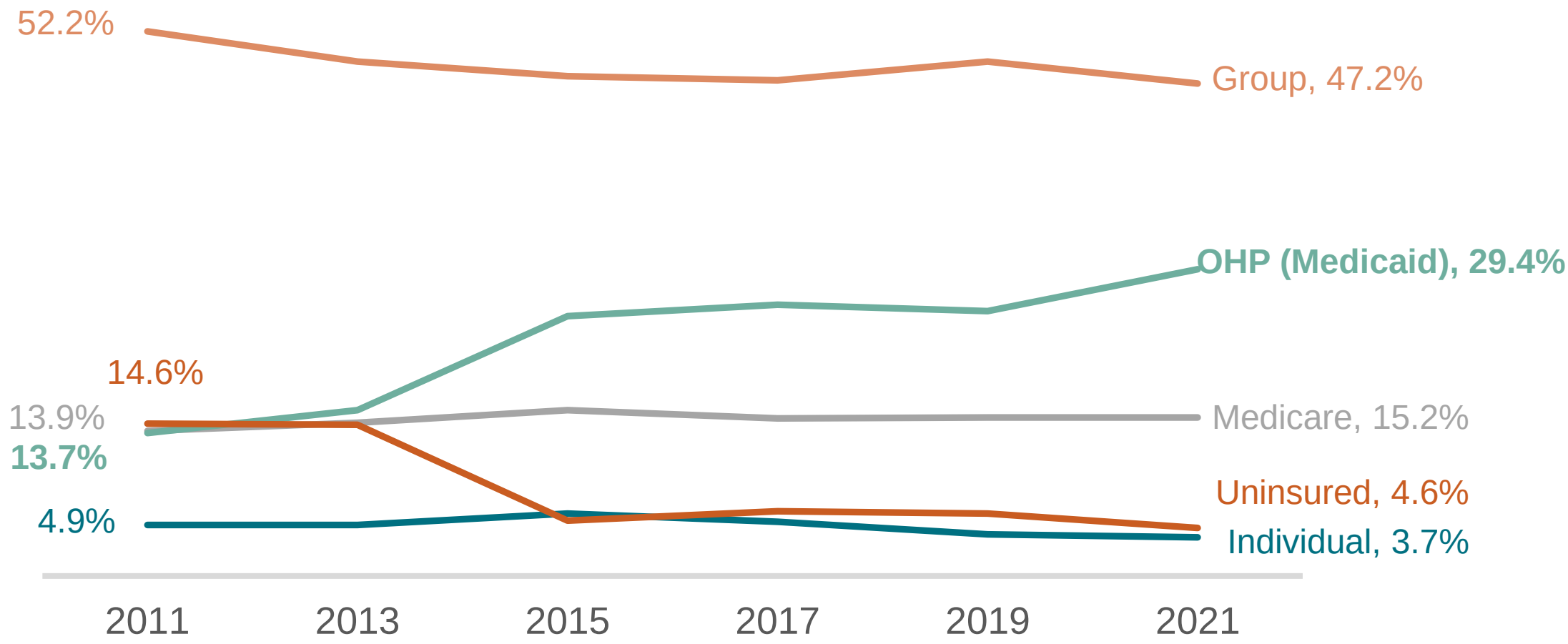
Joint Task Force on the Bridge Health Care Program

HOUSE BILL 4035 (2022)

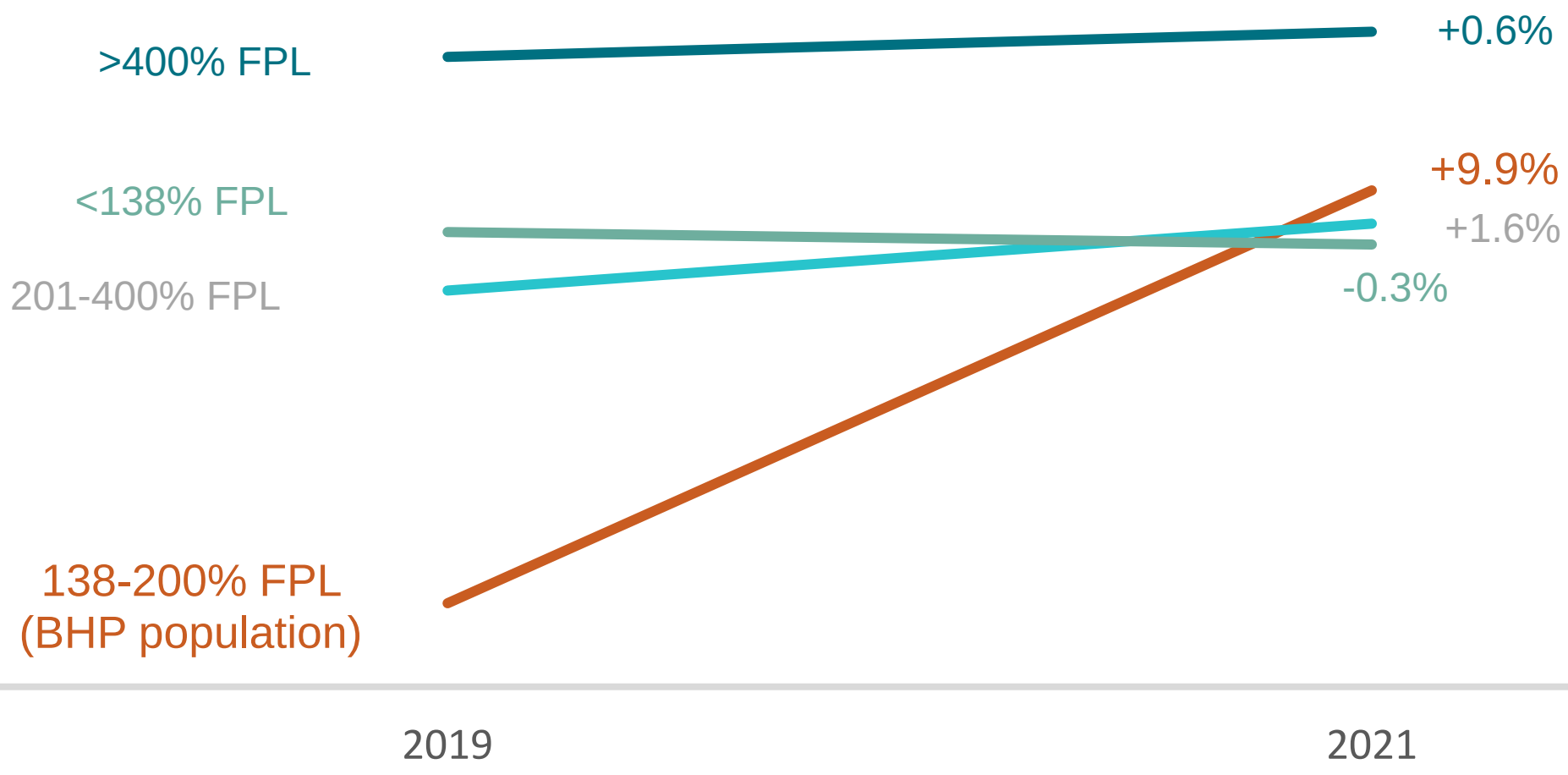
The **Oregon Health Plan** is a significant source of coverage for one in three Oregonians

Insurance source between 2011 and 2021 (Oregon Health Insurance Survey)



During the pandemic, **adults earning between 138-200% FPL** have seen the largest coverage gains

Change in coverage for adults ages 19-64 between 2019 and 2021, by percent of the Federal Poverty Level (FPL)



Unwinding from the public health emergency (PHE)

Expected to end in 2023

HHS to give states 60 days notice before PHE termination

States must complete Medicaid redeterminations by end of 14th month following termination of PHE

Estimated 300k OHP enrollees will no longer be eligible

HB 4035 (2022)

Required OHA to develop redeterminations process following termination of PHE

- With advice from Community & Partner Workgroup
- Report delivered to legislature in May

Created Task Force to develop recommendations on the development of a bridge program

Gave OHA the authority and funding to implement and administer bridge program

Joint Task Force on the Bridge Health Care Program

Senator Elizabeth Steiner

Representative Rachel Prusak

Senator Bill Kennemer

Representative Cedric Hayden

Kirsten Isaacson, Service Employees International Union

William Johnson, Moda Partners

Eric Hunter, CareOregon

John Hunter, Oregon Health & Science University

Lindsey Hopper, PacificSource Health Plans

Stefanny Caballero, Virginia Garcia Memorial Foundation

Patrick Allen, Oregon Health Authority

Alicia Temple/Kelsey Heilman, Oregon Law Center

Jonathan Frochtzwajg, Cascade AIDS Project

Keara Rodela, Coalition of Community Health Clinics

Sharmaine Johnson Yarbrough, Wallace Medical Concern

Antonio Germann, Salud Medical Clinic / Pacific Pediatrics

Heather Jefferis, Oregon Council for Behavioral Health

Matthew Sinnott, Willamette Dental Group

Adrienne Daniels, Multnomah County Health Department

Fariborz Pakseresht, Oregon Dept. of Human Services

Andrew Stolfi, Oregon Dept. of Consumer and Business Services

HB 4035 Direction

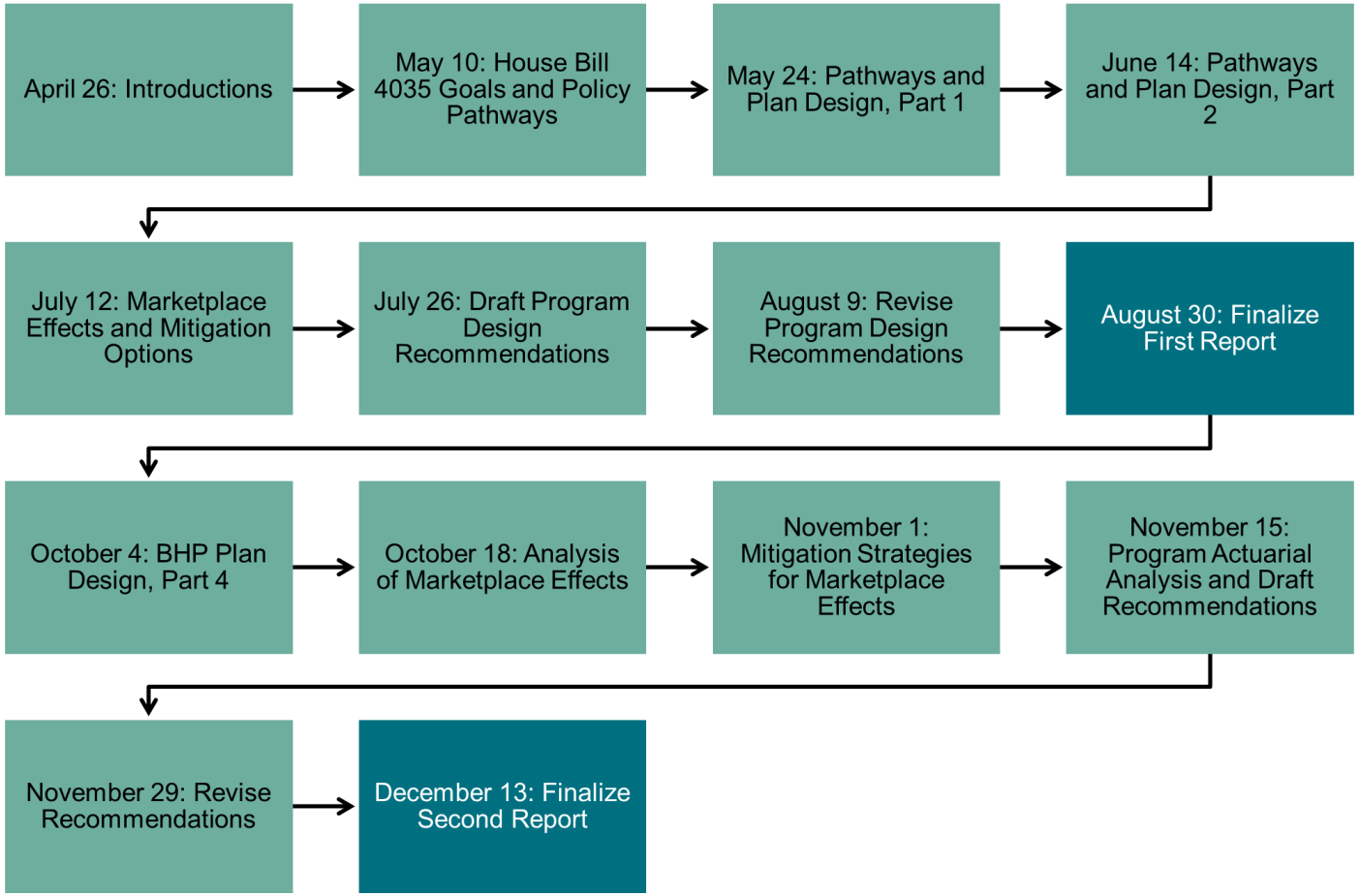
Develop a proposal for a bridge program to provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in OHP or other health care coverage due to frequent fluctuations in income

Requires:

- Prioritize health equity, reduction in uninsurance, and continuous coverage for communities that have faced health inequities.
- Offer coverage through CCOs, be consistent with and enhance the CCO Delivery System.
- Available to people at or below 200% of FPL who do not qualify for OHP but do qualify for Marketplace tax credits.
- Maximize federal funds and minimize costs to enrollees and the state
- Minimally, provide all essential health benefits (EHBs)

To the extent practicable:

- No cost-sharing, deductibles or other out-of-pocket costs
- Rates higher than OHP
- Option(s) for dental coverage
- Offer on the health insurance exchange



Task Force Meetings

Federal Pathway Recommendations

Phase 1 (2022-23)	Phase 2 (~2024)	Phase 3 (~2025)
1115 Medicaid Waiver Amendment	**1331 Basic Health Program (phase in)**	**1331 Basic Health Program**
In Phase One, OHP coverage for people >138% FPL is maintained through a short-term 1115 waiver amendment while requesting federal approval for a **Section 1331 Basic Health Program Blueprint**	In Phase Two, **55,000** people would transition from Oregon Health Plan to the Basic Health Plan	In Phase Three, **35,800** people would transition from the Marketplace. The BHP would enroll **11,300** additional people who are uninsured.

Program Design Recommendations

Program & Plan Administration

Recommendations:

- CCOs should be required to accept BHP enrollees
- OHA should develop enrollment procedures for each phase that emphasize continuity of care and provider access for enrollees
- Beginning with Phase 3, BHP should be accessible through the Marketplace
- Align contracting and implementation timelines and process with OHP
- OHA and DCBS should engage consumers prior to BHP implementation and ensure consumer representation in ongoing Program oversight and governance

Benefit Design

Recommendations:

- Coverage should align with OHP, including adult dental
- The BHP should encourage provision of Health-Related Services (HRS) consistent with OHP
- BHP coverage should be offered at no cost to enrollees, including no monthly premiums and no out-of-pocket costs to access services
- OHA should request waiver of the federal requirement to offer at least two BHP plans to eligible consumers to reduce administrative burden on CCOs

Cost and Revenue Analysis

	OHP-to-BHP	Marketplace-to-BHP	Uninsured-to-BHP	Total
Per Member Per Month (PMPM)				
*Revenue**	*$616.31*	*$820.14*	*$787.80*	*$706.76*
*Cost***	*$525.91*	*$719.49*	*$495.16*	*$590.43*
Net PMPM Surplus or (Deficit)	$90.40	$100.65	$292.65	$116.33
Population Total (in $ Million)				
*Revenue**	*$406.8*	*$352.5*	*$106.6*	*$865.9*
*Cost***	*$347.1*	*$309.2*	*$67.0*	*$723.4*
Net Population Surplus or (Deficit)	$59.7	$43.3	$39.6	$142.5MM

Program Financing

Recommendations:

OHA and DCBS should establish a BHP Trust Fund reserve target that considers the Program's ability to promote provider participation and network adequacy

Initial capitation rates should be established using a methodology that is consistent with OHP

If BHP Trust Fund reserves are met, excess fund usage should be consistent with HB 4035 and Oregon's broader health system reform priorities. Reserve use should also prioritize development of BHP rates that support increased provider reimbursements to ensure robust access to care, including a mechanism to mimic "wrap" payments to safety net providers.

Effects on Individual Market

Microsimulation Findings

- Fewer people who remain in the Marketplace would qualify for subsidies.
  - This is not driven by a change in premiums for these consumers, but instead reflects that the reference point for subsidies, the second lowest cost silver plan premium, would decline in cost below the affordability threshold for those consumers.
- Unsubsidized consumers see a slight 1.5% decrease in premiums.
  - This group would not meaningfully alter their decisions about purchasing coverage.
- Subsidized consumers would see a decrease in the value of (or elimination of) their APTC.
  - Approximately 4,200 consumers in this group would respond by shifting to more affordable and less generous coverage while 500 would purchase more expensive and more generous coverage.
  - A smaller number, estimated at 900, would exit the Marketplace.

Marketplace Mitigation

Recommendations:

Support implementation of mitigation strategies, including continued exploration of moving to a gold benchmark plan for purposes of calculating premium tax credits

Next Steps

December 13 – Final Task Force Meeting

Winter

- OHPB review Task Force report
- BHP Blueprint Public Comment

Spring

- OHA report to legislature
- OHPB BHP Blueprint review
- BHP Blueprint submission to CMS
- *Start redeterminations & begin Phase 1