
Bridge Health Care Program update

Medicaid Advisory Committee

January 25, 2022

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Oregon
Health
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Agenda

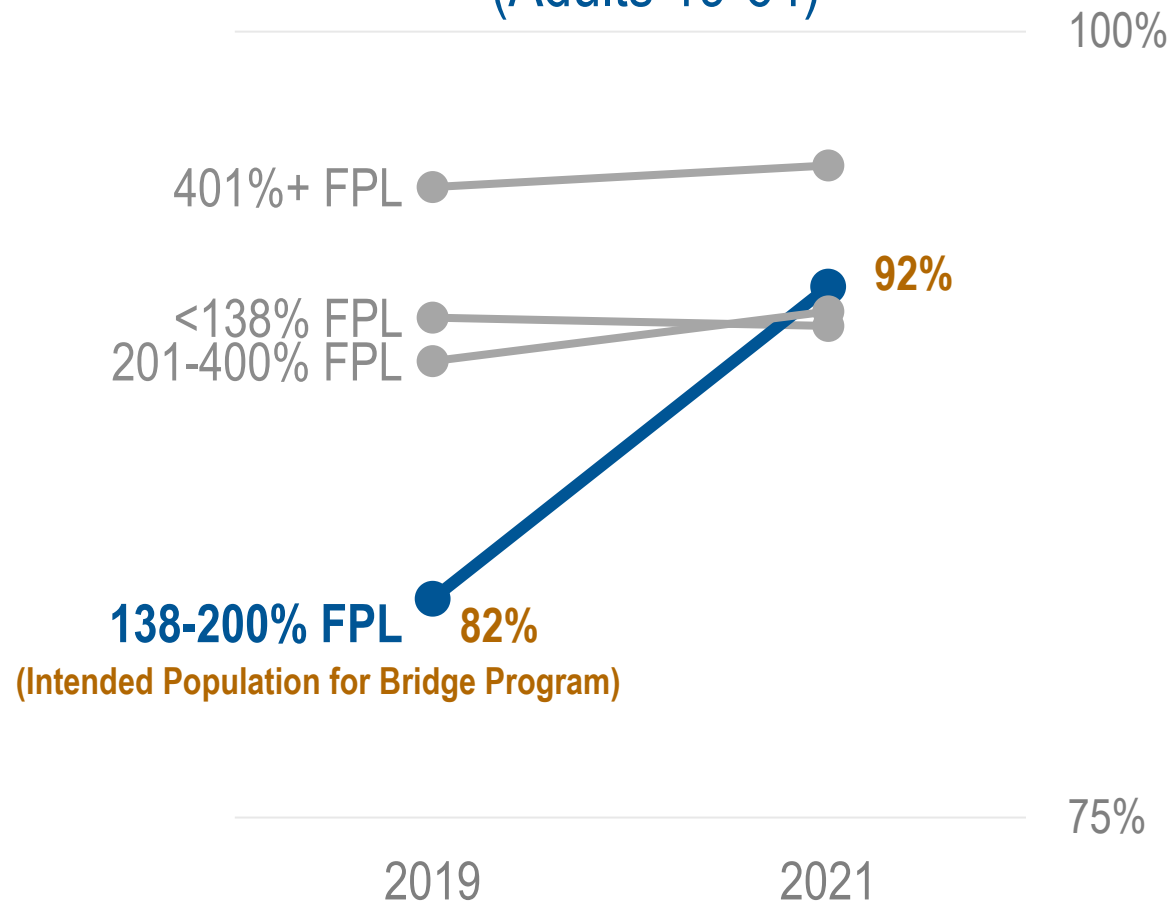


- Refresher: Legislative direction & Task Force Recommendations
- Federal submissions planned to establish Bridge Program and mitigation strategy
- Timeline in 2023-2024

Legislative direction and Task Force recommendations

Continuous coverage during the PHE lead to highest rate of coverage in Oregon history

Rate of insurance by income
(Adults 19-64)



Family size	138% FPL	200% FPL
1	\$18,574	\$27,180
2	\$25,268	\$36,620
3	\$31,781	\$46,060
4	\$38,295	\$55,500

HB 4035: Bridge Program vision

- Adults with income 138-200% FPL **stay in their CCOs**
- **Little-to-no costs** for enrollees
- Plan covers **robust set of benefits**
- Capitation rates that enable **higher-than OHP provider payment**
- **Choice** between Basic Health Program (BHP) and subsidized Marketplace coverage



Task Force charge

Develop a proposal for a Bridge Program to:

- provide affordable health insurance coverage and
- improve the continuity of coverage

for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income.

Develop strategies to mitigate any negative effects on the Health Insurance Marketplace

Joint Task Force on the Bridge Health Care Program

Final Report to Legislature submitted in December 2022

Task Force Summary:

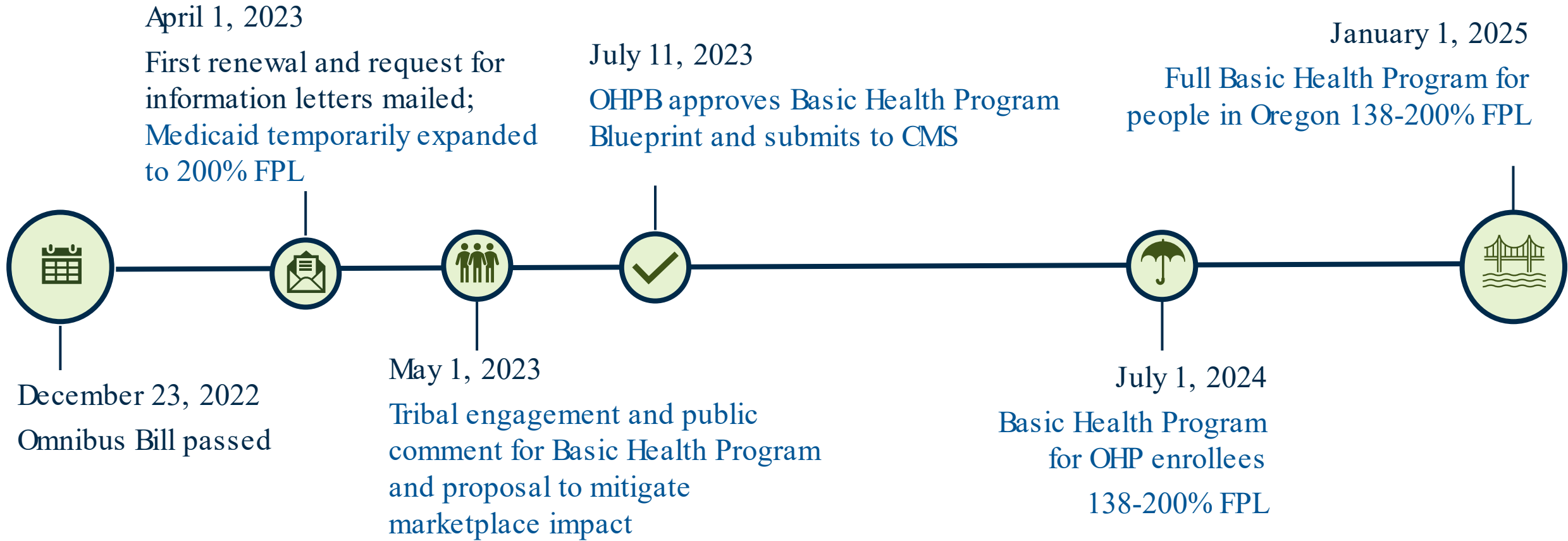
- 19 members, 2 co-chairs (Sen. Steiner and Rep. Prusak)
- 13 meetings total between April and December 2022
- 2 reports published in September and December
- Actuarial analysis and microsimulation completed by Oliver Wyman

Task Force Recommendations*:

1. Establish Bridge Program through a **Section 1331 BHP**
2. Phase implementation (1-3)
3. Continue to explore “optionality” (phase 4)
4. Administered by CCOs
5. Eventual enrollment through exchange
6. Align contracting and implementation processes with OHP
7. Capitation rates that enable higher-than OHP provider payment
8. Adequately reimburse safety net providers
9. CCO service package
10. No enrollee costs
11. Waive 1331 requirement for plan choice
12. Incentivize Health Related Services
13. Ongoing consumer engagement/oversight
14. Gold benchmark or other mitigation strategy

Recapping planned Federal implementation pathways

Bridge Program Timeline



This timeline is based on the assumption that Oregon will begin renewals on April 1, 2023.

SUD 1115 Bridge to the Bridge: goals

- Temporarily expand OHP coverage to include people in Oregon with income from 138-200% of the federal poverty level (FPL) for 14 months following the expiration of the federal PHE
- The demonstration begins when continuous coverage ends
- For all OHP members other than American Indian or Alaska Native (AI/AN) members, this demonstration would end when Oregon implements its Basic Health Plan
- For AI/AN OHP members, this provision would remain in place for the duration of the SUD waiver and may be renewed



What is a Section 1331 Blueprint?

- Under **Section 1331**, states can implement a **Basic Health Program (BHP)** for individuals up to 200% FPL who would otherwise be eligible for Marketplace coverage
- States that operate a BHP receive **federal funding** equal to 95% of tax credits and cost sharing reductions that would have otherwise been provided to eligible individuals if they purchased Marketplace coverage
- States interested in establishing a BHP must submit a **BHP Blueprint** to make an official request for certification as set forth in 42 CFR 600.110
- The Blueprint documents **BHP design choices** and provides a full description of the **operations and management of the program** and its **compliance with federal rules**

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

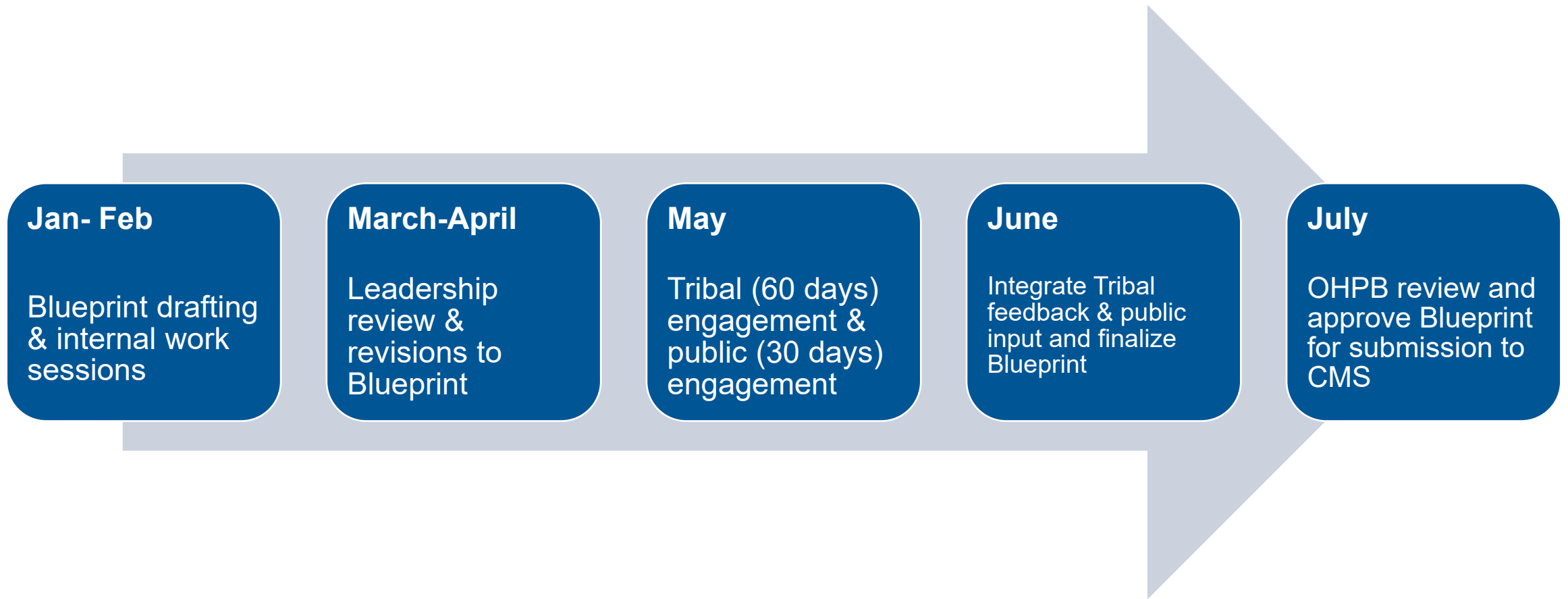
Administrative agency responsible for BHP ("BHP Administering Agency"): New York State Department of Health. Note: The NY marketplace, Medicaid and CHIP programs are also under the New York State Department of Health.

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

Basic Health Program Blueprint draft 2023 timeline



1332 waiver for mitigation strategy

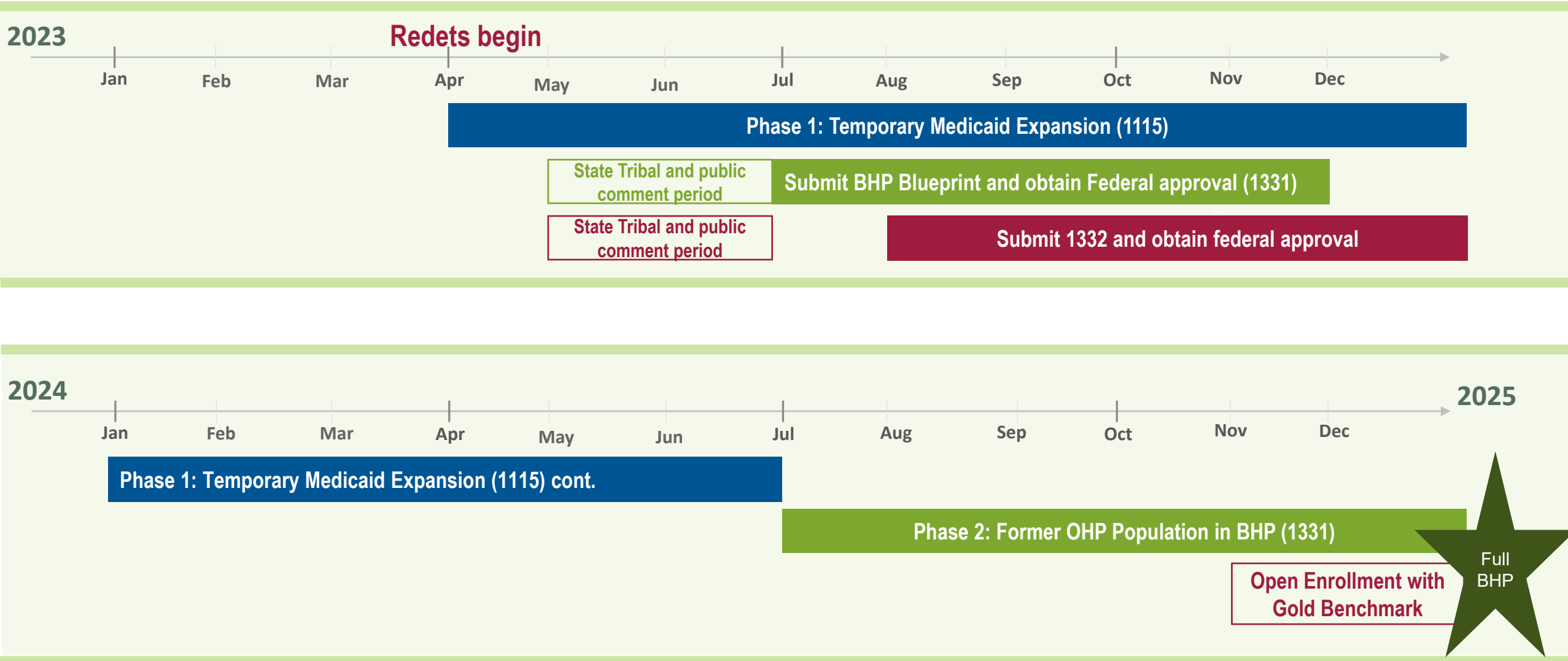
- Actuarial analysis shows removing BHP population from Marketplace is expected to have a modest overall impact on the remaining Marketplace
 - Enhanced federal subsidies (ARPA/IRA) keep enrollment relatively constant, as most enrollees have lower premiums than pre-ARPA;
 - Premiums for unsubsidized consumers decline
 - Purchasing power for subsidized consumers declines due to lower silver loading, likely leading some consumers to move between metal tiers, as silver becomes less expensive relative to gold/bronze plans
- Impact on consumers varies by age and income more than rating region

1332 waiver for mitigation strategy (cont.)

- Multiple mitigation strategies discussed/considered by Task Force
- Task Force requested a meeting series with carriers to advise next steps
 - 4 Carrier Table meetings September – November 2022
 - Presentations and discussions with HIMAC in October and December
- Carriers advised that implementing a federally funded, carrier-administered state subsidy by 2025 would be a significant undertaking
- **Instead exploring a 1332 waiver to tie the value of premium tax credits to a gold rather than silver tier benchmark plan in the Marketplace**
 - This would de-couple tax credits from the value of the second lowest cost silver plan and create a new **gold benchmark**, giving subsidized consumers roughly the same (or greater) purchasing power as before the BHP, with some regional variation

Next steps for program development

Bridge Program Timeline



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.

Oregon
Health
Authority
