
Bridge Program plan design: Benefits and implementation

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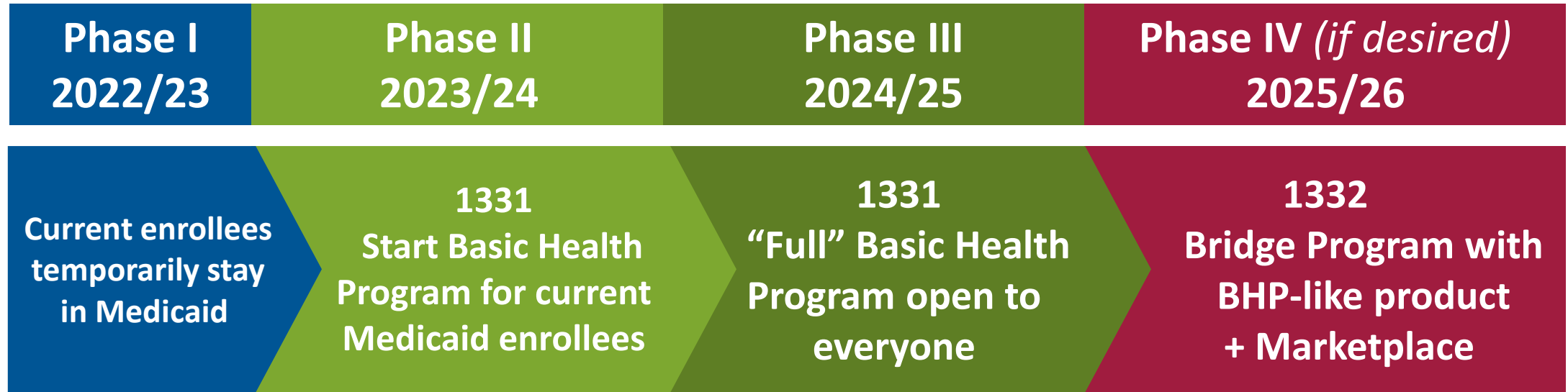
Agenda

- Updates on the PHE timeline and implications for the Bridge
- OHP-EHB covered services comparison
- Minnesota, New York, Kentucky BHP case studies
- CCO Feedback from operations meeting

Updated PHE Timeline

Implications for Bridge Program

Viable pathway to a Bridge Program for individuals 138-200% of the federal poverty level



What we know

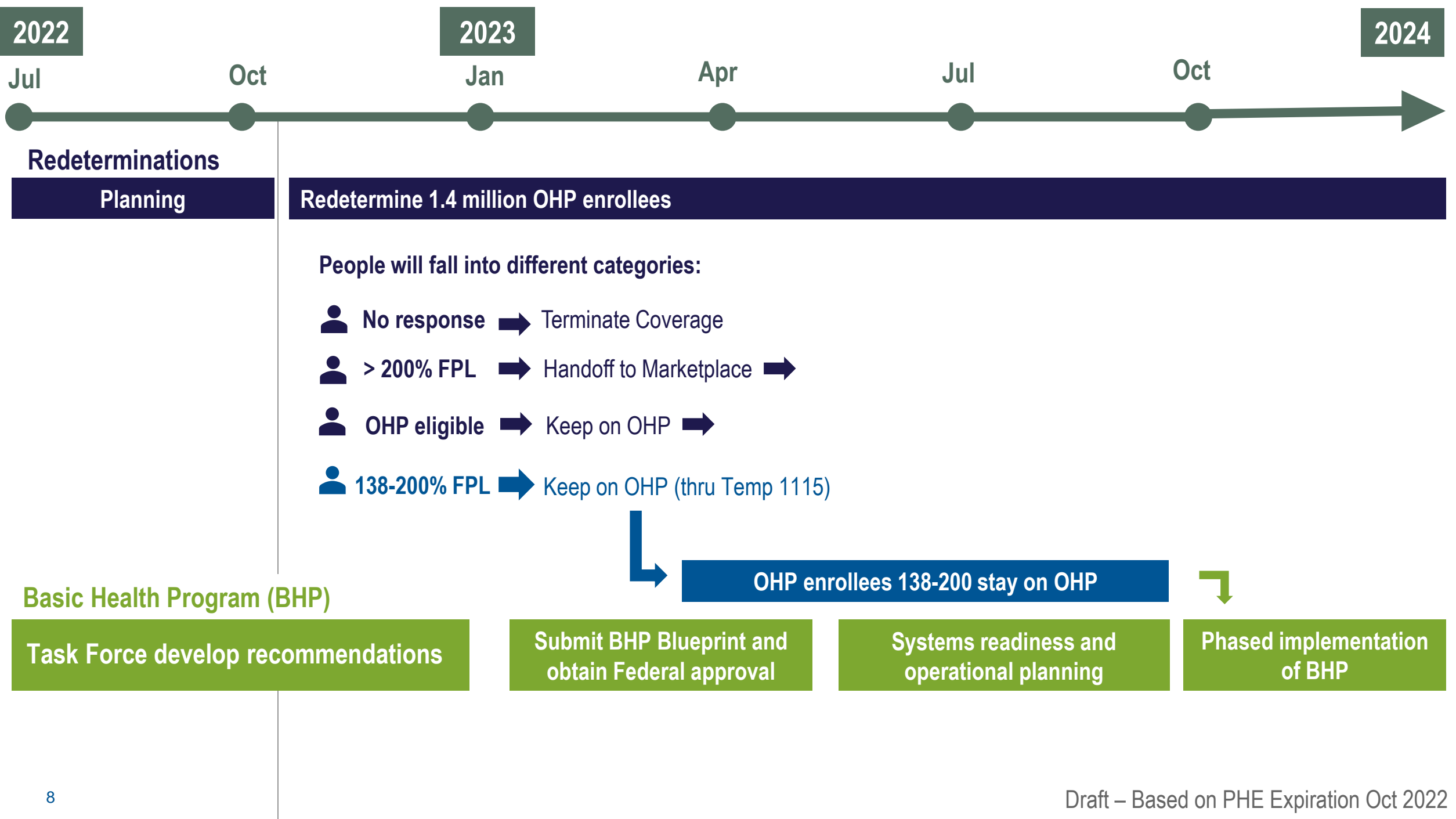
- The Department of Health and Human Services (HHS) officially extended the PHE by 90 days on July 15, 2022
- The soonest the PHE is set to expire is October 13, 2022
- States will be given 60 days advance notice prior to the end of the PHE confirming that the expiration will occur on that date
- Oregon will have 14 months to complete redetermination once the PHE expires

Phase I: OHP enrollees 138-200% FPL stay enrolled in Medicaid until BHP launches

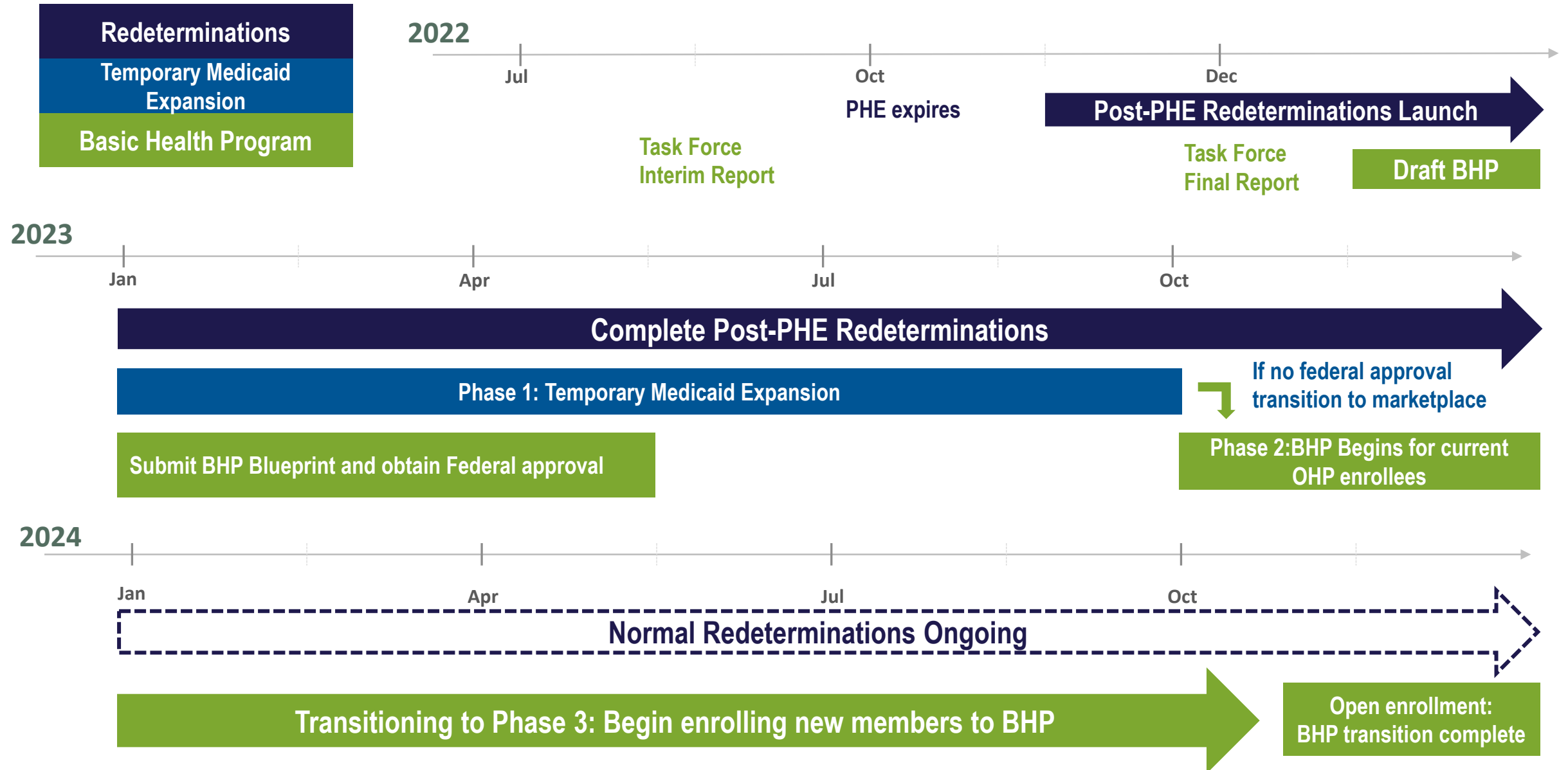
- Temporarily expanding OHP coverage to 200% only for OHP enrollees losing coverage during redeterminations due to income
 - CMS advised amending our 1115 SUD waiver to implement this category (for easier approval then adding it to our main OHP waiver)
- OHA operational changes required to create this new category
 - No operational changes required for CCOs
 - No change to member experience – members determined to be 138-200% FPL will continue to receive the OHP coverage they have had throughout the PHE
- Once BHP Blueprint is approved and system changes are complete, members become first BHP enrollees in Phase II

Phase II: Begin Basic Health Program for current Medicaid enrollees

- Launch BHP (Phase II) no later than 12/31/23 if PHE not renewed
- Initially open to current Medicaid members enrollees to access federal funding more quickly, then open program to new enrollees and Marketplace members in 2024 (Phase III)
- HB 4035 provides clear direction that CCOs will deliver the BHP, and that OHA will align the processes and procedures for OHP and the BHP
- Similar to Cover All Kids and Healthier Oregon implementation



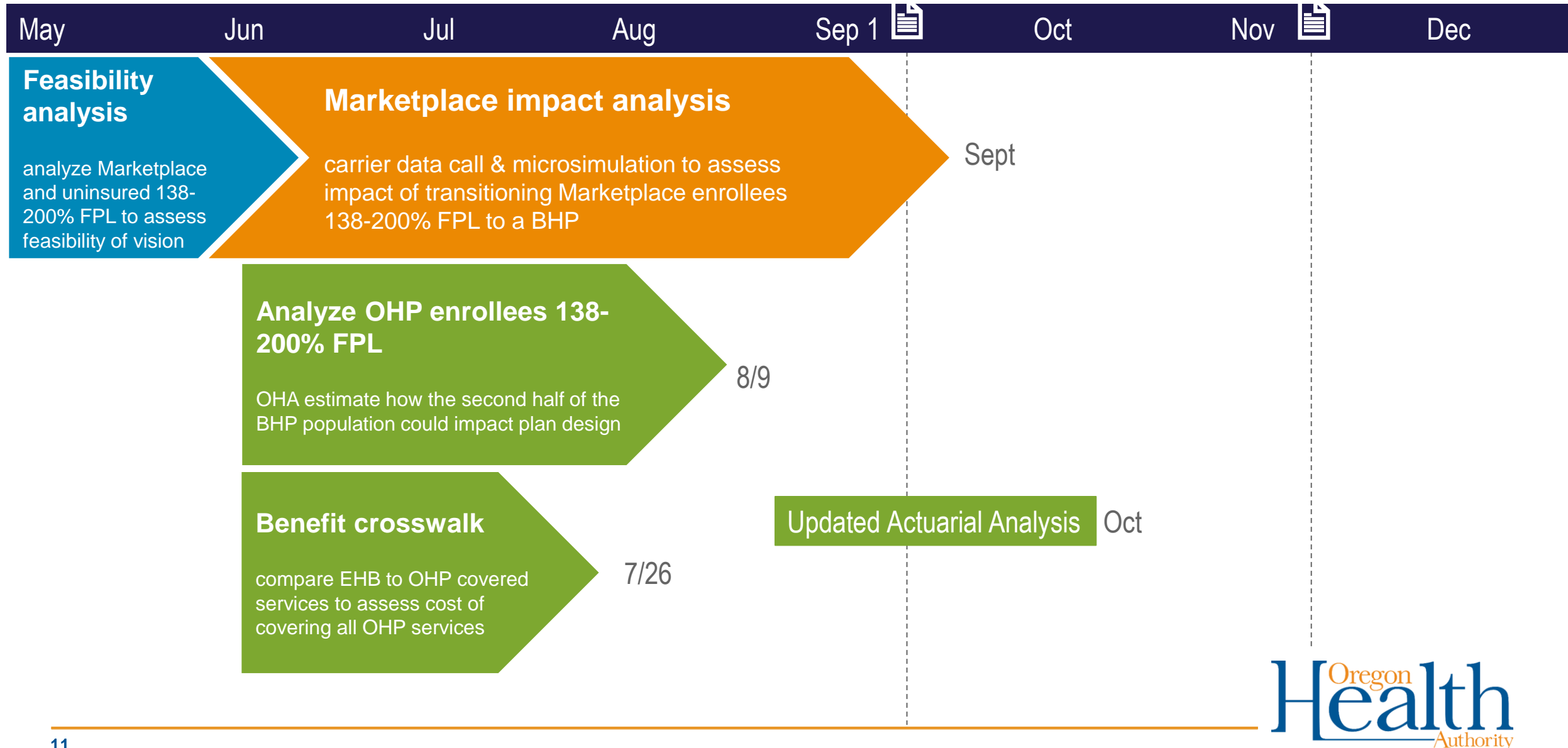
*Dates are approximations based on 7/15/22 federal PHE declaration and may change with subsequent PHE renewals and/or CMS or HHS direction.



Covered Services Comparison

State EHB Benchmark & CCO

Context for covered services comparison



Essential Health Benefits and state benchmark plan

- Essential Health Benefits (EHBs) are a set of 10 categories of services health insurance plans must cover under the Affordable Care Act
- States establish a benchmark plan that incorporates all essential health benefits and more
- All Marketplace plans are minimally required to cover EHB benchmark covered services

Covered services comparison process

- Reviewed EHB Benchmark and Medicaid state plan, which includes CCO covered services and “open card” fee-for-service (FFS) covered services
 - Analysis excludes Long-Term Services and Supports (LTSS) delivered by ODHS
 - Analysis does not compare specific pharmacy coverages across plans
- OHA staff focused on CCO covered services for the comparison analysis
- Distilled comparison chart to underscore key takeaways
- Note: CCOs are encouraged to spend on health-related services (HRS) but it is not an explicit covered services category

Comparison takeaways

- High level comparison – there are differences across QHPs and CCOs
- Vast majority of services covered by CCOs are covered in the EHB benchmark
 - 40 service groupings aligned
- A few services covered by CCOs that are not covered in the EHB benchmark
 1. Adult dental (routine, basic and major)
 2. Non-emergent medical transportation
 3. Bariatric surgery
- Note: pharmacy services are covered by CCOs and the EHB Benchmark, but coverage of specific products may not align across plans

BHP Case Studies

New York, Minnesota & Kentucky

New York's BHP – The Essential Plan

- Launched April 1, 2015
- Initially included:
 - Monthly premiums
 - Co-payments & co-insurance
 - Extra premium for dental & vision
 - Reimbursement rates about 25% above Medicaid
- Over time:
 - Premiums eliminated for dental and medical services
 - Adding long-term care benefits
 - Increases to provider payment rates



Minnesota's BHP – MinnesotaCare

- Launched in 1992, became BHP in 2015
- Program features:
 - Actuarial value approximately 94% w/ co-payments (primarily inpatient, pharmacy, non-preventive physician services, and ER)
 - Sliding scale monthly premiums (lower due to ARPA)
 - Service package built on Medicaid with exceptions (*NEMT, personal care assistance, case management, BH Home, orthodontics, housing, nursing home & intermediate care*)
- Notable plan features:
 - Delivered by same plans (same contract) as Medicaid
 - Plans cannot pay higher providers rates for BHP patients, but some Medicaid rules don't apply to BHP (i.e. FQHC payment methodologies)



Kentucky Developing BHP

- Planning January 2024 launch
- Design elements:
 - Monthly premiums tiered by income,
 - "Nominal" co-payments; no deductible
 - Dental coverage only for members <21
 - Reimbursement rates about 10% above Medicaid
- Other details:
 - Incentivizing MCOs with auto-assignment preferences for existing members
 - Hoping to limit premiums to \$40 or less, may waive 1st month



CCO & HIMAC feedback

Key takeaways from recent presentations

CCO feedback & engagement planning

- OHA provided update to CCO Operations Collaborative 7/12
- Key takeaways:
 - CCOs have a variety of operational questions related to a BHP
 - Additional engagement strategy needed to generate more specific feedback on operational issues
 - CCOs interested in operational details likely out of scope for Task Force
- Next steps:
 - Project team to regularly attend Operations Collaborative meetings
 - Issue specific engagement

Health Insurance Marketplace Advisory Committee

- Task Force update to HIMAC July 21, 2022
- Key takeaways:
 - Need for primer on silver loading
 - Appreciate the phase-in approach to BHP implementation
 - Especially interested in mitigation conversation – but more information needed
- Next steps:
 - Presentation to next HIMAC meeting October 13
 - Consider additional engagement opportunities related to Marketplace?

Thank You

