

OEBB/PEBB Innovation Workgroup DRAFT Work Plan - Fall 2019/Winter 2020

1) Identified Cost Drivers and Recommendations for Plan Renewals	Begin	End
A) Examine cost drivers with goal of developing 1-3 specific recommendations to incorporate in medical plan renewals	Sep-19	Oct-19
B) Musculoskeletal <ul style="list-style-type: none"> a. Back/Neck/Spine b. Major joints (knees) c. Utilization & Cost - variation d. Comparisons to benchmarks e. Renewal approaches to consider 	Sep-19	
C) Cancer <ul style="list-style-type: none"> a. Imaging b. Infusions c. Utilization & Cost - variation d. Comparisons to benchmarks e. Renewal approaches to consider 	Sep-19	
D) Finalize recommendations for OEBB and PEBB Boards		Oct-19

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2) OEBB and PEBB Medical Plan Cost Benchmarking	Begin	End
A) Examine OEBB/PEBB CY 2018 non-hospital payments relative to Medicare rates (categories may be modified) <ul style="list-style-type: none"> a. Physician - Primary Care b. Physician - Specialty c. Professional - Behavioral Health d. Professional - Maternity e. Laboratory f. Radiology - Basic g. Radiology - Advanced Imaging h. Long Term Care i. Durable Medical Equipment j. Other k. Ambulatory Surgery Facility l. Drugs/Infusions 	Oct-19	Nov-19
B) Review OEBB/PEBB CY 2018 inpatient/outpatient hospital payments relative to Medicare rates	Oct-19	
C) Consider/explore non-Medicare cost benchmarks	Nov-19	
D) Develop findings/conclusions to inform required legislative reporting (HB 2266) <ul style="list-style-type: none"> a. Potential cost/savings impacts of anchoring OEBB/PEBB payments to benchmark rates b. Define further potential impacts of benchmark rate-setting (utilization, access, etc.) 		Nov-19

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3) Strawman Plan Design Framework	Begin	End
A) Review/discuss draft framework for benefit design that incorporates the following principles <ul style="list-style-type: none"> a. Unit prices set by OEBB/PEBB b. Participating providers agree to meet quality and cost containment targets c. Best in class case, condition, and utilization management d. Members guided through health care system by advocates providing concierge services 	Nov-19	Dec-19
B) Develop recommendations to OEBB and PEBB Boards regarding framework development/timeline		Dec-19
4) Double Coverage Surcharge (HB 2266)	Begin	End
A) Review requirements for double covered spouse/dependent surcharge established in HB 2266 <ul style="list-style-type: none"> a. Scenarios/options for establishing dollar amount of surcharge b. Consider alternatives regarding how surcharge is applied c. Examine financial impact of surcharge options to members, OEBB and PEBB programs 	Nov-19	Dec-19
B) Develop recommendations to OEBB and PEBB Boards regarding establishing surcharge as required in HB 2266		Dec-19

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5) Value-Based Payments	Begin	End
A) Progress report on OHA VBP measurement approach a. Metrics identified b. Reporting timelines	Jan-20	Feb-20
B) Carrier updates on VBP progress and approaches a. VBP % trending b. Focus areas - geographic, care delivery, etc c. Challenges/cautions	Jan-20	
C) VBP Target Setting a. Establish OEBB/PEBB targets in LAN categories 3B+ b. Consider timelines and performance guarantees linked to targets	Feb-20	