



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

| DOMAIN | KEY FEATURES | PRINCIPLES/CONCERNS |
|----------------------------------|---|---|
| Eligibility | <ul style="list-style-type: none"> Degree of inclusiveness—pre-existing condition, age, income, residency or other exclusions Number and kind of documentary requirements | <ul style="list-style-type: none"> Potential for coverage gaps based on eligibility determinations: income, immigration/residency status. |
| Participation | <ul style="list-style-type: none"> Process of enrollment: relative ease or difficulty Amount and kind of effective marketing and outreach | <ul style="list-style-type: none"> Disincentives for participation: high out-of-pocket costs, burdensome documentation, cultural barriers. |
| Affordability | <ul style="list-style-type: none"> Premium assistance: low income, disability & health status. Range of plans/ degree of choice Measure of affordability for employers and individuals. | <ul style="list-style-type: none"> Potential for fraud/abuse and administrative burden in income disclosure and verification process |
| Scope of Benefits | <ul style="list-style-type: none"> Comprehensiveness: physician, hospital, prescription drugs, durable medical equipment, rehabilitation services, home health services, etc Incentives for primary care and for integration of care Oral Health (prevention and treatment) Mental health and substance abuse treatment parity Degree of focus on prevention, health promotion, early detection of disease, and chronic disease management | <ul style="list-style-type: none"> More comprehensive plans may impact affordability and cost containment efforts Lack of clear evidence of cost-effectiveness of some prevention activities, although most result in improved quality of life. |
| Cost Sharing & Equity | <ul style="list-style-type: none"> Equitable cost sharing among individuals, employers, and governments based on ability to pay, economic incentives, and social welfare Incentives for lifestyle choices proven to prevent or slow development of disease | <ul style="list-style-type: none"> Significant co-pays and deductibles can cause insured to avoid or delay treatment Employer costs may stifle economic development and job growth |
| Access to Care | <ul style="list-style-type: none"> Adequate provider participation incentives Simplification of administrative burden on providers Reduced language/cultural barriers Ease of navigating the health system Support for health education and literacy Transportation and care coordination available as needed | <ul style="list-style-type: none"> De facto multi-tiered system from lack of incentives for providers to participate, resulting in limited options for persons in poverty or with special needs Cultural barriers to timely and effective care Will universal coverage result in an increase in demand for health services that is beyond current resource capacity? |
| Financing | <ul style="list-style-type: none"> Sustainable, reliable, and predictable financing mechanisms Continued/enhanced federal participation Cost controls that include long-term population health | <ul style="list-style-type: none"> Administratively burdensome and costly revenue collection methods |
| Quality | <ul style="list-style-type: none"> Provider incentives to follow standards of care and practice evidence-based medicine (EBM) Error monitoring and feedback Program evaluation components for efficiency in program operation, cost-effectiveness, and continuous quality improvement. | <ul style="list-style-type: none"> Health information technology is effective for error reduction and quality measurement, but requires significant up-front capital investment Many methods of dissemination of EBM to providers are ineffective |
| Continuity of Coverage | <ul style="list-style-type: none"> Continuous, affordable coverage regardless of employment status, retirement, change in health status, or change in income, assets or personal circumstances. | <ul style="list-style-type: none"> Administrative complexities may increase overall system costs |
| Evaluation | <ul style="list-style-type: none"> Ongoing data collection systems related to broad range of cost, quality, and access variables Analytic capacity to process data and produce clear information on system performance related to cost, quality and access Policy development capacity to generate evidenced-based recommendations for system modification | <ul style="list-style-type: none"> No program of universal health care coverage, no matter how well designed, can anticipate all unintended consequences. Essential program design elements include monitoring through rigorous data-tracking and comprehensive evaluation in support of continuous program improvement. |