# HB 2878 Overview

Bruce Goldberg, MD House Committee on Behavioral Health and Health Care March 22, 2023

#### HB 2878

- Establishes the "Aligning for Health Pilot Program" to test alternative methods for payment of health care – specifically a global budget.
- Global budget annual predetermined total cost of care payment for a defined population. It is calculated based on health of population, defined provider reimbursement rates and covered benefits.
- Goal is to improve quality, hold health care cost growth to sustainable levels, address inequities and allow providers and health plans flexibility to meet those goals.
- Sets out requirements for a voluntary regional pilot.
- Based on extensive work done by OHA in conjunction with a team of outside policy and actuarial consultants as called for by HB 2010 in 2021

## HB 2878

- Establishes a regional pilot that brings together purchasers, providers, health plans and community groups to provide health care using a global budget
- Participation in the pilot would be voluntary an interested region would submit an RFP
- ❑ Allows for:
  - Consistent quality standards
  - Shared responsibility and accountability for improving health and moderating costs
  - A common regional approach for addressing health, providing access to care and reducing the complexities imbedded within our current health care system
  - Flexibility in how care is delivered and paid for

## Phase 1

□ Hiring staff, conduct legal and regulatory analysis

Engage with payers, purchasers, community organizations in those areas that meet criteria identified by OHA and consultant team for participation. Among them:

□ 5,000-30,000 potential enrollees

- □ A mix of commercially insured, PEBB and OEBB
- Above average percentage of insured lives
- Have community-based organizations with experience in addressing social determinants of health and health equity

## Phase 2

- Establish risk mitigation strategies
- Establish health equity fund
- Provide technical assistance to providers
- Open an RFP

#### Phase 3

# RFP for 3-year contract

- Payers stay within global budget, partner with providers and community to address social determinants and improve health
- Providers share risk with payers, incentives are focused on the health of the community rather than payment per service provided
- Purchasers select their own benefit package, collaborate on desired outcomes
- State sets global budget, provides flexibility to the payers and providers to allow innovation, convenes advisory group, provides risk mitigation as needed

**Benefits** 

Moves Oregon further towards sustainable healthcare costs

Rewards providers for keeping people healthy

 Aligns with other innovations (CCO's, Value-Based Compact)