

PROVIDER REIMBURSEMENT TECHNICAL ADVISORY GROUP (TAG)

MEETING 3

Attendees	Dr. Lionel (Chad) Chadwick (lead); Dwight Dill; Cherryl Ramirez; Deborah Riddick; Laurel Swerdlow (OHA staff)
Absent	Dr. Zeenia Junkeer
Date/Time	December 4, 2020 11AM-1PM

Meeting Purpose/ Desired Outcome	<ul style="list-style-type: none"> • Reach a shared understanding regarding institutional provider types, institutional provider reimbursement models and capital budget approaches. • Discuss the pros and cons of institutional provider reimbursement models and capital budget approaches. • Address administrative questions regarding the TAG process and proposal drafting, review and decision making.
Key Issues	<ul style="list-style-type: none"> • Our recommendations will need to incorporate a mix of models in order to account for differing needs of providers. • Behavioral health providers do not easily fit into the individual provider/group practice/institutional provider framework outlined in the bill. • Attention needs to be paid to reimbursement for out-of-state providers treating enrollees of the plan out-of-state. • SB770 focuses on capital budget approaches to ensure equitable treatment of rural providers. Rural providers can get caught in a cycle of fewer resources leading to inability to provide services leading to low reimbursement leading to fewer resources. We want to be sure to reiterate the importance of capital budgets in addressing this issue. • Ensuring equitable reimbursement for rural providers is also necessary in order to address issues related to provider recruitment and retention. • Global budgets may work for larger institutional providers, but there is concern that they are unrealistic for smaller institutions. • Fee for service may be acceptable for individual providers, but we will propose it is not acceptable for institutional providers.
Actions Items (e.g., data requests, next meeting agenda)	<ul style="list-style-type: none"> • Laurel will draft a straw proposal reviewing reimbursement models for discussion at the upcoming 5th meeting. This meeting will focus exclusively on the proposal and we will address rates at meeting 6.

	<ul style="list-style-type: none"> We wish to meet 1-2 more times. We will schedule our 6th meeting in January. We may wish to schedule a seventh meeting in February.
Follow-up Questions	<ul style="list-style-type: none"> What does SB 770 say with regard to emergency reserves for healthcare delivery in moments of crisis?
Revisit Later	<ul style="list-style-type: none"> We may wish to consider crisis reimbursement strategies that may be needed for healthcare during pandemics or other emergencies. Depending on what is already outline in SB770 with regards to emergencies, we may wish to require emergency reserves for capital budgets.
Items to Report Out to Task Force	<ol style="list-style-type: none"> Like with individual provider reimbursement, our recommendation for institutional provider reimbursement will need to incorporate a mix of models in order to account for differing needs of providers. It is insufficient to simply state that institutional providers will be reimbursed with global budgets, as is suggested in SB 770. Fee For Service may be acceptable for individual providers, but it is unacceptable for institutional providers. Capital budgets are an important tool for ensuring equitable distribution of resources for rural providers. Questions for the CAC: <ul style="list-style-type: none"> How important is dental coverage?
Meeting Materials	<ul style="list-style-type: none"> Meeting agenda Meeting 2 Summary
Upcoming Meetings	<ul style="list-style-type: none"> Friday 12/18 11AM-1PM Friday 1/15 3PM-5PM Meeting 6 TBD