April 19, 2024

Health Systems Division: Medical Assistance Programs Oregon Health Authority 500 Summer Street NE Salem, OR 97301

Submitted via <u>hsd.rules@oha.oregon.gov</u>

RE: Oregon Health Authority proposed rules to establish the OHP Bridge Program

We the undersigned organizations appreciate the opportunity to submit comments to the Oregon Health Authority (OHA) in response to the <u>Notice of Proposed Rulemaking</u> <u>115-200-042124</u> on a series of proposed rules establishing the Oregon Health Plan (OHP) Bridge Program prior to launch.

We believe the OHP Bridge Program provides a strong foundation to increase affordable coverage options for Oregonians while building upon existing state efforts to promote health equity. We are excited to see OHA placing a continued importance on the implementation of the OHP Bridge Program in a thoughtful manner, including through these proposed rules to establish eligibility and enrollment processes for OHP Bridge-eligible Oregonians. In particular, we are very supportive of the program requirements found in several sections of the proposed rules which address OHP Bridge Program eligibility, application support, program administration, and benefit design.

Program Eligibility and Application Process

We are happy to see OHA adopting several of the recommendations put forward during previous opportunities to comment on the OHP Bridge Program around eligibility requirements that facilitate greatest access to this new low-cost, high-quality plan. Specifically, through offering Oregonians the opportunity to enroll in OHP Bridge coverage at any time, not just during specific enrollment periods, eligible Oregonians maintain the peace of mind that an affordable coverage solution is available for them no matter their circumstances. By offering 12 months of continuous coverage as outlined in section 410-200-0438, Oregon will keep people enrolled in OHP Bridge coverage regardless of any small fluctuations in their income that may otherwise disqualify them from coverage and lead to higher administrative burden and enrollee confusion.

We are supportive of proposed rule sections 410-115-0010 and 410-200-0110, which will help to facilitate a smooth application process for OHP Bridge eligible applicants. Regulations allowing the Federally Facilitated Marketplace to transfer potential OHP Bridge eligible applications to the Department of Human Services for processing offer an important stopgap until Oregon's new State Based Marketplace is set up. Additionally, we are pleased to see OHA adopting our recommendation to offer enrollment assistance for OHP Bridge eligible individuals by current Oregon health insurance navigators. Culturally appropriate navigator assistance during the application process will help enrollees understand the transition to the OHP Bridge Program

and answer questions about any differences between their previous health insurance coverage and the new program.

Program Administration and Benefit Design

The specific population that OHP Bridge will be supporting often "churns" between Medicaid and Marketplace coverage. Having consistency across coverage options will create an easier to navigate system where beneficiaries don't have to question what services are available and how to access them. We are supportive of sections 410-115-0030 and 410-115-0035 of the proposed rules, which ensure that OHP Bridge benefits are similar to current OHP benefits and require no premiums or cost-sharing for beneficiaries to allow for better continuity of care for Oregonians switching between these two sources of coverage.

Similarly, by leveraging Oregon's current Coordinated Care Organizations (CCOs) to administer the OHP Bridge Program as proposed in section 410-115-0045, OHA provides a seamless enrollment process with limited confusion for enrollees to ensure that the population targeted by the OHP Bridge Program does not lose coverage during this transition period. Furthermore, beneficiaries will be able to take advantage of the innovative CCO care model that prioritizes value over volume of services and requires the OHP Bridge Program to adhere to the same health equity standards as the OHP, bringing OHA one step closer to meeting its strategic goal of eliminating health inequities in Oregon by 2030.

Considerations

While we are supportive of the overall regulatory framework in the proposed rules, we encourage OHA to consider additional action to ensure all Oregonians eligible for the OHP Bridge Program have a smooth transition to coverage with minimal disruptions. Currently, section 410-200-0115 of the proposed rules creates the opportunity for Oregonians enrolling in OHP Bridge who are not coming from Medicaid to face a gap in coverage due to the proposed delayed effective dates. With the release of the HHS Notice and Benefit Payment Parameters for 2025 Final Rule in April, states now have the flexibility to establish a Basic Health Program effective date that is different from the Medicaid or Marketplace standards that were previously required. Given this flexibility, we encourage OHA to consider amending section 410-200-0115 to reflect other Health Service Division medical programs by allowing OHP Bridge eligibility to take effect "the first day within the following month in which the client is determined to be eligible". This change is critical in ensuring that individuals who apply for OHP Bridge coverage during the second half of the month don't have a delay in coverage until the beginning of the second succeeding month. As we have highlighted, coverage disruptions like those caused by such a delay have been linked to higher monthly costs per member due to pent up demand for services.

Furthermore, section 410-200-0130 proposes no evaluation process of retroactive eligibility for OHP Bridge coverage. We encourage OHA to look to other state's experiences in providing retroactive eligibility for Basic Health Program enrollees in a way that balances financial realities and beneficiary needs. For example, New York's Essential Plan provides coverage for those found eligible for the program retroactive to the 1st of the month if the individual was not previously insured. We recommend OHA amend the proposed rules to implement a similar

solution to protect low income Oregonians from medical bills incurred during this time of transition.

We thank OHA for the opportunity to comment on these proposed rules and look forward to the continued work of the Agency in implementing the OHP Bridge Program. Please feel free to reach out to Kelsey Wulfkuhle at kwulfkuhle@usofcare.org with any further questions.

Sincerely,
United States of Care
Committee to Protect Health Care
Oregon Primary Care Association
Cascade AIDS Project
National Multiple Sclerosis Society
Leukemia and Lymphoma Society
SEIU Local 49
SEIU Local 503
RISE Partnership
Oregon Nurses Association