

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 20, 2020 11AM-1PM

Meeting Purpose/ Desired Outcome	<ul style="list-style-type: none"> • Reach a shared understanding regarding individual provider types, individual provider reimbursement models and the Oregon reimbursement landscape. • Discuss the pros and cons of individual provider reimbursement models. • Address administrative questions regarding the TAG charter and stakeholder engagement.
Key Issues	<ul style="list-style-type: none"> • After discussing the pros and cons of fee for service, capitation, procedural case rates, bundled payment participation and salaried individual provider reimbursement models, we believe our recommendations will need to incorporate a mix of models in order to account for differing needs of providers. • Behavioral health reimbursement methods cannot incorporate risk. Developing value based payment arrangements for behavioral health indicators is incredibly challenging. • When we consider value based payment, attention needs to be paid on who determines what has “value.” • We continue to have questions regarding the process for engaging with the CAC. Will the CAC be posing questions back to the full Task Force, or is the Task Force only posing questions to the CAC?
Actions Items (e.g., data requests, next meeting agenda)	<ul style="list-style-type: none"> • Dr. Chadwick will develop a chart identifying where risk sharing comes into play for each model. • Cherryl will put together a list of behavioral provider types and how they are reimbursed. • Laurel will send out the meeting summaries again. • Update project charter to omit reference to “licensed, certified or registered” so it reads “individual provider shall be paid...”
Follow-up Questions	<ul style="list-style-type: none"> • Have any of the failed efforts to establish universal health care in other states used mixed payment methodology and, if so, how did they determine which complementary methods would create the best opportunity for success?

Revisit Later	<ul style="list-style-type: none"> Consider reviewing the percentages of claims that are actually paid, broken down by each payer category. What factors attributed to cost growth? How do we account for variance in how providers are paid? If there are 'winners' and 'losers' in the current system, 'winners' may be highly resistant to a new proposal that is more balanced.
Items to Report Out to Task Force	<ol style="list-style-type: none"> We will need to develop a proposal that incorporates a mix of individual provider reimbursement models in order to account for differing needs of providers. We would like to go type by type and discuss each reimbursement model deeply. We are envisioning a matrix that gives options/recommendations for provider types & models. We need clarity on the process for drafting the policy proposals and the level of detail that should go into them. It is hard to say how providers should be paid if we do not yet know what services those providers will be providing. We wish to bring the hospital association, medical association, and other industry groups into the conversation. However, we need to have something for them to react to, clear questions, and tight facilitation. We will not be ready for them to join our third meeting. Questions for the CAC: <ul style="list-style-type: none"> How do you feel about cost-sharing? What services are you willing to give up or cut out?
Meeting Materials	<ul style="list-style-type: none"> Meeting agenda CBO Report – Single Payer Design Considerations October 2020 Data Brief - How Oregon's Insurance Carriers & Coordinated Care Organizations Paid for Health Care in 2018 Washington Issue Brief for August 2020 Universal Health Care Workgroup – Provider Reimbursement Considerations
Upcoming Meetings	<ul style="list-style-type: none"> Friday 12/4 11AM-1PM Friday 12/18 11AM-1PM Friday 1/15 3PM-5PM