



Joint Task Force on the Bridge Health Care Program

NOVEMBER 15, 2022 MEETING

Fall Meetings



Today's Agenda

1. Review of preliminary recommendations from September
2. Analysis of Basic Health Program revenue and cost projections
3. Revisiting preliminary recommendations
4. Discussing new recommendations
5. Public comment

Review of Preliminary Recommendations

FROM SEPTEMBER 2022 REPORT

Three categories of recommendations



Federal Pathway

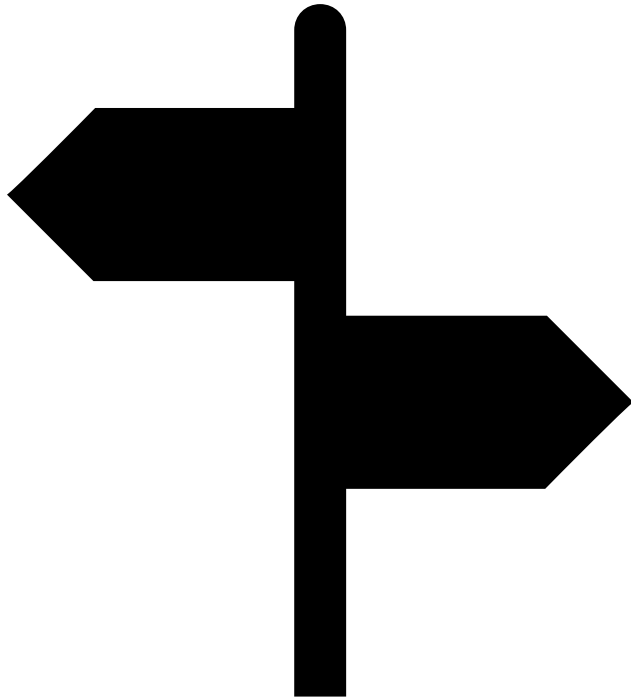


Program and Plan
Administration



Benefit Design

From the Task Force's report issued September 1, 2022



Federal Pathway

1. Oregon's Bridge Program should be established through a **Section 1331 Basic Health Program Blueprint**, as recommended by CMS.
2. The Bridge Program should offer a transition period for enrollees by following the **phased implementation** approach suggested by CMS. The state should seek federal approval of the Blueprint on a timeline that will support Phase Three implementation by 2025. The implementation timeline should also seek to harmonize program launch with CCO rate filing and DCBS rate review timelines.
3. OHA and DCBS should continue to explore with CMS the option to create a BHP-like product under **Section 1332 waiver** authority in Phase Four, which could enable Oregon to offer enrollees "optionality," or a choice between the Bridge Program and retaining federal Marketplace tax credits to purchase subsidized Marketplace coverage.

Program and Plan Administration

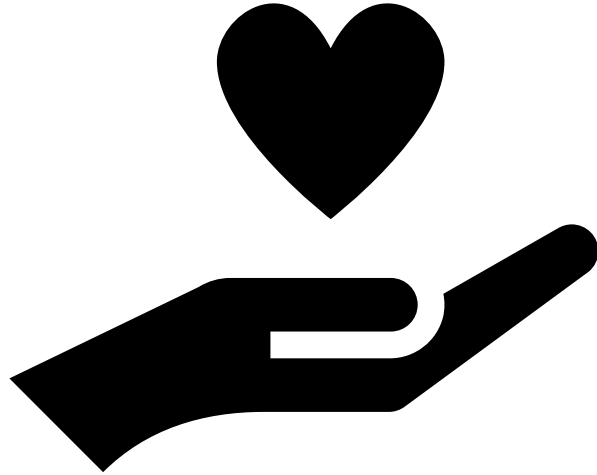


4. To promote continuous coverage for Oregonians, **CCOs should be required to accept enrollees** to the program in the phased implementation manner outlined in this report, including transitioning eligible consumers from OHP in Phase Two using the state's existing CCO infrastructure, and accepting eligible consumers not enrolled in OHP in Phase Three.
5. OHA should seek to develop enrollment procedures for each phase that emphasize continuity of care and provider access for enrollees transitioning to the Bridge Program from OHP and the Marketplace. **BHP enrollment and coverage transition processes** should complement existing CCO infrastructure and navigation support systems.
6. Beginning in Phase Three, eligible consumers who are not transitioning from OHP should be able to enroll in the program through **Oregon's Marketplace platform**. OHA should achieve this either by requesting modification of the federal Healthcare.gov platform or through a state operated platform, depending on the platform used by Oregon's Marketplace at that time.

Program and Plan Administration

1. OHA should align **contracting and implementation processes** for the Bridge Program to existing OHP approaches and timelines to minimize CCO administrative burden to operate the program. To promote consistency with, and enhancement of, the CCO delivery system, OHA should continue to engage CCOs as the program is developed, including creating publicly posted opportunities for CCO leadership engagement.
2. OHA should establish **capitation rates** that enable CCOs to pay providers at levels higher than OHP, based on preliminary analysis suggesting the program may have a surplus after offering enrollees the CCO covered service package with no enrollee cost sharing and minimal cost to the state budget.
3. Oregon's BHP should provide **adequate reimbursements for safety net providers** that enable them to serve BHP enrollees in a manner that ensures care continuity for BHP enrollees coming from OHP. OHA should develop a mechanism to achieve this goal that is consistent with Oregon's broader goals for value-based care and that takes into consideration the value of PPS wraparound payments to providers (such as FQHCs and CCBHCs) that care for OHP enrollees who would transition to BHP. This mechanism should be in place by Phase Two, when eligible OHP enrollees transition to BHP, to provide continuity from safety net providers' existing reimbursement arrangements.

Benefit Design



1. The Bridge Program should be designed to fully align to the **CCO service package** for OHP, including adult dental coverage and all essential health benefits, based on preliminary analysis.
2. The program should be offered at **no cost to enrollees**, including no monthly premiums and no out-of-pocket costs to access services, based on preliminary analysis.
3. To **minimize administrative complexity** and enhance the CCO delivery system, Oregon's 1331 Basic Health Program should request waiver of the federal requirement to offer at least two BHP plans to eligible consumers.

Fiscal Assumptions

From the Task Force's report
issued September 1, 2022

1. **The proposed Bridge Program design maximizes federal financial participation under a Section 1331 BHP.** This federal pathway relies on a per capita funding formula that affords flexibility for enrollment to fluctuate over time without subjecting the state to federal budget neutrality requirements or the risk of bearing the cost of higher than anticipated enrollment.
2. **It will be necessary for Oregon to allocate state funding for certain elements of a BHP.** By federal law, Oregon cannot rely on federal funds to finance the cost of administering the BHP, or the cost of abortion services that are required to be covered by health plans under Oregon law.
3. **Preliminary actuarial analysis indicates the proposed design would not require other state funding or enrollee cost sharing to be financially feasible.** These assumptions require further actuarial analysis anticipated in October 2022. The Task Force will update recommendations if subsequent actuarial analysis differs from initial revenue or cost estimates.
4. **The proposed design does not depend on the extension of federal tax credit enhancements in the American Rescue Plan Act (2021) to minimize costs to the state budget.** Congress authorized a 3-year extension of these tax credit enhancements in August 2022 as this report was being finalized. This information will be incorporated in budget discussions in the fall and is expected to temporarily increase federal revenue for the program.

Today: Confirm Fiscal Assumptions

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issued September 1, 2022

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Today: Confirm or Update Preliminary Recommendations

Aligning to the CCO covered service package for OHP enrollees, including dental coverage

Offering coverage at no cost to enrollees

Rates higher than OHP

Ensuring adequate reimbursements to safety net providers

Today: Discuss New Recommendations

Mitigation strategies

Additional program design considerations

Contact

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