

Design Elements		Health Care for All Oregon Plan Proposal	
Summary			
Model overview			
Eligibility for Health Coverage			
U.S. citizens who are state residents			
Lawfully present immigrants who are state residents			
Undocumented immigrants who live in Oregon			
Residents who work outside of Oregon			
Nonresidents working in Oregon + dependents			
OHP-eligible			
Medicare-eligible and dual Medicaid-Medicare eligible			
Enrollment requirement			
Scope of Benefits (preserves health care services in Medicaid, Medicaid, CHIP, ACA)			
ACA 10 Essential Health Benefits (EHB) ⁱ			
Adult dental, vision, and hearing			
Medical management (diabetes, asthma, other chronic conditions)			
Long-term care services & supports			
Non-traditional health services (acupuncture, naturopathic, chiropractic)			
Affordability (Consumer Financial Participation)			
Level of cost sharing for covered benefits			
(AV = Actuarial Value) covered benefits paid for by the health plan = “value” to the individual)			
Premiums			
Deductibles			
Means-testing			
Program Structure and Administration			
Board structure & authority			
Administration			
Complaints, grievances, and appeals			
Health plan(s) (public/private/hybrid)			
Criteria to determine benefit coverage (over-time) (prioritized list)			
Utilization management (prior authorization, appeals, formulary, etc.)			
Provider participation			
Provider recruitment & retention			
Private supplemental insurance			
Provider Reimbursement Levels and Types (inpatient, outpatient, practitioners, ancillary services)			
Provider Level	Individual		
	Group practitioners		
	Institutional providers (hospitals, health systems)		
Behavioral health (mental health, substance abuse)			
IDD			

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Community health workers and Traditional health workers	
Ancillary health providers	
Reimbursement by type of service	
Method(s) to adjust reimbursement rates over time (rate of growth)	
Financing	
Parameters to estimate expenditures	
Parameters to estimate potential savings	
Current financing (public/private)	
Enrollee cost-share	
Revenue	
Federal funds	
State funds (general funds)	
Employer/Employee tax revenue	
Enrollee cost-share	
Other Key Provisions	
Federal waivers (1115/1332)	
Federal or State statutory changes	
Transition	

ⁱ <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>