ITUP
Insure the Uninsured Project

FRAMEWORK FOR DESIGNING A HEALTH COVERAGE PROPOSAL		
Element	**Description**	**Issues / Questions**
Overall approach	▪ Purpose and goals of the plan ▪ Starting point assumptions about existing programs ▪ Key terms defined (e.g, what is meant by universal coverage or public option?) ▪ Target population(s)	▪ Cover the remaining uninsured (including undocumented) given a starting point where most Californians have coverage? ▪ Adopt a state coverage model to replace the loss of federal support and protect coverage for existing insured populations? ▪ Restructure or replace existing coverage?
Coverage responsibility provisions	▪ Employer mandate ▪ Employee mandate ▪ Individual mandate	▪ Require employers and/or individuals to secure coverage? ▪ How will state enforce mandates? ▪ Federal ERISA challenges for a state-based employer mandate? ▪ Who would be covered / exempt from mandate requirements?
Coverage structure	▪ Public and private approaches to coverage ▪ Model (e.g., exchange public/private marketplace, pay or play, single payer)	▪ What public coverage programs exist? State and/or county administered? ▪ Role of private insurance markets? ▪ Is there an exchange, purchasing pool or cooperative?
Public programs / Eligibility	▪ Public coverage programs ▪ Premium subsidies or supports	▪ Income and eligibility thresholds for public programs? Role of Medicaid? Medicare? ▪ What premium supports or subsidies for private coverage? Who administers?
Benefits	▪ Public programs ▪ Private market	▪ Benefits in public programs and for whom? ▪ Benefit requirements in private coverage?
Financing	▪ Available state, federal and local funds ▪ Additional revenues required and sources to generate ▪ Enforcement and collection ▪ Tax favored approaches (Health Savings Accounts, etc.)	▪ Estimated program costs? ▪ Assumptions about state and federal funding? Federal waivers? Existing program funding to be redirected? Additional revenues needed? ▪ What revenue sources will be available or can be generated to cover program costs? ▪ How will anticipated program savings be captured and used to support coverage? What is the time lag for capturing any savings?
Market rules	▪ Rules for private coverage ▪ Underwriting and rating rules ▪ Medical loss ratio ▪ Rate review and approval	▪ Coverage available regardless of health status or pre-existing conditions? ▪ Rating factors – age (ratio), geography? ▪ Regulatory oversight?
Delivery system and provider payment methods	▪ Fee-for-service, capitation ▪ Safety net provider payments ▪ Payment reforms and other incentive payments	▪ How will providers be paid? Networks and system design(s) permitted, encouraged or prohibited? ▪ Cost containment, quality improvement and care management features included?
Timeline	▪ Implementation schedule ▪ Phase-in	▪ Are federal approvals needed? ▪ State legislation or ballot initiatives?