

Joint Task Force on the Bridge Health Care Program

Glossary of Key Terms and Acronyms

Last updated 5/24/2022

Acronym	Term	Definition
APTC	Advance Premium Tax Credit	<i>Also see PTC.</i> Advance premium tax credits are federal financial assistance toward the purchase of individual health insurance on the marketplace. APTCs are based on an estimate of the PTC an individual will be eligible for in that plan year. Individuals applying for marketplace-based coverage can elect to have estimated PTCs applied in advance to reduce their monthly premiums.
ARPA	American Rescue Plan Act of 2021	Federal COVID-19 relief legislation signed into law on March 11, 2021. ARPA enhanced and expanded the subsidies available to people purchasing health insurance coverage on the marketplace through December 2023.
BHP	Basic Health Program	Section 1331 of the Affordable Care Act (ACA) allows states to create a program that offers Medicaid-like coverage to people earning <200% of the Federal Poverty Level who are not eligible for Medicaid but are eligible for subsidies to purchase coverage on the marketplace.
	BHP-like	<i>Also see BHP.</i> A program with coverage that is similar to a Basic Health Program but is created through a mechanism other than a Section 1331 Blueprint.
	Bridge Program	Oregon House Bill 4035 (2022) authorized the state to create a bridge program to “provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll” in Medicaid or other health care coverage due to frequent fluctuations in income. ¹
	Carrier	An entity that provides health insurance or health care benefits.
	Churn / Churn population	People who frequently gain and lose health insurance coverage (particularly Medicaid) or experience disruptions in coverage due to fluctuations in income.
CCO	Coordinated Care Organization	Locally governed organizations that administer coverage and provider networks for OHP members in geographically defined service areas of Oregon.
	Cost sharing	The portion of health care costs paid “out of pocket” by an individual, including deductibles and co-pays. Cost sharing typically does not refer to premiums.
CSR	Cost sharing reductions	<i>Also see cost sharing.</i> Additional financial assistance available to individuals with incomes <250% FPL who purchase coverage on the marketplace. CSRs reduce co-pays, deductibles, and out-of-pocket maximums. CSRs are distinct from premium tax credits and only apply to “silver” tier plans.
	Exchange	<i>Also see HIM.</i> An alternative term for the health insurance marketplace, a platform for purchasing health insurance.

FFM / FFE	Federally Facilitated Marketplace / Federally Facilitated Exchange	<i>Also see HIM.</i> A marketplace platform, Healthcare.gov, that is managed by the federal government.
HIM	Health insurance marketplace or marketplace	A service available in every state that helps people find and enroll in health insurance. Some states operate their own marketplace (or “exchange”) while others like Oregon use the federal Healthcare.gov platform.
	Market disruptions / market stability	<i>Also see risk pool.</i> Changes in individual or small group health insurance markets that may occur following creation of a Bridge Program due to the removal of people eligible for the Bridge Program from the risk pool.
	Medicaid-like	<i>Also see OHP.</i> A health insurance program that resembles the Oregon Health Plan in covered benefits and enrollee costs but is offered to people who are not eligible for Medicaid.
OHP	Oregon Health Plan	Oregon’s Medicaid program
	Optionality	The ability for consumers to choose between the Bridge Program or subsidized coverage purchased on the marketplace. <i>Note: optionality does not refer to having a choice of plans within the Bridge program. It does not refer to having a choice of plans on the marketplace.</i>
OOP	Out of pocket costs	Any health care costs paid by members at the point of care, including cost sharing (deductibles, co-pays) and non-covered services. Premiums are not considered OOP costs.
	Pathways	Options to secure federal funding for a Bridge Program, including an 1115 demonstration waiver, a 1331 blueprint, and a 1332 state innovation waiver. Oregon refers to these options collectively as federal “pathways.”
	Phases	Discrete periods of time when Oregon would design, apply for and implement a Bridge Program.
	Premium	A monthly amount paid by an enrollee who purchases health insurance coverage. Premiums are distinct from other costs such as deductibles or co-pays.
PTC	Premium Tax Credit	The premium tax credit helps eligible individuals purchase health insurance through the marketplace. The federal tax credit is based on income, and those with lower incomes receive higher credits.
	Procurement cycle	The State of Oregon’s process for contracting with Coordinated Care Organizations and establishing per member per month rates for Oregon Health Plan members.
PHE	Public Health Emergency	Federal determination that a public health emergency exists because of confirmed COVID-19 cases. Originally declared on January 31, 2020; last renewed for 90 days on April 12, 2022.
QHP	Qualified Health Plan	A health plan that meets Affordable Care Act requirements to be offered on the marketplace, including covering essential health benefits (EHB) and limiting enrollee cost sharing.

	Redetermination	Federal requirement that Medicaid eligibility be regularly renewed (usually once every 12 months). Redetermination requirements have been suspended because of the federal Families First Coronavirus Response Act (FFCRA).
	Risk pool	A group of individuals whose health status or costs of care are aggregated (pooled) to calculate average measures for the group.
SBM	State Based Marketplace	<i>Also see HIM.</i> A marketplace platform managed and operated by a state rather than the federal government.
	1115 Waiver	Section 1115 of the Social Security Act allows states to request approval to waive certain Medicaid program requirements to implement pilot projects to improve their programs.
	1331 Blueprint	The form that states use to request certification of a Basic Health Program from the federal government. The form contains a description of how the plan will be designed and operated.
	1332 Waiver	Section 1332 of the Affordable Care Act allows states to apply to waive certain provisions of the ACA to “pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” 2