



February 11, 2022

The Honorable Rachel Prusak
Chair, House Health Care Committee
State Capitol
Salem, Oregon 97301

RE: House Bill 4035 – Medicaid redetermination and propose Basic Health Plan

Dear Chair Prusak and members of the committee:

Providence's supports efforts to ensure that the Medicaid redetermination population is able to maintain coverage with limited disruption. Our advocacy priorities have long included the support of access and coverage for everyone. This includes support for Medicaid expansion, Cover All Kids, and Cover All People; along with complementary strategies like increasing income thresholds for hospital financial assistance and the HOPE amendment. As we work though managing Medicaid redetermination when the public health emergency expires, you have Providence's commitment be a collaborative partner in this work.

Completing Medicaid redeterminations, for nearly 1.4 million Oregonians in 16 months, is a huge undertaking. This is not a problem created by the Oregon Health Authority, this is a challenging situation for states across the country and one we know the Centers for Medicare and Medicaid Services are working hard to address. Managing this process, while simultaneously trying to develop and implement a Basic Health Plan, or bridge plan, will be incredibly complex. The uncertainty of a CMS waiver is one component, but we must also consider the complexity and time necessary to implement an entirely new system for individuals under 200% Federal Poverty Level. This work deserves focused, collaborative discussions about how this plan will be operationalized, how it will be funded, what the implications are for Coordinated Care Organizations, how it impacts individuals both under and over 200% FPL that are enrolled on the individual market currently, and OHA's capacity to do this work at the same time as redeterminations.

Providence believes the most meaningful and predictable path forward is simplifying the process for individuals to enroll on the individual market, particularly those under 200% FPL with coverage that is almost entirely subsidized. There are a series of proactive strategies that the legislature can direct OHA to engage in now, prior to the expiration of the public health emergency. We encourage the legislature to require these strategies, rather than suggest OHA "consider" the creation of new programs.

Infrastructure and technology

- Identify mechanisms to improve the OneSystem process or develop a complementary process specific to managing redetermination.
- This should include a secondary process for identifying individuals up to 200% FPL that would be eligible for fully subsidized coverage on the individual market and mechanisms to support that transition.

Education and outreach

- Robust community outreach campaigns involving community organizations, tribes, labor, health care providers and systems, CCOs and insurers.
- Education and information materials distributed through public advertising and community outreach coalitions, translated for most spoken languages in Oregon.
- A secondary plan for proactive outreach to individuals under 200% FPL, that are no longer eligible for OHP and qualify for subsidies.

Consumer simplification strategies

- Specialized navigators – Trained to focus on BIPOC communities and under 200% FPL, able to provide detailed information about federal subsidies and provider networks that most closely align with current CCO plan (see mapping below). Navigators should proactively connect with individuals that no longer eligible for OHP and qualify for subsidies.
- Network mapping – Require OHA to develop consumer facing system that maps CCO and individual market provider networks to help consumers make decisions. It would be valuable to allow customers to see the plans that align most closely with their current network and the costs of those plans. OHA has already requested and received data from Providence to accomplish this goal.
- Subsidy assistance - Identify gaps in existing federal and state subsidies and develop robust assistance plan that address these gaps.

If the Oregon Legislature does authorize the OHA to pursue a Basic Health Plan in Oregon, Providence has expressed support for a true, short-term bridge program. Such a program would temporarily keep people redetermined out of OHP, in the 133-200% FPL population, covered by CCOs until they can be transitioned to individual marketplace coverage, which is highly subsidized in that income band. Instead of such a program, OHA has proposed a permanent alternative coverage for individuals in the 133-200% income band, including for individuals who are currently on heavily subsidized individual marketplace coverage.

Rushing a permanent program through the short session, that has only been conceived of in the last few weeks, will have unintended consequences. At the very least, Providence would recommend amendments to House Bill 4035 -1 that clarify two important issues. First, moving forward with Medicaid redetermination is not dependent upon establishing a Basic Health Plan in Oregon. Second, in Section 4, subsection (5) we would request adding language requiring the Task Force to detail the implications of this change on the stability of Oregon's individual market. This would include detailing the specific implication for individuals under 200% FPL that are currently on the market and the impact to Oregon's reinsurance waiver, and those over 200% FPL.

In closing, we would just reiterate, Providence shares the legislature's goals to maintain affordable access and limit gaps in coverage post-PHE, and we are committed to partnering as this work moves forward. Thank you for the opportunity to provide comment on HB 4035.

Respectfully,



William Olson
Chief Executive Officer
Providence Health & Services – Oregon



Don Antonucci
Chief Executive Officer
Providence Health Plan