

OHPB Elements for Potential Straw Model Development and Discussion

Accountability & Measurement:

1. Strengthen and utilize All Payer All Claims database to set baselines for measurement and potential goals around outcomes (e.g. ER utilization, readmission rates) in individual and small group market
 - Potential for alignment with Coordinated Care Model Metrics

Cost Containment:

2. Incent or set goals with accountability for PCPCH and/or health home model expansion
 - A patient-centered primary care home (PCPCH, also known as a health home), is a team-based health care delivery model that provides comprehensive and continuous whole-person care with the goal of obtaining maximized health outcomes. Health homes can provide better access to health care, increase satisfaction with care, and improve health
3. Promote increase in primary care spending
 - Potential to set goals or incentives for primary care spending in individual or small group market through rate review process or measure of plan quality performance
4. Promote wellness incentives and expand to individual market
 - Currently, wellness programs are available for group health plans but don't typically exist in the individual market. Oregon passed SB 539 in 2013 and as a result DCBS shall apply to HHS to participate in an individual market wellness demonstration project. Federal rules applying to the demonstration project have not been released. Oregon could explore incenting or setting goals around wellness program expansion and related population health goals
5. Identify potentially unnecessary regulatory burdens and streamline and simplify rate review process

Transparency:

6. Enhanced tools for consumers (rate comparison charts, pre-service pricing disclosure, etc)
 - "Meaningful communication" rules for consumers, e.g. consumer friendly price info, clear benefit/enrollment info, rate comparison charts, pre-service pricing disclosure. 35 common procedures are listed, but benefit plan changes, enrollment options, and more meaningful consumer-specific price transparency could bolster communications
7. Enhanced bad debt/charity care analysis and timely reporting
 - Uncompensated care levels are monitored currently, but additional reporting may be necessary to understand who benefits from the reduction in charity care and bad debt under the ACA expansion.
8. Enhanced disclosure of hospital and/or provider pricing
 - Require hospitals and/or providers or carriers to publicly disclose contracts and/or other relevant data e.g. % changes in contract price. Transparency and free market economics may drive contract prices down.

Quality Improvement:

9. Promote alternative payment methodologies (APMs) and collect relevant data to support APM development
 - APMs--such as bundled payments, shared savings, and quality or other performance incentives--align payments with health outcomes rather than encounters. State could promote APMs through rate review process or provider contracting standards. Process must provide insurers/providers flexibility to adopt most appropriate method
10. Incent or set goals to promote value-based benefit designs
 - Encourage the availability of value-based insurance products, which increase copayments for overused or preference-sensitive services of low relative value and cover preventive and high-value services at low or no cost