Joint Task Force on the Bridge Health Care Program

Log of Revisions to the First Draft

Feedback Received Through 8/19/22

The table below presents 1) the Task Force's preliminary recommendations as advanced in its September 2022 report, 2) revised recommendations presented for consideration at the November 29th meeting, and 3) revised recommendations included in the final draft report and presented for consideration at the December 13th meeting.

Additional feedback and revisions to the body of the report are described in a second table below.

Revisions to Recommendations

Row	September Report version	11/29 version	Revised	Staff Notes
	Federal Pathway			
1	Oregon's Bridge Program should be established through a Section 1331 Basic Health Program Blueprint, as suggested by CMS.	No change	No change	
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	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 no more than 24 months after the implementation of Phase Two. The	No change	This recommendation was updated from the verbiage used in September to address that the end date for the PHE is unknown. Rather than a fixed date, the recommendation was updated to provide a target range for the start date of phase 3. This will support alignment with

	launch with CCO rate filing and DCBS rate review timelines.	implementation timeline should also seek to harmonize program launch with CCO rate filing and DCBS rate review timelines.		OHP and Marketplace rate development cycles.
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.	No change	No change	
	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. OHA should seek to develop enrollment procedures for each phase that emphasize continuity	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. OHA should seek to develop enrollment procedures for each	No change.	Split into two separately numbered recommendations. Otherwise no change.

	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.	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.		
5	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.	Beginning in Phase Three, all eligible consumers should be able to access 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.	No change	This update clarifies that consumers may access the program through the Marketplace, but enrollment may occur through another platform such as the ONE platform. This recommendation was updated to provide flexibility at the point of implementation while retaining the original intent regarding consumer experience.
6	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	No change	No change	

	program is developed, including creating publicly posted opportunities for CCO leadership engagement.			
7	n/a	OHA and DCBS should gather consumer feedback prior to program implementation, including engaging consumer advocacy groups to maximize input from communities that experience inequities in the health system. OHA and DCBS should conduct consumer focus groups prior to implementation of the BHP to explore topics such as benefit design, marketing channels and tools to reach consumers with information about the program, and specific needs of people who experience churn under OHP. These activities should compensate participants for their time, be flexible in scheduling and ways of giving input, and prioritize topics for which consumer feedback is most likely to be able to inform program planning.	OHA and DCBS should gather consumer feedback prior to program implementation, including engaging consumer advocacy groups to maximize input from communities that experience inequities in the health system. OHA and DCBS should conduct consumer focus groups of the BHP to explore topics such as benefit design, marketing channels and tools to reach consumers with information about the program, and specific needs of people who experience churn under OHP. These activities should compensate participants for their time, be flexible in scheduling and ways of giving input, and prioritize topics for which consumer feedback is most likely to be able to inform program planning. Ongoing BHP governance and oversight should include	Revised to add guidance that BHP governance should include consumer representation, which was not included in the first version.

			consumer representation, consistent with MAC and HIMAC models.	
	Program Financing			
8	n/a	OHA and DCBS should analyze what reserve level is necessary in Oregon's BHP Trust Fund to support program solvency and sustainability. The analysis should include consideration of CCO requirements for financial reserves. The analysis should address how varying reserve thresholds may affect the program's ability to promote provider participation and network adequacy.	OHA and DCBS should analyze what reserve level is necessary in Oregon's BHP Trust Fund to support program solvency and sustainability. The analysis should include consideration of CCO requirements for financial reserves. The analysis should address how varying reserve thresholds may affect the program's ability to promote provider participation and network adequacy. OHA and DCBS should establish a target range for financial reserves in the BHP trust.	Note: Rows 8 through 10 are linked recommendations presented in a specific order. Row 8 is updated to clarify that analysis of reserve levels should inform establishment of a target range for reserves.
9	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.	OHA should establish initial capitation rates to CCOs using a methodology that is consistent with how rates are determined for OHP, based on actuarial analysis suggesting federal revenues can support this level of payment.	While the program is building reserves toward the targets, OHA should establish initial capitation rates to CCOs using a methodology that is consistent with how rates are determined for OHP. Any surplus revenue during this *initial* period should support the achievement of reserve targets.	Row 9 is updated to clarify that this recommendation relates narrowly to the period when BHP Trust Fund reserves are being established. The revision makes explicit the intent for surplus revenues during this period and strikes qualifying language regarding the actuarial analysis.
10	Oregon's BHP should provide adequate reimbursements for	If the BHP Trust Fund exceeds established threshold levels OHA	When the BHP Trust has met reserve targets, OHA should	Row 10 is updated to clarify that this

	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.	shall evaluate use of surplus amounts by considering feedback received from consumer engagement and the priorities established in House Bill 4035, including continued availability of a BHP option with no cost-sharing, higher than medical assistance program reimbursement rates, and enhancement of the CCO delivery system. Initiatives using surplus BHP funds should be presented to the Legislative Assembly and be consistent with Oregon's broader health system reform priorities, particularly the goal of eliminating health inequities.	prioritize specific goals of House Bill 4035, including: 1) Maintaining BHP coverage at no cost to enrollees; 2) Developing BHP capitation rates that allow CCOs to increase provider reimbursement to enhance the CCO delivery system as outlined in House Bill 4035. This should include a mechanism to adequately reimburse safety net providers that is consistent with Oregon's broader goals for value-based care and that takes into consideration the value of prospective payment models to providers (such as FQHCs and CCBHCs) that care for OHP enrollees who would transition to BHP; and 3) Enhancing covered services a) based on consumer and other feedback and b) in alignment with OHP. BHP initiatives using surplus funds should be presented to	recommendation reflects the Task Force's intent for use of ongoing BHP revenues, rather than use of accumulated reserve funds. The revision adds language from the September report related to payments to safety net providers and clarifies that this should be a top priority, in addition to maintaining coverage at no cost to enrollees.

			the Legislative Assembly and be consistent with Oregon's broader health system reform priorities, particularly the goal of eliminating health inequities.	
	Benefits Design			
11	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.	The Bridge Program should align as closely as possible with CCO-covered OHP benefits, including adult dental coverage.	The Bridge Program shall minimally cover all 2021 CCO-covered OHP benefits, including adult dental coverage, pending sufficient federal revenue to support initial capitation rates.	Staff flagged the original recommendation as potentially inconsistent with Task Force intent because "covered service package" is generally understood to refer to the services CCOs are required to offer, but does not include services CCOs are encouraged or incentivized to offer, such as HRS. While actuarial estimates provide insight into likely BHP costs and revenues, the final federal revenue Oregon receives for a BHP will be determined by CMS and may vary from what was presented to the Task Force. Staff also updated the recommendation to reflect that the CCO-covered service package has changed from 2021 to 2022 (and beyond) due to new provisions in

				Oregon's Medicaid 1115 waiver that are not yet implemented. The actuarial analysis prepared for the Task Force is based on 2021 OHP costs and covered services; cost estimates to provide the 2022 CCO service package to BHP enrollees were not available at the time of this report.
12	n/a	The BHP should encourage CCO provision of Health-Related Services (HRS) to enrollees in a manner consistent with the Oregon Health Plan. OHA should provide guidance to CCOs on what services will qualify as HRS expenditures. This guidance should clearly indicate any non-allowable expenditures for BHP enrollees, including how, if at all, BHP-eligible spending differs from OHP qualifications.	No change	The purpose of this recommendation is to 1) capture Task Force intent that CCOs are encouraged, not just allowed, to offer HRS, and 2) express the desire that OHA offer additional guidance on allowable HRS expenditures. This recommendation is not intended to capture intent regarding the benefits package, which is reflected within the row above.
13	The program should be offered to enrollees at no cost, including no monthly premiums and no out-of-pocket costs to access services, based on preliminary analysis.	The program should be offered at no cost to enrollees, including no monthly premiums and no out-of-pocket costs to access services.	No change	Struck "based on preliminary analysis"

14	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.	No change	No change	
15	n/a	The Task Force supports OHA and DCBS exploring and implementing Marketplace mitigation strategies —in particular, a shift to a gold benchmark when calculating consumers' APTC — including: • completing actuarial analysis of the costs to Oregon's reinsurance program and the state general fund; • continuing discussions with CMS regarding the feasibility of this approach; and • further analyzing regional variation in consumer impacts. If these activities indicate that a shift to a gold benchmark is feasible to implement and would mitigate adverse effects for Marketplace consumers when the BHP is created, the Task Force recommends that DCBS request	No change	

		an amendment to Oregon's Section 1332 waiver for this change.		

Revisions to Report Body

Rev #	Comment	Revision or Response
16	Regarding the "Public Health Unwinding" section on p.3: • I found the background section which explained the impact of COVID19 and "churn" in the 8.19.2022 Draft Report very helpful. I think that section bears repeating, especially next to the description and anticipated impacts of the unwinding of the PHE	- Staff expanded the background section to include discussion of churn and connections to the PHE from the preliminary report.
17	Regarding "Bridge Program Design recommendations section on p. 7, suggestion to add a description of phase one and the temporary 1115 amendment to maintain OHP coverage while awaiting federal approval for a BHP.	- Content added to address this point.
18	Miscellaneous requested edits from actuaries to definitions, analytic descriptions and labels in "Projected Revenues and Costs of a BHP".	- Revisions accepted
19	Regarding "Cost Calculations" section on p.11: • Proposed tracked changes: ***Cost calculations.*** The Task Force ~~preferred~~ recommended that the BHP offer the same service package provided to OHP enrollees through CCOs, be provided to enrollees without premiums or cost-sharing, and if possible, pay capitation rates to CCOs that would support reimbursements to providers at levels higher than OHP (Joint Task Force on the Bridge Health Care Program 2022). The Task Force also recommended that ongoing efforts to reimburse providers should recognize the unique role of safety-net organizations, including FQHCs and CCBHCs, including payments and programs which promote continuity of enrollment and reduce churn. Based on this guidance, actuaries developed cost estimates based on the service package offered by CCOs to OHP enrollees, including adult dental coverage[5] (Karl and Tomczyk 2022). This service package does not include LTSS or other services that are not paid by CCOs.	- Revision accepted with modification. Because this addition appears in a section describing analytic methods, it was placed in a separate footnote to prevent confusion with the description of cost modeling assumptions.
20	Proposed edit to language on AI/AN enrollment flexibility to clarify that open card is only available under OHP and not for AI/AN enrollees in the Marketplace:	- Revision accepted

	On October 18th, 2022, OHA presented to the Task Force on how these unique OHP enrollment procedures may not be duplicable for people covered by therelate to BHP enrollment (Swerdlow 2022). The Task Force has expressed a desire to align BHP administration as closely as possible to existing OHP procedures to maximize continuity of coverage for people moving between OHP and BHP, and minimize burdens on enrollees and CCOs. However, federal law requires that states offer a BHP by contracting with standard health plan offerors through a competitive process that considers the use of managed care or similar process to improve the quality, accessibility, appropriate utilization, and efficiency of services provided to enrollees (42 C.F.R. sect 600.410	
21	I suggest an addition to the list of possibilities OHA may consider for use of possible surplus amounts: expansion of the Bridge Program benefits package beyond the CCO-covered OHP benefits, for example evaluation of the inclusion of Long-Term Services and Supports, which are not covered by CCOs but are part of the full benefits package for OHP enrollees.	Addressed as follows: Although the recommendations were developed to reflect what was known about anticipated BHP costs and revenues at the time of the report, members noted that ideally Oregon would continue to explore options to offer additional services to BHP members. Services such as long term services and supports are covered by OHP but not provided to OHP enrollees by CCOs. These non-CCO services were not considered in the analyses reviewed by the Task Force but could be explored for future inclusion in the BHP benefit design.
22	Miscellaneous updates requested from actuaries to definitions, analytic descriptions and labels in “Analysis of Disruptions to Oregon’s Individual Marketplace”.	- Revisions accepted.