OPCA
Oregon Primary Care Association

Memorandum

To: Co-Chair Steiner Hayward, Co-Chair Prusak, and Members of the Task Force

From: Marty Carty, Director of Government Affairs

Date: June 14, 2022

Re: Bridge Health Care Program Plan Development

The Oregon Primary Care Association (OPCA) is a non-profit organization, with a mission to support Oregon's 34 community health centers (CHCs), also known as federally qualified health centers (FQHCs), in leading the transformation of primary care to achieve health equity for all. Health centers deliver integrated primary, behavioral, and oral health care services to over **416,000 Oregonians**. 41% of health center patients identify as a racial or ethnic minority, 10% are experiencing homelessness, and 3% are veterans. Community health centers provide care to some of Oregon's most vulnerable populations, including **one in six OHP members**.

We write to offer comment on the Plan Development for the Bridge Health Care Program regarding enrollee costs, benefits and coverage, and reimbursement rates. OPCA believes that the Bridge Plan is not merely a temporary fix; rather, it is an opportunity to implement a long-term solution to Oregon's continual gaps in health insurance coverage, specifically for those experiencing economic insecurity and other social determinants of health.

OPCA encourages the task force to prioritize health equity in all plan design decisions and appreciate this emphasis in the advance reading materials. We remind members that Oregon has hit landmark highs in insurance coverage because of extended eligibility during the Public Health Emergency (PHE), specifically for communities of color. Racial inequities are a fundamental root cause of health disparities, including unequal access to health insurance coverage – during the PHE, Black and African American Oregonians experienced an unprecedented increase in coverage[1]. These are upstream health equity gains Oregon cannot afford to lose – decisions must clearly address historically sidelined populations, who will be most impacted by task force decisions. Systemic disenfranchisement must not be perpetuated by the Bridge Health Program.

Community health centers provide comprehensive primary, behavioral, and oral health care to ~41,542 unique patients in the target demographic – accounting for about 10% of the total CHC patient population -- which are currently eligible for Medicaid PPS wrap payments. We are concerned that as this population transitions out of Medicaid yet remain CHC patients that any decrease in provider reimbursement will have unintended consequences not only for this population but on the CHC's larger patient population. CHCs provide uncompensated services such as expanded dental services, mobile community access points, and school-based health centers, as well as care for uninsured Oregonians. When preventative care is inaccessible, negative impacts are seen across the entire health system; this looks like increased emergency room visits, delayed care, unmanaged chronic conditions, reduced prescription adherence, and increased need for higher levels of care over time. CHCs depend on enhanced reimbursement to expand preventative services which reduce health inequities and disparities across their entire population.

[1] Unwinding Federal Public Health Emergency and OHP Continuous Coverage Policies

With these concerns in mind, OPCA advocates for:

- Extension of the PPS wrap payment model up to 200% FPL for Federally Qualified Health Centers to mirror the current Medicaid reimbursement and wrap payment model. Without such an extension, community health centers will experience incredible loss of revenue without a reciprocal decrease in patient touches.
- Reimbursement rates that adjust for the unique needs of the target demographic and associated costs of care. Insurance coverage does not automatically equal reduced costs. Providers must be reimbursed at a rate that ensures continued network adequacy.
- Minimal enrollee out-of-pocket costs and elimination of unnecessary barriers to health insurance coverage.
    - If changes to federal funding require greater cost-sharing, we continue to advocate for no premiums or copays for preventative care, with low copays for other services.
    - This includes a no-wrong-door approach to enrolling people in the Bridge Health Plan; robust and culturally appropriate education and outreach efforts are integral to the success of this program.
- Broad benefit coverage, building on OHP coverage, to promote continuity of care both for patients and for CCOs who will be responsible for administering the Bridge Health Plan.