



Joint Task Force on the Bridge Health Care Program Meeting Summary

Attendees	<ul style="list-style-type: none">• <i>Senator Kennemer – video</i>• <i>Senator Steiner Hayward – video</i>• <i>Representative Prusak – video</i>• <i>Representative Hayden – video</i>• <i>Matthew Sinnott - video</i>• <i>Patrick Allen – video</i>• <i>Stefanny Caballero - video</i>• <i>Adrienne Daniels – video</i>• <i>Jonathan Frochtzwajg – video</i>• <i>Antonio Germann – video</i>• <i>Lindsey Hopper – video</i>• <i>Eric Hunter – video</i>• <i>Kirsten Isaacson – video</i>• <i>Heather Jefferis – video</i>• <i>William Johnson – video</i>• <i>Fariborz Parkseresht – video</i>• <i>Andrew Stolfi – video</i>• <i>Sharmain Johnson Yarbrough – video</i>• <i>Keara Rodela – video</i>• <i>Alicia Temple – video</i>
Absent	<ul style="list-style-type: none">• <i>John Hunter</i>
Date/Time	May 24, 2022 8:30-12:00 AM OLIS (recording)

Agenda	Welcome and Introductions Roadmap, Updates and Goals for the Day Federal Pathways to a Bridge Program (continued from 4/29) Plan Design, Part 1 Wrap-up and Next Steps Public Comment
Discussion of Key Issues	Roadmap, Updates and Goals for the Day Shauna Petchel (Legislative Policy and Research Office) provided status updates relevant to the Task Force’s work, including: <ul style="list-style-type: none">• The federal Public Health Emergency (PHE) declaration is set to expire on July 15th, 2022. Eligibility redeterminations for Oregon Health Plan would begin following the PHE expiration. The Centers for Medicare & Medicaid Services (CMS) has notified states of its’ intent to provide 60-days advance warning prior to the expiration of the PHE to support preparation for redeterminations. States had not received this notice from CMS as of May 24th, suggesting the PHE declaration may be extended.• House Bill 4035 requires Oregon Health Authority (OHA) to convene a



Community and Partner Workgroup to advise on redeterminations. Applicants have been notified about appointments to the group and a series of onboarding sessions are scheduled in May leading up to a kickoff meeting May 26th. Materials will be posted to a website that will be shared with the Task Force upon launch.

- OHA is required to consult with Tribes on the Bridge Program design in addition to tribal consultation on redeterminations and other OHA waiver applications. OHA is streamlining these consultation requests and will provide updates to the Task Force as consultation proceeds.

Federal Pathways to a Bridge Program (continued from 4/29)

Jeremy Vandehey (OHA) described new guidance received from CMS regarding a federal pathway to Oregon's Bridge Program. House Bill 4035 directs the Task Force to consider three pathways to create a Bridge Program, including: a Section 1115 Medicaid Demonstration Waiver, a Section 1331 Blueprint, and a Section 1332 State Innovation Waiver. Each pathway presents distinct pros and cons in terms of financing, certainty of approval, and timeline to implementation.

CMS recommended that Oregon pursue a phased approach to creating a Bridge Program. In the immediate term ("Phase 0"), Oregon would request a Section 1115 waiver to maintain coverage for people at 138-200% FPL who are currently enrolled in Medicaid and would lose coverage when the PHE expires. In Phase I, the state would implement a Section 1331 Blueprint for a Basic Health Program (BHP) and transition the existing "Phase 0" Medicaid population into the BHP. In Phase II, the state would transition to full implementation of the BHP, enrolling people between 138-200% FPL who are uninsured or currently enrolled in the Marketplace to the BHP. The state could further pursue a Section 1332 waiver for a Phase III that would give enrollees a choice of coverage through the BHP or Marketplace subsidies. This implementation of a Section 1332 waiver to offer this choice would require a state-based marketplace and thus is not an option available to Oregon until 2025 at the earliest. The Task Force discussed the implications of this guidance for program design.

The CMS phases provide a framework for the Task Force's work. The Task Force can focus its recommendations on program design for a 1331 Basic Health Program as that is the only immediate-term pathway that offers robust federal funding and a clear line to federal approval through Phase II. The Task Force can also consider recommendations to pursue a 1332 waiver in Phase III; these recommendations would, by necessity, be aspirational and contingent on future developments such as the adoption of a state-based marketplace. Recommendations related to the 1331 Blueprint would form the basis for the September 1 report on program design. The Task Force may make additional recommendations related to a 1332 waiver in its strategies to mitigate marketplace impacts of a BHP; those recommendations will be submitted separately to the Legislative Assembly in December 2022.



	<p>Plan Design, Part 1</p> <p>Tim Sweeney (OHA) provided an overview of key considerations for designing the health coverage that would be offered through a Bridge Program. The Task Force will need to consider three key plan design components in future decision making: 1) the services covered, 2) the costs to enrollees, and 3) the rates paid to plans and providers.</p> <p>House Bill 4035 directs the Task Force to design a plan that covers essential health benefits (as defined in the Affordable Care Act). The bill further encourages the inclusion of dental services, minimal or no out-of-pocket costs to enrollees, and rates that are equal to or higher than current Medicaid rates. The bill directs the Task Force to enhance the state's existing Coordinated Care Organization (CCO) delivery system, a key consideration given that some plan design elements may create operational challenges for CCOs.</p> <p>The Task Force discussed the information presented and additional information needed to inform upcoming decisions on plan design.</p> <p>Wrap-up and Next Steps</p> <p>The next Task Force meeting on June 14th will include presentation of an actuarial analysis of the potential costs of a Bridge Program and its impact on Oregon's individual and small group health insurance Marketplace. Task Force members will continue discussions about plan design elements at that meeting.</p>
Action Items	<ul style="list-style-type: none"> Task Force will receive actuarial analysis in materials for June 14th meeting and members are encouraged to review in advance
Follow-up Questions	<p>Enrollment and Eligibility</p> <ul style="list-style-type: none"> What considerations for streamlining coverage transitions from the Oregon Health Plan (OHP) to BHP? Marketplace to BHP? (<i>July 26th meeting</i>) Request for specific #'s of people in this income bracket in OHP, Marketplace and uninsured? (<i>June 14th meeting</i>) If people generally keep their providers and stay within the CCO, how important is it to have a choice between BHP and the Marketplace? (<i>July 12th meeting</i>) What changes in licensing laws may be needed if CCOs will be required to offer plans on the Marketplace? (<i>July 12th meeting</i>) <p>Covered Services</p> <ul style="list-style-type: none"> Request for more explanation of how EHB and OHP packages are different. (<i>in progress, estimated availability July 26th</i>) Can the federal government restrict services covered under a 1331 Blueprint? (<i>June 14th meeting</i>) <p>Member costs</p> <ul style="list-style-type: none"> What are the pros and cons of various cost sharing strategies such as co-



	<p>pays, deductibles, etc., particularly from an equity perspective? (<i>June 14th meeting</i>)</p> <ul style="list-style-type: none"> • Does the cost of administering member cost sharing (co-pays, deductibles) offset the revenue gained through these strategies? (<i>July 12th meeting</i>) • How would BHP enrollees be assigned to CCOs and can the process include consideration of prior care provider relationships (in the Marketplace or OHP)? (<i>August 9th meeting^h</i>) <p>Reimbursements</p> <ul style="list-style-type: none"> • Would a BHP influence county health department revenues or expenses? (<i>July 12th meeting</i>) • How will success (i.e. performance) be measured in a BHP and how will this relate to payment? What tools do NY and MN use? What has CMS encouraged? (<i>August 9th meeting</i>)
Meeting Materials (OLIS)	<ul style="list-style-type: none"> • Slides: Roadmap for the Task Force • Slides: Federal Pathways and CMS Update • Slides: Plan Design, Part 1 • Glossary of Key Terms and Acronyms • Background reading materials

Future meetings scheduled 8:30am – 12:00pm on the following days:

- June 14th
- July 12th
- July 26th
- August 9th
- August 30th