



Joint Task Force on the Bridge Health Care Program

NOVEMBER 29, 2022 MEETING

Fall Meetings



Today's Agenda

1. Finalizing recommendations
2. Discuss other report revisions
3. Agency updates & next steps
4. Public comment

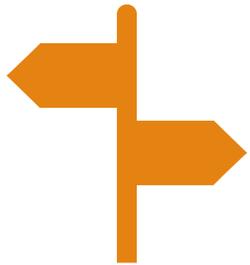
Review of *DRAFT* Final Recommendations

REVISIONS TO PRELIMINARY

+

NEW

Five categories of recommendations



Federal Pathway



Program and Plan
Administration



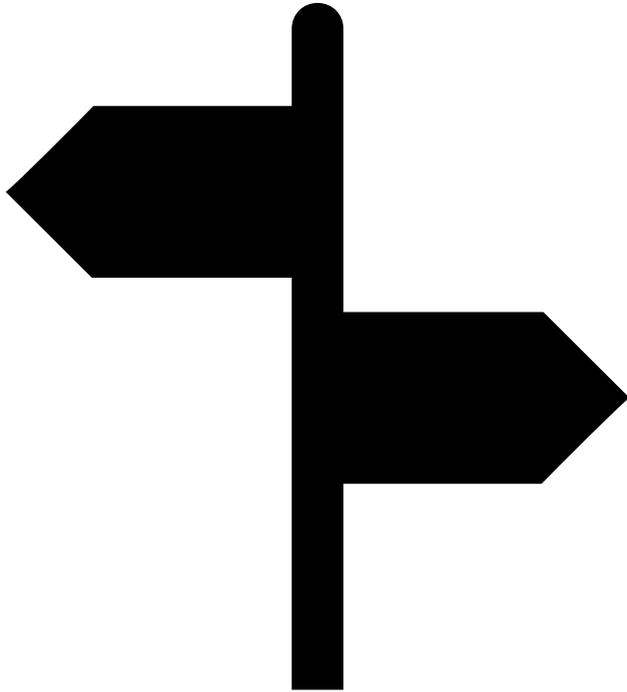
Program
Financing



Benefit Design



Marketplace
Mitigation



Federal Pathway

1. Oregon's Bridge Program should be established through a Section 1331 Basic Health Program Blueprint, as recommended by CMS.
2. **[Revised]** 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~~ **no more than 24 months after the implementation of Phase Two**. 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. **[Separated from #4]** 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. **[Revised]** Beginning in Phase Three, **all** eligible consumers ~~who are not transitioning from OHP~~ should be able to **access 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.

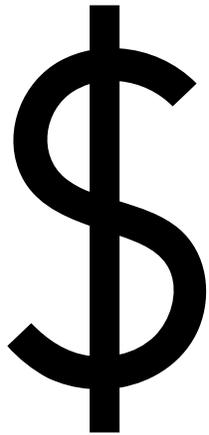
Program and Plan Administration



7. 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.
8. **[New]** OHA and DCBS should gather consumer feedback prior to program implementation, including engaging consumer advocacy groups to promote opportunities 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.

From the Task Force's report issued September 1, 2022 + **New** recommendation for consumer engagement

Program Financing – Capitation Rates



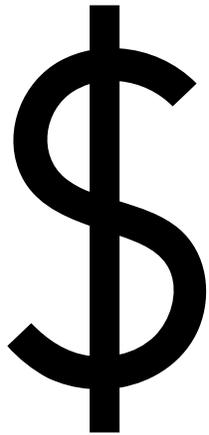
Preliminary recommendation (September)

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 the CCO covered service package with no enrollee cost sharing and minimal cost to the state budget.

Proposed revision

9. **[Revised]** 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.

Program Financing – Reserves



11. **[New]** 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.

If the BHP Trust Fund exceeds established threshold levels OHA 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.

Benefit Design – Preliminary Recs



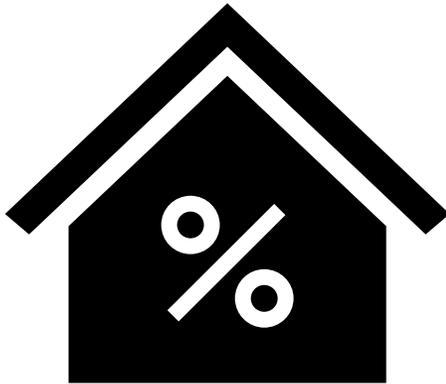
12. **[Revised]** The Bridge Program should **align as closely as possible with CCO-covered OHP benefits**, ~~be designed to fully align to the CCO service package for OHP, including adult dental coverage and all essential health benefits, based on preliminary analysis.~~
13. **[Revised]** The program 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.~~
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.

Benefit Design - Health Related Services



15. **[Revised]** 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.

Marketplace Mitigation



16. **[New]** 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 an amendment to Oregon's Section 1332 waiver for this change.

Today:
Confirm or Revise
Final
Recommendations

Federal Pathway (3 recommendations)

Program and Plan Administration (5 recommendations)

Program Financing (3 recommendations)

Benefit Design (4 recommendations)

Marketplace Mitigation (1 recommendation)

By Thursday:
Other Report
Feedback

Feedback due to staff by **COB Thursday,
December 1st**

Final version distributed to Task Force on
week of December 5th

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