

Vote and Rank

Introduction. **The Joint Task Force on the Bridge Health Care Program is engaged in an iterative process to develop recommendations for Basic Health Program design.**

At the June 14th Task Force meeting, members heard a presentation of a preliminary feasibility study. The purpose of the study was to estimate the federal funding that may be available to operate a Basic Health Program and to assess whether this funding would be sufficient to cover program costs.

The results indicated that federal funding may support the creation of a program that:

- Is offered at no cost to enrollees (premiums or out-of-pocket costs)
- Covers the Oregon Health Plan (OHP) services package delivered by Coordinated Care Organizations (CCOs)
- Covers dental services
- Pays CCOs a higher per-member per-month capitation rate than they are paid for OHP enrollees.

Additional actuarial analysis will be needed to confirm these assumptions.

This survey is to collect information from Task Force members to inform further modeling of program design costs, revenues and enrollment. Your responses are confidential. Results from this survey will be aggregated and reported back to the Task Force for discussion. Individual member responses will not be shared.

Q1. The feasibility study presented a scenario where Basic Health Program coverage aligns to the aspirational vision in House Bill 4035. This ***default plan design scenario*** would:

- Be offered at no cost to enrollees (no premiums or out-of-pocket costs)

- Cover the full Oregon Health Plan (OHP) service package delivered by Coordinated Care Organizations (CCOs)
- Cover dental services
- Pay CCOs a per-member per-month capitation rate that enables CCOs to pay providers higher rates than are paid for OHP enrollees

Oregon may need to make changes to this default plan design to reduce program costs if available federal funding is insufficient. Additional actuarial analysis is being conducted to support this decision making.

We are asking for your input on ***alternative plan design scenarios*** that could be included in the actuarial analysis. Thinking about the alternative plan designs you would want to see:

If it is necessary to reduce program costs, what changes would you make first? (Drag options into your preferred order, with #1 being most preferred choice and #4 being least preferred choice)

Add enrollee costs (such as premiums or co-pays)

Reduce the health services covered by the Basic Health Program

Reduce the rate paid to CCOs to a level more consistent with rates paid for Oregon Health Plan enrollees

Increase state general fund contribution

Q2. Based on your current knowledge, would you support a Basic Health Program if it paid CCOs at capitation (per-member per-month) rates similar to those paid for OHP enrollees? (select one)

- ☐ Yes
- ☐ No
- ☐ Undecided

Q3. Please provide a brief explanation for why you chose your response to Question 2 (above).



Q4. **Based on your current knowledge, if enrollee cost sharing was necessary, what form of cost sharing should be included first?** (Drag options into your preferred order, with #1 being most preferred choice and #5 being least preferred choice)

Monthly premium, fixed amount for all enrollees

Monthly premium, sliding scale based on enrollee income

Co-payments when accessing care

Deductibles when accessing care

A combination of cost sharing strategies

Q5. **Based on your current knowledge, if it was necessary to reduce covered services, how would you prioritize reductions?** (Drag options into your preferred order, with #1 being most preferred choice and #3 being least preferred choice)

Moderately reduce dental and medical services

Reduce or eliminate dental services but maintain full OHP medical services

Maintain dental services but reduce other OHP medical services