

PROVIDER REIMBURSEMENT TECHNICAL ADVISORY GROUP (TAG)

Attendees	Dr. Lionel (Chad) Chadwick (lead); Dwight Dill; Cherryl Ramirez; Dr. Zeenia Junkeer; Deborah Riddick; Laurel Swerdlow (OHA staff)
Absent	N/A
Date/Time	November 6, 2020 9AM-11AM

Meeting Purpose/ Desired Outcome	<ul style="list-style-type: none"> • Introduce the TAG membership, including TAG leads and OHA staff • Review SB 770, highlighting components related to provider reimbursement • Review and solicit feedback on the draft TAG project charter • Consider the ways that the TAGs will have interdependent discussions regarding specific decision points, requiring close coordination • Provide opportunity for TAG members to share where there are knowledge gaps and ask questions about the TAG process
Key Issues	<ul style="list-style-type: none"> • The bill differentiates between individual providers, institutional providers and group practices, but we will need to differentiate further and acknowledge that different provider types will require different reimbursement methods. We should consider the ways the following providers meet the needs of marginalized populations, and how they may require unique reimbursement methodologies: behavioral health providers ; institutional providers (Department of Corrections, OR State Hospital); intellectual development disorder (IDD) providers; traditional health workers and community health workers; long term care, home health and hospice providers. • We may consider offering guidance on the preconditions for reimbursement by expanding the definitions of terms such as “licensed” or “certified” in order to accurately capture provider variance. • The bill speaks to patients seeking care out of state, but it does not specifically address the issue of reimbursement for out of state providers, which is something to consider. • Cost sharing falls within the Eligibility TAG and Finance TAG scopes but it has clear implications for provider reimbursement. Given the administrative burden of collecting money from patients, this is a critical interdependent discussion that we will want to engage in. • We are pleased to see recruitment and retention called out in the bill. The discussion of recruitment of BIPOC providers will be specifically important to ensure we are working towards health equity.

	<ul style="list-style-type: none"> We would like to learn about the current reimbursement system and the rationale behind it. When learning about how providers are reimbursed, let's consider what models have proven successful, as well as which models have been shown to be less successful. This is also an opportunity to reimagine and re-envision payment models. We should challenge ourselves to think about what ideal reimbursement models would be without the constraints of our current system.
Actions Items (e.g., data requests, next meeting agenda)	<ul style="list-style-type: none"> Presentation on current methods of reimbursement and rate-setting across providers and payers in the state. An overview of state and federal regulations regarding provider reimbursement. This includes a review of all federal healthcare waivers, including the waiver's timeline and the process for revision. Set aside time at each meeting to discuss the CAC and upcoming agenda. We will add one more meeting in January, for a total of five meetings.
Follow-up Questions	<ul style="list-style-type: none"> We need clarity on a process for engaging with the Consumer Advisory Committee, as well as a process and timeline for soliciting information from the community.
Revisit Later	<ul style="list-style-type: none"> Given the time constraints of this project, we will create a running list of topics that we wish we had time to consider further. Investigate payment models in other states, especially CA and WA.
Items to Report Out to Task Force	<ol style="list-style-type: none"> Provider reimbursement is not one-size-fits-all. The bill differentiates between individual providers, institutional providers and group practices, but we will need to differentiate further and acknowledge that different provider types will require different reimbursement methods. Given our time constraints, we will do our best to consider provider variance, but we will likely need to create a running list of topics that we wish we had time to consider further. Our next steps will be learning about the current system of reimbursement, as well as the state and federal policies that regulate it.
Meeting Materials	<ul style="list-style-type: none"> Meeting agenda Draft Provider Reimbursement TAG Project Charter

Upcoming Meetings:

- Friday 11/20 11AM-1PM
- Friday 12/4 11AM-1PM
- Friday 12/18 11AM-1PM
- Doodle poll sent out for January meeting