November 29, 2022

Bridge Plan Task Force Members

RE: 11/29/22 Joint Task Force on the Bridge Health Care Program Meeting
900 Court Street NE, Room 453
Salem, OR 97301

Dear Members of the Bridge Plan Task Force:

Thank you for the opportunity to provide comments as the Bridge Plan Task Force (BPTF) prepares to release its final recommendations for the proposed Bridge Health Care Program (Bridge Plan). We appreciate the opportunity to weigh in and share our perspective based on our experience in Oregon and in other states working to ensure their residents have access to high-quality, affordable health care.

United States of Care (USofCare) is a non-partisan, non-profit organization working to ensure everyone has access to quality, affordable health care, regardless of health status, social need, or income. We work in states across the country to develop pragmatic policy solutions that meet the needs of people and have been engaged in efforts to advance and implement public health insurance options, as well as other efforts to expand access to coverage and improve affordability. USofCare is unique in its commitment to advancing policies that are designed to respond to the needs of people. We have seen through our research that the high cost of care is the biggest issue of concern to people, even when you consider varying demographics, geography, and ideologies. The high cost of care impacts every part of people's experience with the health care system, from rising premiums to high deductibles and cost-sharing. In Oregon, that is no different, and the Bridge Plan provides people with an immediate solution while paving a path for other reforms down the road.

USofCare seeks to focus its comments on two areas ahead of the BPTF's November 29 meeting - how to spend and prioritize any excess Bridge Plan revenue and provide feedback on proposed recommendations as outlined in the BPTF's November 15 meeting.

Trust Fund Reserves and Prioritization of Excess Revenue
USofCare was encouraged to see that the projected revenues generated by the Basic Health Plan (BHP) are expected to exceed the projected costs for each of the three populations covered by the BHP – the Medicaid, individual market, and uninsured populations – for an excess revenue total of $142 million.

We understand that the BHP must maintain a Restricted Reserve Fund, or cash reserves, in the event of BHP insolvency or some other unforeseen circumstance, and that those funds can only be used for the BHP population. Only after a sufficient reserve threshold is met should additional revenue be re-invested in the BHP to expand the Bridge Program's benefits package,

enhance the beneficiary experience, or further enhance provider participation. USofCare recommends the following:

Enrollee Benefits

The BPTF should primarily focus on utilizing revenue to offer additional health benefits to enrollees. While we commend Oregon on the extensive coverage of dental benefits for adults on Medicaid and thus on the Bridge Plan, the BPTF should look at investing revenue into additional dental services that have been shown to increase not only the oral health, but general well-being of beneficiaries. The Oregon Health Plan (OHP) currently covers limited root canal and crown dental services for adults. Without these services, enrollees are forced to have the affected tooth extracted. Patient reports show that tooth extraction, rather than restoration, often negatively impacts feelings of self-worth and how they are viewed by others in their day-to-day life. It is important to note that Bridge Plan coverage does not fully address access to comprehensive dental services in Oregon. In 2022, 28 of Oregon's 36 counties were designated Dental Health Professional Shortage Areas (Dental-HPSAs), indicating a lack of accessible dentists in these areas. Additional work outside of the BPTF recommendations must continue to recruit and retain dental providers to serve Oregonians in these areas. Furthermore, if feasible the BPTF should look at utilizing a portion of additional revenue to provide additional non-medical benefits, such as non-emergency medical transportation, food assistance, and housing assistance, similar to those benefits provided to OHP beneficiaries through the coordinated care organization (CCO) model.

Outreach and Enrollment Assistance

The success of the Bridge Plan may be dependent on outreach to the Bridge Plan-eligible population, many of whom will be transitioning from OHP coverage and may be unfamiliar with both the Bridge Plan enrollment process and non-Medicaid coverage more generally. **By investing excess revenue in outreach and enrollment assistance, enrollees will be able to successfully navigate the initial enrollment process and have the assistance they need if their circumstances change.** Investing in additional assistance for eligible Oregonians can fulfill the BPTF's goal of a seamless transition of coverage for this population.

As the Bridge Plan represents a new coverage option for eligible Oregonians, many may simply not be aware of their eligibility and the nature of the benefit structure of this new insurance plan. The Bridge Plan can build off the success of existing OHP initiatives, such as its Dental Awareness campaign, to ensure that people are familiar with benefits included in the Bridge Plan. Culturally appropriate navigator assistance during the Medicaid redetermination process can help enrollees understand the transition to the Bridge Plan, answer questions about any differences between Medicaid and the Bridge Plan, and ensure that enrollees are familiar with the no cost-sharing nature of the Bridge Plan's benefits package.

Data Collection

The BPTF should direct OHA and CCOs to collect robust data on enrollee demographics, benefit utilization, and provider participation and network adequacy. We recognize aspects of data collection needs extend outside of the purview of the BPTF, however recommendations from the BPTF could help to address these broader issues. This collection of data by OHA and CCOs will help best inform plan design changes and additional future investments. In doing so, the BPTF should include requirements for enrollee and provider data collection which disaggregates by race, ethnicity, age, gender identity and sexual orientation, ability, socioeconomic status, and geographic location, with special emphasis given to the complex health needs of certain historically underrepresented populations. This will allow Oregon to best understand the needs of the Bridge Plan population, leveraging this data to evaluate and analyze the effectiveness of the Bridge Plan at driving down disparities and improving access to affordable health care.

Additionally, **data identifying what benefits enrollees are utilizing on the Bridge Plan can help to identify barriers to care that may exist, establishing where additional revenue should be deployed to ensure the Bridge Plan is meeting the needs of all Oregonians.** Further, because Oregon currently has limited data on the uninsured population that would be eligible for the Bridge Plan, this data collection can also serve to create a baseline for these individual's health needs. The data on benefit utilization can also help to inform decision making around the use of revenue to inform decisions on future covered benefits.

Furthermore, **Oregon should ensure continued collection of data on provider participation in the Bridge Plan to analyze network adequacy and cultural competency.** Requiring the collection of demographic data on providers, in addition to the enrollee data outlined above, can help to increase cultural competency of the Bridge Plan network. Collecting this information allows enrollees to pick providers based on their preferences. States such as Colorado have implemented culturally responsive regulations that require collection of demographic data on providers to be included in provider directories, furthering health equity. Provider participation data can also help to inform where provider payment rates may need to be reevaluated when distributing additional excess revenue.

Provider Payments

We commend the BPTF's commitment to its goal of adequate payment of providers to ensure that the Bridge Plan-eligible population has continued access to necessary medical services. The BPTF's September 2022 preliminary recommendations found that capitation rates should be set to allow CCOs to pay providers at rates higher than that of OHP. New York's Essential Plan has shown this can be done - the state has set provider payments approximately 25% higher than those of Medicaid and allows for those rates to rise over time. More specifically, we also agree with the BPTF's recommendation that the Bridge Plan should prioritize adequate reimbursement of safety net providers, such as federally qualified health centers and community behavioral health providers, who serve

many of the Bridge Plan enrollees already and who have familiarity with the population's needs. We also support prioritizing higher reimbursement rates for providers utilizing value-based payment models that take into account social drivers of health and address unique and diverse patient needs.

We also support efforts to establish sustainable reimbursement rates for providers who treat vulnerable and historically underserved populations. The Colorado Option, set to be fully implemented in January 2023, is a strong example of how certain providers who have a disproportionately low-income patient panel or other unique population can be prioritized to receive higher reimbursement rates under Oregon's Bridge Plan. We suggest any additional excess funds be used to further support enhanced payment rates for providers who provide a high volume of high-value services, such as preventive screenings, immunizations, prenatal care, and care coordination for people with complex medical needs.

Feedback on Proposed Recommendations

As shared in our November 15 comments to the BPTF, USofCare is supportive of the BPTF's recommendation of a shift to a gold benchmark to protect marketplace enrollees from higher premiums and cost-sharing that would expose them to greater levels of financial risk. We encourage the state to continue its discussions with CMS regarding this approach to ensure that all mitigation strategies, as well as the funding mechanisms for these strategies, remain viable and abide by any restrictions associated with the 1332 waiver process.

We also agree with the BPTF's recommendations to prioritize consumer engagement prior to and during Bridge Plan implementation to ensure that the voices of people who stand to gain coverage through the Bridge Plan are heard throughout this process. USofCare seeks to center people as we work in Oregon and across the country to expand access to affordable, comprehensive health care, and we are pleased to see the BPTF mirror this process through sustained consumer engagement. We encourage the BPTF to prioritize historically underserved groups in its outreach to ensure that equitable access to care remains a primary goal of the Bridge Plan.

We thank the BPTF for its tireless work to improve the coverage and affordability options for low-income and all Oregonians and we appreciate the opportunity to submit these comments. Should you have any questions, please don't hesitate to contact Kelsey Wulfkuhle at kwulfkuhle@usofcare.org or Eric Waskowicz at ewaskowicz@usofcare.org.

Sincerely,

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