

**Draft Evaluation Criteria for Health Care Coverage Strategies
Under Consideration By The
Adequate Health Care Task Force**

The evaluation of the health care expansion proposals that the Adequate Health Care Task Force has selected for consideration involves identifying specific evaluation criteria. Using the provisions in the Health Care Justice Act and information from the 92 interests identified by Adequate Health Care Task Force members, the Navigant Consulting team has developed 12 draft criteria for the Adequate Health Care Task Force's consideration (Attachment A).

The Navigant Consulting team will use the weights and maximum points value assigned to each criteria to rank each health care expansion proposal under consideration by the Adequate Health Care Task Force. Attachment B provides a summary of each draft criteria's weights and points, and examples of scoring and results for two different mock proposals. The criteria, weights and points presented in Attachments A and B are tentative and subject to changes by the Adequate Health Care Task Force.

**Attachment A: Draft Evaluation Criteria for Health Care Coverage Strategies
Adequate Health Care Task Force**

| CRITERIA | WEIGHT | EVALUATION TOPICS | SCORING | OTHER CONSIDERATIONS |
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| <p>1. Access – Provides coverage, regardless of employment or health status, to all Illinois residents; provides portability of coverage, no matter employment status</p> | <p>17.5</p> | <p>a) Provides coverage to all Illinois residents</p> <p>b) Mandates coverage</p> <p>c) Includes provisions to avoid crowd-out of private insurance</p> <p>d) Includes provisions for portability, i.e., individuals maintain coverage as life circumstances (e.g., employment, transition from Medicaid, etc.) and health status change</p> <p>Quantitative modeling:</p> <ul style="list-style-type: none"> • Identification of newly covered population • Identification of populations whose coverage did not change • Identification of populations that were previously covered and elected new coverage option | <p>Maximum Points: 10</p> <p>a) Score 1-5, 5 represents coverage to all residents</p> <p>b) Score 1 if coverage is mandatory</p> <p>c) Score 1-2 for provisions to avoid crowd-out of private insurance</p> <p>d) Score 1-2 for provisions for portability</p> | <ul style="list-style-type: none"> • If individuals/groups are excluded, what is the reason for their exclusion? • Does the proposal suggest the use of copays/deductibles that could limit access to services? • Does the proposal address issues related to language or cultural barriers or geographic distances? |

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| <p>2. Financing –Financed progressively so the proposal is broad-based, fair and affordable to individuals and businesses</p> | <p>17.5</p> | <p>a) Finances additional costs through an approach that incorporates proper load-sharing between providers, insurers, state government and patient/taxpayers</p> <p>b) Maximizes federal funds</p> <p>c) Enhances affordability for small employers</p> <p>Quantitative modeling:</p> <ul style="list-style-type: none"> • Costs of covering newly covered populations • Entities responsible for paying for coverage • Identification of populations whose financial access improved as a result of the coverage expansion | <p>Maximum Points: 9</p> <p>a) Score 1-5 for approaches that spread burden of costs across providers, insurers, state and federal government and taxpayers.</p> <p>c) Score 1-2 for approaches that maximize federal funds</p> <p>d) Score 1-2 for features that enhance affordability for small employers</p> | <ul style="list-style-type: none"> • What is the cost of the program to each of those parties bearing some of the burden (i.e., who are the winners and losers)? What stakeholders bear the largest burdens, in relationship to the status quo? How are these costs financed? • To what extent is the option funded by public vs. private funds? • Whose health care services are subsidized by government and whose are not? How are subsidies determined (i.e., do the more needy get larger subsidies)? |

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| <p>3. Benefit Package – Provides a full range of preventive, acute, and long-term health care services that maximize health and functional status for all Illinois residents</p> | <p>15</p> | <p>a) Provides full range of benefits specified in the Health Care Justice Act:</p> <ul style="list-style-type: none"> i) Acute care services ii) Preventive services, including age-appropriate preventive care screening iii) Parity for mental health and substance abuse services iv) Long-term care service package, including rehabilitative services to transition patients from more costly inpatient settings to home and community v) Services for the developmentally disabled, such as home- and community-based services and supports | <p>Maximum Points: 10</p> <p>a) Score 1 – 10 for services offered</p> | <ul style="list-style-type: none"> • Is the proposal flexible to serve different communities with different needs? • Are there proposals to revise mandated benefits? • Does the proposal contain policies that would reduce preventable disease and disability? |

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| <p>4. Implementation – Plan is economically and politically feasible</p> | <p>15</p> | <p>a) Legal and regulatory changes required to implement the proposal can be accomplished within 1-3 years</p> <p>b) Federal waivers, if required, can be implemented within 1-3 years</p> <p>c) Includes provisions for a reasonable phase-in period that does not cause significant disruptions for employers or consumers</p> <p>d) Includes accountabilities for ongoing performance, cost and quality</p> | <p>Maximum Points: 15</p> <p>a) Score 0-5 for ability to obtain legal and regulatory approvals that are necessary for implementation</p> <p>b) Score 0-5 for feasibility in obtaining federal waivers</p> <p>c) Score 0-3 for reasonable phase-in approaches and timelines</p> <p>d) Score 0-2 for features that assure accountabilities related to ongoing performance, cost and quality</p> | <ul style="list-style-type: none"> • Are there provisions for phasing in the approach? Is the rate of implementation feasible? What are the implementation challenges? • What level of disruption is created for employers who are currently providing benefits? • Does the proposal require federal waivers? How likely is it that the State can obtain these waivers? • What effect will implementation have on labor markets, employment levels and composition in affected business entities and government? |

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| <p>5. Quality – Maintains and improves the quality of health care services offered to Illinois residents</p> | <p>7.5</p> | <p>a) Creates incentives for providers to adopt practices demonstrated to improve quality (e.g., greater adherence to practice guidelines, consideration of some predictive aspects of care like genomics)</p> <p>b) Promotes integration and coordination among parts of the delivery system</p> | <p>Maximum Points: 2</p> <p>a) Score 1 for incentives to improve quality</p> <p>b) Score 1 for provisions that promote coordination within delivery system</p> | <ul style="list-style-type: none"> • What is the potential effect on quality of care? • Does the proposal provide culturally competent quality care? |

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| <p>6. Cost-efficiency – Provides incentives for cost containment measures, keeping costs under control to promote sustainability of programs</p> | <p>7.5</p> | <p>a) Controls growth in overall and per capita expenditures for health care:</p> <ul style="list-style-type: none"> ➤ Health insurance premiums ➤ Public program expenditures ➤ Capital ➤ Technology ➤ Administrative costs ➤ Prescription drugs ➤ Others <p>b) Provides mechanisms for generating spending priorities based on multidisciplinary standards of care established by verifiable, replicated research studies demonstrating quality and cost-effectiveness of interventions, providers and facilities</p> | <p>Maximum Points: 12</p> <p>a) Score 0-10 for features that control growth in expenditures</p> <p>b) Score 0-2 for mechanisms that take into account standards of care in establishing spending priorities</p> | <ul style="list-style-type: none"> • Does the proposal promote efficient use of resources? • Does the proposal encourage efficient use of the system by all participants (e.g., alleviates need for defensive medical practices)? • Does the proposal build in managed care features (care coordination, case management, disease management, etc.) that are demonstrated to control costs and improve quality? • Does the proposal include provisions that would allow insurers, State government, health plans, etc. to negotiate prices for health care services? • Does the proposal incentivize the use of electronic medical records and health information technology to improve efficiency? • Are health plans mandated to participate in some purchasing arrangement? • Does the proposal contain provisions that would produce market distortions or inefficiencies? • Does the proposal include recommendations that are efficient and economically feasible? |

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| <p>7. Availability of Resources, Capital and Technology – Addresses issues related to infrastructure and adequacy of providers and safety-net system; considers for funding of new technologies, capital expansions</p> | <p>5</p> | <p>a) Includes provisions for new capital, technology, medical education, research</p> <p>b) Includes provisions to protect and enhance, where necessary, the safety-net system</p> | <p>Maximum Points: 6</p> <p>a) Score 0-4 for features that address expenditures for new capital, technology, medical education and research</p> <p>b) Score 0-2 for features that protect and enhance the safety net system</p> | <ul style="list-style-type: none"> • Does the proposal provide options for relief in underserved areas? • Does the proposal create incentives to use all types of health care professionals? • Does the proposal increase the number of providers of color in areas and locations of need in the State? • How will determinations be made regarding expenditures for capital expansions, new technologies, etc.? • Does the approach rely on a health facilities planning function? • Does the proposal appropriately reallocate existing health care resources? • Does the proposal contain supports for medical education and research? |

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| <p>8. Prevention and Wellness – Contains provisions that would reward individuals who follow best personal practices for personal health</p> | <p>5</p> | <p>a) Includes incentives that reward individual wellness b) Contains policies to promote continuity of care</p> | <p>Maximum Points: 2 a) Score 1 for wellness incentives b) Score 1 for policies to promote continuity of care</p> | <ul style="list-style-type: none"> Does the proposal provide provisions to educate consumers about health care decisions (e.g., obtain results of quality studies)? |
| <p>9. Consumer and Stakeholder Participation – Encourages regional and local consumers, providers, employers and other stakeholders will participate in decisions regarding coverage, resources and financing</p> | <p>2.5</p> | <p>a) Provides consumers (and their advocates) with opportunities to participate in program design at both the local and regional level</p> | <p>Maximum Points: 3 a) Score 1-3 for opportunities for consumer input regarding technologies, capital and program design :</p> | <ul style="list-style-type: none"> Does the proposal allow health care to be purchased locally, or are decisions made by the State through a public model? Does the proposal contain provisions for consumers to participate in policy making regarding technologies and capital? |

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| <p>10. Consumer Autonomy –Retains consumer freedom of choice among providers, provider networks and health plans</p> | <p>2.5</p> | <p>a) Provides consumers with choices of health plans and provider networks</p> | <p>Maximum Points: 1 a) Score 1 for provisions that provide consumers with choices related to health plans and provider networks</p> | <ul style="list-style-type: none"> • Does the proposal provide for acceptable level of control over consumers, employers, providers and health plans? • Do consumers have the opportunity to consider various options regarding service delivery, e.g., fee-for-service vs. health maintenance organization (HMO) options? • Does the proposal contain provisions for providing education to consumers, providers, employers and other stakeholders on all available coverage options? |
| <p>11. Provider Autonomy –Protects provider-patient relationships</p> | <p>2.5</p> | <p>a) Preserves providers’ clinical autonomy</p> | <p>Maximum Points: 1 a) Score 1 for provisions that promote provider autonomy in caregiving practices</p> | |

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| <p>12. Provider Payment – Promotes fair payment to providers to promote access to care</p> | <p>2.5</p> | <p>a) Addresses current deficiencies in timeliness of payment and fee schedule issues that might affect access to care (relates to State programs)</p> <p>b) Reduces administrative burdens on providers</p> | <p>Maximum Points: 4</p> <p>a) Score 0-2 for provisions related to improved timeliness of payment and fee schedule issues</p> <p>b) Score 0-2 for provisions that reduce administrative burdens on providers</p> | |

Attachment B: Draft Summary of Evaluation Criteria Weights and Points
Adequate Health Care Task Force

| Criteria | | Weight | Points | Mock Proposal #1 | | Mock Proposal #2 | |
|--------------|---------------------------------------------------|------------|-----------|------------------|-------------------|------------------|-------------------|
| | | | | Points Scored | Weighted Scoring* | Points Scored | Weighted Scoring* |
| | | | | A | B | C | $E=(C/B)*A$ |
| 1 | Access | 17.5 | 10 | 10 | 17.5 | 5 | 8.8 |
| 2 | Financing | 17.5 | 9 | 9 | 17.5 | 5 | 9.7 |
| 3 | Benefit Package | 15.0 | 10 | 10 | 15.0 | 5 | 7.5 |
| 4 | Implementation | 15.0 | 15 | 15 | 15.0 | 8 | 8 |
| 5 | Quality | 7.5 | 2 | 2 | 7.5 | 1 | 3.8 |
| 6 | Cost-efficiency | 7.5 | 12 | 12 | 7.5 | 6 | 3.8 |
| 7 | Availability of Resources, Capital and Technology | 5.0 | 6 | 6 | 5.0 | 3 | 2.5 |
| 8 | Prevention and Wellness | 5.0 | 2 | 2 | 5.0 | 1 | 2.5 |
| 9 | Consumer and Stakeholder Participation | 2.5 | 3 | 3 | 2.5 | 2 | 1.7 |
| 10 | Consumer Autonomy | 2.5 | 1 | 1 | 2.5 | 1 | 2.5 |
| 11 | Provider Autonomy | 2.5 | 1 | 1 | 2.5 | 1 | 2.5 |
| 12 | Provider Payment | 2.5 | 4 | 4 | 2.5 | 2 | 1.3 |
| Total | | 100 | 75 | 75 | 100.0 | 40 | 54.6 |

* Rounded to the nearest tenth.