
Basic Health Program Blueprint: Public Hearing

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May 31, 2023



Oregon
Health
Authority

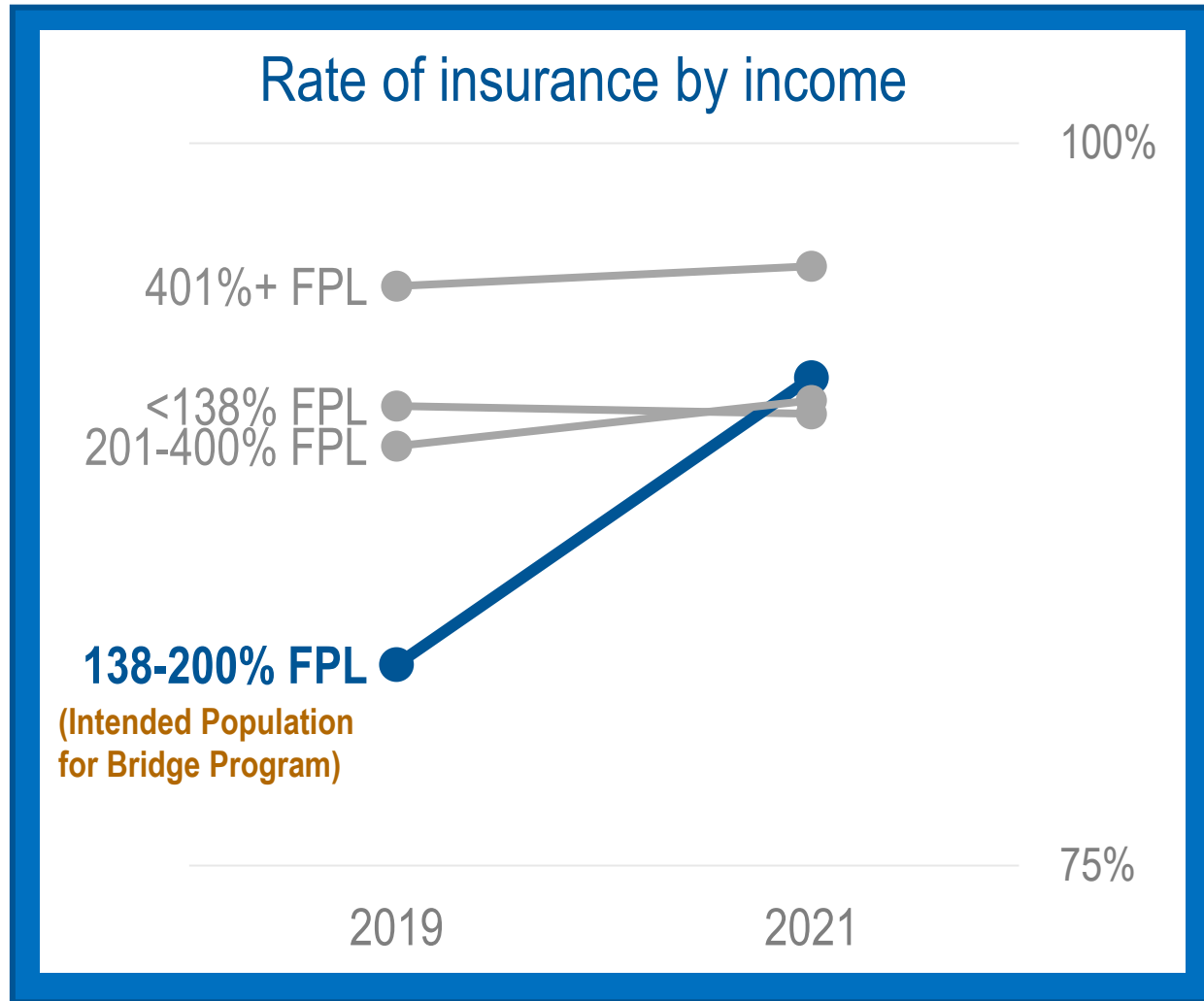
Today's agenda

- Opening remarks
- Basic Health Program goals
- Timeline
- Question and answer



Basic Health Program goals

Low-income adults gained coverage during the PHE as fewer people became uninsured due to loss of OHP



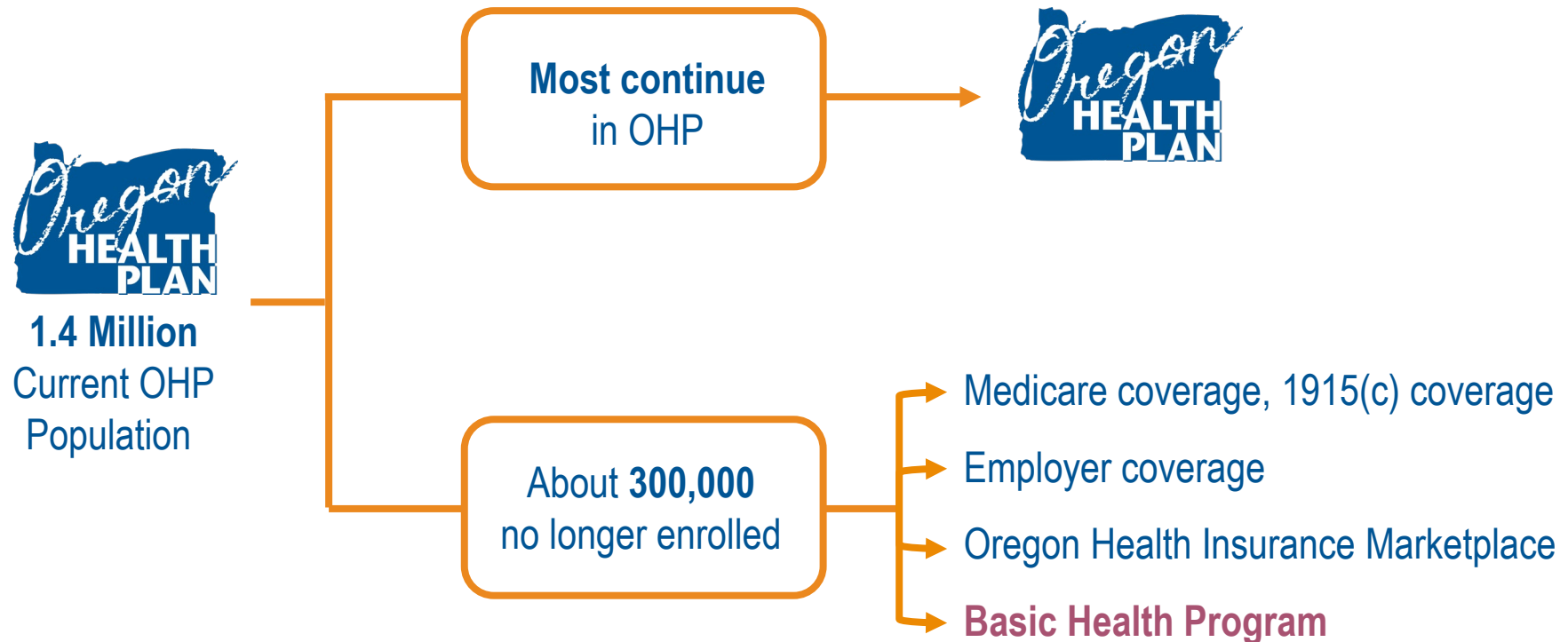
Family size	138% FPL	200% FPL
1	\$20,120	\$29,160
2	\$27,214	\$39,440
3	\$34,307	\$49,720
4	\$41,400	\$60,000

Program goals: HB 4035 and Task Force

- Preserve PHE coverage gains
- Maximize federal funding
- Administered by CCOs
- CCO service package
- No enrollee costs
- Capitation rates that eventually enable higher-than OHP provider payment
- Explore strategies to minimize premium increases and coverage loss for consumers >200% FPL who remain on the Marketplace



Pathways to coverage following redeterminations





Who will enroll in the BHP over the next few years?

People Moving From Uninsured

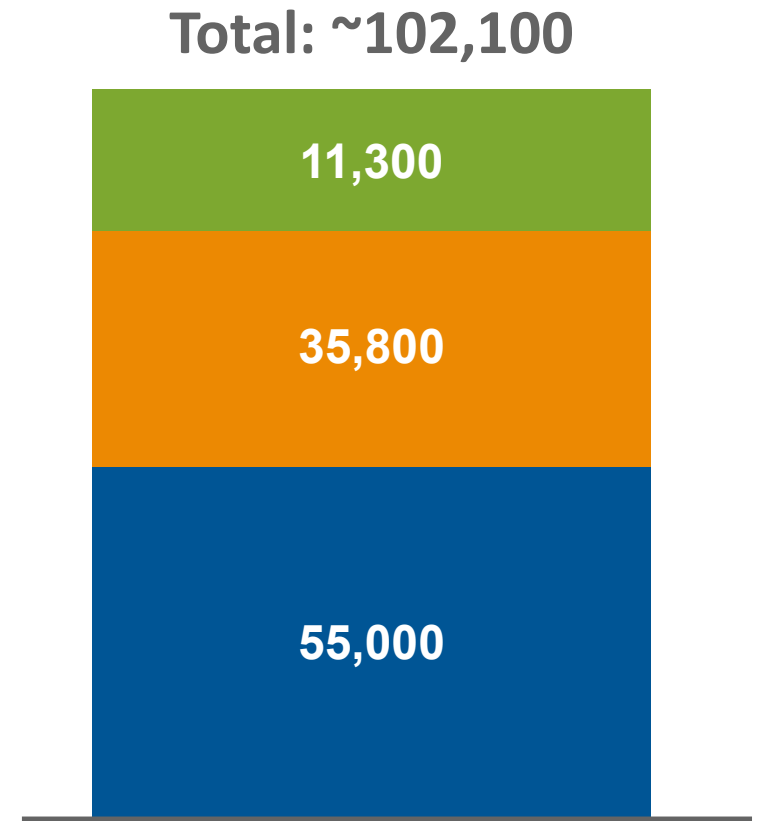
Based on the uninsured population in 2021, actuaries estimated BHP enrollment among the uninsured using microsimulation modeling, projected for 2025.

People Moving From ACA Individual Market

Includes people currently covered in the Marketplace with income between 138-200% FPL in 2021, projected to 2025. This population will move to the BHP gradually over the course of 3 years.

People Moving From Medicaid

Includes the 138-200% FPL population that will transition to the Temporary Medicaid Expansion category following the end of the PHE, who would otherwise be eligible for the Marketplace.





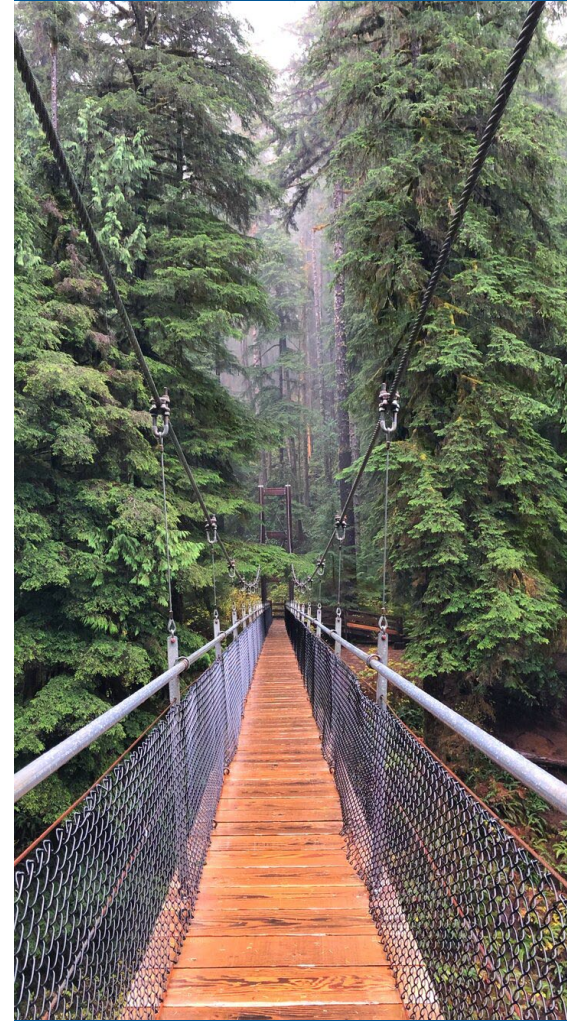
What is a Section 1331 Basic Health Program?

- A **Basic Health Program (BHP)** covers individuals up to 200% FPL who would otherwise be eligible for Marketplace coverage
- To establish a BHP, states must apply by submitting a **BHP Blueprint**
- To implement a BHP, states receive **federal funding** to cover BHP-eligible enrollees
- The Blueprint documents:
 - BHP design choices
 - Description of the operations and management of the program
 - Compliance with federal rules



BHP Blueprint sections

1. State background information
2. Public input
3. Trust fund
4. Eligibility and enrollment
5. Standard health plan contracting
6. Premiums and cost-sharing
7. Operational assessment
8. Standard health plan



BHP Blueprint substance and existing direction

- **BHP design choices** – shaped by Bridge Health Care Program Task Force recommendations and HB 4035 (2022)
- **Compliance with federal rules** – guided by Minnesota application
- **Operations and management of the program** – alignment with existing OHP processes and structures

Basic Health Program Blueprint

Introduction

Section 1331(a) of the Affordable Care Act directs the Secretary to establish a Basic Health Program (BHP) that provides a new option for states to offer health coverage for individuals with family incomes between 133 and 200 percent of the federal poverty level (FPL) and for individuals from 0-200 percent FPL who are lawfully present in the United States but do not qualify for Medicaid due to their immigration status. This coverage is in lieu of Marketplace coverage.

States choosing to operate a BHP must submit this BHP Blueprint as an official request for certification of the program.

Section 1: Basic Health Program-State Background Information

State Name: New York Program Name (if different than Basic Health Program): Essential Plan

BHP Blueprint Designated State Contact:

Name	Title	Telephone number	E-mail
Judith Arnold	Director, Division of Eligibility and Marketplace Integration	518-474-0180	Judith.Arnold@health.ny.gov

Requested Interim Certification Date (if applicable) (mm/dd/yyyy):

Requested Full Certification Date (mm/dd/yyyy): April 1, 2015; Revision 1 requested for January 1, 2016; Revision 2 requested for December 31, 2016; Revision 3 requested January 1, 2017
Requested Program Effective Date (mm/dd/yyyy): April 1, 2015; Revision 1 requested for January 1, 2016; Revision 2 requested for December 31, 2016; Revision 3 requested January 1, 2017

Administrative agency responsible for BHP ("BHP Administering Agency"): New York State Department of Health. Note: The NY marketplace, Medicaid and CHIP programs are also under the New York State Department of Health.

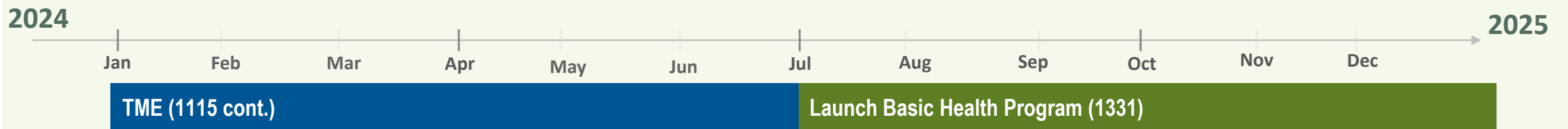
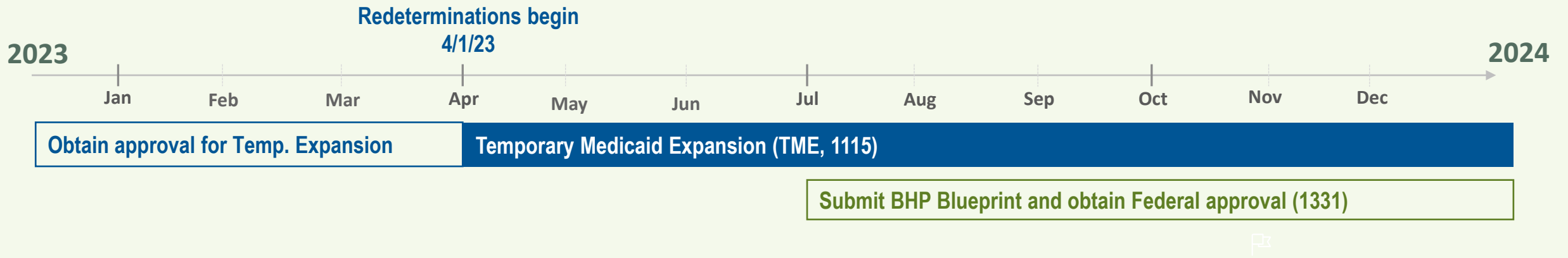
BHP State Administrative Officers:

Program Administration: (Management, Policy, Oversight)

Position:	Title:	Location (Agency):	Responsible for:
Dr. Zucker	Commissioner of Health	Albany, NY	Program Oversight
Jason Helgeson	Medical Director	Albany, NY	Management Oversight, Policy

Timeline

DRAFT Timeline: Temporary Medicaid Expansion and Basic Health Program



Mid-2024 implementation plan for OHP and uninsured

When the BHP launches in 2024, **eligible individuals** who are currently:

- **OHP enrollees** will transition to the BHP
- **Uninsured** may enroll in the BHP through the federally facilitated marketplace (FFM) or ONE System





Mid-2024 plan for Marketplace enrollees

- When the BHP launches mid-2024, BHP-eligible **Marketplace enrollees** will have the option to enroll through the FFM or ONE System.
 - BHP-eligible Marketplace enrollees will NOT be automatically migrated to the BHP
 - Marketplace enrollees must update their FFM application or apply via ONE
 - Because Marketplace enrollees may auto-re-enroll in their plans, migration of BHP-eligible marketplace enrollees will happen over time from launch through end of 2026
- BHP-eligible individuals who update their FFM application will no longer be eligible for Marketplace tax credits.

Proposed Medicaid expansion up to 200%FPL for AI/AN

Basic Health Program

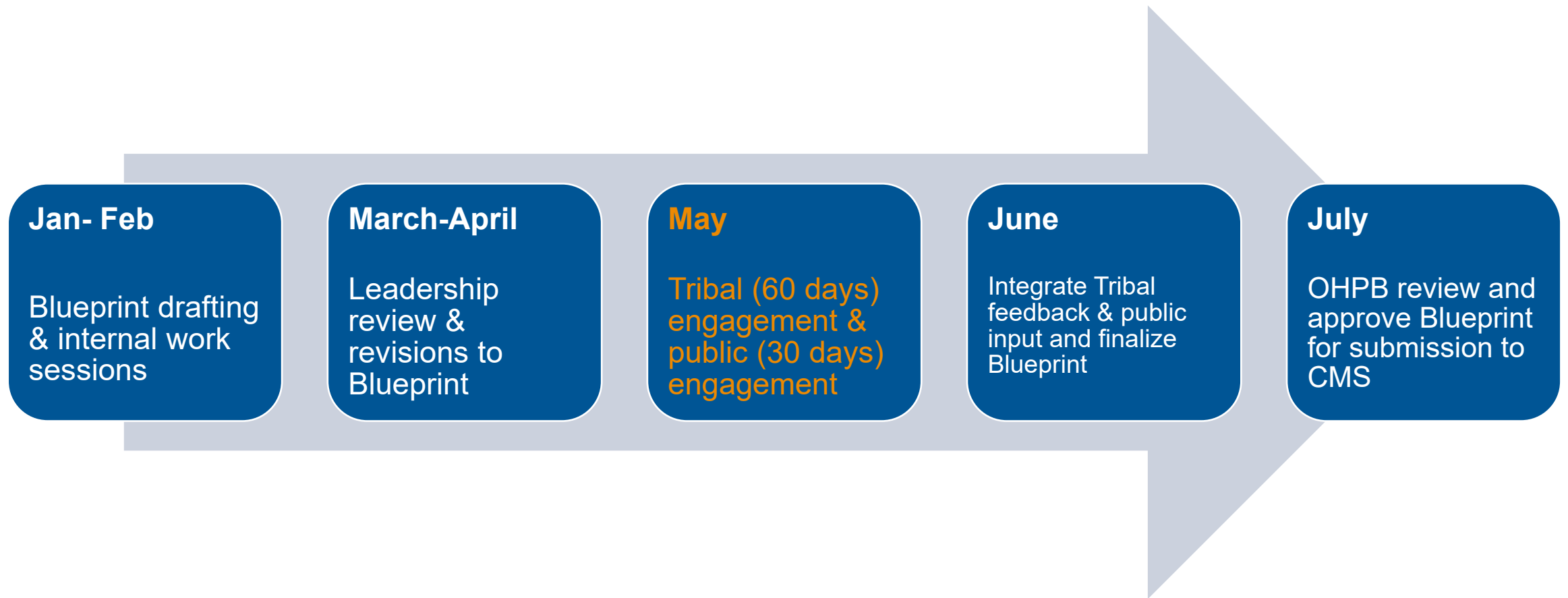
- Oregon is developing a Basic Health Program for adults 138-200% FPL
- The vision is for the BHP to be as similar to OHP as possible
- Under federal regulations, the BHP cannot be administered as fee-for-service

Medicaid expansion for AI/AN population

- 40% AI/AN OHP members enrolled FFS
- Because the BHP cannot be administered as FFS, Oregon proposes simply expanding OHP for AI/AN adults 138-200% FPL
- Expanding OHP coverage would ensure continued access to both FFS and CCO coverage

Next steps

Basic Health Program Blueprint draft 2023 timeline



BHP Blueprint public comment period

The public is invited to submit **verbal and written comments** on the draft Basic Health Program Blueprint from May 1, 2023 through June 9, 2022.

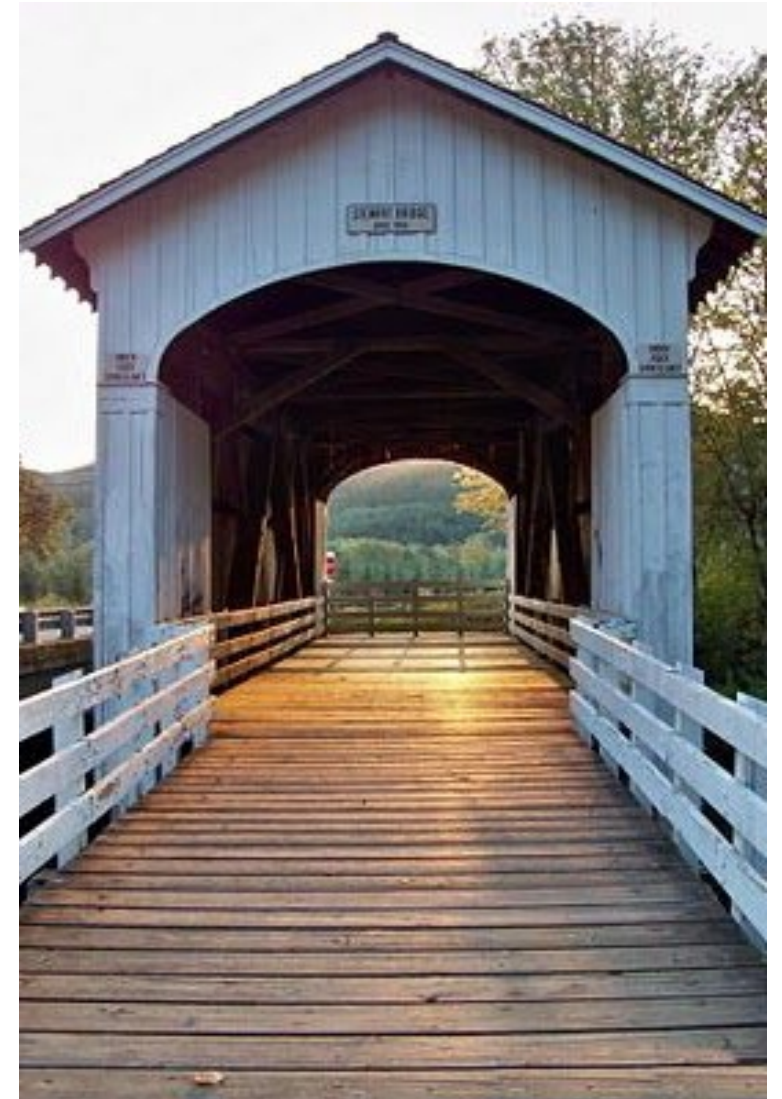
Offer **verbal comments** at a public hearing:

- May 9, 2023 | 1PM – 2PM | click [here](#) to join the meeting
- May 31, 2023 | Medicaid Advisory Committee | 9AM – 12PM | click [here](#) to join the meeting

Email **written comments** to katie.waldo@oha.oregon.gov or send via mail to:

Health Policy and Analytics Bridge Program Team
Attn: Joanna Yan
421 SW Oak St Suite 875
Portland, OR 97204

Questions or comments?



Thank You

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. The entire logo is centered within a light blue, rounded rectangular background.

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