

FINANCE & REVENUE TECHNICAL ADVISORY GROUP (TAG)

Attendees	Chuck Sheketoff (co-lead); Dr. Sam Metz (co-lead); Dwight Dill; Cherryl Ramirez; Dr. Lionel (Chad) Chadwick; Glendora Claybrooks; Les Rogers; Laurel Swerdlow (OHA staff); Sarah Knipper (OHA staff)
Absent	N/A
Date/Time	November 4, 2020 1PM-3PM

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 Finance and Revenue • 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"> • This TAG needs to become comfortable with a considerable amount of uncertainty. There is work that can be done before the Task Force has reached agreement on eligibility, benefits, affordability and provider reimbursement. This TAG should spend time now establishing parameters for an analytical model that will determine expenditures and savings. • Mapping out existing state and federal revenue streams, identifying which federal streams are clearly prescriptive, which require administrative or congressional approval to alter, and which have flexibility, and highlighting which state streams have federal matches will be helpful. The Oregon Health Plan has undergone significant review of opportunities to capitalize on federal revenue streams supporting healthcare transformation, which may inform this discussion. • When developing our proposal, we should consider how we will message it to the legislature and the general public. • The Finance & Revenue TAG is especially dependent on other groups' work. It will be helpful to name and track the decision points that have considerable implications on cost. Given the interdependencies of these discussions, it will be important that we do not let the iterative process go on forever; the Task Force will have to eventually make some decisions. • Currently, there are one-off funding streams for safety-net services like behavioral health, which are subsidized by county dollars. We should consider how to better finance the services that Medicaid does not adequately pay for.

	<ul style="list-style-type: none"> When considering cost-sharing as a source of revenue, we should solicit expertise regarding the impact that cost-sharing has on the health outcomes of low-income communities, as well as the impact on the providers who are forced to collect the money.
Actions Items (e.g., data requests, next meeting agenda)	<ul style="list-style-type: none"> Create a chart that tracks how the current health care system is financed and how those dollars are spent, highlighting the flow of federal match dollars. Conduct a review of all federal healthcare waivers, including the waiver's timeline and the process for revision. Develop a chart of deliverables in the bill, identifying which TAG is on point for leading that discussion.
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. There are clear stakeholders that we may want to engage in the discussion on finance and revenue. We would also like clarity on what is in scope vs. out-of-scope (e.g., Long Term Care, Public Health, Safety Net, etc.)
Revisit Later	<ul style="list-style-type: none"> We should consider bringing in an actuary to assist in developing an analytical model that determines expenditures and savings. Ideally this model would incorporate a variable that assesses the distribution of taxes and the ways that regressive versus progressive revenue streams may impact health outcomes and subsequently expenditures and savings. Consider adopting a uniform definition of health equity.
Items to Report Out to Task Force	<ol style="list-style-type: none"> We are especially dependent on other groups' work. Ongoing communication between TAGs via Task Force meetings will be critical. There is work we can do before the Task Force has reached agreement on eligibility, benefits, affordability and provider reimbursement. We will focus on establishing parameters for an analytical model that will determine expenditures and savings. Our next step will be an overview of how our current health care system is financed. We will consider how we can redirect existing revenue streams and capitalize on opportunities for federal match dollars. The system we are capturing and assessing is incredibly complex. We will need feedback from a wide array of voices to ensure we are not missing anything important.
Meeting Materials	<ul style="list-style-type: none"> Meeting agenda Draft Finance & Revenue TAG Project Charter

Upcoming Meetings: Doodle poll will be sent after November 18, 2020 Task Force meeting