

**TECHNICAL ADVISORY GROUP
DRAFT PROJECT CHARTER: PROVIDER REIMBURSEMENT MODELS**

KEY TASKS

(PLAN ELEMENTS H, O)

1. Propose methods for reimbursing providers for the cost of care as described below, or using an alternative method that is similarly equitable and cost-effective:
 - a. Individual providers shall be paid:
 - i. on a fee-for-services basis;
 - ii. as employees of institutional providers or members of group practices that are reimbursed with global budgets;
 - iii. or as individual providers in group practices that receive capitation payments for providing outpatient services; and
 - b. Institutional providers shall be paid with global budgets that include separate capital budgets, determined through regional planning, and operational budgets.
 - c. Group practices may be reimbursed with capitation payments if they primarily use individual providers to deliver care, do not use capitation payments to reimburse hospital services, and do not incentivize providers to utilize services.
2. Consider how reimbursement methods may differ across provider types as relevant (physical health, behavioral health, long term care, etc.)
3. Consider the Health Care for All Oregon Board's role in workforce recruitment, retention and development.
4. Highlight existing health disparities related to provider reimbursement and propose Task Force considerations for achieving health equity (e.g., ensuring sufficient recruitment of BIPOC providers)
5. Prioritize areas of greatest potential impact to consumers and develop specific questions to elicit feedback from the Consumer Advisory Council (CAC).

ROLES & RESPONSIBILITIES

Staff will prepare meeting agendas, identify appropriate background materials, develop slide presentations, summarize key discussion and decisions, and assist in preparing final policy proposals for consideration by the Task Force. TAG leads will assist with TAG meeting facilitation and serve as the TAG liaison, reporting back to the full Task Force at monthly meetings.

PROCESS CONSIDERATIONS & TAG INTERDEPENDENCIES

Members are required to explore and integrate evidence-based strategies in developing proposals, as well as identify potential advantages and disadvantages for each proposal. Members should explicitly consider the interconnectedness of each TAG topic when developing proposals and the extent to which proposals influence and/or are influenced by other TAGs.

DELIVERABLE

A summary of the TAG's discussion, key decision points, and proposal(s) for the Task Force to consider. The summary must identify consumer issues for the Consumer Advisory Committee to review and offer guidance to the full Task Force.

SUBJECT MATTER EXPERTISE

Staff will invite national and state experts with relevant knowledge about provider reimbursement and different reimbursement models most frequently used in health care. Experts will include, but are not limited to, individuals with expertise in public and private insurance reimbursement models, health equity, workforce recruitment and retention strategies, and operational and capital budgets for health care entities.

TIMELINE & MEETING FREQUENCY

Technical Advisory Group (TAG) will start in November 2020 and run through January 2021 with approximately 4-5 meetings. Meetings will be scheduled every 2-3 weeks. If additional meetings are necessary, the lead will communicate any requests for further meetings or an extension to the timeline directly with the Task Force. Also, each TAG is responsible for communicating to the Task Force any proposed modifications to its scope including the assigned tasks.

MEMBERSHIP & STAFF

Lead: Chad Chadwick

Members: Dwight Dill, Zeenia Junkeer, Cheryl Ramirez, Deborah Riddick

Staff: Laurel Swerdlow (Oregon Health Authority)

HB 3260 (2013) FINDINGS

The following excerpt from HB 3260 (2013) offers a set of values that may inform all Task Force work:

The Legislative Assembly finds that the best system for the delivery and financing of health care in this state will be the system that:

- Provides universal access to comprehensive care at the appropriate time.
- Ensures transparency and accountability.
- Enhances primary care.
- Allows the choice of health care provider.
- Respects the primacy of the patient-provider relationship.
- Provides for continuous improvement of health care quality and safety.
- Reduces administrative costs.
- Has financing that is sufficient, fair and sustainable.
- Ensures adequate compensation of health care providers.
- Incorporates community-based systems.
- Includes effective cost controls.
- Provides universal access to care even if the person is outside of Oregon.
- Provides seamless birth-to-death access to care.
- Minimizes medical errors.
- Focuses on preventative health care.
- Integrates physical, dental, vision and mental health care.
- Includes long term care.
- Provides equitable access to health care, according to a person's needs.
- Is affordable for individuals, families, businesses and society.