

Intermediate Strategies: Concept Summaries (for Task Force Meeting on 6/9/21)

Concept 1: Individual Market Transformation (Bruce)

Overview	<ul style="list-style-type: none">• Reform ACA individual market with a better, standardized benefit package, greatly reduced cost-sharing & global budget• Requires a 1332 waiver through CMS• Single benefit package, no copays or deductibles• Ensure affordability through income-based premiums (collected and managed by state)• Carriers held to global budget with capped annual growth of ~3%
Primary Goals	<ol style="list-style-type: none">1. Reduce # of uninsured2. Strengthen coverage for underinsured3. Test Single Payer concepts (political feasibility, waiver flexibility, admin savings, single benefit package, global budget)
Outstanding Questions	<ul style="list-style-type: none">• How to ensure cost growth isn't eaten up by provider reimbursement/pharmacy costs?• How to engage drug companies to allow for development of a common formulary?• Will this affect small group market in any way? Could it be used to further disconnect employment from insurance?• How could admin savings be maximized?

Concept 2: Single Payer Medicare Advantage (John)

Overview	<ul style="list-style-type: none">• Create state-run Medicare Advantage plan that is only MA plan in the state (becomes Single Payer in MA market)• Lower premiums and cost sharing for low and middle-income enrollees; cost sharing from higher income individuals would be a revenue source• More robust mental health benefit than current MA plans (funded from savings from Single Payer approach)• Would require CMS demonstration project
Primary Goals	<ol style="list-style-type: none">1. Pilot Single Payer approach2. Strengthen Medicare Advantage coverage
Outstanding Questions	<ul style="list-style-type: none">• How would cost-sharing structure be established?• Would all Medicare providers be required to participate?• Would Oregon need state legislation?• This would require the state to establish sufficient claims reserve – how could Oregon achieve and maintain this?• How to ensure this would sufficiently address concerns of BH field?

Concept 3: CCO Consolidation (Chad)

Overview	<ul style="list-style-type: none">• Prohibit more than 1 CCO per region• Potentially require that CCOs be non-profit entities
Primary Goals	<ol style="list-style-type: none">1. Reduce administrative costs not related to clinical care2. Position CCOs for the role envisioned in Task Force recommendations

Outstanding Questions	<ol style="list-style-type: none"> 1. Would a CCO be allowed to operate in >1 region, and if so, what metrics would determine that? 2. How would the shift happen in regions with >1 CCO currently?
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Concept 4: VBP Expansion (Chad)

Overview	<ul style="list-style-type: none"> • Expand on idea of Value-Based Payment (VBP) through community engagement • Community input helps drive prioritization of outcomes and what is incentivized • Focus engagement on underserved communities – rural, tribes, racial/ethnic minorities
Primary Goals	<ul style="list-style-type: none"> • Aid in increasing community buy-in of VBP and ensure it is more aligned with community priorities
Outstanding Questions	<ul style="list-style-type: none"> • Would there be a role for existing CCO CACs? • Who would be key partners in this effort?

Concept 5: Employer Health Cost Data Collection (Chuck)

Overview	<ul style="list-style-type: none"> • Require all businesses filing corporate excise or income tax forms, or pass-thru entity forms, to report total annual health expenditures and payroll for FTE/employees covered
Primary Goals	<ul style="list-style-type: none"> • Address gap in our data – we do not know what employers spend on health care. This would help in determining cost of future universal coverage & payroll taxes.
Outstanding Questions	<ul style="list-style-type: none"> • What would primary implementation barriers be?