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# Bridge Health Care Program Development: Update and Next Steps

Oregon Health Policy Board

June 6, 2022



# Goals for today

- Refresher on Bridge Program Task Force charge
- Update on Federal guidance & feedback received
- Update on Task Force discussions and decisions to date
- Key decisions and next steps before September report to Legislature



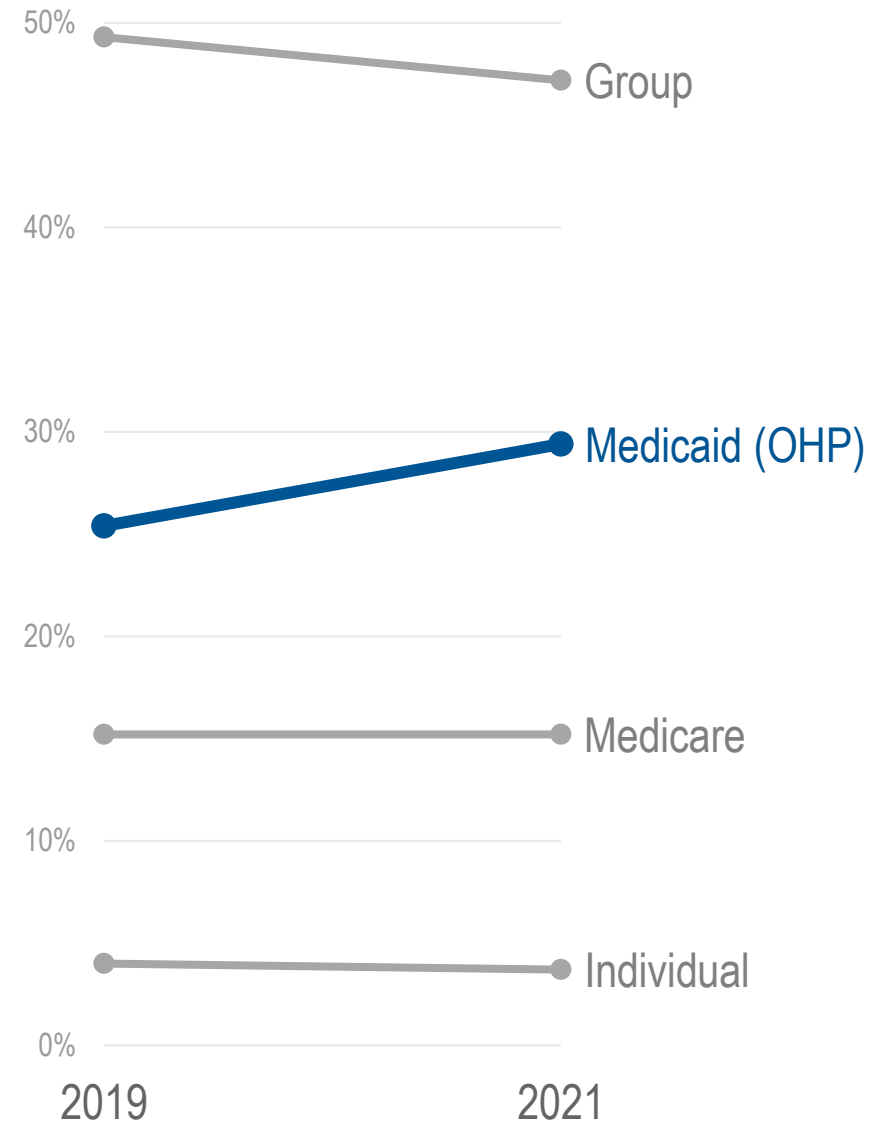
# Continuous Medicaid coverage during the pandemic increased health insurance coverage in Oregon.

People Insured in Oregon

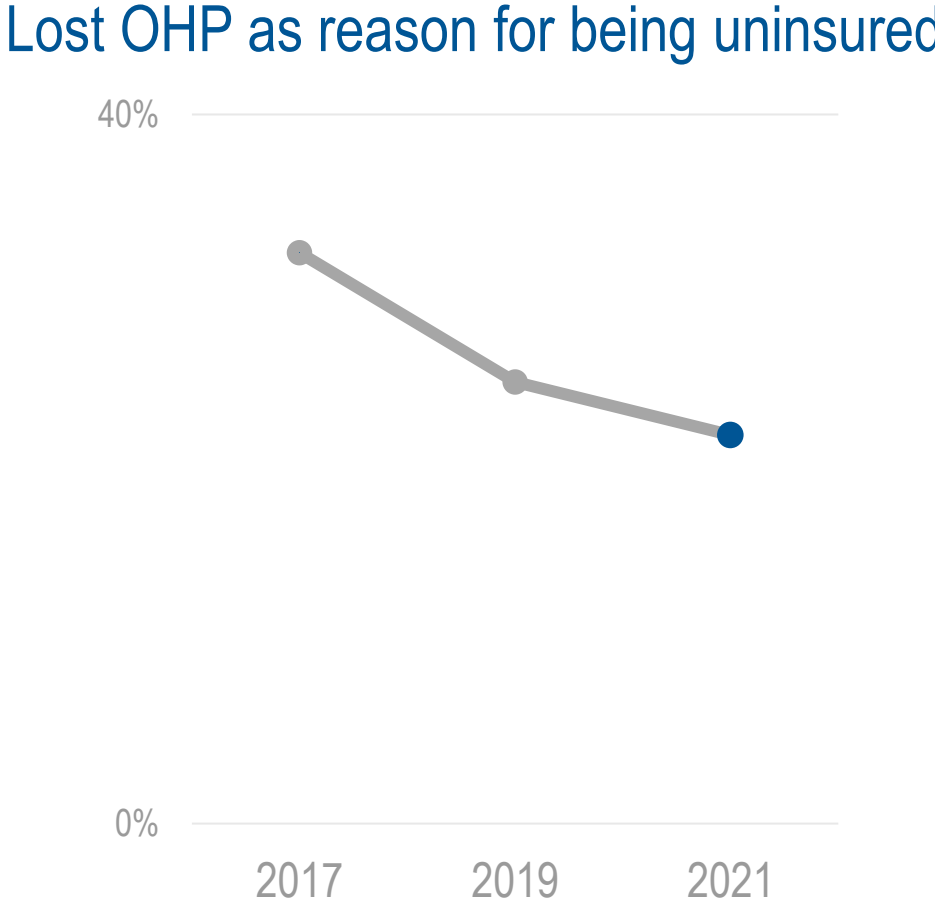
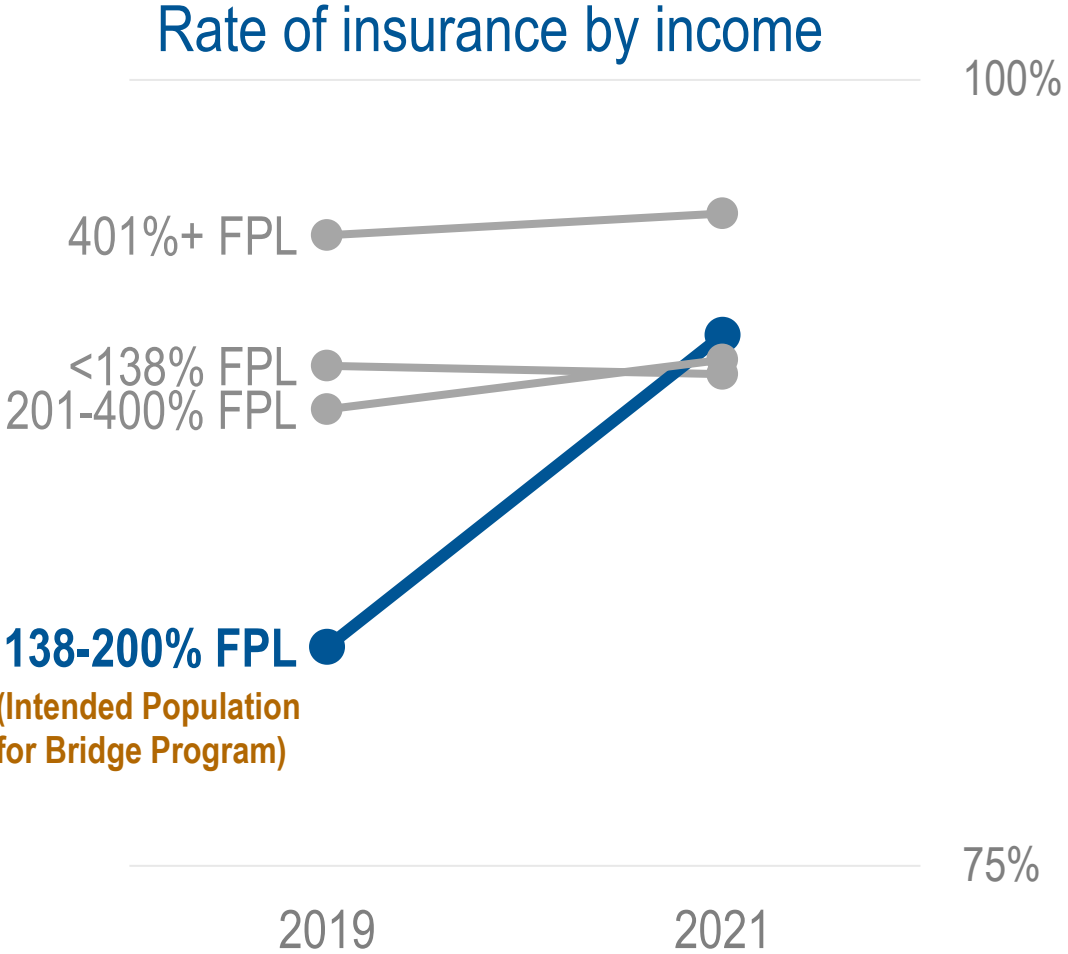
2019: 94.0%

2021: 95.4%

For Black/African American people coverage increased from 92% to 95%.



# The largest coverage gains were among low-income adults as fewer people reported being uninsured due to loss of OHP



# Creating Paths to Affordable Coverage

## OHP Renewal



Current OHP Population:  
1.4 Million

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.)

# 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.

# Vision for Bridge Program – Member Experience

Adults with income 138-200% FPL  
stay in their CCOs

**Little-to-no costs** for enrollees

Plan covers  
**robust set of benefits**

**Choice** between Basic Health  
Program and subsidized  
Marketplace coverage



# Task Force membership

4 Legislative Members	Governor Appointees Representing:	
2 Senate (1 co-chair)	Low-income workers	Expertise in health equity (x2)
2 House of Representatives (1 co-chair)	Health insurance navigators	Organized Labor
	Insurers on health insurance exchange	Coordinated care organizations (CCOs)
	Health care providers	Hospitals/health systems
	Behavioral health care	Oral health care
	Medicaid Advisory Council (MAC)	Health Insurance Exchange Advisory Committee (HIMAC)
	Oregon Health Policy Board (OHPB)	Oregon Health Authority (OHA) Director
	Department of Consumer Business Services Director (DCBS)	Department of Human Services (ODHS) Director



# Upcoming meetings



# Federal Financing Options

House Bill 4035 requires the Oregon Health Authority (OHA) to pursue three potential options for federal authority and financing of Oregon's bridge plan.

## Section 1115 Waiver

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*Also known as **Medicaid Demonstration Waivers**, 1115 waivers offer states an avenue to test new approaches in Medicaid.*

## Section 1331

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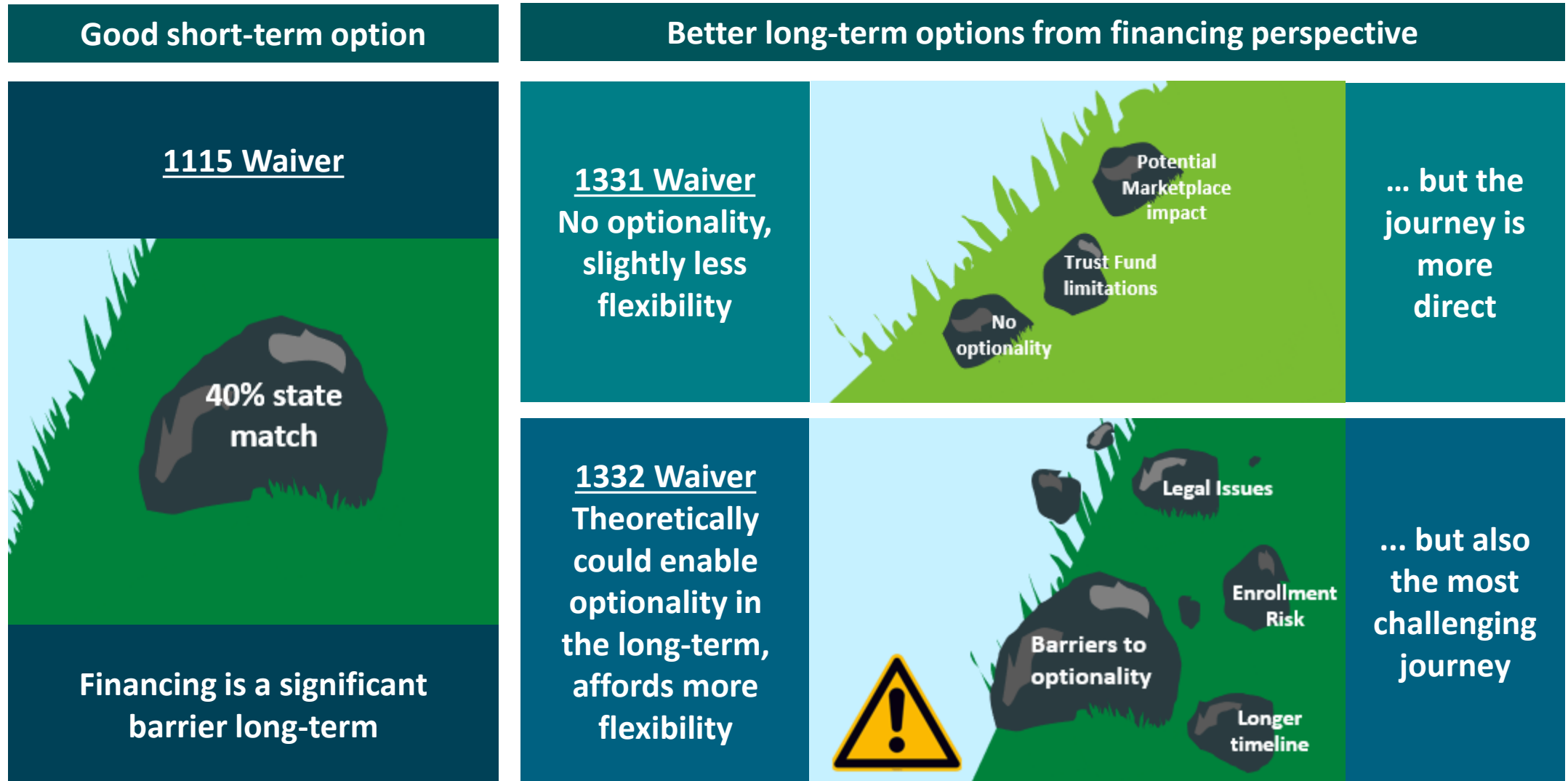
*Section 1331 of the ACA enables states to establish a **Basic Health Program (BHP)** for individuals not eligible for Medicaid with household incomes under 200% FPL.*

## Section 1332 Waiver

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*Also known as a **State Innovation Waiver**, states can use 1332 waivers to waive certain ACA Marketplace requirements and capture federal savings, if any, for state purposes.*

# Each Waiver Pathway Faces Different Risks and Challenges



# CMS direction on phasing

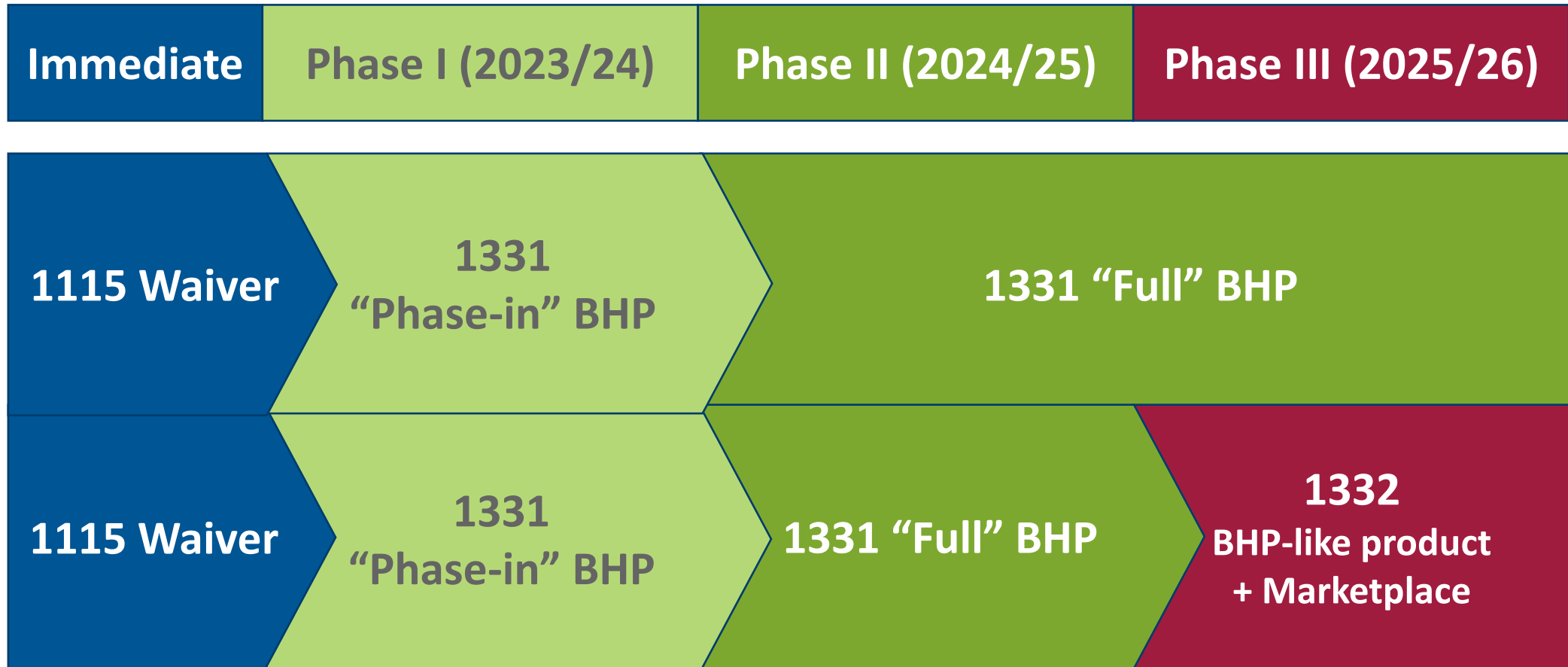
Phase 0: Expand OHP in the immediate term

Phase 1: Basic Health Plan for OHP enrollees losing coverage

Phase 2: Full Basic Health Plan for everyone 138-200% FPL

Phase 3: Enable choice between BHP and Marketplace

# Viable pathways to a Bridge Program



# Task Force Discussions

Stefanny Caballero

# Task Force shifting focus to Phases 1 & 2 (BHP)

Task Force focus and next steps:

- Will develop recommendations for covered services, enrollee costs, and provider reimbursement (as directed by HB 4035)
- May revisit Phase 3 discussion later in summer or as part of market impact report due December 31

# Key Discussion Points/Questions:

- What can be learned from other states and our own history.



## Minnesota

- The first state to implement a BHP in 2015, building off its pre-existing MinnesotaCare program.
- The BHP program is administered by the Medicaid agency with joint procurement for Medicaid managed care and the BHP issuers; payments to issuers include BHP adjustment.
- The BHP reduces pass through for the state's reinsurance program; CMS is expected to fix this problem.



## New York

- Adopted a BHP for low-income adults in 2016 building on a prior state program.
- The BHP program is administered jointly by the Medicaid agency and the Marketplace, capitation rates are set by the Medicaid agency at higher than Medicaid rates.
- The BHP covers nearly 970,000 enrollees, roughly double initial projections, and Trust Fund runs a surplus.
- New York pursuing BHP expansion above 200% FPL.



## Oregon BHP History

- Oregon Legislature commissioned two BHP studies in 2014 and 2015; state did not implement advisory group recommendation.
- Oregon and other states shifted focus to 1332 waivers resulting in reinsurance waivers.
- BHP re-emerging alongside 1332 waivers as reform states consider ways to make coverage more affordable.
- Unlike Oregon's most recent public option study, BHP targets 138-200% FPL population.



# Key Discussion Points/Questions:

- More details on the specific demographics of those impacted by our work and proposal. What do we know about geographic distribution across the state and health status.
- How a Bridge Program would impact revenue for safety net providers and Federally Qualified Health Centers.
- How various options for a Bridge Program would result in cost shifting into or out of the individual marketplace.

# Key Discussion Points/Questions:

- How would a Bridge Program impact smaller coordinated care organizations (CCOs) and effects on the entire system.
- Among the population of people currently enrolled in Medicaid who would transition to a Bridge Health Care Program, what percentage are entering Medicaid via presumptive eligibility determinations in hospital versus other channels.

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**Thank You**

Oregon  
**Health**  
Authority

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