

### Eligibility, Benefits & Affordability (Nov-Jan 2021)

Glendora Claybrooks (Lead)

Michael Collins

Zeenia Junkeer

Ed Junkins

Sharon Stanphill

### Provider Reimbursement (Nov-Jan 2021)

Lionel "Chad" Chadwick (Lead)

Dwight Dill

Cherryl Ramirez

Deborah Riddick

Zeenia Junkeer

### Financing & Revenue (mid-Jan-April 2021)

Chuck Sheketoff (Co-Lead)

Sam Metz (Co-Lead)

Les Rogers

Lionel "Chad" Chadwick

Glendora Claybrooks

Dwight Dill

Cherryl Ramirez

John Santa

### Governance (Feb-April 2021)

John Santa (lead)

Bruce Goldberg

Deborah Riddick

Chuck Sheketoff

## TECHNICAL ADVISORY GROUP DRAFT PROJECT CHARTER: ELIGIBILITY, COVERED BENEFITS, AND AFFORDABILITY

### KEY TASKS

(PLAN ELEMENTS K, M, N, P)

- 1) Propose eligibility criteria and address issues related to the provision of services to nonresidents who receive services in this state and to plan participants who receive services outside this state.
- 2) Prepare benefit coverage criteria to guide the Board in determining which health care services are necessary for the maintenance of health, the prevention of health problems, the treatment or rehabilitation of health conditions, and long term and respite care.
- 3) Develop guidance on affordability options for incorporating cost containment measures (deductibles, premiums, copayments, or other enrollee means-tested cost-sharing mechanisms).
- 4) Propose opportunities to address health disparities and promote health equity.
- 5) Identify a set of considerations for the Consumer Advisory Committee to address.

### MATERIALS & RESOURCES

Staff will prepare meeting agendas, identify appropriate background materials, develop slide presentations, summarize key discussion and decisions, and prepare final policy proposals for consideration by the Task Force.

### PROCESS CONSIDERATIONS

Members are required to explore and integrate evidence-based strategies in developing proposals, as well as identify potential advantages and disadvantages for each proposal

### DELIVERABLE

A summary of the work group's discussion, key decision points, and proposal(s) for the Task Force to consider. The summary must identify consumer issues for the Consumer Advisory Committee to review and offer guidance to the full Task Force.

### SUBJECT MATTER EXPERTISE

Staff will invite national and local experts with relevant knowledge about eligibility, benefits, and consumer affordability. Experts will include, but are not limited to, individuals with expertise in public and private insurance benefits, consumer out-of-pocket expenses, and health care service access.

### TIMELINE & MEETING FREQUENCY

Technical Advisory Group (TAG) will start in November 2020 and run through January 2021 with approximately 4-5 meetings in total; meetings will be scheduled every 2-3 weeks.

### MEMBERSHIP & STAFF

*Lead:* Glendora Claybrooks

*Members:* Michael Collins, Zeenia Junkeer, Ed Junkins, Sharon Stanphill

*Staff:* Sarah Knipper (Oregon Health Authority)

**TECHNICAL ADVISORY GROUP  
DRAFT PROJECT CHARTER: PROVIDER REIMBURSEMENT MODELS**

**KEY TASKS**

(PLAN ELEMENTS H, O)

1. Address methods for reimbursing providers for the cost of care as described below:
  - a. providers shall be paid using an alternative method that is similarly equitable and cost-effective;
  - b. individual providers licensed in this state shall be paid: on a fee-for-services basis; as employees of institutional providers or members of group practices that are reimbursed with global budgets; or as individual providers in group practices that receive capitation payments for providing outpatient services; and
  - c. workforce recruitment, retention and development.
2. Propose opportunities to address health disparities and promote health equity.
3. Identify a set of considerations for the Consumer Advisory Committee to address.

**MATERIALS & RESOURCES**

Staff will prepare meeting agendas, identify appropriate background materials, develop slide presentations, summarize key discussion and decisions, and prepare final policy proposals for consideration by the Task Force.

**PROCESS CONSIDERATIONS**

Members are required to explore and integrate evidence-based strategies in developing proposals, as well as identify potential advantages and disadvantages for each proposal.

**DELIVERABLE**

A summary of the work group's discussion, key decision points, and proposal(s) for the Task Force to consider. The summary must identify consumer issues for the Consumer Advisory Committee to review and offer guidance to the full Task Force.

**SUBJECT MATTER EXPERTISE**

Staff will invite national and state experts with relevant knowledge about provider reimbursement and different reimbursement models most frequently used in health care. Experts will include, but are not limited to, individuals with expertise in public and private insurance reimbursement models, health equity, workforce recruitment and retention strategies, and operational and capital budgets for health care entities.

**TIMELINE & MEETING FREQUENCY**

Technical Advisory Group (TAG) will start in November 2020 and run through January 2021 with approximately 4-5 meetings. Meetings will be scheduled every 2-3 weeks.

**MEMBERSHIP & STAFF**

*Lead:* Chad Chadwick

*Members:* Dwight Dill, Zeenia Junkeer, Cheryl Ramirez, Deborah Riddick

*Staff:* Laurel Swerdlow (Oregon Health Authority)

**TECHNICAL ADVISORY GROUP  
DRAFT PROJECT CHARTER: FINANCIAL ESTIMATES AND REVENUE**

**KEY TASKS**

(PLAN ELEMENTS C, D, E, F, G)

- 1) Develop cost estimates for the plan, including but not limited to cost estimates for:
  - a. the approach recommended for achieving a single payer health care financing system; and
  - b. the payment method designed by the Task Force using fee-for-services basis or alternative method.
- 2) Review estimates of the savings and expenditure increases under the plan, relative to the current health care system.
- 3) Assess revenue options that may include, but are not limited to:
  - a. Redirection of current public agency expenditures;
  - b. An employer payroll tax based on progressive principles that protect small businesses and that tend to preserve or enhance federal tax expenditures for Oregon employers who pay the costs of their employees' health care; and
  - c. A dedicated revenue stream based on progressive taxes that do not impose a burden on individuals who would otherwise qualify for medical assistance (Medicaid).
- 4) May explore the effect of means-tested copayments or deductibles, including but not limited to, the effect of increased administrative complexity and the resulting costs that cause patients to delay getting necessary care, resulting in more severe consequences for their health.
- 5) Propose opportunities to address health disparities and promote health equity.
- 6) Identify a set of considerations for the Consumer Advisory Committee to address.

**MATERIALS & RESOURCES**

Staff will prepare meeting agendas, identify appropriate background materials, develop slide presentations, summarize key discussion and decisions, and prepare final policy proposals for consideration by the Task Force.

**PROCESS CONSIDERATIONS**

Members are required to explore and integrate evidence-based strategies in developing proposals, utilize publicly available health care expenditure data, and identify potential advantages and disadvantages for each proposal.

**DELIVERABLE**

A summary of the work group's discussion, key decision points, and proposal(s) for the Task Force to consider. The summary must identify consumer issues for the Consumer Advisory Committee to review and offer guidance to the full Task Force.

**SUBJECT MATTER EXPERTISE**

Staff will invite national and local experts with relevant knowledge about public and private health care expenditures, financing of health care services in Oregon, public revenue models and taxation, and employers who offer health coverage. Experts will include, but are not limited to, individuals with expertise in public budgeting and financing (federal and state revenue and tax expenditures), economics, organizational financing, health care benefits, and state bonding (e.g., State Treasury).

## TIMELINE & MEETING FREQUENCY

Technical Advisory Groups (TAGs) will start in mid-January and run through March 2021 with approximately 6-7 meetings; meetings will be scheduled every 2-3 weeks.

## MEMBERSHIP & STAFF

*Co-leads:* Sam Metz, Chuck Sheketoff

*Members:* Chad Chadwick, Glendora Claybrooks, Dwight Dill, Cherryl Ramirez, Les Rogers,  
John Santa

*Staff:* TBD

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**TECHNICAL ADVISORY GROUP  
DRAFT PROJECT CHARTER: BOARD DESIGN AND GOVERNANCE PLAN**

**KEY TASKS**

(PLAN ELEMENTS A, C, E, F, G, I, J, L)

- 1) Prepare the plan's economic sustainability, operational efficiency and cost control measures that include, but are not limited to:
  - a. A financial governance system supported by relevant legislation, financial audit and public expenditure reviews and clear operational rules to ensure efficient use of public funds; and
  - b. Cost control features such as multistate purchasing.
- 2) Identify fiduciary requirements for the revenue generated to fund the plan.
- 3) Develop proposal for governance board, structure, authority, standards, and leadership
- 4) Propose opportunities to address health disparities and promote health equity.
- 5) Identify a set of considerations for the Consumer Advisory Committee to address.

**MATERIALS & RESOURCES**

Staff will prepare meeting agendas, identify appropriate background materials, develop slide presentations, summarize key discussion and decisions, and prepare final policy proposals for consideration by the Task Force.

**PROCESS CONSIDERATIONS**

Members are required to explore and integrate evidence-based strategies in developing proposals, as well as identify potential advantages and disadvantages for each proposal

**DELIVERABLE**

A summary of the workgroup's discussion, key decision points, and proposal(s) for the Task Force to consider. The summary must identify consumer issues for the Consumer Advisory Committee to review and offer guidance to the full Task Force.

**SUBJECT MATTER EXPERTISE**

Staff will invite national and local experts with relevant knowledge about public accounting and auditing, governance of health care systems, and organizational development. Experts will include but are not limited to individuals with expertise in public and private governing boards, operational and financial expertise, and community health.

**TIMELINE & MEETING FREQUENCY**

Technical Advisory Groups will start in mid-February and run through April 2021 with approximately 4-5 meetings; meetings will be scheduled every 2-3 weeks.

**MEMBERSHIP & STAFF**

*Lead:* John Santa

*Members:* Bruce Goldberg, Deborah Riddick, Chuck Sheketoff

*Staff:* TBD