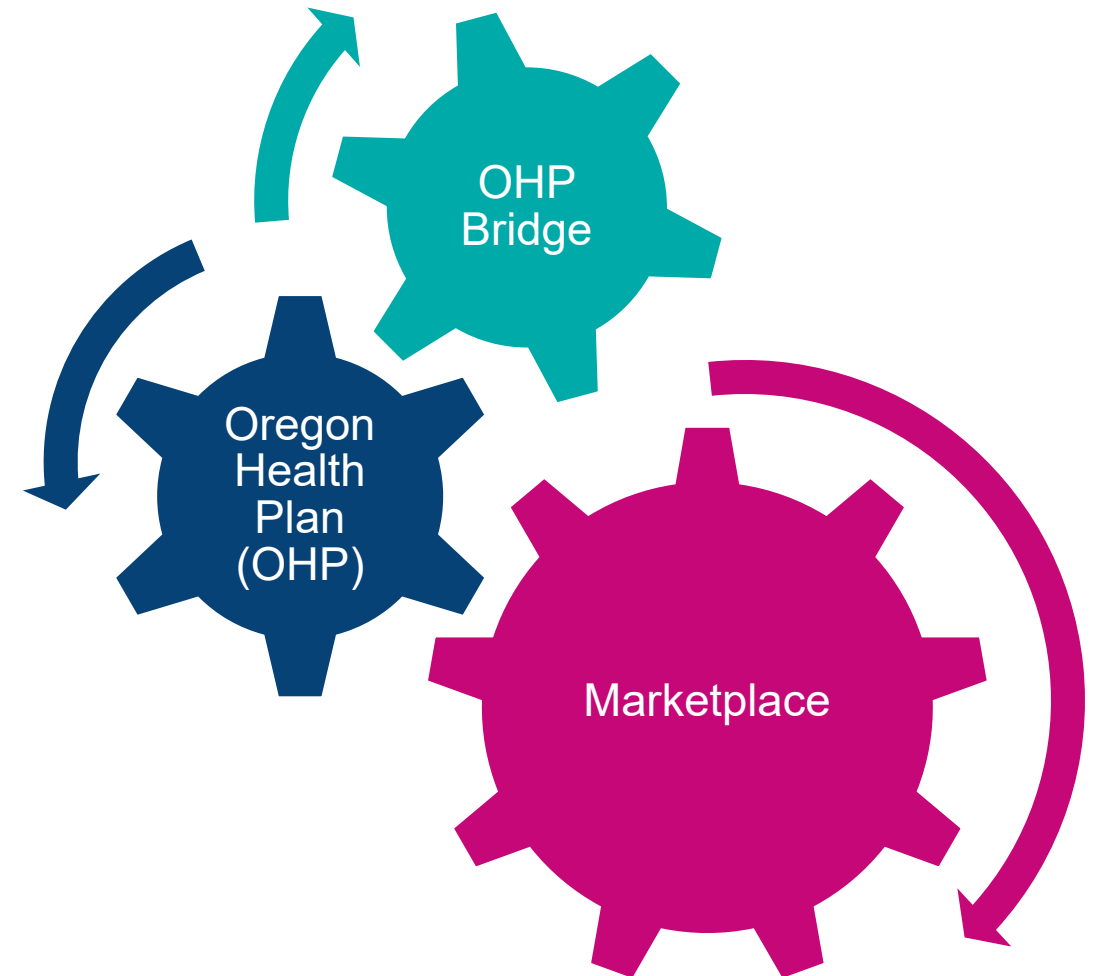


# Innovations in Other SBM States

	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					◆

# Benefits to OHP and OHP Bridge

- Oregon-based rules engine for more accurate eligibility referrals to state programs
- More seamless referrals and transitions between state programs and private health plans
- Alignment in notice and system messaging to minimize user confusion and frustration
- Support ongoing improvements to these processes after launch

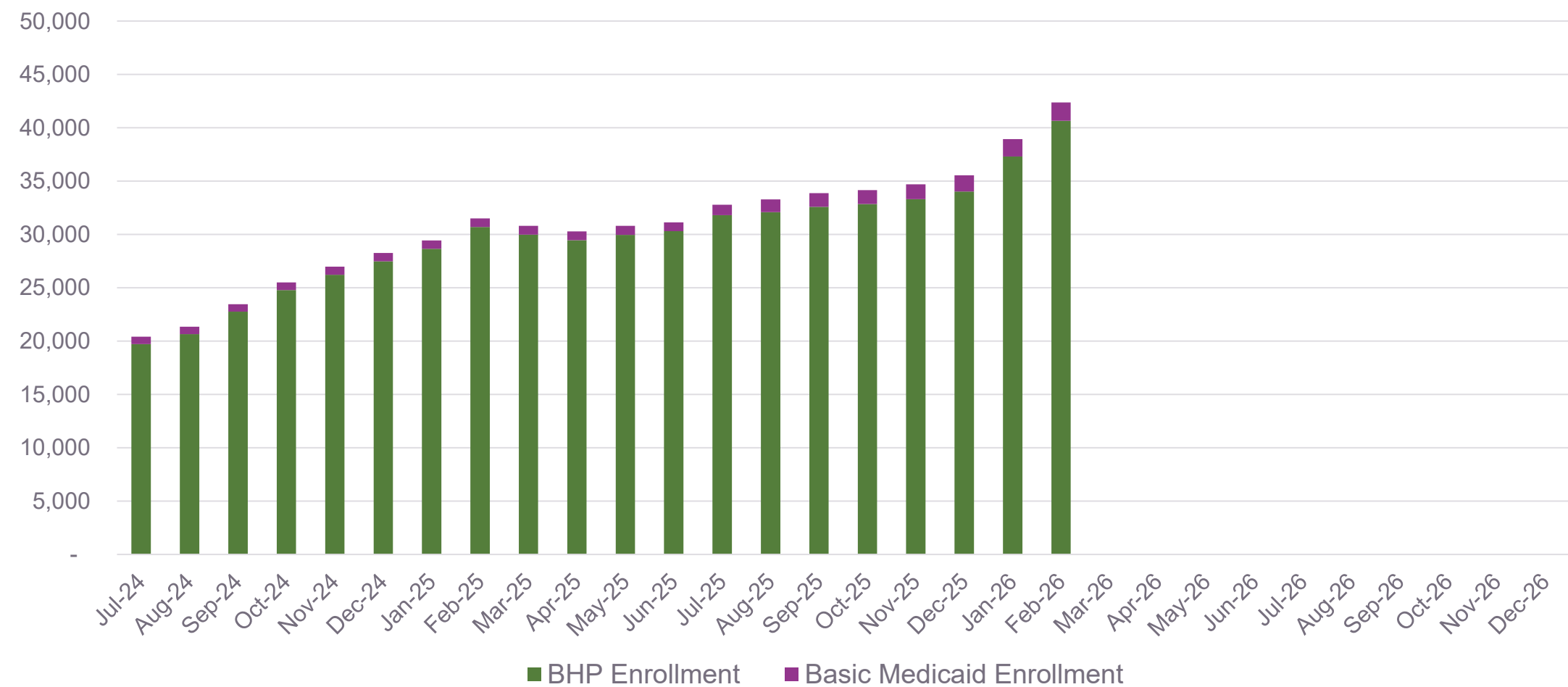


# What is OHP Bridge?

---

- OHP Bridge is benefit launched in 2024 for adults with higher incomes.
- People who get OHP Bridge must:
  - Have annual income between 133-200 percent of the federal poverty level (FPL),
  - Be 19 to 64 years old,
  - Not have access to other affordable health insurance, and
  - Have an eligible citizenship or immigration status to qualify.
- OHP Bridge is almost the same as OHP Plus.
- OHP Bridge is free coverage with no member costs like copays or deductibles.

# OHP Bridge enrollment since July 2024



# OHP Bridge – BHP Trust Fund

---

- **Oregon receives federal payments from CMS on a quarterly basis based on prospective enrollment estimates from OHA**
  - Later, OHA submits actual enrollment information to CMS, and CMS adjusts future quarterly payment amounts (up or down) depending on actual enrollment compared to prospective estimates
  - Actual OHP Bridge enrollment has lagged prospective estimates since the program launched, leading to sizable fund balance as Oregon awaits CMS enrollment reconciliation process

# OHP Bridge – BHP Trust Fund, cont...

---

- **OHP Bridge Trust Fund balance total \$392 M, as of 12/31/25**
  - This amount includes:
    - \$85 million received in December 2025 for Jan-March 2026 projected enrollment
    - An estimated \$257 M in excess payments (dating back to 2024) that will be counted against future CMS payments as CMS processes actual enrollment files submitted by OHA.
  - OHA is currently awaiting the CMS review of enrollment data covering the first quarter of the BHP (July-September 2024), which OHA estimates will reduce the surplus by nearly \$38 million. The results of this CMS review should allow OHA to more precisely estimate the Trust Fund’s “true balance” for other quarters.
  - OHA analysis of enrollment data between July 2024 and December 2025 currently estimates that the Trust Funds effective balance is approximately \$61 M, accounting for federal revenue and state spending covering this time period.
  - Note – Federal law prohibits moving any of the trust fund dollars to any other purpose other than spending on the BHP.

# OHP Bridge budget update

---

- OHP Bridge – BHP is almost entirely funded with federal deposits made into the state's BHP Trust Fund on a quarterly basis. From July 2024 to December 2025, OHP Bridge – BHP spending is as follows:
  - Trust Funds: \$290.3 M
  - General Funds: \$0.3 M
- OHP Bridge – Basic Medicaid is funded with state and federal funds at the regular federal match rate. From July 2024 to December 2025, OHP Bridge – Basic Medicaid spending is as follows:
  - Federal Funds: \$6.6 M
  - General Funds: \$4.6 M
- Including \$8.8 M in BHP administrative costs, OHP Bridge is 96% federally funded.

# Impacts to OHP Bridge - BHP

---

- **HR 1 does not explicitly extend Medicaid or Marketplace provisions to state Basic Health Programs.**
  - Unclear whether CMS has authority or intends to extend via regulation.
  - Oregon's use of Medicaid infrastructure may also lead to BHP impact.
- HR 1 required Marketplace changes affecting BHP funding
  - Eliminating tax credit eligibility for some non-citizens will also lead to lost BHP funds in 2027.
- HR 1 did not extend enhanced Marketplace tax credits; expiration reduces BHP funding.
  - *Note: 2026 revenue still anticipated to outweigh program costs.*



# Marketplace tax credits impacts to OHP

## Bridge - BHP

---

- Beginning Jan 1, 2027, PTC limited to: LPRs (Lawful Permanent Residents), Cuban/Haitian entrants, and COFA (Compact of Free Association) migrants
  - Notable statuses losing eligibility: asylees & refugees, people with certain student & employment visas, trafficking victims, temp. protected statuses...
- Oregon will no longer receive BHP payments for people losing PTC eligibility
  - Because HR 1 does not change federal statute defining BHP eligibility, Oregon likely has legal authority to continue covering currently eligible statuses
- CMS has not offered states any guidance on this population for 2027

# Thank you

---

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Amy Coven at [amy.coven@oha.Oregon.gov](mailto:amy.coven@oha.Oregon.gov) or 503-943-0164 (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](http://OregonHealthCare.gov) | [CuidadoDeSalud.Oregon.gov](http://CuidadoDeSalud.Oregon.gov)

