

Agenda for Today


- I. Roadmap and Timeline Updates
- II. Plan Design and Report Next Steps
 - I. Discussion
- III. Market Impacts: Silver Loading
 - I. Q&A
- IV. Public Comment

Joint Task Force on the Bridge Health Care Program

Plan Design and Report Next Steps
Tuesday, July 12th

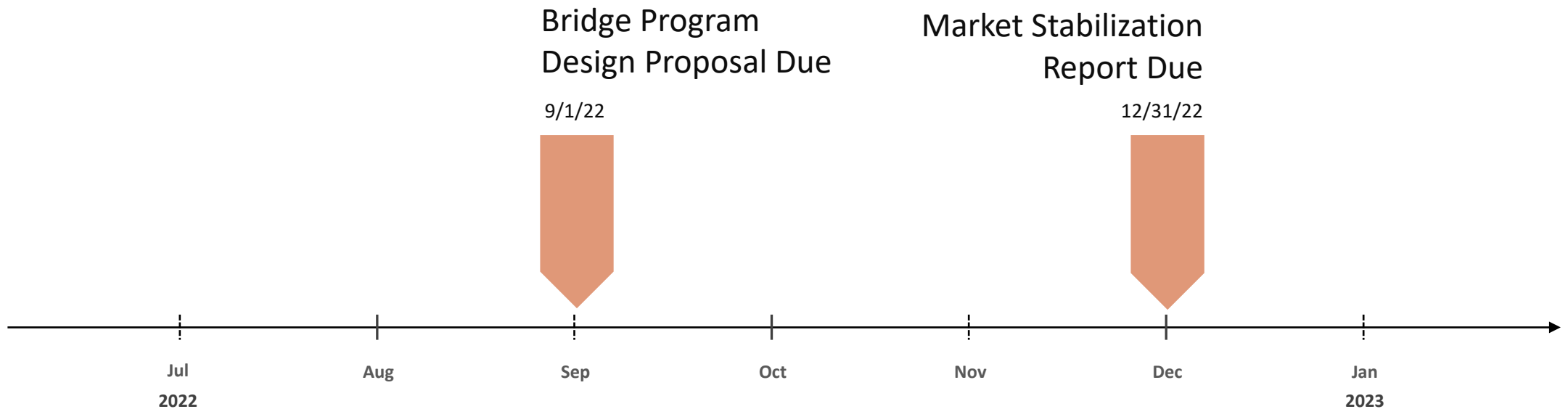
Objectives

- I. Timeline: Implications for reports
- II. Plan Design Scenarios
- III. Review Task Force input to date
- IV. Input still needed and next steps

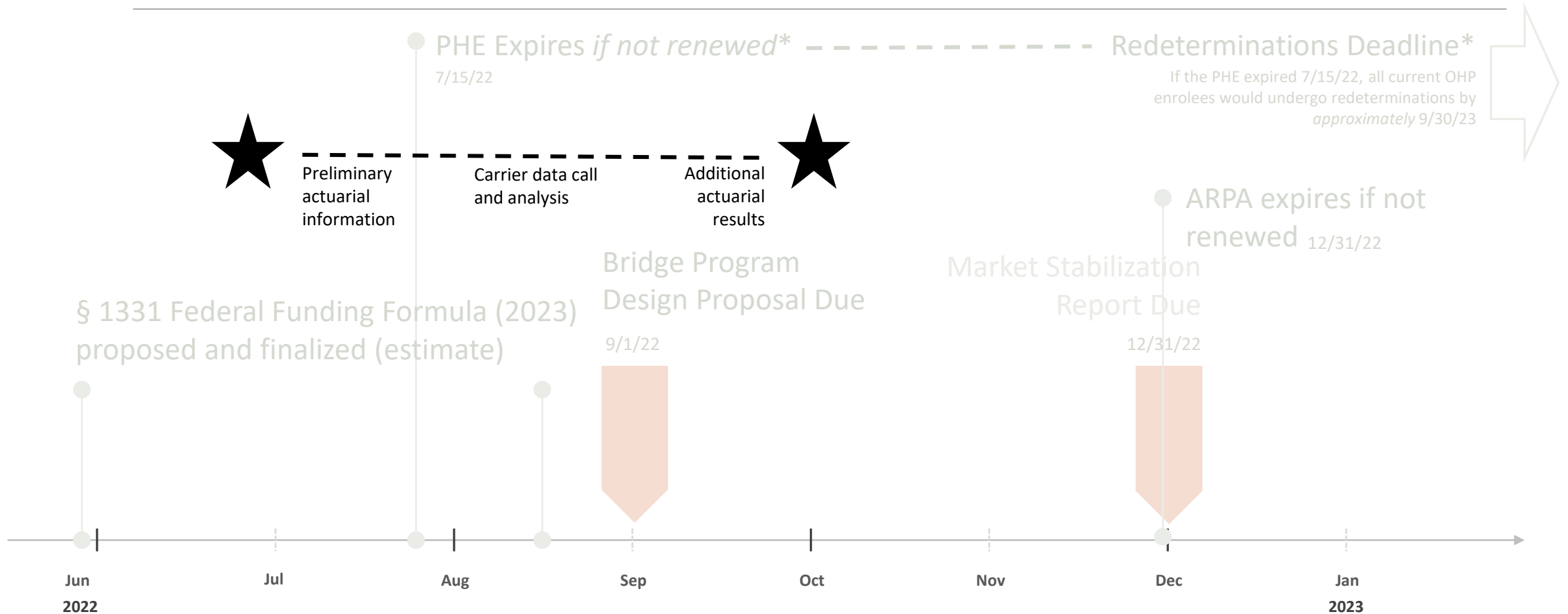
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Timeline: Implications for Reports

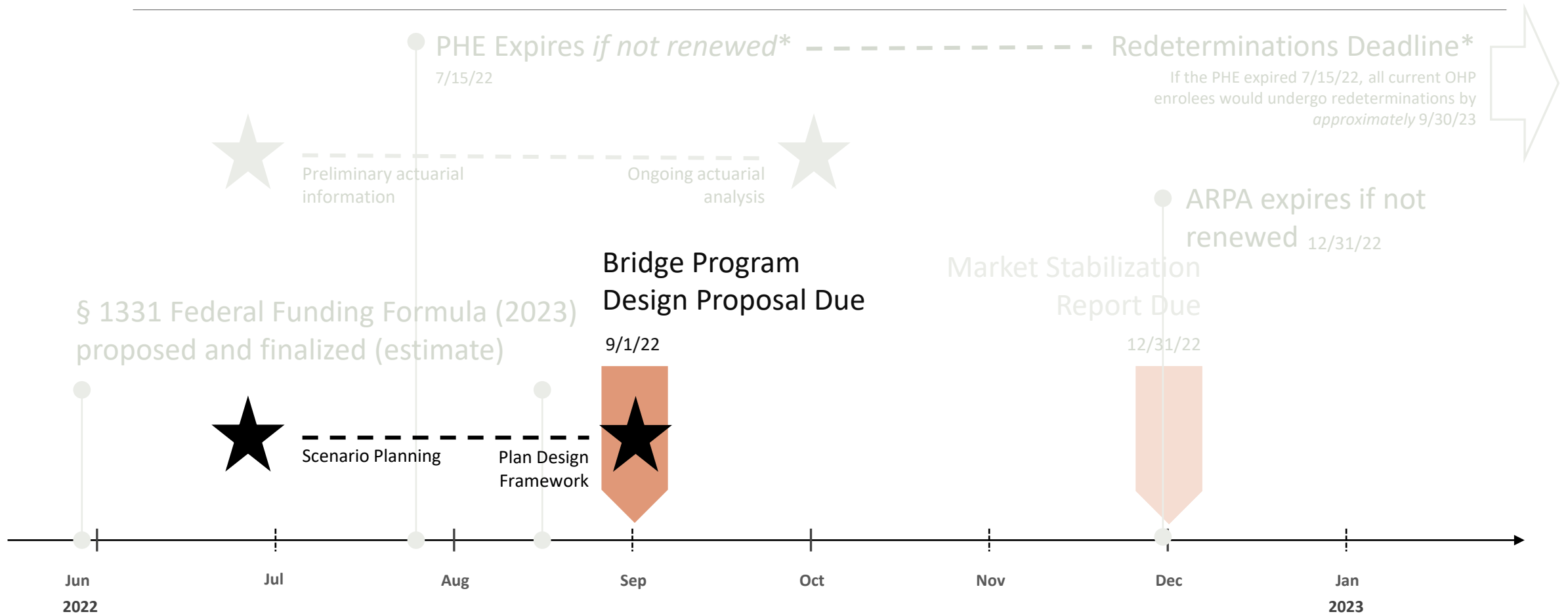
Recommendations in Two Reports



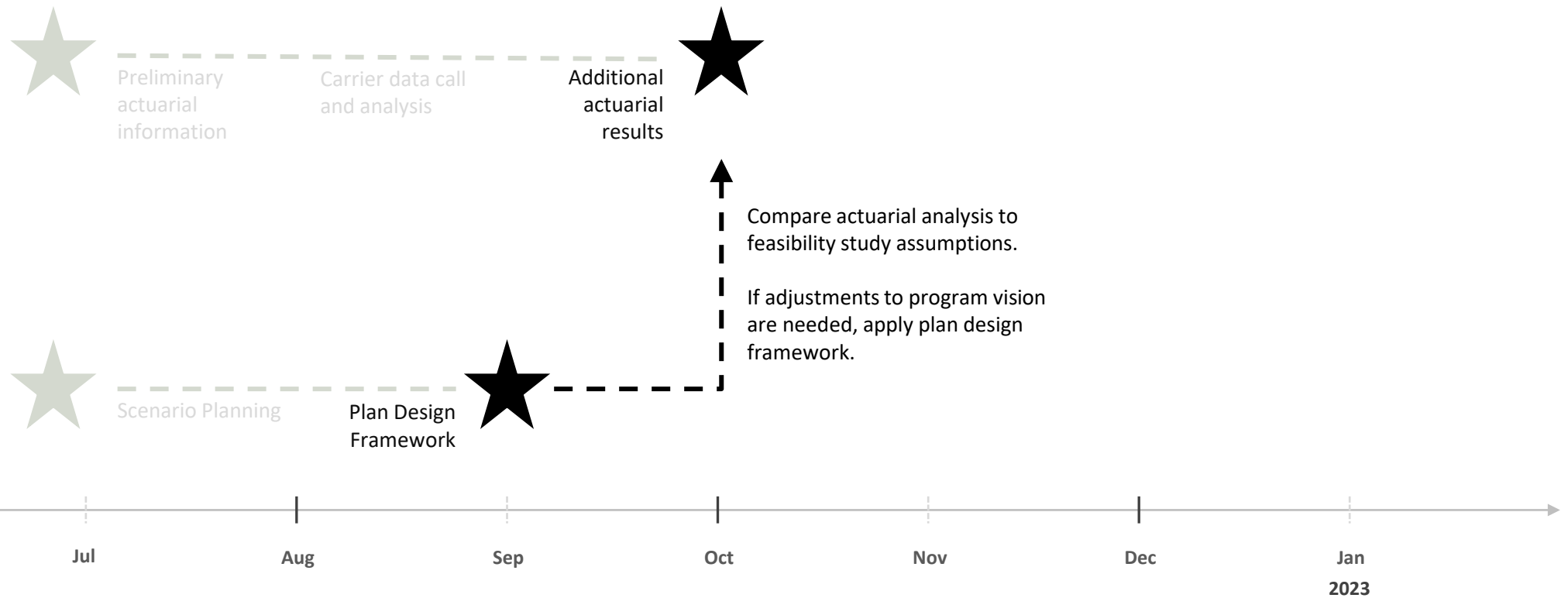
Rolling Actuarial Analyses



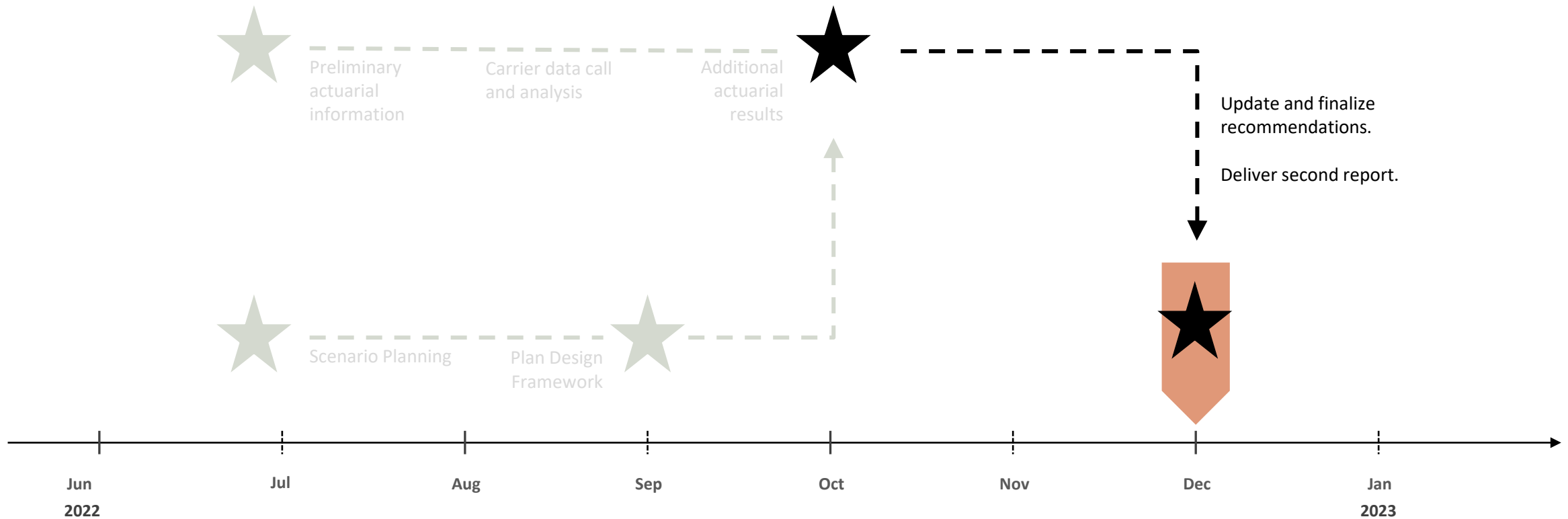
Plan Design Discussions



Iterative Process



Bringing it all together



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Plan Design Scenarios

Feasibility Study Takeaways (Manatt)

HB 4035 vision for Bridge Program design can likely be funded without state subsidy. This includes:

- No enrollee premiums or cost-sharing
- Covered services similar to Oregon Health Plan + dental

Projected surplus of federal funds likely supports CCO rates higher than Medicaid

- ...but **how much higher** depends on factors the Task Force won't have clarity on until fall 2022

Unknowns

- Expiration of ARP tax credits
- Finalization of BHP funding formula updates
- Actuarial analysis of cost to cover the full BHP population (*people coming from OHP, Marketplace and uninsured*)

Key Issues

Will federal funding for the Bridge Program result in CCO rates that are adequate to support provider reimbursements?

If no, how should the plan design be adjusted?



Plan Design Framework & Scenarios

Plan design adjustments could occur through the “levers” previously discussed

- adding enrollee cost sharing (such as premiums or co-pays)
- reducing the covered services package
- increasing state funding

Additional actuarial work in the fall will present multiple scenarios.

Task Force input is needed on these scenarios to

- inform models and cost estimates presented in the fall
- provide guidance on prioritization if adjustments are needed

What we've
heard from you
so far

Default Scenario – BHP Vision

Default Plan Design

Enrollee Costs

- None

Covered Services

- Aligns to CCO service package
- Dental included

Provider Reimbursements

- Slightly higher than Medicaid

Considerations

- Assumes no extension of ARP tax credits
- Similar reimbursement approach to OHP (OHA sets CCO rates; CCOs determine what they pay providers)
- OHA would also need to consider other non-CCO provider payments



Scenario #1 – add premiums

Enrollee Costs
<ul style="list-style-type: none">• None



Enrollee Costs
<ul style="list-style-type: none">• Introduce cost sharing

Covered Services
<ul style="list-style-type: none">• Aligns to CCO service package

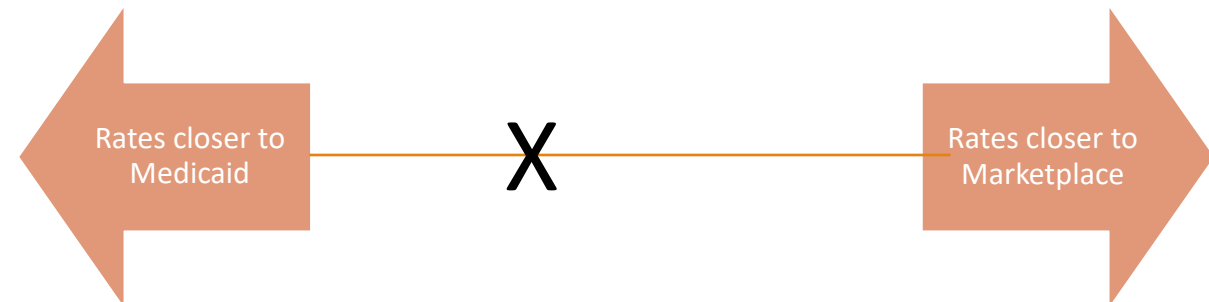
Covered Services
<ul style="list-style-type: none">• Aligns to CCO service package

Provider Reimbursements
<ul style="list-style-type: none">• Slightly higher than Medicaid

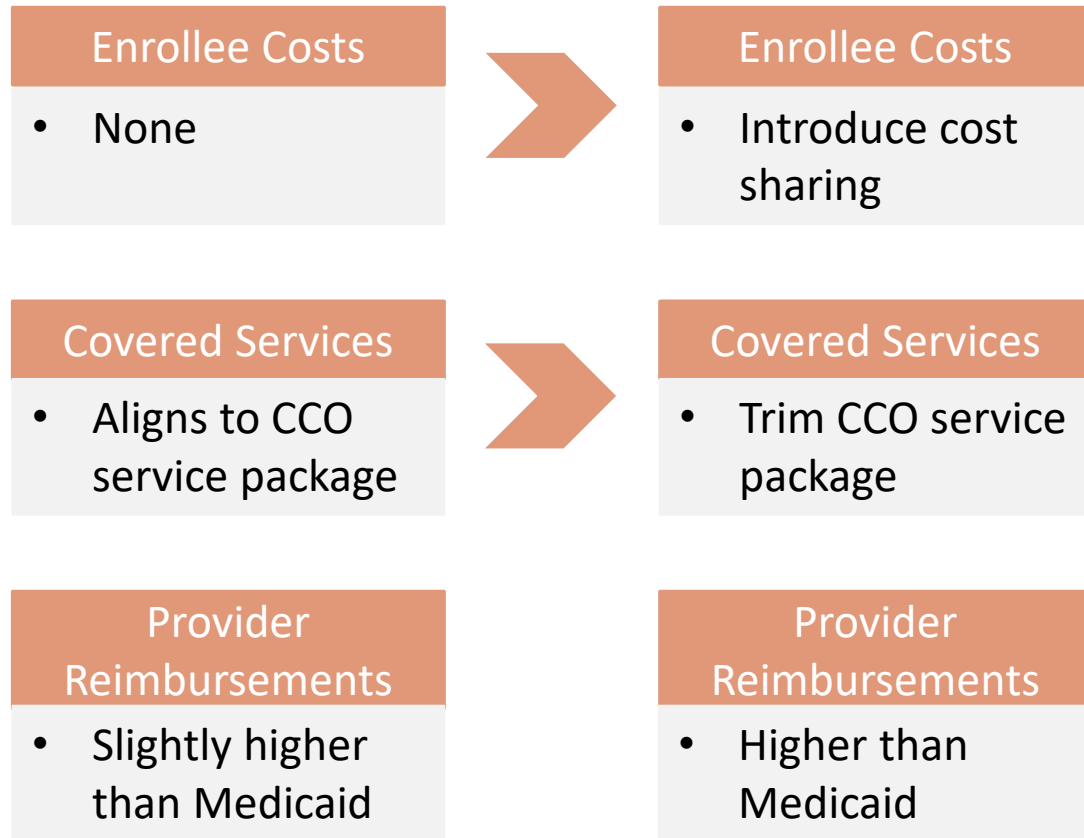
Provider Reimbursements
<ul style="list-style-type: none">• Higher than Medicaid

Considerations

- Premiums, not co-pays
- Should be progressive, sliding scale
- State administered
- Be mindful of the tipping point when cost sharing impedes enrollment, after which other cost reduction strategies should be considered
- Need significant attention to navigation support so that coverage transitions occur as seamlessly as possible

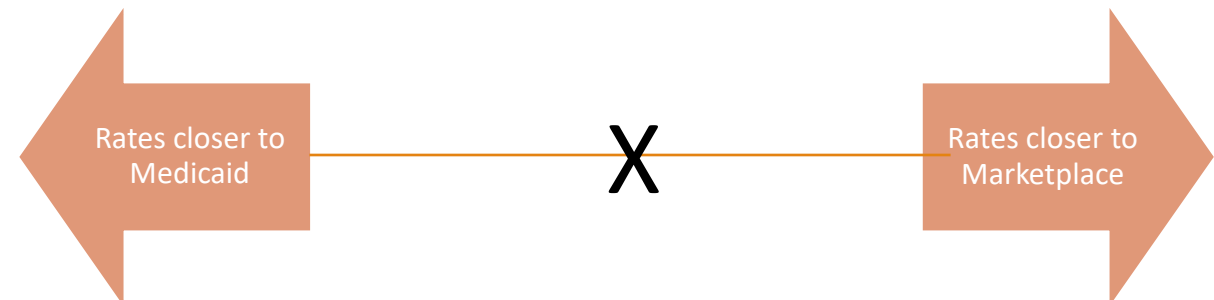


Scenario #2 – add premiums, trim services



Considerations

- Are some services more important for continuity of care than others?
- Are some services more easily trimmed from CCO service package than others?
- Eliminating covered services or placing restrictions on them?
- Benefits crosswalk at future meeting



Scenario #3 – state funding

Enrollee Costs
<ul style="list-style-type: none">• None

Covered Services
<ul style="list-style-type: none">• Aligns to CCO service package

Provider Reimbursements
<ul style="list-style-type: none">• Slightly higher than Medicaid



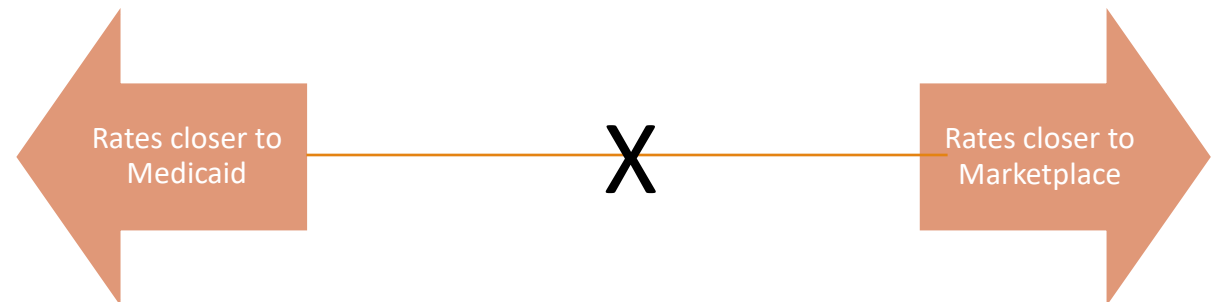
Enrollee Costs
<ul style="list-style-type: none">• None

Covered Services
<ul style="list-style-type: none">• Aligns to CCO service package

Provider Reimbursements
<ul style="list-style-type: none">• Higher than Medicaid

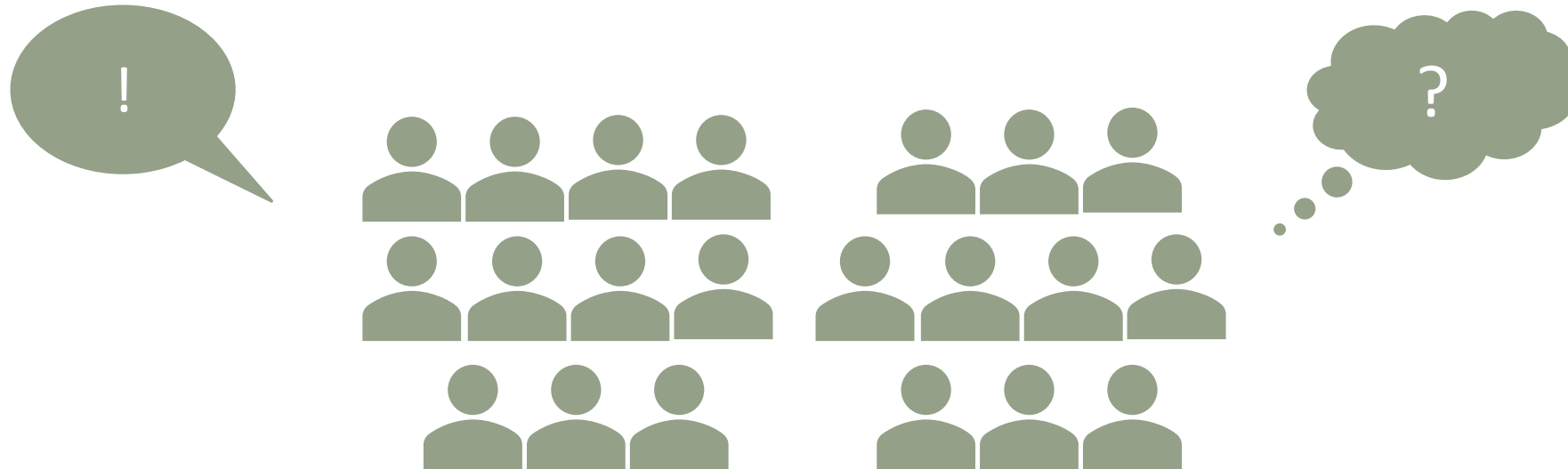
Considerations

- Task Force has expressed that rate reductions should not be a budget balancing strategy
- Reducing services or adding enrollee costs may also be undesirable
- Boosting rates without changes in benefits may require state funds



Input still
needed

Task Force Perspectives



Next Steps for Scenario Development

Task Force plan design preferences survey

Co-chair check ins

Discussion today

Survey

When: sent today after the meeting. Closes Friday, 5pm

What: questions about design preferences to inform scenario planning

How: responses are anonymous

Who: responses requested from *all* members even if you weighed in previously

Staff will summarize and report back at the next meeting

Co-Chair Check-ins

Co-chairs are requesting 1:1 conversations with members to discuss and refine input

Especially important for those who haven't weighed in yet

Will be reaching out this week to begin scheduling

Discussion Questions

Are these the right alternative plan design scenarios?



Have we captured the key considerations for each scenario?