The table below outlines several Medicaid buy-in proposals for the Universal Access to Care Work Group to consider. The fourth proposal labeled as “Proposal D” is less a Medicaid buy-in proposal but has been identified through work group discussions. Rather this proposal is aimed at spreading key elements of the coordinated care model which serves as the foundation for Oregon’s transformation of the state’s Medicaid delivery and financing system including the 15 coordinated care organizations.

It is worth noting that for each proposal, there are a number of factors (inputs) that can be modified based on the preferences of work group members. The design considerations as outlined in each row are intended to serve as discussion items for the work group. The initial offerings are intended to reflect the discussion from the August 23rd meeting as well as prior discussions in March and April. As evident in the table, there are a number of design elements that can be modified based on the policy priorities around coverage and access as identified by members.

The sample of proposals provided is not complete and should not be considered an exhaustive list. As presented by the Oregon Health Authority and Department of Consumer and Business Services, there are many critical considerations to explore and assess in working to conceptualize a Medicaid buy-in model proposal(s) for Oregon. A number of these considerations have been included in the conceptual proposals.

- Population – available to all or parameters to population
- Access and competition within the insurance market
- Affordability – offer subsidies based on marketplace standards, premium assistance
- Market alignment
- Risk pool – in Medicaid risk pool versus separate from Medicaid
- Financing
In considering the Medicaid Buy-in proposals outlined in the table, there are four key factors that influence the overall costs for health coverage. For each factor, depending on the preferences of the work group, adjustments to one or more the factors can increase or decrease the potential “affordability” associated with each proposal. Such impacts, depending on their direction, may impact any potential uptake among individuals in Oregon. These factors also may also be further affected by an individual or family’s insurance status including but not limited to reasons for being uninsured and/or underinsured, health status, and geographic location, among other factors that influence coverage and affordability. ¹

Figure 1. Key Factors that Influence Coverage Affordability

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<table>
<thead>
<tr>
<th>Overview</th>
<th>Proposal A</th>
<th>Proposal B</th>
<th>Proposal C</th>
<th>Proposal D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract with CCOs</strong></td>
<td><strong>Contract with CCOs</strong></td>
<td><strong>Contract with CCOs</strong></td>
<td><strong>Contract with CCOs</strong></td>
<td><strong>Contract with CCOs</strong></td>
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<tr>
<td>To provide consumers outside of Medicaid eligibility to purchase insurance product with similar design consideration to CCO plans.</td>
<td>To ensure the same provider networks are offered in Medicaid and Marketplace; enhance care continuity.</td>
<td><strong>Streamline transitions for consumers between Medicaid and commercial coverage</strong></td>
<td><strong>Streamline transitions for consumers between Medicaid and commercial coverage</strong></td>
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<tr>
<td>Consideration to CCO plans.</td>
<td><strong>CCOs offer plans on the Marketplace (individual market)</strong></td>
<td><strong>CCOs offer plans on the Marketplace (individual market)</strong></td>
<td><strong>CCOs offer plans on the Marketplace (individual market)</strong></td>
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<td>Policy Goal &amp; Priorities</td>
<td><strong>Stabilize/Strengthen Individual Market</strong></td>
<td><strong>Stabilize/Strengthen Individual Market</strong></td>
<td><strong>Stabilize/Strengthen Individual Market</strong></td>
<td><strong>Stabilize/Strengthen Individual Market</strong></td>
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<tr>
<td><strong>Expand affordable coverage in Oregon</strong></td>
<td><strong>Carry-over of last resort</strong></td>
<td><strong>Carry-over of last resort</strong></td>
<td><strong>Carry-over of last resort</strong></td>
<td><strong>Carry-over of last resort</strong></td>
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<td>∗ Reduce monthly premiums, or</td>
<td><strong>More plans on the marketplace</strong></td>
<td><strong>More plans on the marketplace</strong></td>
<td><strong>More plans on the marketplace</strong></td>
<td><strong>More plans on the marketplace</strong></td>
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<td>∗ Reduce out-of-pocket costs, or</td>
<td><strong>Increased plan offerings (potentially)</strong></td>
<td><strong>Increased plan offerings (potentially)</strong></td>
<td><strong>Increased plan offerings (potentially)</strong></td>
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<td>∗ Enhance benefits or value for premium</td>
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<td><strong>Feasibility and Considerations</strong></td>
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<td><strong>Scalability and Financial Model</strong></td>
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<td><strong>Utilize existing DCBS rate review</strong></td>
<td><strong>Utilize existing DCBS rate review</strong></td>
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<td><strong>Graded co-pays for plan offerings</strong></td>
<td><strong>Graded co-pays for plan offerings</strong></td>
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<td><strong>Marketplace, Stand Alone, other</strong></td>
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<td><strong>10 Essential Health Benefits offered in Oregon Health Plan (QHP) tied to Prioritized List OR Limited OHP Benefits (e.g., no adult dental or vision) (e.g., see retired benefits for OHP Standards)</strong></td>
<td><strong>10 Essential Health Benefits offered in Qualified Health Plans (QHPs) (mirror federal requirements for plan offerings)</strong></td>
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<td><strong>Key Design Considerations</strong></td>
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**Proposal A**

- Offered outside of the Marketplace (Off-exchange)
- Individuals and families 0-400% Federal Poverty Level (FPL) not eligible for Medicaid or the Marketplace
- Individuals and families over 400% FPL without affordable employer-sponsored coverage
- Full Medicaid benefits offered in Oregon Health Plan (QHP) tied to Prioritized List
- OR Limited OHP Benefits (e.g., no adult dental or vision) (e.g., see retired benefits for OHP Standards)
- Premiums
- Deductibles
- No co-pays at point of care
- Emphasis on value, not volume or fee-for-service
- Tied to Medicaid
- Statewide (potentially)
- Fixed rate of growth
- Potential for market destabilization
- Requires licensing CCOs as commercial insurers
- Network adequacy and solvency requirements
- May require 1332 waiver
- Requires licensing CCOs as commercial insurers to offer QHPs on Marketplace
- Ensure network adequacy requirements
- Voluntary opt-in approach for CCOs
- Setting initial premiums will be complicated; risk-sharing solution may be needed
- Initial enrollees may have high costs/health care needs

**Proposal B**

- Offered on Marketplace
- Mirror federal Marketplace requirements: eligible individuals and families between 138-400% FPL
- Individuals that already qualify for advance premium tax credits (APTCs)
- 10 Essential Health Benefits offered in Qualified Health Plans (QHPs) (mirror federal requirements for plan offerings)
- Premiums
- Deductibles
- No co-pays at point of care
- Emphasis on value, not volume or fee-for-service
- Tied to Medicaid
- Midpoint between Medicaid and commercial insurance
- May require 1332 waiver
- Requires state legislation to establish requirements
- Network adequacy requirements
- Voluntary opt-in approach for CCOs
- Setting initial premiums will be complicated; risk-sharing solution may be needed
- Initial enrollees may have high costs/health care needs

**Proposal C**

- Offered on Marketplace
- Mirror federal Marketplace requirements: eligible individuals and families between 138-400% FPL
- Individuals that already qualify for APTCs
- 10 Essential Health Benefits offered in QHPs (mirror federal requirements for plan offerings)
- Premiums
- Deductibles
- No co-pays at point of care
- Emphasis on value, not volume or fee-for-service
- Tied to Medicaid
- Midpoint between Medicaid and commercial insurance
- May require 1332 waiver
- Requires state legislation to establish requirements
- Network adequacy requirements
- Voluntary opt-in approach for CCOs
- Setting initial premiums will be complicated; risk-sharing solution may be needed
- Initial enrollees may have high costs/health care needs

**Proposal D**

- Offered on Marketplace
- Mirror existing marketplace cost-sharing structure
- Mirror existing marketplace cost-sharing structure
- Mirror existing marketplace cost-sharing structure
- Statewide (potentially)
- Fixed rate of growth
- Fixed rate of growth
- Fixed rate of growth
- May require 1332 waiver
- Potential need for state legislation to establish requirements
- Network adequacy requirements
- Voluntary opt-in approach for CCOs
- Setting initial premiums will be complicated; risk-sharing solution may be needed
- Initial enrollees may have high costs/health care needs

**Proposal E**

- Offered on Marketplace
- Mirror existing marketplace cost-sharing structure
- Mirror existing marketplace cost-sharing structure
- Mirror existing marketplace cost-sharing structure
- Statewide (potentially)
- Fixed rate of growth
- Fixed rate of growth
- Fixed rate of growth
- May require 1332 waiver
- Potential need for state legislation to establish requirements
- Network adequacy requirements
- Voluntary opt-in approach for CCOs
- Setting initial premiums will be complicated; risk-sharing solution may be needed
- Initial enrollees may have high costs/health care needs

**Proposal F**

- Offered on Marketplace
- Mirror existing marketplace cost-sharing structure
- Mirror existing marketplace cost-sharing structure
- Mirror existing marketplace cost-sharing structure
- Statewide (potentially)
- Fixed rate of growth
- Fixed rate of growth
- Fixed rate of growth
- May require 1332 waiver
- Potential need for state legislation to establish requirements
- Network adequacy requirements
- Voluntary opt-in approach for CCOs
- Setting initial premiums will be complicated; risk-sharing solution may be needed
- Initial enrollees may have high costs/health care needs