Report of Small Group Deliberations at the Department of Insurance Assembly
July 10-12, 2001
Springfield, IL

This report is the result of the small group sessions held on July 10 and 11, 2001. Undeveloped strategies are listed at the end of each section. A row of stars separates the different phrasing used by each of the groups who developed similar strategies.

Young Adults Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Educate young adults on social responsibility of health insurance and costs of not having health insurance * * * * * Communicate the value of being insured and the options available. * * * * * Educate individuals on the cost of health care. * * * * * Educate young adults on the need for health insurance and the possible medical financial risks. * * * * * Educate the young adult of the need, importance, and cost effectiveness of health insurance. * * * * * Market the cost of not being insured.	▪ Integrate into curriculum in the schools (K-12) ▪ Develop public awareness campaign focused on youth in community schools and households ▪ Include health insurance in high school consumer education classes, adult ed, and community programs ▪ Eligibility and enrollment information to income-eligible people from IL Department of Revenue ▪ Use multi-media communication/marketing piece ▪ Educational requirement in secondary and/or higher education ▪ Public service announcements ▪ Outreach and enrollment in young adult venues ▪ Develop an educational marketing program ▪ Market research about what products would sell and costs of being uninsured ▪ Identify products for young adults ▪ Use new market channels	▪ Use current GRF to local school districts ▪ Seek federal/private grants ▪ Integrate into Insurance Ed program (Life Council, Junior Achievement, Hospitals (Private Sector Funds) ▪ Local education funds (Illinois State Board of Education, Illinois Community College Board, other state agency programs) ▪ Illinois Department of Revenue and other state agency funding ▪ State of IL, federal government, health insurance companies, foundations, etc. ▪ Mandate media outlets to provide additional PSAs targeting the education of young adults on health insurance ▪ School Districts, Colleges and Universities ▪ Individual	▪ Increased participation in health insurance by young adults moving toward balancing with adult population rate of use. ▪ Determine number of enrollments ▪ The number of people the message reaches ▪ The number of media outlets publishing the message ▪ Random surveys of young adults testing knowledge of health insurance need ▪ Product availability

Young Adults Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Expand the current public insurance programs to include young adults. * * * * * Extend public insurance to young adults.	▪ Review existing public insurance programs for modifications necessary to include young adults, extend Kid-Care ▪ Create sliding scale premium plans (CHIP) ▪ Determine the level of need and implement a plan that meets those needs ▪ Create a buy-in program for individuals and groups not eligible for Kid-Care (sliding scale) ▪ Develop a legislative mandate to make necessary changes ▪ HCFA Waiver ▪ Full Cost buy-in ▪ Market program ▪ Medicaid eligible ▪ Go to Legislature ▪ Employer buy-in ▪ Balance product	▪ State and Federal Government ▪ Private Insurance ▪ The insured ▪ Employer groups for buy-in programs ▪ Medical community ▪ Mixed Responsibility	▪ Measure increase/decrease of enrollment by young adults ▪ Measure potential enrollment vs. actual enrollment in program ▪ Measure how many young adults are uninsured ▪ Compare program to other state programs ▪ Cost to state per young adult covered ▪ Workforce/economic impact
Create a low-cost catastrophic plan aimed at young adults. * * * * * Create a catastrophic young adult health insurance coverage fund. * * * * * Offer catastrophic coverage.	▪ Determine possibility of a rider for parents' or school insurance plan ▪ Medicaid buy-in for low-income young adults ▪ Create a taskforce to develop programs ▪ Look at current legislation and make necessary revisions ▪ Designing a permissible product ▪ Expand state-wide insurance program ▪	▪ Private pay or state subsidy ▪ Federal match and waiver/ co-pay ▪ Let low premiums ▪ Tax payers ▪ Special user tax on beer/wine and luxuries	▪ Track product sales – number of policies sold ▪ Track and monitor length of stay until they move into private insurance ▪ Medical providers uncollected dollars among young adults is reduced
Expand family plan eligibility. * * * * * Extend dependant coverage	▪ Raise age limits ▪ Look at definition of students (full-time)	▪ Mixed – parent buy-in ▪ Employer incentives ▪ Tax incentive to employers for	▪ Proportion covered ▪ Number of employers who are willing to extend family coverage

Young Adults Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
insurance options. * * * * * Extend dependant coverage by X years (based on data) for single young adults.	▪ Employer incentives ▪ Educate employees ▪ Include dependent children who are not students (living at home) ▪ Explore separate pricing category for young adults as dependents ▪ Encourage employers to extend dependent coverage for single young adults without employer sponsored plan	offering extended dependent coverage ▪ Employer or employee	▪ Look at preventable hospitalization ▪ Insurance companies who offer option
Cover low-income young adults without children through a Medicaid waiver or other means. Raise Medicaid eligibility age for dependents.	▪ Get waiver from HHS ▪ See necessary changes in law from General Assembly ▪ General Assembly appropriates funds to DPA ▪ Ditch Medicaid "name"	▪ Federal or State match ▪ IL should continue to seek a more favorable Federal match. Use Hastert & Durbin clout.	▪ Analyze future BRFSS surveys ▪ More academic surveys as needed ▪ Look at DPA enrollment data
Maximize Federal Medicaid options. (Waivers, Demonstration, etc.) * * * * * Expand Medicaid to 200% above the poverty level.	▪ Extend eligibility standards (Age, income and immigration status) ▪ Extend transitional Medicaid ▪ Develop massive public education and outreach program ▪ Reduce 5 year eligibility for immigrants ▪ Offer variable benefits ▪ Subsidized premiums for private and employment coverage ▪ Expand Medicaid to 200% above poverty level	▪ Tobacco Settlement ▪ Tobacco Tax ▪ Local funding – community/hospitals/ foundations/insurers ▪ Individual sliding scale contribution ▪ Drug company support (Florida) ▪ Earmark new state dollars for health care	▪ Look at proportional increase ▪ Use enrollment data ▪ Follow federal standards ▪ Look at utilization patterns for cost effective utilization of services
Increase awareness of existing programs.	▪ Promote the Gilead Model ▪ Increase coordination and communication amongst public and private entities	▪ Foundations sponsored by hospitals, pharmaceutical companies, suppliers of health care products, etc. ▪ Client contributions	▪ Increase in number of young adults insured

Young Adults Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Create new incentives for employers to provide coverage. * * * * * Change state law. * * * * * Provide employer incentive for part-time workers.	▪ Arizona reinsurance and rebate program ▪ New York and Massachusetts programs ▪ Change state law ▪ Employer tax incentive (refundable) ▪ Subsidy to youthful worker for premium payment ▪ Make part of the minimum wage differential. ▪ Create portable pool	▪ State dollars and tobacco settlement dollars	▪ Increase in the number of working young adults for insurance
Remove barriers to allow affordable and innovative insurance products. (Legislative and Economic) * * * * * Give health insurance companies and the Department of Insurance flexibility in designing different plans to fit various populations through legislative statues.	▪ Identify barriers ▪ Partner with employer and business advocacy groups ▪ Tie health insurance to automobile insurance (discount) ▪ Expand family coverage ▪ Encourage young adults to get his/her own health insurance ▪ Regulatory process – DOI ▪ Legislative process ▪ Stakeholders must approach insurance industry and demonstrate need ▪ Marketing/educate thru DOI to young adults	▪ Marketplace ▪ Young adults – premium based (no subsidization)	▪ Number of employers offering health insurance ▪ Number of young adults with health insurance ▪ Measure number of product filings at Dept of Insurance ▪ Flexibility and innovation opens door to new possibilities (Build It – They Will Come)
Create Unemployed Safety Net.	▪ Using existing providers ▪ Set-up reimbursement mechanism	▪ Change revenue code to allow write-offs ▪ Insured incentives ▪ Emphasize health education ▪ Emphasize personal responsibility for own health ▪ Give providers tax incentives to provide care	▪ Tobacco Tax ▪ Workfare ▪ Reimburse uncompensated health care ▪ Decrease uninsured ▪ Gauge program enrollment ▪ Decrease inappropriate utilization ▪ Check Public Aid records

Other Young Adult Strategies

Create Individual Mandates.
* * * * *
Mandate coverage for preventive care.
* * * * *
Mandate employee coverage.
* * * * *
Create mandatory health insurance.
* * * * *
Mandate large employers to offer ESI.
* * * * *
Make health insurance mandatory.
* * * * *
Have schools of higher education require insurance coverage for students.
* * * * *
Couple health insurance with auto insurance.
* * * * *
Establish a universal system.
* * * * *
Make insurance affordable for the employee.
* * * * *
Create innovative insurance products.
* * * * *
Allow use of health insurance for preventative and wellness measures.
* * * * *
Allow health insurance discounts for prevention.
* * * * *
Target products to individuals.
* * * * *
Accept core level uninsured.
* * * * *
Provide full cost buy-ins and group plans.
* * * * *
Allow flexibility for health plans to address the needs of young adults. (Government mandates)
* * * * *
Allow Medicaid buy-in.
* * * * *
Allow state buy-in.
* * * * *
Create publicly funded assistance program for unemployed/unemployable young adults.
* * * * *
Implement family care for parents 19 – 29 years old.
* * * * *
Create small business health insurance products.
* * * * *
Income-rate to payroll deduction.
* * * * *
Age-rate the payroll deduction.
* * * * *
Provide employers incentives to offer ESI.
* * * * *
Couple health insurance to incentives for employees.
* * * * *
Make insurance more affordable for small employers.
* * * * *
Develop college programs.

Working Uninsured Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Expand family care for families that quality for Kid-Care / Medicaid. * * * * * Create family care with expanded buy-in options. * * * * * Expand SCHIP (Kid-Care) programs with state and federal matched dollars. Bring parents of Kid-Care children in by expanding eligibility to allow parents. Increase the income levels to include low and moderate-income families. * * * * * Expand Kid-Care to families. * * * * * Employers promote Kid-Care and family care to employees. * * * * * Increase family care through S-CHIP – Kid-Care expansion and employee subsidy for employer-sponsored plans. * * * * * Increase state flexibility for Kid-Care. * * * * * Expand Medicaid to households to a significantly higher level. Include public/ private subsidies to 200% of the federal poverty level. * * * * * Outsource marketing of Kid-Care Rebate. * * * * * Outsource administration of Kid-Care/Family Care plans like I-CHIP. * * * * * Increase family care. * * * * * Expand Medicaid option – medical sliding scale, premium subsidy, increase income eligibility.	▪ Look at the Wisconsin Plan ▪ Offer family care to Kid-Care parents/caregivers ▪ Use sliding scale for premiums/subsidy ▪ Pass existing legislation and fund it ▪ Pressure feds ▪ Lobby legislatures ▪ Educate parents ▪ Expand Kid-Care to higher income level families ▪ Provide community outreach and education ▪ Point of access marketing ▪ Prevent sunset of Kid-Care ▪ Secure federal waiver ▪ Enact legislation if necessary ▪ Include state-matching funds in IL budget ASAP ▪ Hold stakeholder meetings ▪ Improve targeted marketing of Kid-Care ▪ Employers promote Kid-Care and Family Care to employees ▪ Reduce employer resistance by educating employees on quality aspects of IL Kid-Care/Family Plan ▪ Make Kid-Care program work better	▪ Use current cost-sharing plan ▪ Federal/state coordination ▪ Tobacco settlement ▪ General revenue funds ▪ Employer/employee contributions ▪ Tobacco tax ▪ “Sin” taxes ▪ Medicaid enhanced federal and state match ▪ Medical savings accounts ▪ Tort reform ▪ 1/3 state – 2/3 federal ▪ Health care provider contributions ▪ Health care systems contribution	▪ Trace enrollment ▪ Compliance with federal guidelines/standards ▪ Five year reauthorization ▪ Academic research outside government ▪ Academic research utilizating cost and health status ▪ BRFSS data ▪ DPA enrollment data ▪ Decrease number of uninsured persons accessing health services

Working Uninsured Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Provide for a single payor that preserves private sector involvement. Not single provider.	▪ Disarm opposition ▪ Use contractor model ▪ Pass law	▪ Increase taxes ▪ Tax employers ▪ Consumer cost sharing	▪ Identify all insured ▪ Measure increase in preventive primary care ▪ Lower administrative costs
Make IL insurance laws/ regulations more flexible for competition.	▪ Repeal small group rate control law ▪ Increase DOI regulations allowing flexibility on new innovative products (IL Consumer Protection Law)	▪ No Cost	▪ Measure if there are more affordable products in IL
Develop a small business purchasing pool. * * * * * Combine purchasing pool with reinsurance. * * * * * Create community-based networks encompassing community hospitals and individual providers. * * * * * Develop group-purchasing pool on a geographical basis. * * * * * Encourage private purchasing pools.	▪ Develop several options – including state run ▪ State coordination of pools ▪ Add ICHIP for high risk employees ▪ Streamline administration ▪ Create pools allowing re-insurance ▪ Allow vouchers for individual choice based on income levels/sliding scale ▪ Provide need-based subsidies for small business and reinsurance for high cost claims ▪ Make a variety of plan options available (price points and risks) ▪ Create state-employee pool ▪ Lobby legislature ▪ Provide tax credits ▪ Survey employer interest ▪ Form employer pools ▪ Explore legislative obstacles (ENSA & HIPPA) ▪ Create individual pools	▪ All parties – shared responsibility ▪ Minimum payroll deduction ▪ Sliding-scale based on wages ▪ Consider total family income and size of family when setting rates ▪ Provide need-based subsidies ▪ Foundation start-up ▪ Provide for reinsurance ▪ Labor Unions ▪ Tax payers ▪ Medicaid and Medicare waivers ▪ Tobacco money	▪ Assess where savings are experienced ▪ Does it sell to small employers ▪ Decrease in working uninsured ▪ Keep collecting data ▪ Assess cost-shifting ▪ Measure unintended consequence of shifting ▪ Academic research ▪ Track policy sales ▪ Track premium increases ▪ Before and after measure of health indicators that were present prior to implementation

Working Uninsured Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Provide direct subsidy to individuals to obtain health coverage	▪ Create community-based networks encompassing community hospitals, individual providers, etc. ▪ Implement Family Care ▪ Provide vouchers for individual choice based on income levels/sliding scale ▪ Provide tax credits	▪ Taxpayers ▪ Medicare and Medicaid waivers ▪ Tobacco Fund	▪ Measure increase of obtained health coverage ▪ Measure health indicators that were present prior to implementation--before and after ▪ Reports from Insurance companies on increase on policies purchased ▪ Measure how many people are covered through employer and other means
Create employer incentives to offer health insurance. * * * * * Assist employers with finding affordable health insurance products for their employees. * * * * * Design portable mandatory employer-based insurance. * * * * * Encourage employer sponsored minimum benefits package. * * * * * Assist employee with finding affordable health insurance products. * * * * * Explore feasibility to offer voluntary ESI program on income-based premiums sharing.	▪ Develop employer tax credits/incentives to offer health insurance or vouchers for employees to purchase insurance ▪ Form state-wide pool to cover catastrophic stop loss ▪ Allow plan flexibility to employers to meet employee needs ▪ Create a more affordable HIPPA/CHIP pool ▪ Develop employer group purchasing pool on a geographic basis ▪ Measure the amount of money that actually flows through in vouchers ▪ Use establishment surveys to measure change in employer offered coverage ▪ Assist employers to find affordable health insurance products ▪ Subsidize programs ▪ Offer tax incentives for employers ▪ Pass laws to make employer provided insurance mandatory	▪ Employers ▪ State ▪ Individual participants ▪ Greater rebates from pharmaceutical companies ▪ Public/private grants ▪ Three way cost health insurance sharing ▪ Provide tax incentives to employers ▪ Tax-deductible for employers ▪ State subsidy for income eligible employees	▪ Measure increase of obtained health coverage ▪ Before and after measure health indicators that were present prior to implementation ▪ Reporting from insurance companies on increase in policies purchased ▪ Measure how many people are covered through employer vs. other means ▪ Lower rate increases for employers ▪ Increase number of employers offering insurance ▪ Decrease number of uninsured workers ▪ Track employer barriers ▪ Academic research (utilization and health status)

Working Uninsured Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
	▪ State identified minimum benefit package ▪ Explore legislative obstacles ▪ Define and develop new products ▪ Define minimum benefits package ▪ Community rating		
Carry out multi-pronged strategy including developing a new affordable product, family care expansion, affordable products, preventative services, CHC expansion, pre-payment through savings (IRAs), low end preventative and high end catastrophic products, reinsurance, review of "no frills" insurance requirements, risk pooling, and buying into state employee plan.	▪ Identify affordable products ▪ Review "no frills" insurance requirements ▪ Investigate risk pooling ▪ Buy into state employee plan ▪ 1115 waiver to allow employer to buy-in to Medicaid or use Medicaid to finance ▪ Build political good will	▪ Explore alternative or available sources of funding such as foundations ▪ Local match for outreach and education ▪ Tobacco Tax and Settlement Funds	▪ Increase enrollment ▪ Understand dis-enrollment ▪ Track shifts and patterns ▪ Track immigrant and refugee enrollments ▪ Thorough independent evaluation ▪ Design assessment tool to integrate with existing provider systems to extract assessment data
The Illinois Governor's Office will explore waivers and report findings as to what is available.	▪ The Governor appoints a panel to study the potential Federal waivers and make recommendations on waivers that have promise to improve the rate of insured in IL. Panel reports to Governor and General Assembly.	▪ Get grant from Annie E. Casey Foundation to pay for work of panel	▪ Year one report to General Assembly and Governor on implementation of new waivers, new federal dollars to IL, and impact on rate of insured
Target marketing and outreach to industries.	▪ Pass legislation ▪ Encourage health providers to take public aid patients ▪ Rebate/subsidize costs	▪ Tobacco dollars ▪ State taxes ▪ Federal matching	▪ Increased number of insured workers
Expand Medicare for ages 55-64.	▪ Change federal law ▪ Enhance reimbursement levels	▪ Recipient Medicare buy-in	▪ Increase number of 55-64 year olds enrolled ▪ More people receiving care

Other Working Insured Strategies

Subsidize employer sponsored insurance plans.

* * * * *

Subsidize in the private market.

* * * * *

Develop a state reinsurance plan for employers.

* * * * *

Develop universal/portable coverage.

* * * * *

Provide universal single payer health coverage.

* * * * *

Create a single payer system.

* * * * *

Offer tax incentives.

* * * * *

Provide incentives for employers to offer coverage.

* * * * *

Expedite specialty products for employers.

* * * * *

Provide a buy-in option on a sliding scale based on income to access public health insurance programs.

* * * * *

Create Medicaid sliding scale.

* * * * *

Provide Medicare buy-in.

* * * * *

Provide insurance for those who are un-insurable.

* * * * *

Support local initiatives for working poor.

* * * * *

Allow plan flexibility to employers to meet employee needs.

* * * * *

Create a statewide pool to cover catastrophic stop loss.

* * * * *

Create a more affordable HIPPA CHIP pool.

* * * * *

Reduce healthcare costs.

* * * * *

Reduce insurance costs.

* * * * *

Develop tort reform.

* * * * *

Create mandatory health insurance for employers.

* * * * *

Create employer mandates.

* * * * *

Expand education efforts for employer education.

* * * * *

Provide incentive payments to employers for public program enrollments.

* * * * *

Develop plans with flexible benefits, low-cost catastrophic coverage, and multi-year rate caps.

* * * * *

Standing back for the next two years and doing larger public policy analysis to identify viable state solutions.

* * * * *

Provide direct subsidy to individuals to obtain health coverage.

Small Business Employers Strategies	**Considerations for Implementation**	**Suggested Funding Sources**	Assessment Needed
Develop statewide purchasing cooperative. (Look at California plan.) * * * * * Develop a group purchasing pool by geographical region. * * * * * Create large risk pool for small businesses. * * * * * Create 3rd party administrative pools. * * * * *	▪ Seek state sponsorship ▪ Keep premium stable by use of community/regional rating ▪ Maintain portability within region/state ▪ Design the plan using outside vendor ▪ Study other state plans ▪ Administration of plan contracted to outside vendor ▪ Market plan to local chambers, associations, etc. ▪ Amend state law to allow for pools based on geographic region ▪ Educate employers and employees about availability of pools ▪ Provide government underwriting that is time limited to allow for growth, inclusion and stability ▪ Sufficient DOI regulatory powers ▪ Reallocation of existing resources and tapping into potential new funds ▪ Ensure that healthy as well as unhealthy participate ▪ Provide reinsurance component ▪ Include both high and low risk occupations ▪ Develop employee targeted subsidy to bring down costs ▪ Create task force of various constituencies to develop plan	▪ State seed money for start-up ▪ State provide/establish stabilization fund ▪ Self-funded – self sufficient ▪ Employers cost sharing ▪ Employees ▪ State ▪ Foundation funds ▪ Federal ▪ Reallocation of existing resources and tapping into new funds ▪ Mix of state, federal, employer, employee and insurance company money to fund creation of plan ▪ Tax credits to employees as well as employers	▪ Participation and success of plan ▪ Becomes self-funded/self-sufficient ▪ Identify new pools created and short and long-term viability ▪ Number of employees and employers participating ▪ Are prices cost effective ▪ Survey why or why not a business is participating ▪ Decreased cost differential between large and small businesses
Revise government regulations to encourage flexibility/creativity in the development of affordable health plans. * * * * * Make Illinois insurance laws/ regulations more flexible for competition.	▪ Department of insurance waivers for health plan product hybrids (innovative products) ▪ Allow employers to opt out of state mandates ▪ Develop a group purchasing pool by geographic region ▪ Provide employer incentives to offer health insurance or vouchers for health insurance ▪ Allow pools for catastrophic stop-loss by geographic area ▪ Allow small employers to participate in/buy-in into community based networks ▪ Enable small employers to offer basic health plans comparable to ERISA plans and/or public plans ▪ Implement family care plans ▪ Repeal small group rate ban law	▪ State government ▪ Federal government ▪ Employee ▪ Employer ▪ No cost to government	▪ Changes in federal and state laws ▪ Measure employer rate of participation ▪ Measurement of certain pre and post health indicators of the community ▪ Study of health care costs to see if new plan lowers the cost ▪ Increase competition of products and insurance companies

Small Business Employers Strategies	**Considerations for Implementation**	**Suggested Funding Sources**	Assessment Needed
Temporarily subsidize health insurance start-up or first time coverage and subsidies for small businesses with high risk individuals	▪ Change laws and regulations ▪ Create new act ▪ Mobilize small business support – trade organizations ▪ Use SOS records to identify businesses for DOR notification	▪ Tobacco Settlement Funds ▪ DSH funding – Michigan ▪ Taxes/penalties ▪ Tax businesses	▪ Number of small businesses participating ▪ Record of subsidies ▪ Decrease in number of uninsured small business employees
Expedite specialty products for small employers.	▪ Cut new product development time by half ▪ Adequate DOI staffing ▪ Paradigm shift toward creativity and market needs ▪ Use incentives ▪ Increase regulatory flexibility	▪ Market borne ▪ State budget	▪ Increase new product availability and take-up
Reduce/stabilize costs for small employers. * * * * * Offer a small incentive (business voucher) to partially offset costs. * * * * * Subsidize price of insurance to low wage employees.	▪ Expand Kid-Care rebate model/Medicaid expansion ▪ Develop tax credits ▪ Develop tax incentives ▪ Develop reinsurance ▪ Lobby ▪ Legislate ▪ Establish employee management/benefit standards ▪ Strengthening purchasing group models ▪ New program developed by DOI ▪ Investigate possibilities of using federal dollars ▪ Subsidize firms with low wage workers ▪ Provide premium assistance to employees ▪ Explore Arizona plan ▪ Use sliding scale to set premium ▪ Cap premiums at certain % ▪ Utilize purchasing pools ▪ Enlist political leadership	▪ Create new revenues ▪ Reallocate existing revenues ▪ State dollars ▪ Federal dollars ▪ Higher wage employees ▪ Employers ▪ Proportional pay by all employees ▪ Tobacco Funds	▪ Set sunset date for tax credits ▪ Look at cost over time ▪ Look at employer buy-in ▪ Look at uptake rate for employees ▪ Identify how many employees switch to new plan
Build defined contribution plan for small employees for health care only.	▪ Make plan consumer friendly ▪ Subsidize based on family income (BHCAC model) ▪ Build local models ▪ Provide range of price options ▪ Treat with urgency	▪ Employer and employee ▪ Provide state subsidy (Tobacco Funds) ▪ State seed money for pilots	▪ Look at uptake ▪ Examine per person cost savings ▪ How does the competitive pricing

Small Business Employers Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
			impact uptake ▪ Look at regional data
Create community specific based model. (Permanent incentive model)	▪ Coverage limited to geographic area ▪ Stakeholder agreement ▪ Carefully define plan ▪ Limited to low-income workers ▪ Fee for service at negotiated rates ▪ Local card	▪ Employers, employees, community – three way shared model ▪ DSH funding ▪ Creative community funding ▪ Coordinate with Kid-Care	▪ Increase number of insured companies and individuals
Push for 100% deductibility for self-employed (federal).	▪ Request that IL Congressional Caucus draft legislation for deductibility – facilitated by George Ryan, Paul Simon ▪ DOI convenes small business associations to gather support ▪ Assess price tag	▪ Federally funding	▪ Legislation passed ▪ Number of businesses using new deduction
Increase Medicaid funding levels throughout various provider professions to usual and customary levels.	▪ Increase state appropriation	▪ State and federal funding ▪ Provide mechanism to increase provider participation	▪ Cost increase trends for small business employer plans
Capitalize on CMS Health Insurance buying leverage for small employers.	Open CMS to small employers for health insurance membership with optional benefit package.	▪ Employee or employer premiums	▪ Increase number of small employers that offer and participate in health insurance
Offer options that differentiate employers with 10 or less employees.	▪ Determine needs of very small employer ▪ Foster coverage options not currently offered based on needs ▪ Employee and employer education ▪ Incubator supplements ▪ Establish minimum benefits standards	▪ Shared cost – employer/ employee ▪ Individual vouchers	▪ Track how many new plans are developed ▪ Survey carriers for enrollments
Use ICHIP act as a stop-loss for small employer group plans.	▪ Develop and pass legislation	▪ State funding ▪ % of premium of individual purchasing this product	▪ How many individuals remain in this pool over an extended period of time

Small Business Employers Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Assist employers to purchase affordable health insurance products. * * * * * Offer options that differentiate employers of 10 employees or under.	▪ Identify needs of very small employer ▪ Foster coverage options not currently offered based on needs ▪ Educate employer and employees ▪ Incubator supplements ▪ Establish minimum benefit standards ▪ Subsidize with public or private grants ▪ Restrict pharmaceutical advertising – encourage use of generics	▪ Shared costs – employer and employees ▪ Individual vouchers ▪ Subsidies from pharmaceutical companies ▪ Tax credits for small employers with health insurance plans	▪ Track new plans developed ▪ Survey carriers for enrollment ▪ Increase number of small employers who offer health insurance

Other Small Business Strategies

Continue to explore the viability of pools.
* * * * *
Create flexible benefits, low cost, catastrophic coverage.
* * * * *
Employer mandate.
* * * * *
Develop public reinsurance pools.
* * * * *
Ration health care to control costs.
* * * * *
Develop single payer plans.
* * * * *
Develop a tracking system to keep track of number and type of businesses offering health insurance.
* * * * *
Allow employers to opt out of state mandates.
* * * * *
Department of Insurance waivers for health plan product hybrids.
* * * * *
Affordable products.
* * * * *
Advocate patient safety initiatives.
* * * * *
Target marketing and outreach to industries.
* * * * *
Improve Health Purchasing Group Act.
* * * * *
Give small businesses another option besides employer-sponsored health insurance.
* * * * *
Religious, employer and/or political campaign to encourage employers to provide health insurance.
* * * * *
Create multi-state pool funded with federal seed money.
* * * * *
Develop state-sanctioned monopoly/limit number of carriers.
* * * * *
Create plans that are competitive with what large businesses are offering.
* * * * *
Expand Kid-Care rebate model/Medicaid expansion.
* * * * *
Enable small employer to offer basic health plans comparable to ERISA plans and/or public plans.
* * * * *
Expand Kid-Care to families.
* * * * *
Create employer incentive to encourage providing health insurance to employees moving off public assistance.
* * * * *
Develop tax credits for purpose of insurance.
* * * * *
Employer tax credits.
* * * * *
Incentives to provider associations to offer services to small employer groups.
* * * * *
Create small employer incentives to help provide coverage to employees.
* * * * *
Reward employers for increased number of employees and dependents that are insured.
* * * * *
Create an employee incentive to purchase coverage through their employer.
* * * * *
Create industry pool.
* * * * *
Allow more flexibility to small employers.
* * * * *
Provide premium assistance to employees
* * * * *
Subsidize firms with low wage workers.
* * * * *

Hispanics and other Minority Groups Strategies	**Considerations for Implementation**	**Suggested Funding Sources**	**Assessment Needed**
Design special Outreach programs (information and referral). * * * * * Market available insurance to the population to increase uptake levels using health care clinics * * * * * Market/educate/outreach through ethnic associations/ churches or chambers of commerce in ethnic neighborhoods, etc. * * * * * Design and market insurance to cultural groups.	▪ Expand/improve existing outreach efforts ▪ Develop performance requirements ▪ Link people to programs ▪ Identify existing programs and research for new programs ▪ Look at needs of entrepreneurial wage earners ▪ Develop neighborhood clinics for the targeted communities ▪ Provide access of Kid-Care (SCHIP) to families ▪ Raise income threshold for Medicaid eligible ▪ Encourage insurance industry to target marketing and products to the minority group ▪ Target marketing to employers that likely hire targeted population ▪ Use language specific media ▪ Enlist religious leaders ▪ Ear market funding ▪ Target “second generation” – use public/parochial schools ▪ Make programs culturally specific ▪ Remove language barriers ▪ Understand products unique to population ▪ Remove regulation/legal barriers to insurance ▪ Ability to provide tailored choice of programs ▪ Encourage minorities to sign up for Medicaid/public health programs ▪ Assure perception of equitable distribution	▪ State, private foundations, local, federal, public/private initiatives ▪ State funding for expanded programs ▪ State and private partnerships for funding of marketing ▪ Federal faith-based strategies ▪ Federal faith-based funding ▪ Market and public sector	▪ Track enrollment ▪ Assess changes/awareness ▪ Assess health disparities ▪ Carry-out data collection ▪ Survey minority groups ▪ More insurance products designed for minorities

Hispanics and other Minority Groups Strategies	**Considerations for Implementation**	**Suggested Funding Sources**	**Assessment Needed**
Design family care exemption clause on citizenship, cultural competency component, and target effort with community health centers.	▪ Analyze state and federal law ▪ Legislation ▪ Language service at no cost to providers ▪ Improve transportation to health centers	▪ Community benefits ▪ Tobacco Funds ▪ State taxes and federal dollars	▪ Lower % of uninsured in minority communities
Allow access to public programs for IL residents.	▪ Legislation (new and amended – state and federal) ▪ Evaluate costs ▪ Evaluate/examine other state approaches ▪ Pilot test – geographic targeting ▪ Develop political goodwill ▪ Include advocacy groups ▪ Include other stakeholders (employers, providers)	▪ State/federal responsibility ▪ Adequate rates	▪ Thorough independent evaluation, competitively bid
Eliminate immigration status as a barrier. Support undocumented population. * * * * * Support the undocumented population. * * * * * Open up Medicaid for undocumented immigrants using state dollars. * * * * * Get undocumented kids into Kid-Care/Medicaid.	▪ Change state law ▪ Seek change to federal law or waivers ▪ Develop state and local programs for general assistance ▪ Provide option to buy state coverage ▪ Education program ▪ Establish size of undocumented population ▪ Base health insurance on residency not citizenship ▪ Eliminate negative incentives to signing up ▪ Enroll undocumented kids into Kid-Care/ Medicaid	▪ Individuals ▪ Insurers ▪ Employers ▪ Public ▪ State funded ▪ Out of pocket ▪ Charities	▪ Track enrollment and utilization ▪ Increase number of undocumented insured ▪ Program would be available to undocumented ▪ Look at data collected by region
Expand Medicaid presumptive eligibility to kids.	▪ Change state law ▪ Change Medicaid/Kid-Care state plans ▪ Enrolling and training providers ▪ Provide nurse practitioners in school ▪ State RFP to encourage school-based services	▪ Tobacco funds ▪ Take out pork barrel projects ▪ HRSA Grants supplemented by state and local dollars	▪ Lower % of uninsured low income kids ▪ Track new facilities ▪ Measure utilization ▪ Study health improvement and enrollment in Kid-Care

Hispanics and other Minority Groups Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Support and encourage more community health centers with high minority populations tailored to the specific minority needs. Increase in preventive care, job access, and insurance access.	▪ HRSA funding for 1200 CHCs over next 10 years ▪ Identify and advocate for federal share of dollars ▪ Secure planning dollars to qualify areas and advocate for organizations ▪ Provide direct access to care without focusing on health insurance coverage ▪ Build on existing CHC/FQHC Network ▪ Support private clinics through charitable choice	▪ Seed money and advocacy dollars ▪ Federal money for operating funds through HRSA budget ▪ President's proposal to expand CHC	▪ Count number of new CHCs funded
Educate Hispanics and other minority groups in health insurance products. * * * * * Offer culturally competent education regarding accessing and use of health insurance. * * * * * Develop educational program regarding what is already available – keeping in mind changing cultural and family norms. * * * * * Develop awareness and intake program that lets people know what is available through services and agencies that they use and trust. (Churches, ESL, CBOs, free clinics, schools, etc.) * * * * * Develop Kid-Care outreach enrollment programs for Hispanic and other minority groups.	▪ Strategy for next meeting include more Hispanic and other minorities ▪ Market 800 number describing health insurance products in appropriate languages ▪ Implement Hispanic web page from DOI ▪ Implement other minority language web pages as necessary through DOI ▪ Encourage Hispanic and other minorities to the faith based organization in their efforts to educate in life skills including insurance ▪ Offer education in accessing and use of health insurance to Hispanics and other minorities ▪ Develop materials that are culturally competent to Hispanics and other minorities ▪ Educate employers and the community about available insurance programs ▪ Health plans provide culturally competent printed materials ▪ Promote eligibility for Kid-Care	▪ Seek grants from HHS minority health office and other public/private sources ▪ State and federal government ▪ Health plan providers ▪ Consumers ▪ Employers ▪ Foundations ▪ Partnerships between public and private sectors ▪ HRSA funding for school-based clinics ▪ IDPA ▪ De-linking grants ▪ Encourage non-profit "in kind"	▪ % of uninsured is reduced ▪ Increased applications for public and private health insurance increases ▪ Pre and post tests to targeted groups to measure knowledge of insurance ▪ Measure the number of employers who provide culturally competent education about insurance programs ▪ Number of new school-based clinics ▪ % of parents aware of Kid-Care on repeat survey ▪ Increased enrollment of minority kids in Kid-Care

Hispanics and other Minority Groups Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
	▪ Involve minority interest in state advisory for Kid-Care ▪ Use school-based clinics as intakes ▪ Encourage local initiatives and 211 program ▪ Provide forms in languages needed		
Encourage minority hiring by large firms/companies.	▪ Increase career path training acculturation for minorities ▪ Increase multi-cultural sensitivity training/awareness ▪ Incentives for hiring minorities ▪ Tax incentives for business	▪ Savings achieved through cost shifting ▪ Federal funds	▪ Increased number of insured minorities ▪ Decreased number of minorities insured by public programs
Improve insurance to part-time permanent employees.	▪ Added incentives for employers to cover permanent part-time workers	▪ State revenue	▪ More employers covering part-time employees
Create uncompensated care pool.	▪ Replicate working models from other states ▪ Sliding fee scale ▪ Educate providers ▪ Linking patients to provider sources ▪ State administered or contracted out	▪ Employers ▪ Providers ▪ Insurers ▪ State money	▪ Surveys and data collection
Provide nurse practitioners in schools.	▪ State RFP to encourage coalitions to plan and set up school-based services staffed by nurse practitioners.	▪ HRSA Grants, supplemented by state and local dollars as available and support (in-kind) from hospitals and other providers.	▪ Track new facilities ▪ Measure utilization ▪ Health status of students over time ▪ Look at numbers of students and family enrolled in Kid-Care, etc.
Expand Kid-Care to families with Kid-Care eligibles with private components.	▪ Change Law. Do all that is form 421A except form translation as it will be the same. ▪ Change law	▪ Seek funds from federal and state government, and private organizations ▪ Tobacco Tax	▪ Increased number of enrollment of Hispanics and other minorities in Kid-Care

Other Hispanic and Other Minority Strategies

Create a basic health insurance program for undocumented aliens.

. * * *

Establish the size of Medicaid eligible population.

. * * *

Reinstate Medicaid eligibility for certain excluded groups.

. * * *

Increase small employer-based coverage.

. * * *

Encourage undocumented immigrant parents to enroll children in Medicaid or CHIP plans.

. * * *

Access to public programs for children, regardless of parent's citizenship.

. * * *

Access to public programs for children regardless of their citizenship status.

. * * *

Encourage employer sponsored health plans.

. * * *

Develop group-purchasing pool by geographic regions.

. * * *

Provide DOI waivers for hybrid health plan products.

. * * *

Subsidize insurance companies to provide insurance to this population.

. * * *

Develop state qualified health centers.

. * * *

Market through insurance companies to businesses that are Spanish-owned.

. * * *

Incorporate non-traditional care into insurance packages.

Children Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Expand Kid-Care Eligibility. * * * * * Expand income eligibility levels for Kid-Care. * * * * * Expand Kid-Care income eligibility to greater than 185%. * * * * * Raise Kid-Care eligibility to 200% poverty and apply for federal waiver to go higher. * * * * * Expand Kid-Care to family care. * * * * * Extend Kid-Care to all children – no categorical exclusions.	▪ Increase scope of eligibility requirements to include all children based on IL residency ▪ Enact "Family Care" ▪ Change State Medicaid Plan ▪ Change income restrictions to 300% of poverty and include families ▪ Expand income eligibility to greater than 185% ▪ Expand income eligibility to 200% then 250% ▪ Streamline application process ▪ Develop outreach program to newly qualified families ▪ Improve provider outreach ▪ Apply for Medicaid waivers ▪ Enact legislation ▪ Lobby legislature ▪ Small business pool ▪ Provide incentives for employer based coverage ▪ Tax incentives for business and individuals ▪ Relief from benefit mandates ▪ Increase employer based programs for low-income employees ▪ Expand to all children – no categorical exclusions	▪ 2/3 federal ▪ 1/3 state ▪ Sliding scale – develop to prevent crowd out ▪ Expand SHARE to include families ▪ Political leadership ▪ Gain federal approval for state plan ▪ Increase reimbursement and incentive rates for prevention ▪ State coverage initiative grant – move quickly ▪ Increase FFP ▪ Foundation grants ▪ Subsidies	▪ Number of enrollments by age groups and % of eligible children ▪ Look for equitable distribution ▪ Data collection ▪ Comply with Federal Standards ▪ Income eligibility levels raised ▪ Increased family coverage ▪ Coordinate national and state research and assessment efforts
Develop state program that allows all uninsured children enrollment regardless of income/citizenship.	▪ Change state laws and regulations ▪ Change federal laws and/or request waiver ▪ Same mentality as immunizations ▪ Develop a buy-in plan ▪ Develop crowd-out mechanisms ▪ Create enrollment pool	▪ Sliding scale programs ▪ State ▪ Federal	▪ US Census information updated annually ▪ Decreased number of uninsured kids ▪ Increase US census sample size and reliability ▪ Increased enrollment
Improve outreach, enrollment and access to Medicaid/kid-	▪ Increase Medicaid reimbursement to equal Medicare rates for	▪ Federal, state, businesses/employers,	▪ Number of new enrollments vs. number of potentially eligible

Children Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
Care. * * * * * Reach single parent and hard-to-reach families with Medicaid/Kid-Care eligibility. * * * * * Use non-traditional marketing strategies. * * * * * Simplify Kid-Care/Medicaid enrollment. * * * * * Validate insured status of all children in Illinois.	to equal Medicare rates for providers to increase provider accessibility ▪ Offer incentives to employers to extend benefits to dependents ▪ Involve businesses, insurers and providers in outreach education and enrollment – both Kid-Care and other viable health coverage options ▪ Address current barriers ▪ Extend coverage to parents of Kid-Care eligible children ▪ Assure cultural and linguistic diversity of enrollment staff and tailor outreach to target populations – educate immigrants ▪ Make it easier to apply for health insurance – mail-in, web, phone – simplify enrollment ▪ Increase enrollment at point-of-service ▪ Expand school services to expand enrollment – mandate schools to provide data ▪ Knock on doors ▪ Reduce marketing restrictions ▪ Allow incentives ▪ Better education for people leaving TANF ▪ Target teen mothers who are not complying with TANF regulations	businesses/employers, providers, insurers, employees ▪ IDPA outreach funds ▪ Schools	number of potentially eligible enrollees ▪ Document enrollments ▪ Survey population on difficulty of process ▪ Validate insured status of all children in Illinois
Make dependent coverage affordable to employers and employees. * * * * * Provide low-income employees with a choice of having Kid-Care/Medicaid or the employer based program rebate.	▪ Enact "Family Care" ▪ Provide incentives to employers ▪ Subsidize premiums – HIPP ▪ Encourage employer offering of dependent coverage ▪ Change Medicaid/Kid-Care to allow parents to opt for a rebate on employer sponsored health	▪ Employers ▪ Public/private/individual cost-sharing ▪ State/federal funds ▪ Federal matching dollars ▪	▪ Track enrollment ▪ Surveys ▪ Academic research ▪ Track kids in Kid-Care rebate ▪ More employers offering dependent care

Children Strategies	Considerations for Implementation	Suggested Funding Sources	Assessment Needed
	insurance plan instead of mandating them automatically into Medicaid		
Give tax incentives for families that obtain health insurance for kids.	▪ State income tax credit (refundable) (income restricted) ▪ Legislation to change tax code ▪ Urge federal government to put tax credit in federal code ▪ Market program ▪ Create partnership for information, product development, marketing ▪ Consideration needed for "medically complex" kids	▪ State/federal dollars ▪ Explore creative ways to fund	▪ Number of kids enrolled by age group ▪ Data collection ▪ Number of newly insured
Remove stigma of public aid for Kid-Care/Medicaid by changing DPA name to encourage higher enrollments. * * * * * Decrease negative stigma of accepting Kid-Care services.	▪ Do a few focus groups on an new name for DPA and Medicaid ▪ Consider outsourcing Medicaid and Kid-Care to private insurance companies ▪ Apply on internet/no "intake" person or office ▪ Privatize Kid-Care ▪ Change name from IDPA	▪ IDPA, private foundation grants, Microsoft ▪ It's an RFP – cost neutral ▪ No cost except administration	▪ Number perceiving less stigma on repeat survey ▪ Number of newly enrolled
Increase availability of children's health insurance products (exploratory).	▪ Educate insurance companies ▪ Survey market for need, develop and sell product ▪ Design products for children including preventative services, early intervention ▪ Provide incentives for managed care plans for children ▪ Better management of a preventative care scheduling program ▪ Enhance availability of preventative care by raising Medicaid reimbursement rates	▪ Premiums ▪ IDPH ▪ Taxpayers ▪ Enhanced federal Medicaid match rates	▪ Number of products/policies sold ▪ Number of children with consistency of care ▪ Increased number of children in the early intervention program ▪ Increased in rates for preventative care for kids

Other Children Strategies

Increase coverage for the working poor and small employers.
. * * *
Offer incentives to employers to extend benefits to dependants.
. * * *
Offer refundable tax credits for family insurance.
. * * *
Develop systems to help kids get enrolled in SSI Disability.
. * * *
Provide automatic eligibility for kids with pre-existing conditions that make them uninsurable.
. * * *
Offer buy-in options for children with disabilities whose families are above the eligibility requirements of public health programs.
. * * *
Provide family care.
. * * *
Enact the family care bill.
. * * *
Provide option to doctors for tax credit in lieu of Medicaid checks.
. * * *
Increase Medicaid reimbursement to equal Medicare rates for providers to increase provider accessibility.
. * * *
Increase publicity of Kid-Care.
. * * *
Automatically insure all children at birth.
. * * *
Extend coverage to parents of Kid-Care eligible children.
. * * *
Raise income eligibility for Kid-Care.
. * * *
Get more kids involved in employer-sponsored health insurance.
. * * *
Provide continuous eligibility within Kid-Care.
. * * *
Investigate correlation between Kid-Care and academic achievement.
. * * *