Bridge Program Task Force: Updates & Next Steps

Medicaid Advisory Committee
July 27, 2022

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Goals for today

- Refresher on HB 4035 and Bridge Program Task Force charge
- Recap Task Force discussions and decisions to date
- Key decisions and next steps to develop program and report to Legislature
- Share phases of the project and timeline
Creating Paths to Affordable Coverage

Current OHP Population: 1.4 Million

OHP Renewal

Most – continue to be enrolled in OHP

Approx. 300k no longer enrolled in OHP

Bridge Program

Oregon Health Insurance Marketplace

Other coverage (employer, Medicare, etc.)
HB 4035 Direction for Bridge Program

- Prioritize health equity
- Minimize costs to enrollees
- Medicaid-like coverage through CCOs
- Consider offering choice between bridge program & marketplace plans
- Maximize federal funding
- Phased implementation
  - Phase 1: Coverage focused on people leaving Medicaid during PHE unwinding
  - Phase 2: Full implementation to 138-200% FPL population
Where we’ve been

- April 26: Introductions
- May 10: Goals and Pathways
- May 24: Pathways (cont.), Plan Design part 1
- June 14: Feasibility Analysis, Plan Design part 2
- July 12: Market Impacts and Mitigation Strategies, part 1
- July 21 (5PM): Virtual Listening Session: Consumer Perspectives
- July 26: Plan Design part 3
- Aug 9: Finalizing Program Design Recommendations
- Aug 30: Finalize Report
- Sept 1: Interim Status Report
- Nov 1: Final Report
Key decisions and discussions thus far

Federal direction – Basic Health Program the most feasible path for federal funds

• Feasibility analysis suggests federal BHP funding would range from $500-$600 per member / per month, depending on whether ARPA subsidies are renewed

Plan design – how to ensure program can meet vision of HB 4035?

• Feasibility analysis suggests funding could support a BHP with OHP-like services, no enrollee costs, and payment rates above CCO reimbursement rates
• Task Force discussing prioritizations and strategies if modifications are needed

What additional research is needed to strengthen confidence?

• Comparison of OHP covered services to Essential Health Benefit covered services
• Analysis of OHP population that will become eligible for the BHP
• Carrier data call & microsimulation to assess consumer behavior
Viable pathway to a Bridge Program for individuals 138-200% of the federal poverty level

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- **Current enrollees temporarily stay in Medicaid**
- **1331** Start Basic Health Program for current Medicaid enrollees
- **1331** “Full” Basic Health Program open to everyone
- **1332** Bridge Program with BHP-like product + Marketplace
Redetermine 1.4 million OHP enrollees

People will fall into different categories:

- **No response** → Terminate Coverage
- > 200% FPL → Handoff to Marketplace
- OHP eligible → Keep on OHP
- 138-200% FPL → Keep on OHP (thru Temp 1115)

Basic Health Program (BHP)

Task Force develop recommendations

Submit BHP Blueprint and obtain Federal approval

Systems readiness and operational planning

Phased implementation of BHP

Draft – Based on PHE Expiration Oct 2022
*Dates are approximations based on 7/15/22 federal PHE declaration and may change with subsequent PHE renewals and/or CMS or HHS direction.

- **Redeterminations**
  - Temporary Medicaid Expansion
  - Basic Health Program

**2022**
- **July**
  - PHE expires
- **Oct**
  - Task Force Interim Report
- **Dec**
  - Post-PHE Redeterminations Launch

**2023**
- **Jan**
  - Task Force Final Report
- **Apr**
  - Draft BHP

**Complete Post-PHE Redeterminations**
- **Phase 1: Temporary Medicaid Expansion**
  - Submit BHP Blueprint and obtain Federal approval

**2024**
- **Jan**
- **Apr**
- **Jul**
- **Oct**

**Normal Redeterminations Ongoing**

**Transitioning to Phase 3: Begin enrolling new members to BHP**

**Phase 2: BHP Begins for current OHP enrollees**
- If no federal approval transition to marketplace

**Open enrollment: BHP transition complete**
Thank You