

Proposed Attributes of a Sound Universal Care Financial Plan (Lessons from the Task Force)

Universal Health Plan Governance Board

Finance & Revenue Committee

October 15, 2024

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Optumas Disclaimer

- “The Optumas model is a budgetary projection, not actuarially sound rates for the population with quantifiable confidence intervals.”

Recommended Attributes

1. Based on fiduciary accounting standards with confidence intervals.

Table 3 – CY2019 Baseline Enrollment and Expenditures

Coverage Type / Expenditure Type	Enrollment	2019 Baseline Expenditures (In millions)
Individual – Exchange	148,180	\$996
Public Employees Other Than PEBB/OEBB	401,310	\$2,842
Employer/Other Individual	1,286,797	\$8,657
Oregon Public Employees (PEBB)	137,367	\$973
Oregon Educators (OEBB)	133,215	\$730
Medicare	782,445	\$9,420
Medicaid	859,481	\$9,936
Children’s Health Insurance Program (CHIP)	128,696	\$448
Uninsured	299,241	\$1,208
Out-of-Pocket	n/a	\$1,543
General Assistance (charity care)	n/a	\$121
Community Behavioral Health (non-Medicaid)	n/a	\$695
Total	4,176,732	\$37,570

Table Notes:

1. Due to dual eligibility across programs, figures present may be higher or lower than public reported and to avoid duplication resulting in skewed per capita calculations as a result.
2. Medicare out-of-pocket is included in the Medicare total line.
3. Out-of-pocket costs for programs and services not included in the Universal Health Care plan are excluded.
4. Total values may differ due to rounding.

Table 8 – CY2019 and CY2026 Baseline Expenditure Estimates (in billions)

Coverage / Expenditure Type	2019 Expenditures	2026 Enrollment	2026 Status Quo Expenditures
Individual – Exchange	\$996	155,846	\$1,389
Public Employees Other Than PEBB/OEBB	\$2,842	422,071	\$3,965
Employer Sponsored Insurance/Other Individual	\$8,657	1,353,366	\$12,077
Oregon Public Employees (PEBB)	\$973	144,473	\$1,357
Oregon Educators (OEBB)	\$730	140,107	\$1,018
Medicare	\$9,420	822,923	\$15,804
Medicaid	\$9,936	903,944	\$14,590
Children’s Health Insurance Program (CHIP)	\$448	135,354	\$659
Out of Pocket	\$1,543	n/a	\$2,056
Uninsured	\$1,208	314,722	\$1,610
General Assistance (Charity Care)	\$121	n/a	\$161
Community Behavioral Health (non-Medicaid)	\$695	n/a	\$919
Sub Total Expenditure	\$39,082	4,432,700	\$58,121
Bottom Line Adjustment – Dental	n/a	n/a	n/a
Bottom Line Adjustment – Premium Tax Backfill	n/a	n/a	n/a
Bottom Line Adjustment – Provider Efficiency Capture of 4%	n/a	n/a	n/a
Total Expenditure	\$39,082	4,432,700	\$55,603

Table Notes:

1. Due to dual eligibility across programs, enrollment figures have been adjusted to avoid duplication resulting in skewed per capita calculations.
2. Medicare out-of-pocket is included in the Medicare total; out-of-pocket costs for programs and services not covered by the UHC plan are excluded.
3. Small differences in totals and differences may be present due to rounding.

Recommended Attributes

1. Based on fiduciary accounting standards with confidence intervals.
2. Show your work – No hidden adjustments

Table 8 – CY2019 and CY2026 Baseline Expenditure Estimates (in billions)

Coverage / Expenditure Type	2019 Expenditures	2026 Enrollment	2026 Status Quo Expenditures	2026 Single Payer Expenditures	Difference
Individual – Exchange	\$996	155,846	\$1,389	\$729	(\$660)
Public Employees Other Than PEBB/OEBB	\$2,842	422,071	\$3,965	\$2,068	(\$1,896)
Employer Sponsored Insurance/Other Individual	\$8,657	1,353,366	\$12,077	\$6,371	(\$5,706)
Oregon Public Employees (PEBB)	\$973	144,473	\$1,357	\$708	(\$649)
Oregon Educators (OEBB)	\$730	140,107	\$1,018	\$531	(\$487)
Medicare	\$9,420	822,923	\$15,804	\$19,501	\$3,697
Medicaid	\$9,936	903,944	\$14,590	\$19,631	\$5,041
Children’s Health Insurance Program (CHIP)	\$448	135,354	\$659	\$331	(\$327)
Out of Pocket	\$1,543	n/a	\$2,056	\$2,022	(\$34)
Uninsured	\$1,208	314,722	\$1,610	\$2,652	\$1,043
General Assistance (Charity Care)	\$121	n/a	\$161	\$157	(\$3)
Community Behavioral Health (non-Medicaid)	\$695	n/a	\$919	\$910	(\$9)
Sub Total Expenditure	\$39,082	4,432,700	\$58,121	\$55,613	\$9
Bottom Line Adjustment – Dental	n/a	n/a	n/a	\$723	\$723
Bottom Line Adjustment – Premium Tax Backfill	n/a	n/a	n/a	\$396	\$396
Bottom Line Adjustment – Provider Efficiency Capture of 4%	n/a	n/a	n/a	(\$2,106)	(\$2,106)
Total Expenditure	\$39,082	4,432,700	\$55,603	\$54,626	(\$977)

Table Notes:

1. Due to dual eligibility across programs, enrollment figures have been adjusted to avoid duplication resulting in skewed per capita calculations.
2. Medicare out-of-pocket is included in the Medicare total; out-of-pocket costs for programs and services not covered by the UHC plan are excluded.
3. Small differences in totals and differences may be present due to rounding.

Table 11 – 2026 Revenue Estimates (in billions)

Program / Population	2026 Baseline	Single Payer	Difference
Employer premium contribution	\$12.47	\$0.00	(\$12.47)
Charity	\$0.16	\$0.00	(\$0.16)
Employee / Individual Medicare premiums are only individual contributions under single payer	\$11.63	\$2.10	(\$9.52)
Federal Title XVIII (Medicare)	\$11.78	\$11.78	\$0.00
Federal Title XIX (Medicaid)	\$10.86	\$12.86	\$2.00
Federal Title XXI (CHIP)	\$0.43	\$0.43	\$0.00
Exchange Subsidies/SAMHSA	\$0.88	\$1.17	\$0.30
State Funds and Household contribution and employer payroll tax	\$6.35	\$26.29	\$19.93
PEBB/OEBB non-GF Revenue	\$1.06	\$0.00	(\$1.06)
Total Expenditures	\$55.60	\$54.63	(\$0.98)

Recommended Attributes

1. Based on fiduciary accounting standards with confidence intervals.
2. Show your work – No hidden adjustments
3. Everything must add up to known data with a stable methodology

Figure 1 –Approach to Modeling Estimate

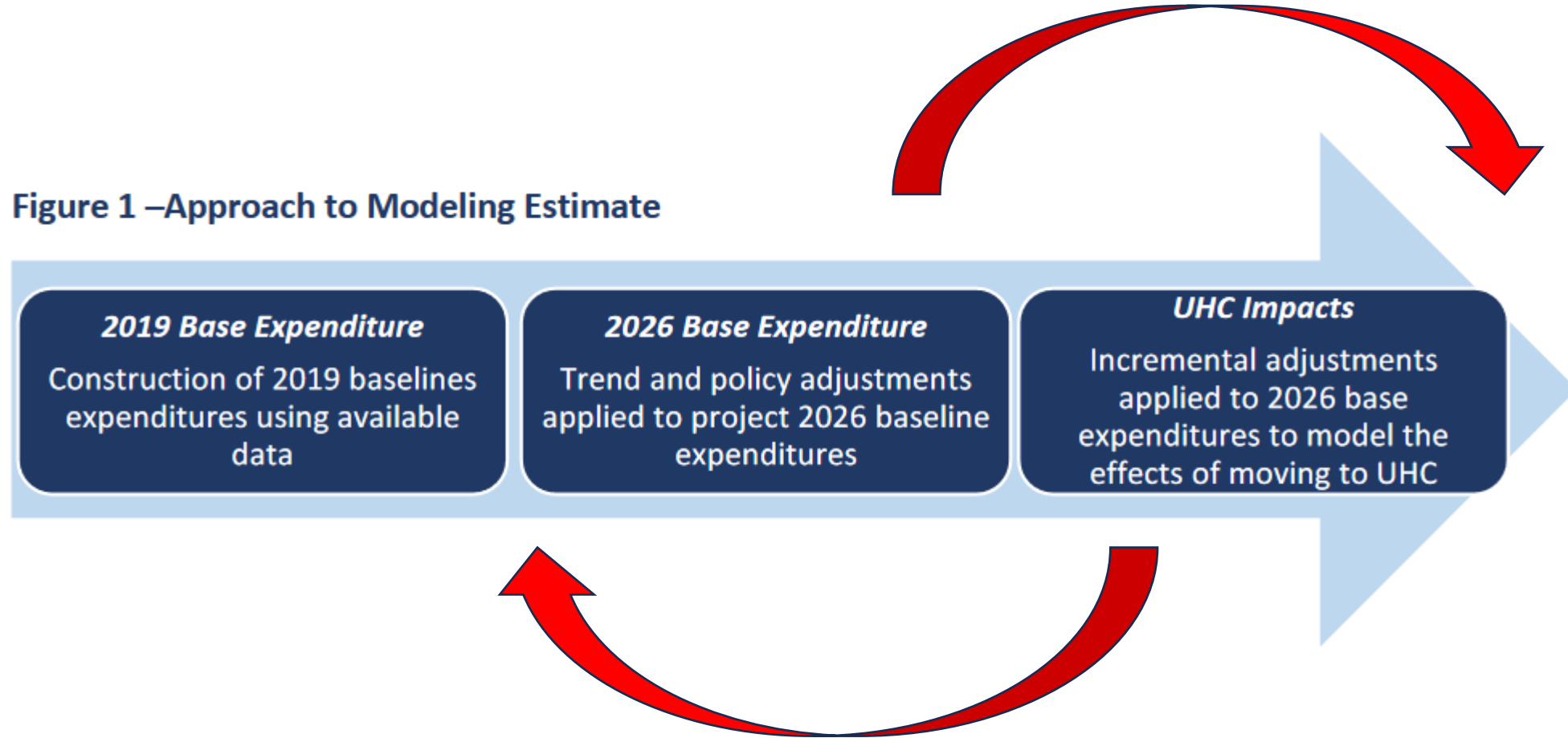
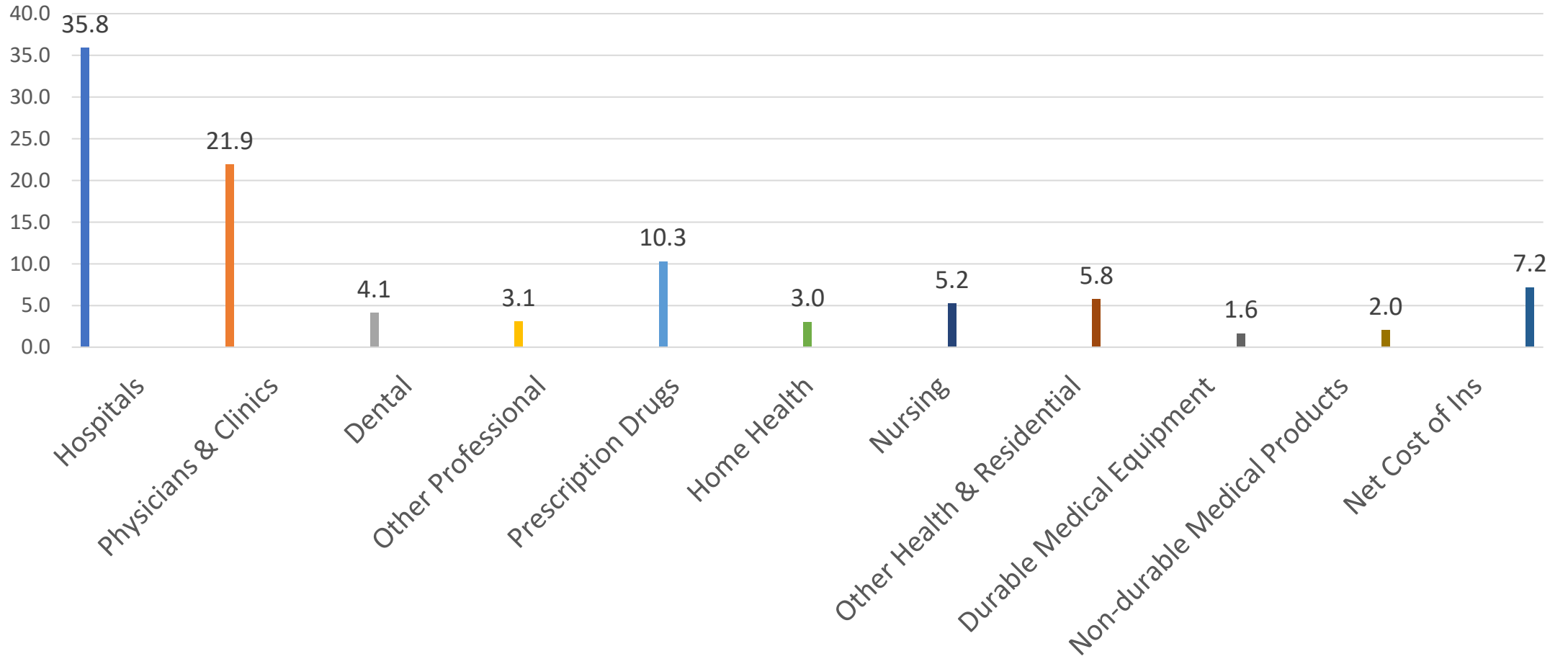


Table 1: Data Sources

Data Source Type	Data Sources
National	<ul style="list-style-type: none"><li data-bbox="835 325 2229 439">• National Health Expenditures (NHE) – (this included national and Oregon specific data where appropriate)<li data-bbox="835 461 1465 504">• NHE per capita trend projections<li data-bbox="835 525 1516 568">• Centers for Medicare and Medicaid
State Specific	<ul style="list-style-type: none"><li data-bbox="835 596 1312 639">• Oregon Health Authority<ul style="list-style-type: none"><li data-bbox="917 661 1172 704">• Medicaid<li data-bbox="917 725 1821 768">• Children’s Health Insurance Program (CHIP)<li data-bbox="917 789 1324 832">• Public Employees<li data-bbox="917 853 1337 896">• School Employees<li data-bbox="917 918 1477 961">• Health Benefits Exchange<li data-bbox="835 996 1490 1039">• Oregon Legislative Revenue Office
Other	<ul style="list-style-type: none"><li data-bbox="835 1075 1312 1118">• Kaiser Family Foundation<li data-bbox="835 1139 2025 1239">• Published studies (citations noted in footnotes throughout this document)

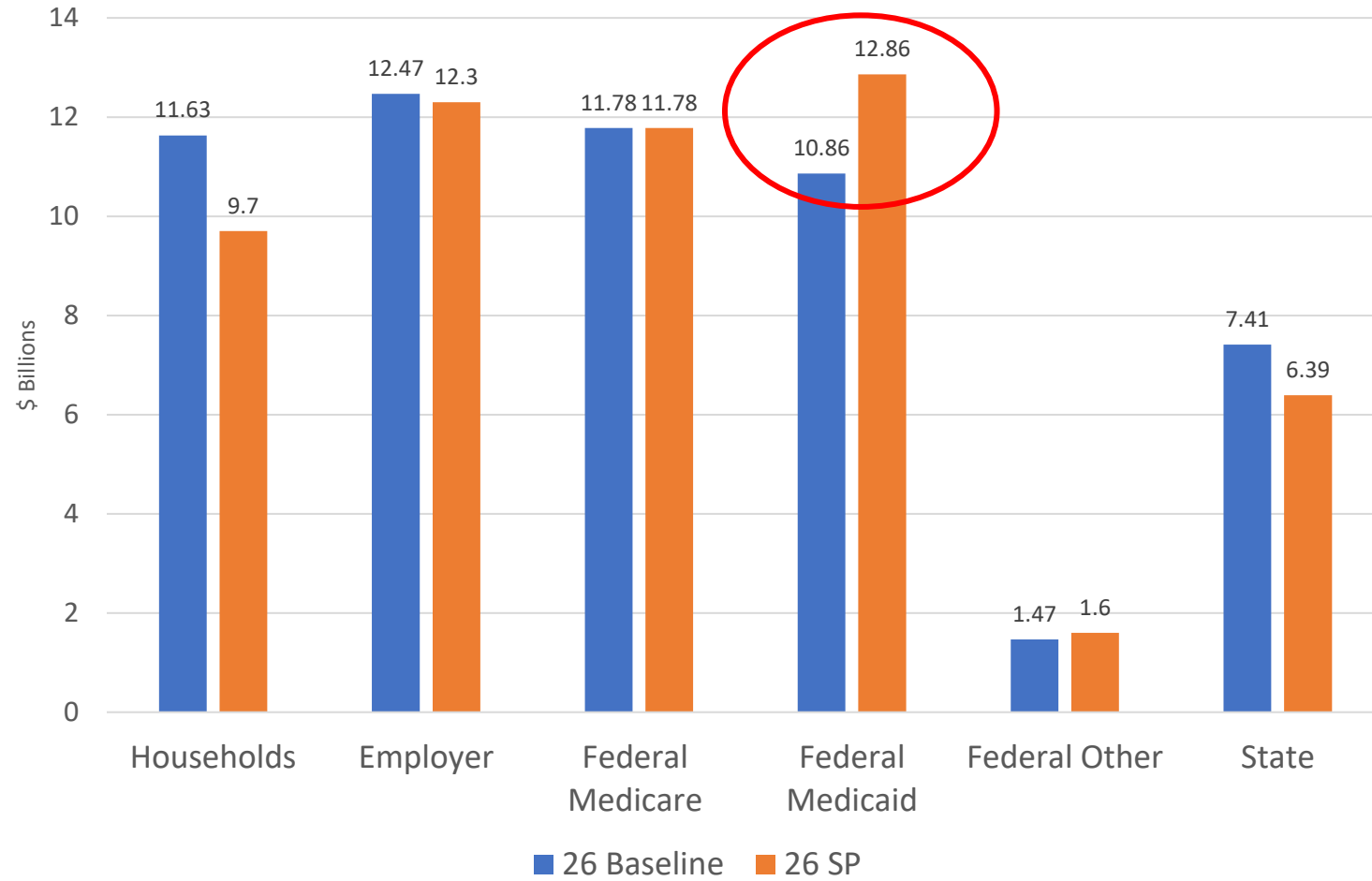
Where Total Direct Patient Cost Payments Go - 2017



Recommended Attributes

1. Based on fiduciary accounting standards with confidence intervals.
2. Show your work – No hidden adjustments
3. Everything must add up to known data with a stable methodology
4. In addition to NHE categories, must provide breakout for behavioral, primary care, and others.

Proposed Revenue Changes



Recommended Attributes

1. Based on fiduciary accounting standards with confidence intervals.
2. Show your work – No hidden adjustments
3. Everything must add up to known data with a stable methodology
4. In addition to NHE categories, must provide breakout for behavioral, primary care, and others.
5. Must include all revenue including taxes which support federal programs

Excluded from Scope of Study

- DOD, VA, IHS, Schools, Institutions, Worksite (4.5%)
- Research and Investment (not personal care)
- Population Health (not personal care)
- Costs Currently Funded Through Private Donations (5%)
- Out of Pocket costs for service not covered by plan (4 to 7%)
- Long Term Supports and Services (except as provided through Medicaid.) (8 to 10%)

Recommended Attributes

1. Based on fiduciary accounting standards with confidence intervals.
2. Show your work – No hidden adjustments
3. Everything must add up to known data with a stable methodology
4. Must provide breakout for behavioral, primary care
5. Must include all revenue including taxes which support federal programs
6. Effect on services covered by charitable giving, Out of Pocket, LTSS

Recommended Attributes

1. Based on fiduciary accounting standards with confidence intervals.
2. Show your work – No hidden adjustments
3. Everything must add up to known data with a stable methodology
4. Must provide breakout for behavioral, primary care
5. Must include all revenue including taxes which support federal programs
6. Effect on services covered by charitable giving, Out of Pocket, LTSS
7. Must explain whether savings from unification still exist even if not all expenditures are unified.