

# Universal Health Plan Governance Board

## Committee Charters

July 2024 – March 2026

July 15, 2024. Version 2

Approved by the Board, [July 18, 2024]

### Operations Committee

#### Committee Membership

Board Members: Bruce Goldberg (Operations Chair); Judy Richardson, Warren George

Non-Board Members:

#### Tasks:

##### *Operations Tasks:*

- Review other public corporations in Oregon and understand administrative structures
- Identify information technology needs and systems that can accommodate needs
- Review complex health care organizations including approaches to claims management, quality control, population health and security
- Determine how to manage eligibility and enrollment
- Recommend admin structure, i.e., central, regional, one payer, multiple etc., with clarity around administrative role in eligibility, rate setting, claims payments.
- Determine operational costs

#### Deliverables:

##### *Operations Deliverables:[SB 1089 Section 2(3) e, l, m]*

- Recommendations on administrative structure
- Recommendations on statutory authority and information technology needs for plan operations
- Plan to create a Trust Fund in the State Treasury and how to route revenue to the fund
- Determine start-up costs and source of funding
- Plan to create an independent public corporation to run the Universal Health Plan
- Identify federal waivers needed to implement plan
- Create federal waiver guidance document on necessary steps to engage CMS on federal waivers

#### Process Considerations

The committee will provide recommendations to the board and has no authority to make decisions for the board. The committee will exist until it is dissolved by the board. Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

Committee will take on the tasks and deliverables relating to operations however, some of the tasks from operations may lead to further recommendations for implementation.

The operations committee will be dependent on the work of other committees and resultant board decisions on recommendation. This will impact the work of the Operation and Transitions committee and may require additional planning, subject matter expertise and resources.

### **Recommendations Guidance: Committee Decision – Making Process**

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

Voting: Recommendations to the board made by the committee, including when there is consensus, must be taken by public rollcall vote of all members present. Voting should flexibly follow the process set forth in Robert's Rules of Order. Absent compelling circumstances (*e.g.*, as mandated by applicable conflict of interest laws and policies), committee members should not abstain from voting. Voting can be used when consensus is not achieved, and any committee member is eligible to make a motion. If there are votes in the minority, those members voting in the minority may submit an explanation of their vote and provide alternative proposals.

### **Timeline and Meeting Frequency: September 2024 – December 2025**

Committee will meet every two – three weeks and provide monthly updates to the Governance Board on progress.

June- July: Governance Board review and approve committee charter

August: Recruit and appoint non-board member committee members

September/October: Build understanding of public corporations and the information technology needs for a universal health plan

November/June, 2025: Address and make recommendations on administrative structures for public corporation and Trust Fund needed for Universal Health Plan

July -August, 2025: Develop and implement key partner readiness assessment. Identify workforce challenges and identify strategies to address in the transition

### **Subject Matter Expertise**

Staff will bring in partners from public corporations, large health care organizations, claims payers and other health care system participants in Oregon to explain structures. are organizations, claims payers etc.

### **Resources Needed**

Legal and policy analysis. Health care administration experience, Third Party Administrator.

### **Staff**

Policy Analysts, OHA; Jenny Donovan, Senior Policy Specialist, and Katy DeLuca, Executive Assistant, UHPGB