OREGON HEALTH AUTHORITY

May 5, 2026

OHP Bridge update

Presentation agenda

- Summary of OHP Bridge
  - Enrollment update
  - BHP Trust Fund status
- Federal Impacts to OHP Bridge
  - Impact of HR 1 and other federal funding changes on OHP Bridge
  - Big picture considerations moving forward

What's OHP Bridge?

- OHP Bridge is a benefit for adults with higher incomes. People who get OHP Bridge must:
  - Have income up to 200 percent of the federal poverty level,
  - 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 launched on July 1, 2024

In Oregon, we have two OHP Bridge programs with the same benefit package.

OHP Bridge – Basic Health Program (BHP)

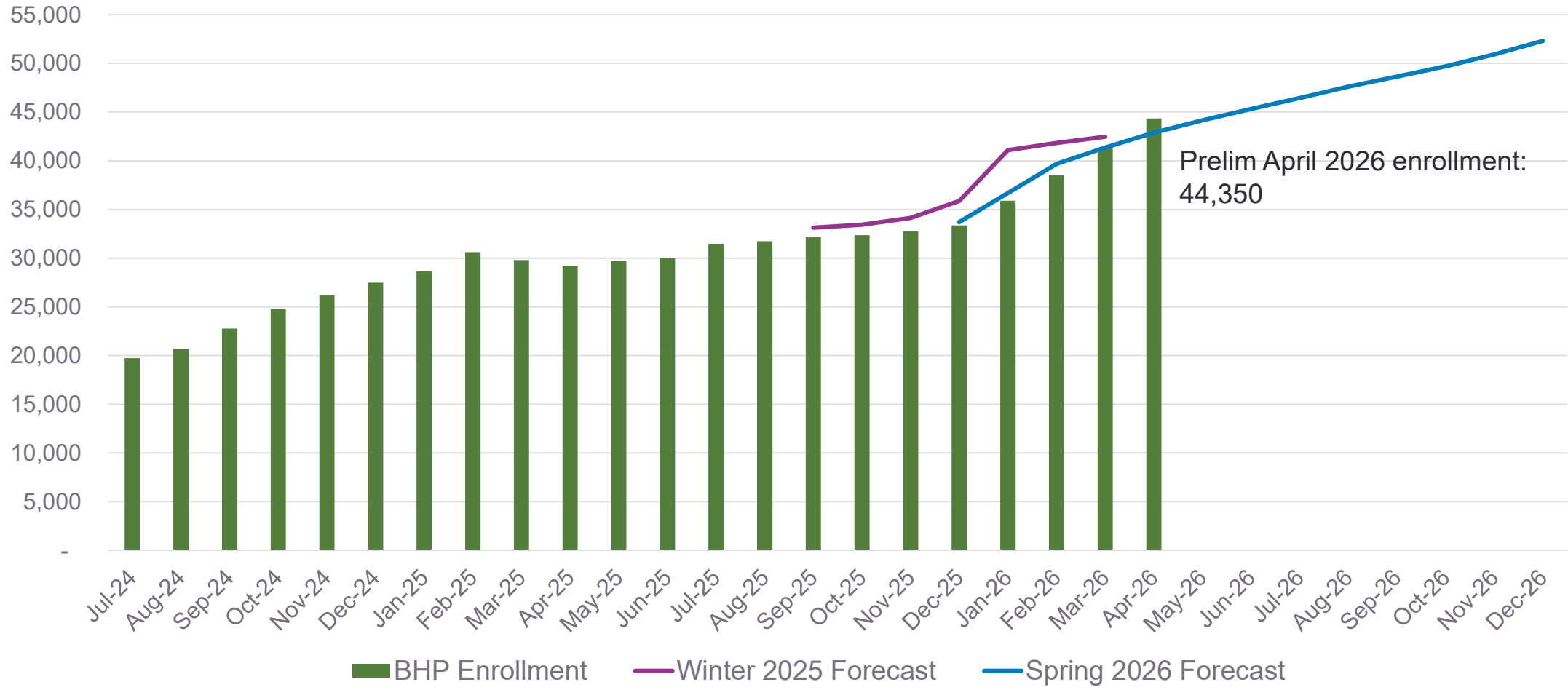
- Managed exclusively by CCOs
- No option for open card
- Covered more than 44,000 members in April, 2026

OHP Bridge – Basic Medicaid

- Allows enrollees option to choose between CCO and open card
- Only available to American Indian/Alaska Native individuals
- Covers 1,900 members in April, 2026

OHP Bridge Enrollment & Coverage Impact

BHP Forecasts and Current Enrollment



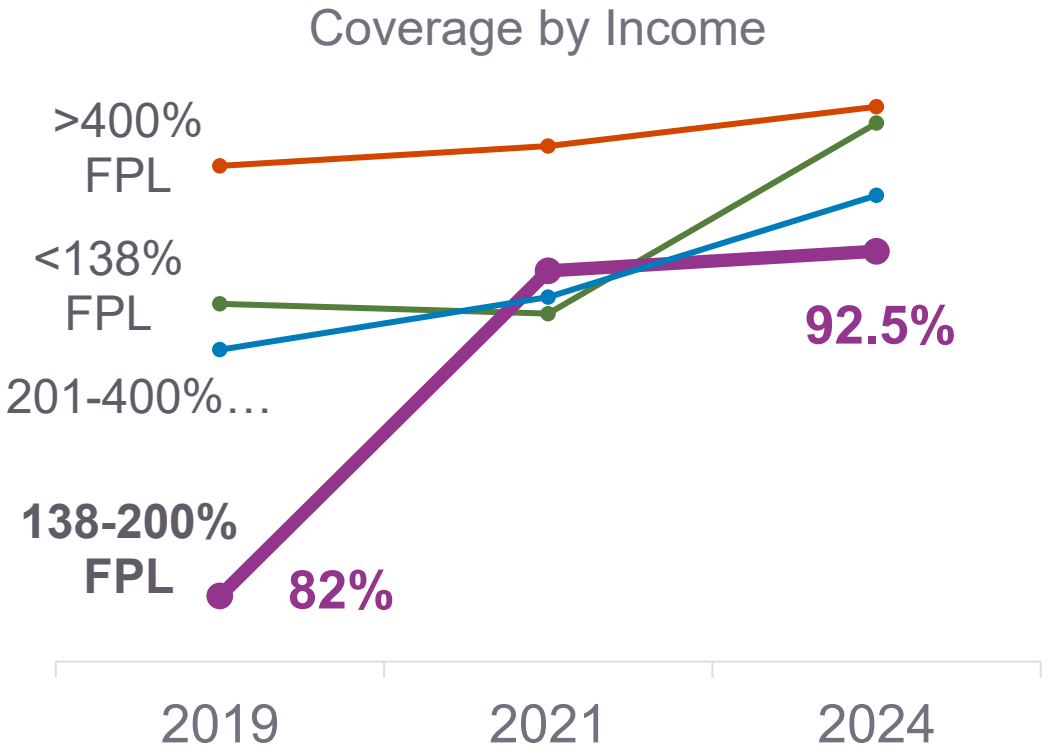
Value of OHP Bridge

- Prior to the COVID Public Health Emergency, adults with income between 138-200% FPL had lower rates of health coverage than other income cohorts
- Medicaid enrollment protections put in place in 2020 led to coverage gains for this population.

OHP Bridge was designed to maintain these coverage gains when the PHE expired and so far it has succeeded in doing so

OHP Bridge helps maintain coverage gains experienced during the Public Health Emergency

Family Size	Annual Income
	$21 – $32K
	$44 – $66K



BHP Trust Fund Financial Report

Reminder: OHP Bridge Trust Fund

- The Trust Fund is the primary funding source for OHP Bridge - BHP
- It is established to receive federal BHP funding
    - Federal payments are made prospectively on a quarterly basis, based on projected enrollment
    - Federal funds reconciled retrospectively based on actual enrollment
- Funding source for monthly capitation payments to CCOs
- The scope of BHP Trust Funds are laid out in 42 CFR 600.1
- States select their own trustees and provide their names and titles in the BHP Blueprint

Trust Fund Financial Reporting

- Every year in March, BHP states submit an annual certification of their Trust Fund to CMS.
- This certification includes a summary of Trust Fund deposits, spending and remaining balance.
- The OBAC received a summary of the 2024 certification report in April and will have a presentation on the 2025 certification in July.
- Going forward the Committee will receive a financial certificate report every year.

2024 summary

Carry over from 2023: $0

Federal contributions to the BHP Trust Fund: $274,399,482

Total Trust Fund expenditures: $79,006,754

Trust fund balance 12/31/2024: $195,392,728

What will change in 2025?

- Because the program was new in 2024, it's certificate was simpler, and the initial carry forward was lower.
- In 2025 we:
  - Accrued interest
  - Gained a better sense of our covered members and adjusted our enrollment projections accordingly, which changed our payments
  - Had carry forward from 2024
- All of this means our certificate will look a little different and have additional information included when we present it to the OBAC on July 16

Federal Impacts to OHP Bridge

Notable Federal Changes and OHP Bridge - BHP

- **HR 1 does not explicitly extend Medicaid or Marketplace provisions to state Basic Health Programs.**
  - High profile Medicaid changes (work requirements, co-pays, 6-month renewals) are specifically aimed at ACA Medicaid Expansion population
  - Use of Medicaid infrastructure may create secondary impacts
- 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.*

HR 1 does not apply new Medicaid requirements to OHP Bridge

New administrative barriers to Medicaid enrollment *(eff. 12/31/2026)*	• Work reporting req. and more frequent redeterminations apply specifically to Medicaid expansion population
Medicaid cost-sharing for members with income >100% FPL *(eff. 10/1/2028)*:	• CMS has not indicated any effort to extend co-pay requirements to BHP.
Payment restrictions for certain Gender Affirming Care services and Planned Parenthood clinics (eff. upon enactment)	• These do not explicitly apply to BHP. It is unclear whether CMS will seek to extend restrictions to BHP.

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 PTC: asylees & refugees, people with certain student & employment visas, trafficking victims, temp. protected statuses, etc.

- **Oregon will no longer receive BHP payments for people whose status is not eligible for PTC**
  - HR 1 does not change federal statute defining BHP eligibility; Oregon will still cover people with currently eligible statuses with Trust Fund dollars
  - CMS has offered only limited guidance on this population for 2027

Going forward

- The impacts of HR1 and other federal policies on health coverage options such as Medicaid and the Marketplace highlight the importance of OHP Bridge within Oregon's larger coverage landscape.
- Rising costs and narrowing eligibility requirements specifically will likely make OHP Bridge a more critical safety net program for members across the state.

Questions?