Medicaid Advisory Committee

April 23, 2014

General Services Building
Salem, Oregon

Oregon Health Authority

Time	Item	Presenter
9:00	Opening Remarks	Co-Chairs
9:10	Approval of Minutes – March 2014	Committee
9:15	Oregon Health Plan - Administrative, eligibility and enrollment changes related to ACA implementation	Rhonda Busek, OHA
10:00	Financial Implications of Alternative Coverage Programs in Oregon - Wakely analysis	Tim Courtney, Wakely; Kinda Serafi, Manatt Health Solutions
10:45	Break	
11:00	Strategies to Mitigate Disruptions as a Result of Churn - Key takeaways of the Basic Health Program, the Bridge Plan and Wrap option - Committee work session	
11:45	Public Comment or Testimony	
11:55	Closing comments	Co-Chairs; staff
1:00	Adjourn	Co-Chairs; staff

Oregon Health Plan in 2014

Rhonda Busek
Deputy Director
Medical Assistance Programs

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CHANGES 2014

- Medicaid income eligibility extends to 138% Federal Poverty Level
- New method for determining eligibility, known as Modified Adjusted Gross Income (MAGI)
- Cover Oregon opens
- Centralize application process and enrollment coordination through, Cover Oregon

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MODIFIED ADUSTED GROSS INCOME (MAGI)

- Counts income and determines family size and household composition
- Follows federal tax filing rules (Income, family size, citizenship, immigration status, etc.)
- Aligns financial eligibility across all insurance affordability programs
- Allows for coordinated system of eligibility and enrollment
- Creates new categories of eligibility

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PREVIOUS OHP ELIGIBILITY POLICY

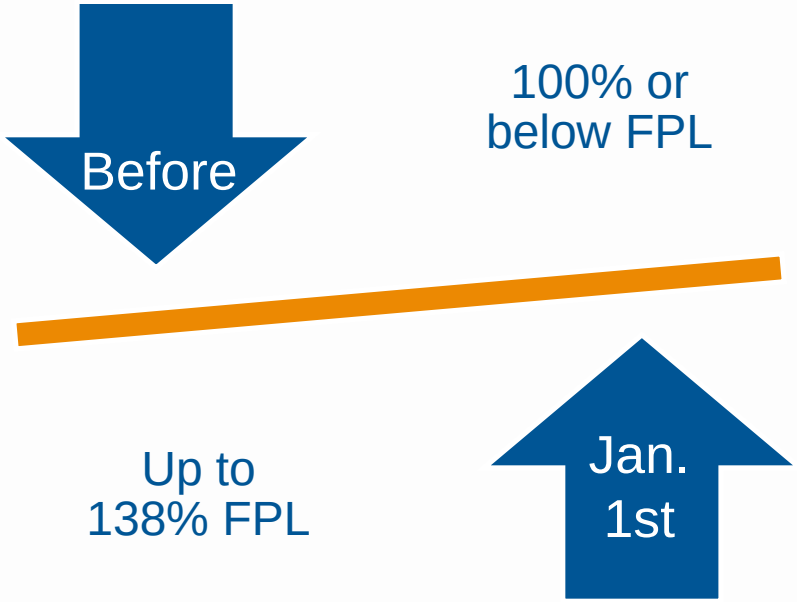
- **Individuals had to fit into a "category" to qualify**
  - Pregnant Women
  - Children
  - Parents
  - Seniors
  - People with Disabilities
- Federal government set minimum income eligibility thresholds for each category and gave states flexibility for expanding beyond the minimums.
- States **generally could not cover adults without children** unless they received special permission through a federal waiver.

WHAT CHANGED FOR OHP ELIGIBILITY

Income limit increased to 138% Federal Poverty Level (FPL). That's about $15,800 a year for a single person or $32,500 a year for a family of four.

Use of MAGI – New eligibility methodology for identifying income and family size.

New categories mean adults without children now qualify for OHP.



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CHANGES TO OHP BENEFITS

- OHP provides a **single, comprehensive benefit plan** to all OHP members.
  - Ended the limited “Standard Plan”

- **Ended Reservation Lists/Waiting Lists**: NEW enrollees go to Cover Oregon

NEW DOOR TO APPLY

Individuals
And families:
OHP
and commercial

Eligibility
determinations

One
application for
all programs

- OHP
- Cost-sharing
- Tax credits

www.coveroregon.com

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COVER OREGON – OHA PARTNERSHIP

Cover Oregon determines eligibility for public and commercial coverage:

- Medicaid, Healthy Kids (CHIP)
- Qualified Health Plans, tax credits, cost sharing assistance
- Contracts with commercial carriers and sets QHP standards

OHA administers Medicaid, Healthy Kids

- Contracts with Coordinated Care Organizations
- Sets rates, provides oversight and program management
- Manages OHP enrollments

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FAST-TRACK ENROLLMENT
SNAP recipients & Medicaid

Overlap in eligibility requirements for state programs allows OHA to enroll SNAP (Supplemental Nutrition Assistance Program) recipients into Medicaid without a new application.

Data sharing and matching between programs means customer does not need to apply multiple times.

Income up to 138% FPL → Notified they may qualify for OHP → Provided option to enroll

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ENROLLING INTO COORDINATED CARE

Most people coming into the Oregon Health Plan are served by local coordinated care organization (CCO). CCOs bring together all aspects of care: doctors, hospitals, dental care, mental health care and public health.

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- Manages client enrollments into CCOs or FFS
- Works collaboratively with CCOs
  - Provision of services
  - Integration of new services
  - Quality measures and metrics
  - Transformation plans

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CCOs LEAD HEALTH SYSTEM TRANSFORMATION

- Breaking down silos: Integrated care models
- Prevention focused
- Patient-Centered Primary Care Homes
- Global budget
- Flexible services and non-traditional health workers
- Alternative payments
- Transformation Center supports/encourages Innovation

2014 OHP ENROLLMENTS

Cover Oregon OHP enrollees for 2014 **161,321**

130,000 Fast-track enrollees for 2014

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STRATEGIES TO MITIGATE DISRUPTIONS AS A RESULT OF CHURN

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Next Steps: April-June

April

- Recap of March meeting
- Financial Implications of Alternative Coverage Programs in Oregon
- Identify key considerations on three alternative coverage options

May 15th

- Review all churn mitigation strategies
- Prioritize potential strategies for Oregon: short, intermediate and longer term; develop draft recommendations

May 28th

- Review and discuss draft recommendations and report

June 25th

- Finalize and adopt MAC Recommendations and Report on Options to Mitigate and Reduce Churn in Oregon
- Submit report to Health Policy Board

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Goals and Strategies to Address Churn

Mitigate Disruptions as a Result of Churn

Goals:

- Maintain access to the same plans and providers as family circumstances change
- Reduce the affordability cliff as a result of a transition from Medicaid to a QHP
- Enroll families in the same plan

Strategies:

- **Bridge Plan:** facilitates continuity of plans and providers; reduces affordability cliff; enables families with mixed coverage vehicles to enroll in the same plan; smooths change in benefits
- **Basic Health Plan:** reduces affordability cliff; may facilitate continuity of plans and providers
- **Tax Credits/Cost Sharing and Benefits Wrap:** reduces affordability cliff; smooths changes in benefits
- **Benefits and Provider Network Alignment:** enables continuity of benefits and providers during transition period

Goals and Strategies to Address Churn

Reduce or Avoid Churn

Goals:

- Reduce the number of times an individual moves from one coverage vehicle to another
- Minimize insurance gaps as individuals transition

Strategies:

- Align income budget period rules
- Implement adult 12 month continuous eligibility for Medicaid
- Align coverage start and end dates by leveraging QHP enrollment rules

Basic Health Plan (BHP) Program Requirements

- **Overview**: States may use tax credits and costs sharing reductions to subsidize coverage for individuals with incomes below 200% of the federal poverty level (FPL) who would otherwise be eligible to purchase coverage through the Marketplace. States can use the BHP to reduce premiums and cost sharing for eligible consumers. Depending on design, the BHP may also help consumers maintain continuity across plans and providers as their income fluctuates above and below Medicaid levels.
- **Eligible Individuals:** Individuals with incomes between 138% - 200% FPL (and under 138% FPL for lawful immigrants subject to Medicaid 5 year bar), under age 65, and who meet all other eligibility requirements for QHPs.
- **Comparable, or Better, Costs and Benefits:** Enrollees must receive at least the same benefits and pay no more in premiums and cost sharing than they would in the Marketplace.
- **Financing Formula:** The federal government pays the state 95% of value of the premium tax credits and cost sharing reductions it would have provided to eligible individuals enrolled in the applicable 2nd lowest cost silver Marketplace plan.
- **Administration:** States must set up a trust fund to receive federal funding for subsidies; administrative costs are not federally funded.
- **State Activity:** Minnesota is pursuing a BHP; New York, Washington and Oregon have pending state legislation to explore financial viability/implementation of a BHP.

Bridge Plan Overview

- **Overview: A Coordinated Care Organization (CCO) that has been certified as a QHP and limits enrollment to consumers, and their family members, transitioning from Medicaid to the Marketplace**
- **Individual Eligibility:** Oregon considering limiting enrollment to individuals previously enrolled in Medicaid, and their family members, with incomes below 200% of the FPL and also limiting enrollment to twelve months or less.
- **Bridge Plan Certification:** Bridge Plans must meet QHP certification requirements.
- **State Activity:** The Bridge Plan was originally developed by Tennessee but not implemented. California is awaiting approval from CMS to offer Bridge Plans to a projected 670,000 individuals with incomes below 200% FPL churning off of Medicaid.
- **Affordability**: The second lowest cost silver plan (SLCSP) will be different for Bridge Plan eligible individuals than non-Bridge Plan eligible individuals. As a result, the amount of the tax subsidy will differ even if the Bridge Plan eligible and Bridge Plan ineligible individuals have the same income. The Bridge Plan eligible individual will be able to use their tax subsidy to purchase a Bridge Plan which is expected to be a lower cost alternative because it is built off of the Plan's existing Medicaid provider network.

State Subsidizes Premiums and Cost Sharing and Wraps Benefits

- **Overview:** State provides subsidies to reduce the cost of premiums and cost-sharing down to Medicaid levels using state-only dollars.

  State wraps additional Medicaid benefits not offered by a QHP using state-only dollars (e.g., non-emergency transportation, vision, dental).

- **Individual Eligibility:** Must meet QHP eligibility requirements; Oregon considering income eligibility of up to 200% of the FPL.
- **Financing:** No federal funding available; must use state only dollars.
- **State Activity**: Massachusetts subsidizes premiums and cost-sharing for individuals with incomes up to 300% of the FPL. (Received a waiver and uses federal Medicaid dollars for subsidies)

Financial Implications of Alternative Coverage Programs in Oregon

April 23rd, 2014

Tim Courtney, FSA, MAAA
TimC@Wakely.com, 727-259-7480

Agenda

- Overview and purpose of study
- Methods
- Key modeling decision points/assumptions
- Overview and results for each coverage option

Overview and Purpose of Study

- Estimate the financial impact on Residents and the State of three alternative coverage options to mitigate churn:
  1. Federal Basic Health Program (BHP)
  2. Bridge Plan
  3. Wraparound (benefits and/or consumer out-of-pocket costs)

Method

- Build Detailed Database
- For each alternative coverage option:
  - Estimate size and demographic characteristics of eligible population likely to enroll.
  - Model cash flows to consumers, State and Cover Oregon
  - Test three subsidy levels to be provided to consumer
  - Vary key assumptions to test sensitivity

Method (continued)

- Consumer Subsidy Levels
  - ***Nominal***. Very little or no additional assistance with premium, cost sharing, or additional benefits
  - ***Middle/Break-Even***. Subsidize half of member premium and cost sharing ("Break-even" for BHP)
  - ***Enhanced***. Subsidize all member premium and cost sharing and provide OHP+ benefits

Method (continued)

- Scenario Testing of Key Assumptions
  - ***Health Plan Fee Levels***. Test results assuming carriers negotiate fees at either
    - Commercial levels,
    - State Medicaid fee levels, or
    - Average of Commercial and Medicaid
  - ***State Administrative Costs***. For the BHP coverage alternative, test 3% and 7% assumption

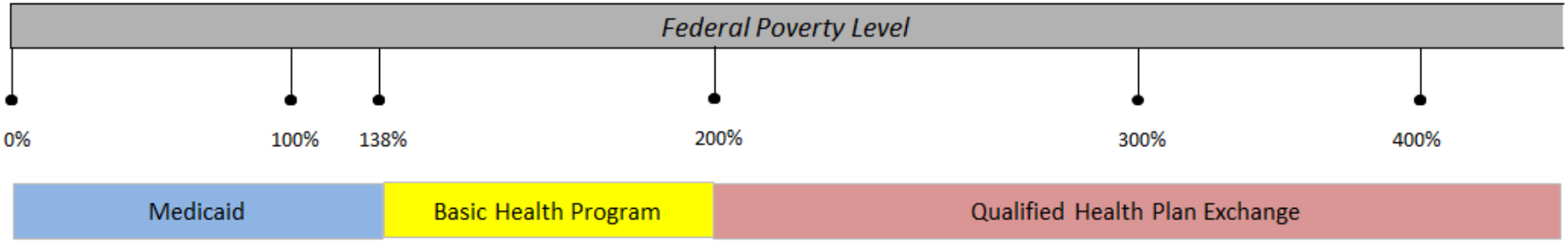
Method (continued)

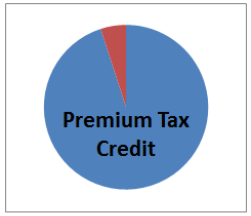
Variables	Modeling Options	
Delivery System	Medicaid CCOs	Marketplace QHPs
Provider Reimbursement Levels	Average of Medicaid and Commercial	100% Commercial
Benefits Covered	Commercial EHB Benchmark	OHP *Plus*
Consumer Premiums and Cost Sharing	Level of subsidization beyond federal requirements (none → full)	
State Administrative Expenses	Low	High
Funding	*Funding mechanisms dependent on option.*	

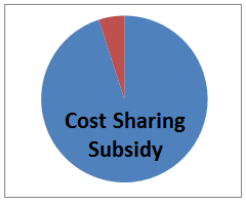
Caveats and Limitations

- We did not model the following:
  - Impact on the Exchange.
  - Interaction between the Exchange and the BHP beyond 2016.
  - Impact of affordability on Bridge Plan take-up rates.
  - Churn effects with a BHP or Bridge plan in place.
  - Assessment of carrier participation or achievability of assumed provider reimbursement.

Basic Health Program - Overview







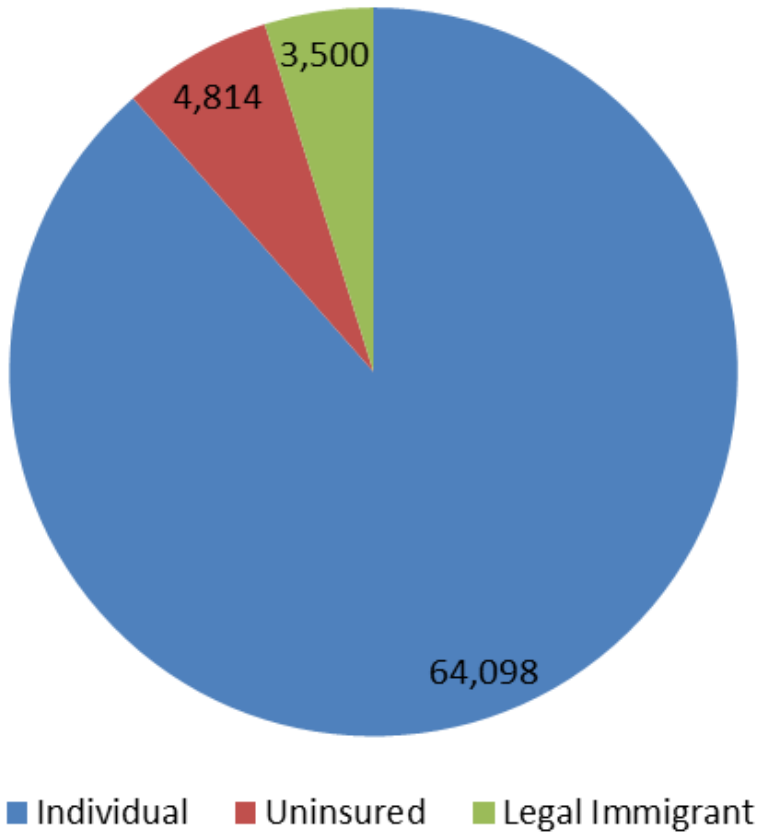
CMS
CENTERS for MEDICARE & MEDICAID SERVICES

- **Comparable or better consumer out-of pocket costs and benefits**
- **Federal funds must be spent on consumers; state administrative costs not federally funded**

Estimated BHP Population

Age	<=150% FPL		150%-200% FPL		Total
	Females	Males	Females	Males	
Avg Age	36.0	33.9	42.0	38.0	39.1
19-25	1,981	1,732	4,586	6,271	14,570
26-29	245	1,700	3,385	2,685	8,015
30-44	1,813	1,556	8,719	13,166	25,254
45-54	526	678	6,017	4,214	11,434
55-64	663	882	7,309	4,285	13,138
Total	**5,228**	**6,549**	**30,015**	**30,620**	**72,412**

Source of Prior Coverage	Take-Up
Individual/QHP Coverage	100%
Uninsured	67%
Legal Immigrants	50%



BHP Model Scenarios

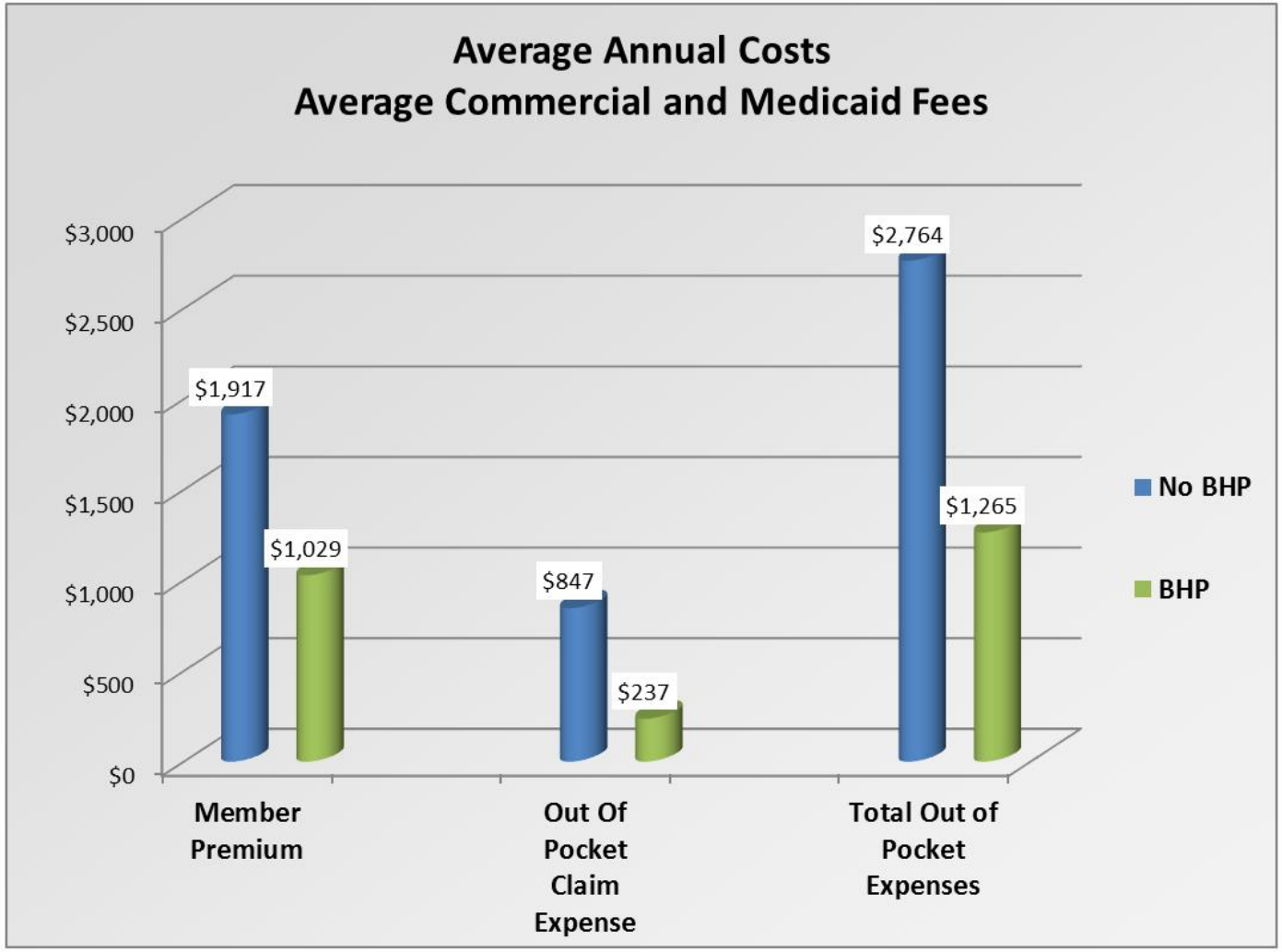
	Nominal	Middle*	Enhanced
Delivery System	Coordinated Care Organizations		
Provider Reimbursement Levels	Average Commercial/Medicaid or 100% Commercial		
Benefits Covered	EHB	EHB	OHP *Plus*
Member Premium Subsidy	Member pays 100%	Member pays ≈ 53%	Member pays $0
Member Cost Sharing Subsidy	Member pays 100% of maximum allowed cost sharing	Member pays 50% of maximum allowed cost sharing	Members pays no cost sharing
State Administrative Expense	3% or 7%		

*** Middle scenario was constructed as the "break even" scenario.**

Financial Impact to Consumers

Consumer Savings PMPM - BHP vs. No BHP 3% State Admin; Average Commercial/Medicaid Fees			
Component	**Nominal**	**Break-Even**	**Enhanced**
Member Premium - Exchange/No BHP	$159.75	$159.75	$159.75
Member Premium - BHP	$173.27	$85.73	$0.00
Member Premium Reduction	**($13.52)**	**$74.02**	**$159.75**
Member Cost Sharing - Exchange/No BHP	$70.59	$70.59	$70.59
Member Cost Sharing - BHP	$39.45	$19.72	$0.00
Member Cost Sharing Savings	**$31.14**	**$50.86**	**$70.59**
Additional, Non-EHB Benefits	**$0.00**	**$0.00**	**$24.98**

Financial Impact to Consumers (Break-Even)



Financial Impact to the State

Basic Health Program Average Commercial/Medicaid Fees Amounts in $000s			
Component	**Nominal**	**Middle/ Break-Even**	**Enhanced**
State Revenue			
Federal Premium Tax Credit	$136,144	$136,144	$136,144
Cost Sharing Subsidy	$61,351	$61,351	$61,351
Member Premium	$150,564	$69,219	$0
Subtotal	$348,060	$266,715	$197,496
Claim Expenses	$249,575	$266,715	$305,561
Revenue Less Expenses	**$98,485**	**$0**	**($108,066)**

Administrative Costs - 3%	$11,964	$11,964	$11,964
Administrative Costs - 7%	$19,864	$19,864	$19,864

Bridge Plan - Overview

- A Coordinated Care Organization (CCO) that has been certified as a Qualified Health Plan (QHP) and limits enrollment to:
  - Previously Medicaid eligible individuals transitioning from Medicaid to the Marketplace up to 200% FPL, and
  - Parents of CHIP children up to 200% FPL.

Bridge Plan – How Consumers Could Save

Bridge plan **eligible**

SLCSP = Plan Y

Peter is Bridge Plan eligible and therefore the SLCSP is **Plan Y.**

Peter is eligible for a tax credit of $68/mo ($125-$57).

Peter would pay **$22/month** if he enrolled in Plan X.

Bridge plan **ineligible**

SLCSP= Plan Z

George is not Bridge Plan eligible and his SLCSP is **Plan Z.**

George is eligible for a tax credit of $93/mo ($150-$57).

George would pay **$32/month** if he enrolled in Plan Y.

Two single-person households, Peter and George, with income at **150%** of FPL ($17,235), each have to pay **4%** of their income to buy the SLCSP ($689/year or $57/month).

Peter is eligible for a Bridge plan and George is not. Both are 35-year-old non-smokers.

Plan Selection Options	Plan's Monthly Premiums	Peter's Monthly Premiums (Bridge eligible)	George's Monthly Premiums (NOT Bridge eligible)
Plan X **(Bridge Plan only available to Peter)**	$90	$22	n/a
Plan Y (SLCSP for Peter; lowest cost silver plan for George)	$125	$57	$32
Plan Z (SLCSP for George)	$150	$82	$57

Bridge Plan Key Assumptions

- Eligibility
  - Persons previously eligible for Medicaid whose incomes increased to level between 138% and 200% of FPL.
  - Parents of children eligible for the State CHIP program.
- Premiums and Cost Sharing
  - No subsidy to full subsidy
- State administrative costs assumed to be 10% of administrative costs of health plans providing the Bridge plan

Bridge Plan Model Scenarios

	Nominal	Middle	Enhanced
Delivery System	CCO		
Provider Reimbursement Levels	Average Commercial/Medicaid or 100% Medicaid		
Benefits Covered	EHB	EHB	OHP+
Member Premium Subsidy	Member pays 100%	Member pays 50%	Member pays $0
Member Cost Sharing Subsidy	Member pays maximum allowed cost sharing	Member pays 50% of maximum allowed cost sharing	Member pays no cost sharing
State Administrative Expenses	10% of Health Plan Administrative Costs		

Note: State administrative costs represent expenses to facilitate the Bridge program and are assumed to be 10% of Health plan costs, or 2% of revenue (20% x 10% = 2%)

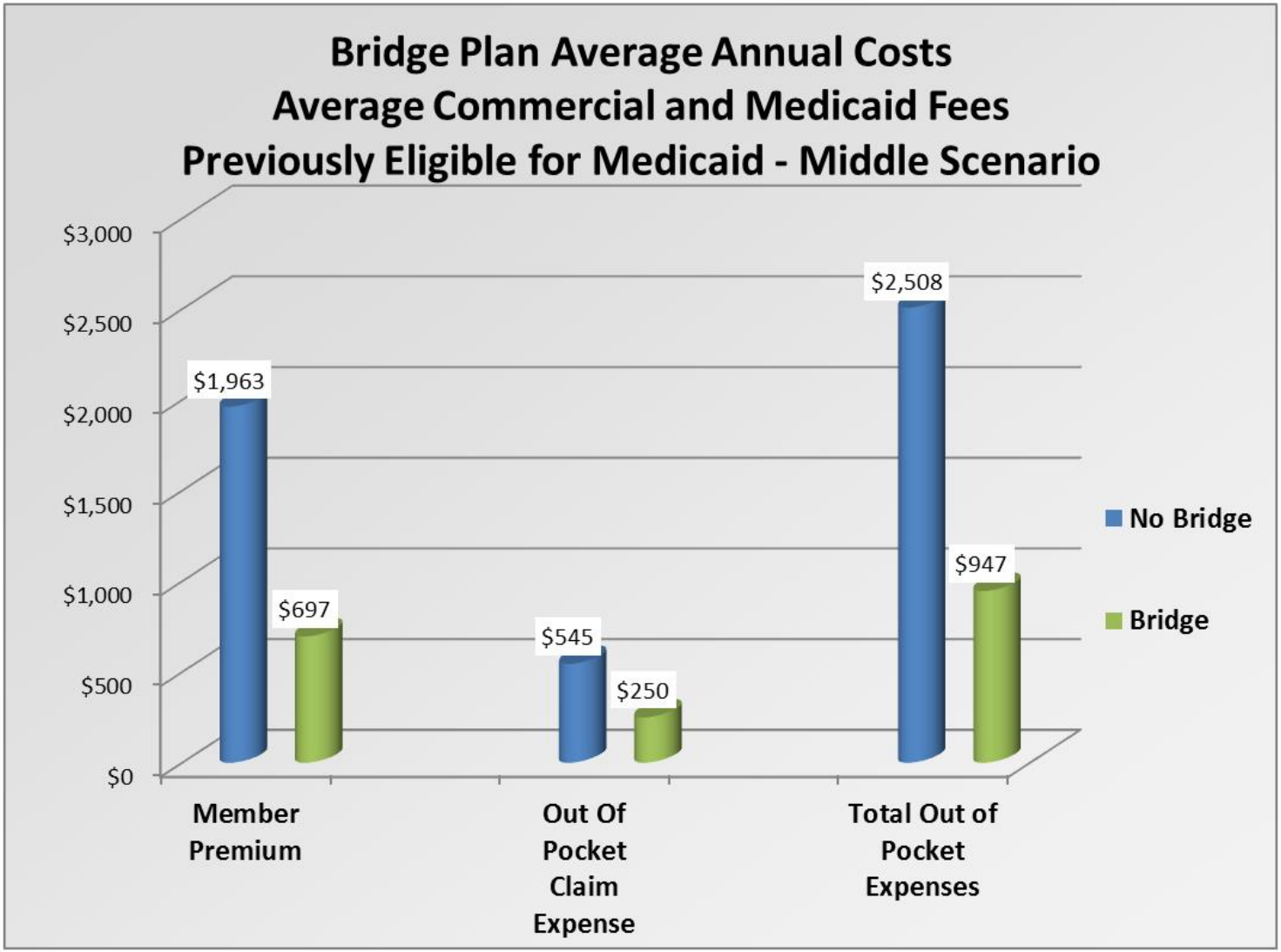
Financial Impact to Consumers

Consumer Savings PMPM - Bridge vs. No Bridge Average Commercial/Medicaid Fees Previously Eligible for Medicaid			
Component	**Nominal**	**Middle**	**Enhanced**
Member Premium - Exchange/No Bridge	$163.61	$163.61	$163.61
Member Premium - Bridge	$116.09	$58.05	$0.00
Member Premium Reduction	**$47.52**	**$105.57**	**$163.61**
Member Cost Sharing - Exchange/No Bridge	$45.42	$45.42	$45.42
Member Cost Sharing - Bridge	$41.69	$20.84	$0.00
Member Cost Sharing Savings	**$3.73**	**$24.58**	**$45.42**
Additional, Non-EHB Benefits	**$0.00**	**$0.00**	**$26.80**

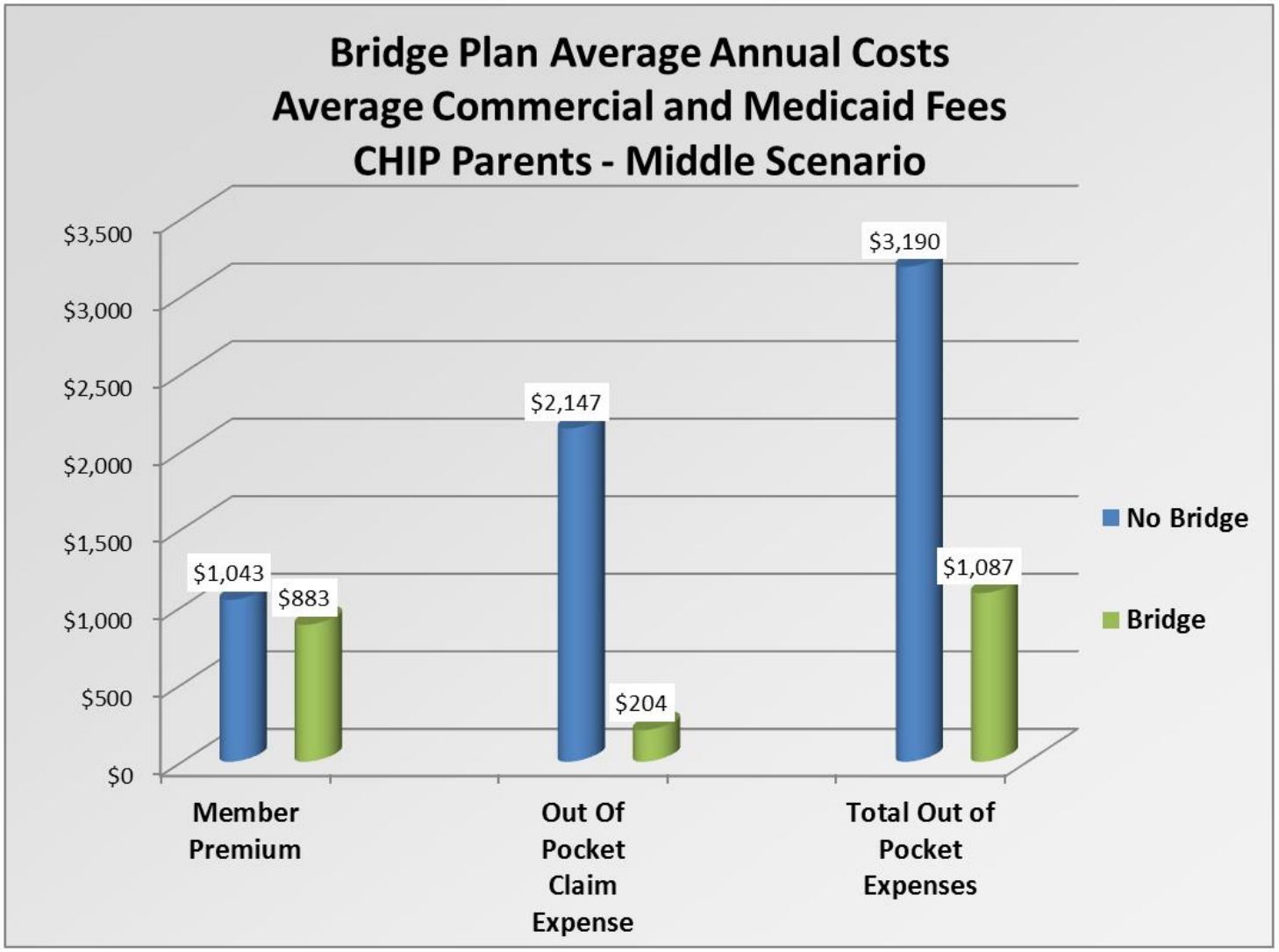
Financial Impact to Consumers

Consumer Savings - Bridge vs. No Bridge Average Commercial/Medicaid Fees CHIP Parents			
Component	**Nominal**	**Break-Even**	**Enhanced**
Member Premium - Exchange/No Bridge	$86.94	$86.94	$86.94
Member Premium - Bridge	$147.14	$73.57	$0.00
Member Premium Reduction	**($60.20)**	**$13.37**	**$86.94**
Member Cost Sharing - Exchange/No Bridge	$178.93	$178.93	$178.93
Member Cost Sharing - Bridge	$33.97	$16.99	$0.00
Member Cost Sharing Savings	**$144.96**	**$161.95**	**$178.93**
Additional, Non-EHB Benefits	**$0.00**	**$0.00**	**$26.80**

Financial Impact to Consumers



Financial Impact to Consumers



Financial Impact to the State

Bridge Plan Estimated State Expenses Average Commercial/Medicaid Fees Amounts in $000s Previously Eligible for Medicaid			
Component	**Nominal**	**Middle**	**Enhanced**
State Subsidies			
Member Premium	$0	$48,378	$96,755
Cost Sharing	$0	$14,770	$29,540
Total	$0	$63,148	$126,295

Administrative Costs	$5,668	$5,668	$5,668

Financial Impact to the State

Bridge Plan Estimated State Expenses Average Commercial/Medicaid Fees Amounts in $000s CHIP Parents			
Component	**Nominal**	**Middle**	**Enhanced**
State Subsidies			
Member Premium	$0	$35,706	$71,412
Cost Sharing	$0	$7,009	$14,019
Total	$0	$42,715	$85,431

Administrative Costs	$2,109	$2,109	$2,109

QHP Wraparound - Overview

- State provides subsidies to reduce the cost of premiums and cost-sharing down to Medicaid levels using state-only dollars.
- State wraps additional Medicaid benefits not offered by a QHP using state-only dollars (e.g., non-emergency transportation, vision, dental).
- Individual Eligibility: Must meet QHP eligibility requirements; Oregon considering income eligibility of up to 200% of the FPL.
- Financing: No federal funding available; must use state only dollars.

QHP Wraparound - Scenarios

	Nominal	Middle	Enhanced
Delivery System	CCO		
Provider Reimbursement Levels	Commercial		
Benefits Covered	EHB	EHB	OHP+
Member Premium Subsidy	Member pays 100%	Member pays 50%	Member pays $0
Member Cost Sharing Subsidy	Member pays 50% of maximum allowed cost sharing	Member pays 50% of maximum allowed cost sharing	Member pays no cost sharing
State Administrative Expenses	10% of Health Plan Administrative Costs		

Note: State administrative costs represent expenses to facilitate the Bridge program and are assumed to be 10% of Health plan costs, or 2% of revenue (20% x 10% = 2%)

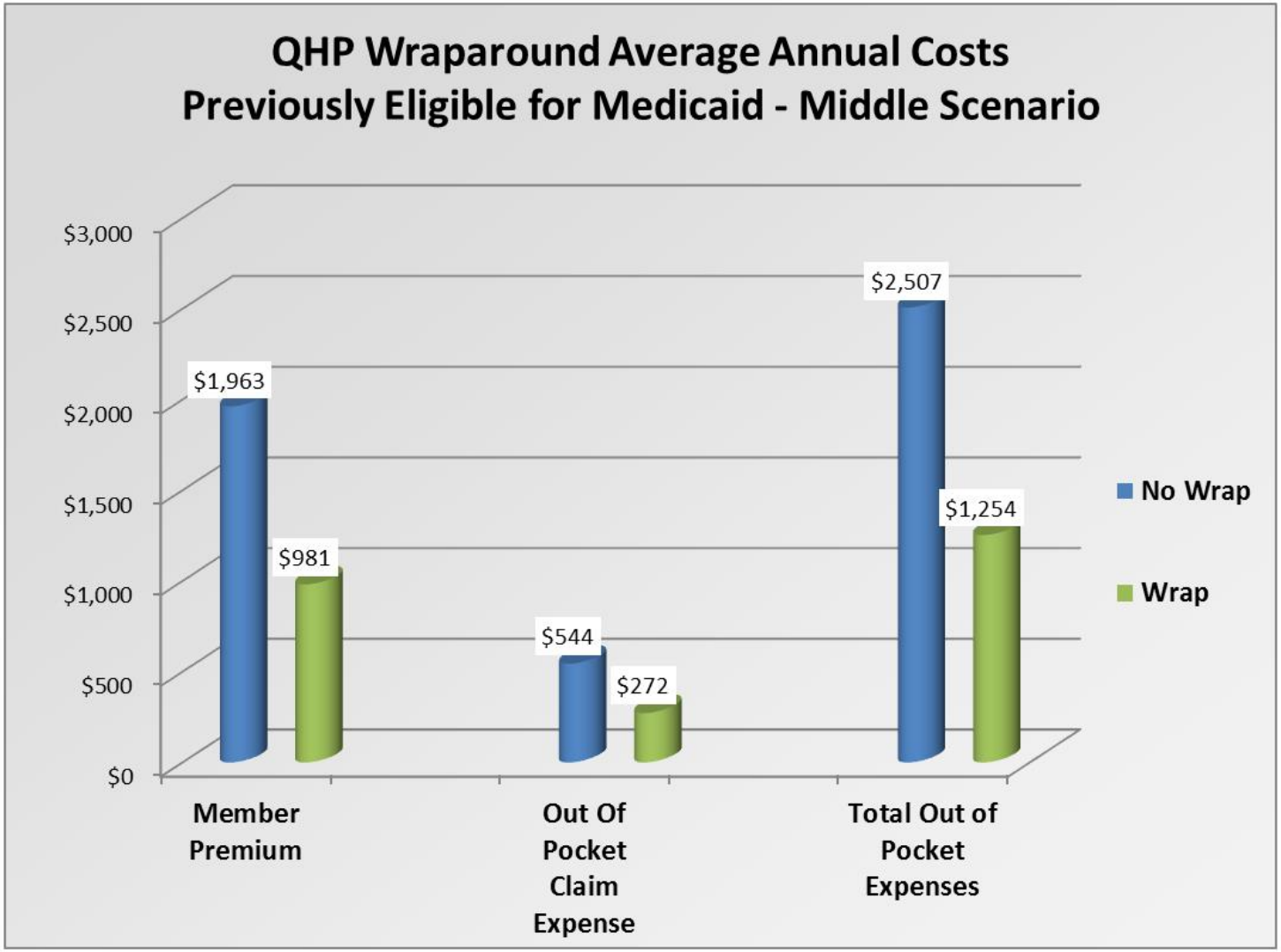
QHP Wraparound – Impact to Consumers

Consumer Savings - Wrap vs. No Wrap Commercial Fees Previously Eligible for Medicaid			
Component	**Nominal**	**Break-Even**	**Enhanced**
Member Premium - Exchange/No Wrap	$163.57	$163.57	$163.57
Member Premium - Wrap	$163.57	$81.78	$0.00
Member Premium Reduction	**$0.00**	**$81.78**	**$163.57**
Member Cost Sharing - Exchange/No Wrap	$45.37	$45.37	$45.37
Member Cost Sharing - Wrap	$22.68	$22.68	$0.00
Member Cost Sharing Savings	**$22.68**	**$22.68**	**$45.37**
Additional, Non-EHB Benefits	**$0.00**	**$0.00**	**$2.23**

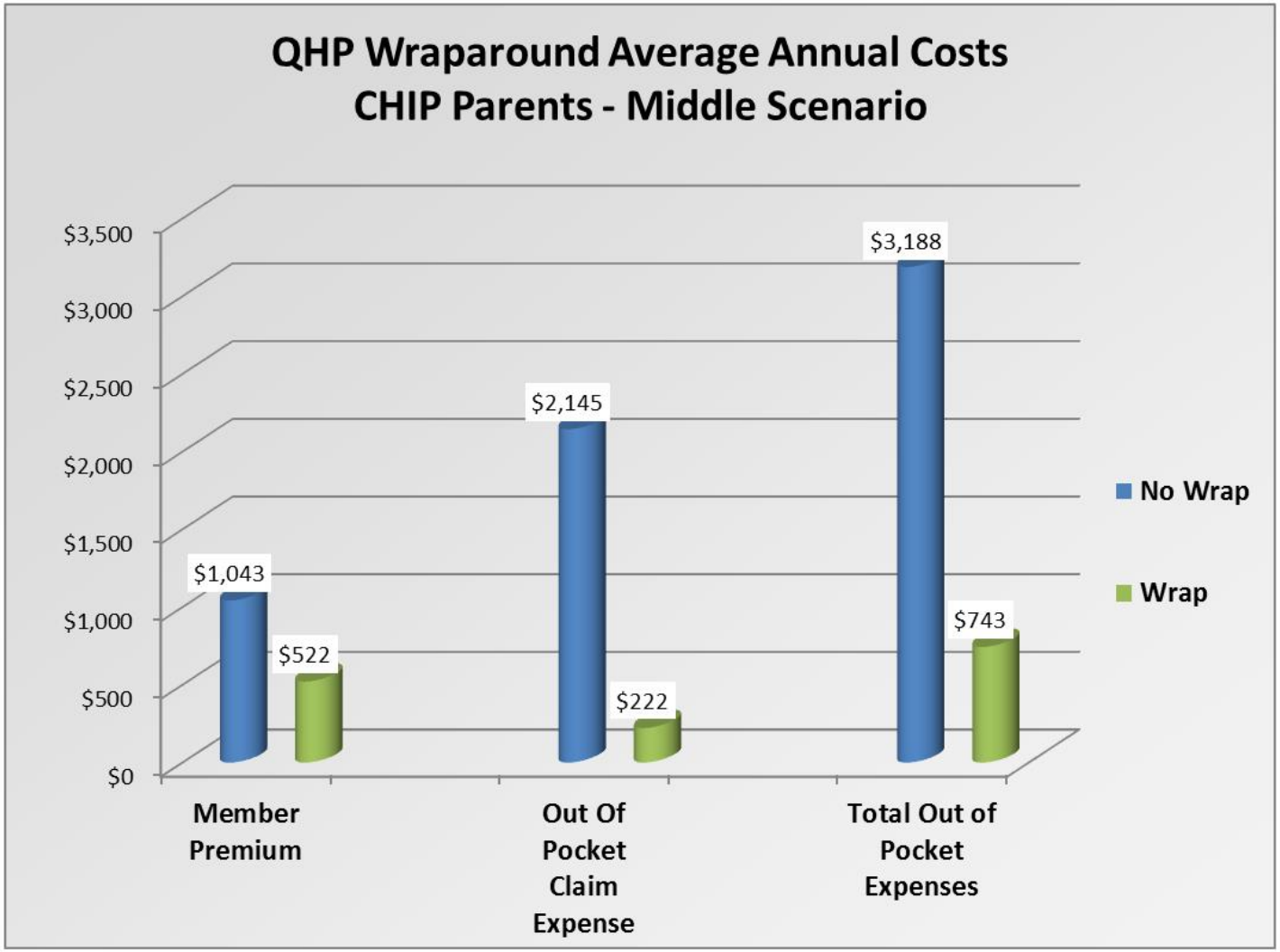
QHP Wraparound – Impact to Consumers

Consumer Savings - Wrap vs. No Wrap Commercial Fees CHIP Parents			
Component	**Nominal**	**Break-Even**	**Enhanced**
Member Premium - Exchange/No Wrap	$86.92	$86.92	$86.92
Member Premium - Wrap	$86.92	$43.46	$0.00
Member Premium Reduction	**$0.00**	**$43.46**	**$86.92**
Member Cost Sharing - Exchange/No Wrap	$178.73	$178.73	$178.73
Member Cost Sharing - Wrap	$18.49	$18.49	$0.00
Member Cost Sharing Savings	**$160.25**	**$160.25**	**$178.73**
Additional, Non-EHB Benefits	**$0.00**	**$0.00**	**$2.23**

QHP Wraparound - Consumers



QHP Wraparound - Consumers



QHP Wraparound – Impact to State

QHP Wraparound Estimated State Expenses Commercial Fees Amounts in $000s Previously Eligible for Medicaid			
Component	**Nominal**	**Middle**	**Enhanced**
State Subsidies			
Member Premium	$0	$68,160	$139,137
Cost Sharing	$18,906	$18,906	$74,029
Total	$18,906	$87,066	$213,166

Administrative Costs	$5,662	$5,662	$8,799

QHP Wraparound – Impact to State

QHP Wraparound Estimated State Expenses Commercial Fees Amounts in $000s CHIP Parents			
Component	**Nominal**	**Middle**	**Enhanced**
State Subsidies			
Member Premium	$0	$21,092	$42,184
Cost Sharing	$77,772	$77,772	$99,748
Total	$77,772	$98,864	$141,933

Administrative Costs	$2,105	$2,105	$2,105

Questions?

Tim Courtney
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timc@wakely.com

STRATEGIES TO MITIGATE DISRUPTIONS AS A RESULT OF CHURN: KEY CONSIDERATIONS

Oregon Health Authority

Basic Health Program: Stakeholder Considerations

Consumer Considerations:

- BHP eligible consumers will have more affordable coverage than what they would have received if they were in a QHP
- BHP eligible consumers are ineligible for QHP subsidies; BHP eligible consumers will not have QHP consumer choice unless they purchase QHP at full price
- Marketplace eligible consumers may have higher premiums as a result of the decline in Marketplace participation; further financial modeling is needed
- Smooths affordability cliff for individuals with income below 200% of the FPL
- Creates new transition point at 200% of the FPL

Provider Considerations:

- Providers may receive lower reimbursement rates than what they would have received in a QHP

Basic Health Program: Stakeholder Considerations (cont'd)

State Considerations:

- Tax credits and cost-sharing subsidies may not cover the costs of the BHP
- State fiscal responsibility for start-up and ongoing administrative costs
- Eligibility and enrollment systems will be required with cost implications
- Administrative work required to compile rate cell data for payment rates
- Unmet costs to be borne by the state

Marketplace Considerations:

- QHP premiums may increase because there will be fewer covered lives in the Marketplace; further financial modeling needed
- Fewer covered lives in the Marketplace may affect risk pool, financial sustainability and plan participation; further financial modeling needed
- Reduced administrative revenue for the Marketplace—a decline from $9.38 PMPM admin fee for QHPs to $6.94 PMPM admin fee for state programs

Bridge Plan: Stakeholder Considerations

Consumer Considerations:

- Allows consumers to remain in their CCOs and maintain their providers as they transition to the Marketplace
- Consumers would obtain Essential Health Benefits in the QHP but may lose some Medicaid covered benefits
- Ensures whole family coverage where children and parents are in the same plan despite transition to the Marketplace
- Bridge eligible consumers will have lower premiums than individuals not in the Bridge Plan
- Consumers not eligible for the Bridge Plan because they were not enrolled in Medicaid will have higher premiums than individuals in the Bridge Plan

Plan Considerations:

- CCOs keep covered lives as consumers transition from Medicaid/CHIP to the Exchange
- CCOs seeking to be Bridge Plans must meet QHP certification requirements

Bridge Plan: Stakeholder Considerations (cont'd)

State Considerations:

- Eligibility and enrollment systems will be required with cost implications
- Requires federal approval from CMS

Marketplace Considerations:

- No readily apparent effect to the Marketplace

QHP Premiums, Cost-Sharing and Benefit Wrap: Stakeholder Considerations

Consumer Considerations:

- Consumers will have more affordable coverage than what they would have received if they were in a QHP
- Smooths affordability cliff for individuals with income below 200% of the FPL
- Significant affordability cliff at 200% of the FPL
- Consumers will maintain all Medicaid covered benefits as they transition to the Exchange

State Considerations:

- Significant state costs to underwrite premiums, cost-sharing and benefit wrap
- Administratively complex to operationalize

Marketplace Considerations:

- Administratively complex to operationalize

Public Comment

Oregon Health Authority

Upcoming May Meetings

- May 15th; 9-11am
  - Oregon State Library – Room 103
  - 250 Winter St. NE Salem OR, 97301

- May 28th 9-12pm
  - 1225 SE Ferry St – Mt Mazama
  - Salem OR 97301

Oregon Health Authority