



Universal Health Insurance Coverage Key Principles Matrix --- December 2006

DOMAIN	CRITERION	RESULTS
Eligibility	<ol style="list-style-type: none"> 1. Age range accepted: 2. Immigration Status accepted: <ol style="list-style-type: none"> a. Citizen or Alien resident b. Visa- work or tourist c. Undocumented 3. Income limitations: 4. Asset limitations: 5. Residency requirements: 6. Exclusion/ limitations on preexisting conditions: 7. Documents required: 	<ol style="list-style-type: none"> 1. 2. <ol style="list-style-type: none"> a. b. c. 3. 4. 5. 6. 7.
Participation	<ol style="list-style-type: none"> 8. Process of enrollment: relative ease or difficulty 9. Marketing proposed: 10. Outreach proposed: 	<ol style="list-style-type: none"> 8. 9. 10.
Affordability	<ol style="list-style-type: none"> 11. Premium assistance: <ol style="list-style-type: none"> a. low income b. disability c. impaired health 12. Range of plans 13. Measure of affordability for employers <ol style="list-style-type: none"> a. By size of business/ # of employees b. By % of wages 14. Measure of affordability for individuals/ families <ol style="list-style-type: none"> a. By % of income and absolute cost 15. Cost-shifting Analysis <ol style="list-style-type: none"> a. Subsidy of low income individuals by high income b. Subsidy of the chronically ill by the healthy c. Subsidy of unemployed by the employed 	<ol style="list-style-type: none"> 11. <ol style="list-style-type: none"> a. b. c. 12. 13. <ol style="list-style-type: none"> a. b. 14. 15. <ol style="list-style-type: none"> a. b. c.
Scope of Benefits	<ol style="list-style-type: none"> 16. Comprehensiveness of included services: <ol style="list-style-type: none"> a. Physician/ prescriber b. Hospital c. Prescription drugs d. DME e. Rehabilitation services f. Home health services g. Other: _____ 17. Incentives for primary care 18. Incentives for vertical integration of care 19. Oral Health (prevention and treatment services) 20. Mental Health treatment parity 21. Addictive Disorder treatment parity 22. Degree of focus on prevention, health promotion, early detection of disease, and chronic disease management 	<ol style="list-style-type: none"> 16. <ol style="list-style-type: none"> a. b. c. d. e. f. g. 17. 18. 19. 20. 21. 22.



<p>Cost Sharing & Equity</p>	<p>23. Individuals a. Premium structure b. Copays for MD, hospital, medications</p> <p>24. Employers a. Premium costs b. Economic incentives</p> <p>25. Government a. # covered at what cost b. Benefit to social welfare, reduced emergency room care</p> <p>26. Incentives for lifestyle choices proven to prevent or retard development of disease</p>	<p>23. a. b.</p> <p>24. a. b.</p> <p>25.</p>
<p>Access to Care</p>	<p>27. Provider participation incentives a. % Fee schedule compared to Medicare b. Other non-financial benefits</p> <p>28. Administrative burden a. estimated time per patient visit b. estimated office staff requirements</p> <p>29. Language/cultural barriers addressed in what way?</p> <p>30. Ease of navigating the health system</p> <p>31. Support for health education and literacy a. Part of the health care system b. Optional or incentivized?</p> <p>32. Transportation to appointments available if needed?</p> <p>33. Care coordination available if needed?</p>	<p>26. a. b.</p> <p>27. a. b.</p> <p>28. a. b.</p> <p>29. a. b.</p> <p>30. a. b.</p> <p>31. a. b.</p> <p>32.</p>
<p>Financing</p>	<p>34. Financing mechanisms a. Sustainable? b. Reliable and predictable?</p> <p>35. Continued/enhanced federal participation?</p> <p>36. Cost controls that include long-term population health?</p>	<p>33. a. b.</p> <p>34. a. b.</p> <p>35.</p>
<p>Quality</p>	<p>37. Provider incentives to follow standards of care and practice evidence-based medicine (EBM) a. Which criteria set proposed?</p> <p>38. Error monitoring and feedback a. Mechanism for data collection and feedback</p> <p>39. Program evaluation components for efficiency in program operation, cost-effectiveness, and continuous quality improvement a. Mechanism for data collection and feedback b. Mechanism for choosing CQI initiatives</p>	<p>36. a. b.</p> <p>37. a. b.</p> <p>38. a. b.</p>
<p>Continuity of coverage</p>	<p>40. Continuous, affordable coverage a. Changing jobs b. Loss of job c. Retirement d. Change in health status e. Change in income f. Change in assets.</p>	<p>39. a. b. c. d. e. f.</p>