

DRAFT Potential Assessment Criteria of Options – For Discussion Feb 7th, 2020 Meeting

Potential Assessment Criteria	Type of Criteria: Can Cost-Out to Model = \$\$ Or Policy-Dependent	Option A	Option B	Option C
WHAT POPULATION(S) ARE COVERED?				
Universal coverage – All state residents	\$\$			
Any Exceptions/ Any Additions? (i.e. Medicare-eligible, Medicaid eligible, other Federal programs, undocumented?)	\$\$			
Seamless? (birth to death? Design includes Portability?)	Policy-dependent			
BENEFIT PACKAGE INCLUDES WHAT?				
Essential Health Benefits (EHB- as per ACA/Washington State definitions)	\$\$			
Early and periodic screening, diagnosis and treatment (EPSDT) for children	\$\$			
Adult dental, vision, and hearing	\$\$			
Infertility, chiropractic, bariatric surgery, acupuncture, TMJ	\$\$			
Long Term Care	\$\$			
PROVIDES ACCESS TO WHAT?				
Access to essential, effective and appropriate health services?	Policy-dependent			
Allows the choice of health care provider?	Policy-dependent			
Access to culturally-attuned care?	Policy-dependent			
Provides equitable Access, based on a person's need?	Policy-dependent			
GOVERNANCE				
Ensures transparency and accountability?	Policy-dependent			
Incorporates community-based systems/organizations?	Policy-dependent			
Respects the primacy of the patient-provider relationship?	Policy-dependent			
QUALITY				

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Provides for continuous improvement of health care quality and safety"	Policy-dependent
Minimizes medical errors	Policy-dependent
Focus on preventive health care?	Policy-dependent
COSTS/AFFORDABILITY	
Provider payment (eg, pay providers at reduced rate vs commercial)	\$\$
Premiums	\$\$
Participant copayments	\$\$
Reduces provider or plan administrative costs?	Policy-dependent
Reduces duplication of services?	Policy-dependent
Includes effective cost controls?	\$\$ and Policy-dependent
Is affordable for individuals, families, businesses and society?	Policy-dependent
Reduces financial barriers to care?	
Federal funds are available to support some of the cost? (i.e. continues Medicaid funding, other etc.)	\$\$
Ensures adequate compensation of health care providers for clinical practice viability?	Policy-dependent
Financing that is sufficient, fair and sustainable?	Policy-dependent
FEASIBILITY AND ADMINISTRATION	
State expenses and administrative costs?	\$\$
Interplay with Federal regulations (ERISA, ACA, Medicare, Medicaid? Need federal waivers?)	Policy-dependent
Feasibility & costs of implementation, including start-up, timeframe considerations?	\$\$ and Policy-dependent
Impacts on key stakeholders, including insurance carriers, employers, Medicaid managed care, and health care providers	Policy-dependent
OTHER CONSIDERATIONS? (Both of these were from Oregon's legislation/RAND	
Promotes primary care?	Policy-dependent
Impact on the overall economy of the state?	\$\$ and/or Policy-dependent

Notes: Some of the criteria may not apply to each Model Option to be assessed, depending on their design.

Policy-dependent may or may not have cost savings associated, dependent on policy directive and/or contracting requirements