

INTERMEDIATE STRATEGIES WORKGROUP MEETING 3 SUMMARY

Attendees	Dr. Bruce Goldberg (co-lead); Dr. Ed Junkins (co-lead); Deborah Riddick; Chuck Sheketoff; Dr. Lionel (Chad) Chadwick; Dr. John Santa; Sarah Knipper and Laurel Swerdlow (OHA staff)
Absent	N/A
Date/Time	April 16, 2021 1PM – 3PM

Meeting Purpose/ Desired Outcome	<ul style="list-style-type: none"> Deeper dive into the two transformative member-generated intermediate strategy ideas: Individual Marketplace Transformation and Single Payer Medicare
Key Issues	<p>Individual Marketplace Transformation (Bruce idea)</p> <ul style="list-style-type: none"> This would require a 1332 waiver, asking the federal government for additional financial support, and for permission to apply dollars saved by meeting cost-growth target. The goal would be to leave all current insurers in the individual market as they are, but simply transition them to a common fee schedule and benefits package. Need to figure out how to incentivize carriers to stay in the market. Could consider limiting the number of carriers allowed in the market, and/or regionalizing carriers so there is one carrier per region. <p>Single Payer Medicare (John idea)</p> <ul style="list-style-type: none"> This would require a waiver from CMS to allow the state to be the single administrator of Medicare. Ultimately the goal would be for the state to be the only Medicare Advantage plan, but the state could consider a grace period, in which enrollees could stay on their Medicare Advantage during the transition. <p>Discussing the two ideas in tandem</p> <ul style="list-style-type: none"> The two ideas are not mutually exclusive. They neither detract from, nor enhance each other. Recognize there is limited capacity to make major changes, but that is a conversation for later. The workgroup wants to continue considering both options Question: should we also be considering single payer Medicaid? Some members suggest single payer Medicaid already exists in most parts of the state.
Next steps	<ul style="list-style-type: none"> Staff will meet with Bruce and John to further refine both ideas. John will summarize the questions he has regarding dual eligibles to prep the conversation with staff. Bruce will offer a summary of both ideas at the April TF meeting. There will be a more substantive discussion of the ideas at the May or June meetings. Legislators should be included in that discussion.

<p>Items to Report Out to Task Force</p>	<ol style="list-style-type: none"> 1. The goal of the workgroup is to identify strategies that can form a bridge to the Task Force’s long-term, overall plan. Since none of the bills currently under consideration in the legislature achieve a true intermediate step towards a single payer system, the workgroup decided to consider member-generated ideas. 2. In meeting 2, the workgroup discussed five member-generated intermediate strategy ideas: <ul style="list-style-type: none"> ○ Transformative ideas: Individual Market Transformation and Single Payer Medicare ○ Administrative ideas that may not be mutually exclusive: CCO consolidation, Value-based payment expansion, and Cost of employer-sponsored health insurance data collection 3. In meeting 3, the workgroup focused on the two transformative ideas and attempted to further refine them: <ul style="list-style-type: none"> ○ Individual Market Transformation: The state would collect premiums from enrollees who wish to get coverage through the individual market and pay a global budget to carriers on the individual market. These plans would have the same benefit, which would be richer than the current benchmark, and a unified fee structure. The state would restructure premiums and subsidies in order to make the individual market more affordable; this could include increasing subsidy amounts for those currently eligible and/or expanding eligibility. Because the state would be paying individual marketplace carriers using a global budget, there would be a strict cost growth cap at ~3% for these plans. ○ Single Payer Medicare: The state would apply for a waiver from CMS to serve as the sole Medicare Advantage plan in the state, covering all Medicare enrollees. The state would directly contract with the delivery system, potentially supported by regional subsidiaries or non-risk-bearing administrators. There would be richer benefits, including behavioral health, vision and dental, and less cost-sharing which would benefit low- and middle-income Medicare enrollees. The state should further consider expanding Medicare eligibility age range, starting at 55 or 60 instead of 65. 4. Staff are working with Bruce and John to refine these ideas further.
<p>Meeting Materials</p>	<p>Agenda; IS Member Policy Proposals</p>
<p>Next Meeting</p>	<p>April 30, 2021 9AM – 11AM</p>