

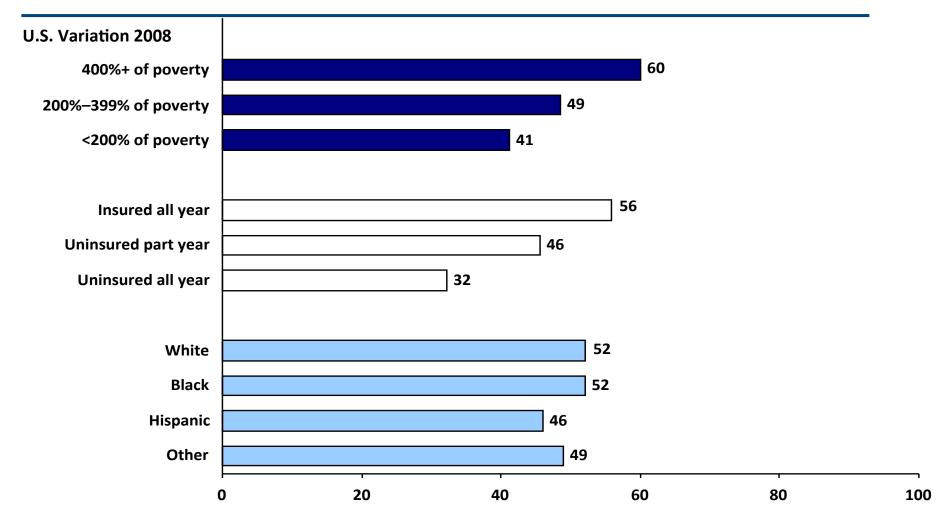
Ensuring Equity: A Post-Reform Framework to Achieve High Performance Health Care for Vulnerable Populations Chartpack

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Exhibit 1. Receipt of Recommended Screening and Preventive Care for Adults, 2008

Percent of adults age 18+ who received all recommended screening and preventive care* within a specific time frame given their age and sex



^{*} Recommended care includes at least six key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot.

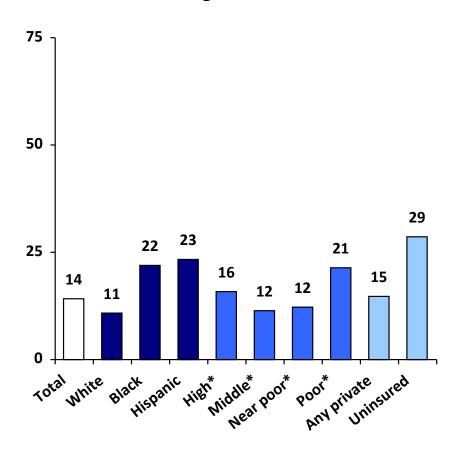
Data: N. Tilipman, Columbia University analysis of Medical Expenditure Panel Survey.

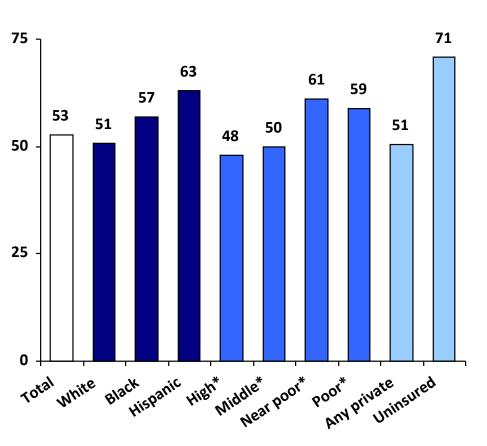
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011 (forthcoming Oct. 2011).

Exhibit 2. Adults with Poorly Controlled Chronic Diseases, by Race/Ethnicity, Family Income, and Insurance Status, 2005–2008

Percent of adults age 18+ with diagnosed diabetes with hemoglobin A1c level ≥ 9%

Percent of adults age 18+ with hypertension with blood pressure ≥140/90 mmHg



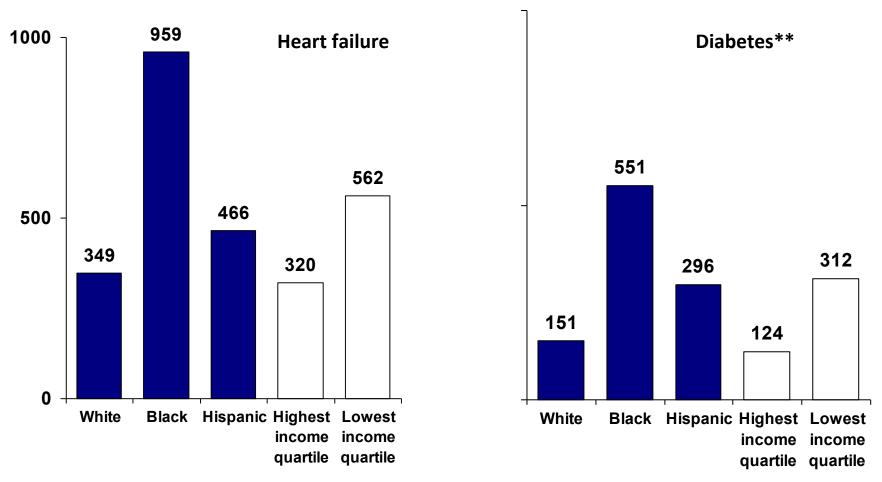


^{*} High refers to household incomes >400% of federal poverty level (FPL); middle to 200%–399% FPL; near poor to 100%–199% FPL; and poor to <100% FPL.

Data: J. M. McWilliams, Harvard Medical School analysis of National Health and Nutrition Examination Survey. Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011 (forthcoming Oct. 2011).

Exhibit 3. Hospital Admissions for Select Ambulatory Care—Sensitive Conditions, by Race/Ethnicity and Patient Income Area, 2007

Adults age 18+, adjusted rate per 100,000 population*



^{*} Rates are adjusted by age and gender using total U.S. population for 2000 as the standard population. ** Combines three diabetes admission measures: uncontrolled diabetes without complications, diabetes with short-term complications, and diabetes with long-term complications. Patient Income Area = median income of patient zip code.

Data: Healthcare Cost and Utilization Project, State Inpatient Databases (AHRQ 2010).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011 (forthcoming Oct. 2011).

Exhibit 4. U.S. Income and Poverty Distribution, Adults Under Age 65, 2009

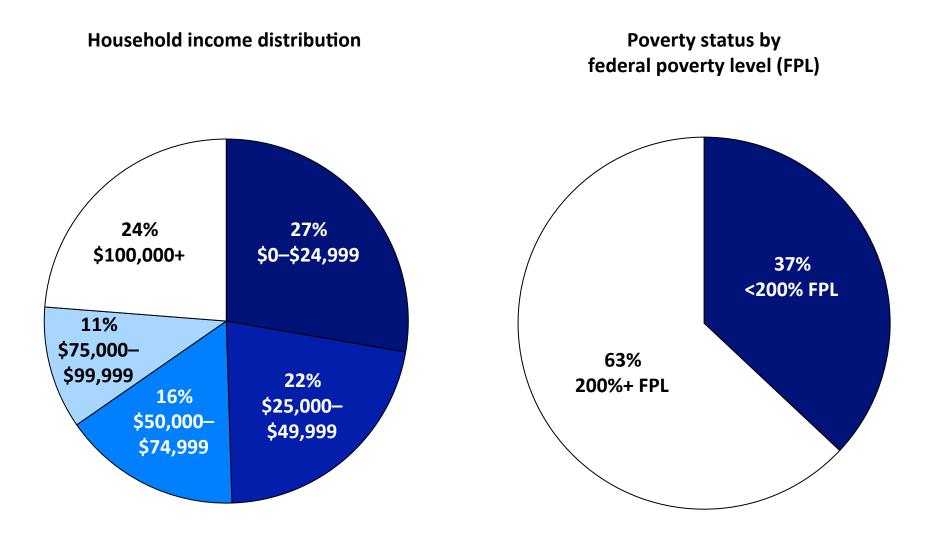
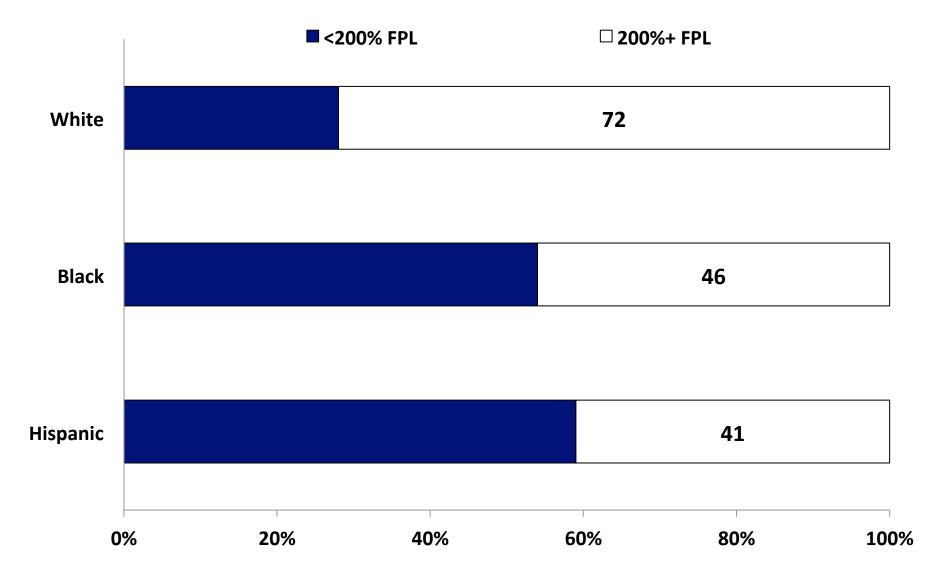


Exhibit 5. Poverty Status by Race/Ethnicity, Adults Under Age 65, 2009





Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010.

Exhibit 6. Percent of Under-65 Population Uninsured, by Race/Ethnicity and Poverty Status, 2009

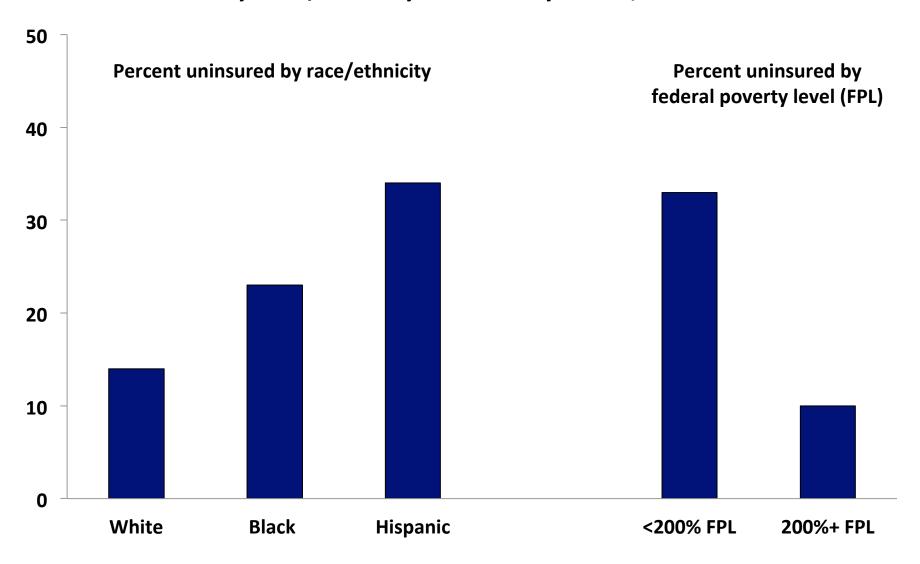
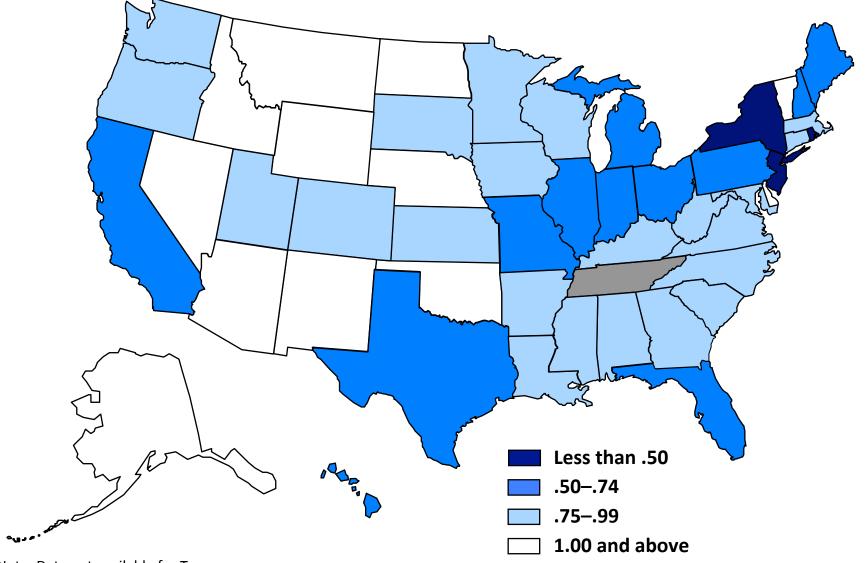


Exhibit 7. Medicaid–Medicare Reimbursement Rate Ratios by State

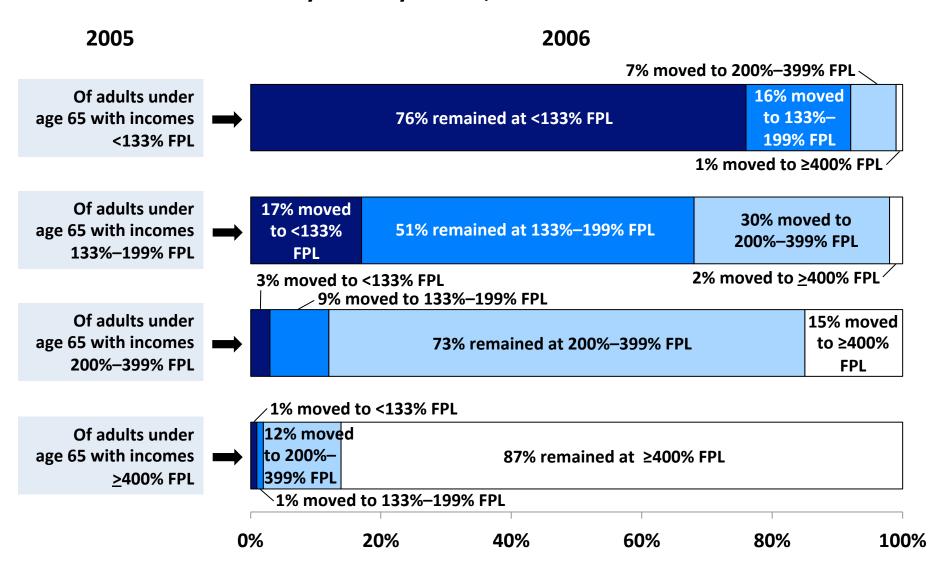
Medicaid Compared with Medicare, 2008



Note: Data not available for Tennessee.

Source: Urban Institute 2008 Medicaid Physician Survey, in S. Zuckerman, A. F. Williams, and K. E. Stockley, "Trends in Medicaid Physician Fees, 2003–2008," *Health Affairs* Web First, April 28, 2009, w510–w519.

Exhibit 8. Changes in Family Income, U.S. Population Under Age 65, by Poverty Status, 2005 to 2006



Note: FPL refers to federal poverty level.

Source: P. F. Short, K. Swartz, N. Uberoi et al., Realizing Health Reform's Potential: Maintaining Coverage, Affordability, and Shared Responsibility When Income and Employment Change (New York: The Commonwealth Fund, May 2011).

Exhibit 9. Premium and Cost-Sharing Tax Credits Under the Affordable Care Act

Federal poverty level	Income for a family of four	Premium tax credit cap as a share of income	Average cost-sharing as a share of medical costs
<133%	<\$29,327	Medicaid	Medicaid
133%–149%	\$29,327-<\$33,075	3.0%-4.0%	6%
150%–199%	\$33,075-<\$44,100	4.0%-6.3%	13%
200%–249%	\$44,100-<\$55,125	6.3%-8.05%	27%
250%–299%	\$55,125-<\$66,150	8.05%-9.5%	30%
300%–399%	\$66,150-<\$88,200	9.5%	30%
<u>≥</u> 400%	<u>></u> \$88,200	_	_

Four levels of cost-sharing

1st tier (Bronze) actuarial value: 60%
2nd tier (Silver) actuarial value: 70%
3rd tier (Gold) actuarial value: 80%
4th tier (Platinum) actuarial value: 90%

Catastrophic policy with essential benefits package available to young adults and people who cannot find plan premium <8% of income

Annual OOP limits (individual/family)

100%–200% FPL: 1/3 HSA limit, \$1,983/\$3,967 200%–300% FPL: 1/2 HSA limit, \$2,975/\$5,950 300%–400% FPL: 2/3 HSA limit, \$3,967/\$7,933

Cost-sharing is eliminated for preventive services

Note: FPL refers to federal poverty level. OOP refers to out-of-pocket costs. HSA refers to health savings account. Actuarial values are the average percent of medical costs covered by a health plan. Premium and cost-sharing credits are for silver plan. Source: Federal poverty levels are for 2010; Commonwealth Fund Health Reform Resource Center: What's in the Affordable Care Act?

(PL 111-148 and 111-152), http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx.

Exhibit 10. Safety-Net Service Characteristics to Address Disproportionate Needs of Patients Served

	Disproportionate Needs	Safety-Net System Characteristics
Health-related needs	Chronic conditions Disability Mental illness Substance abuse Reproductive health care	Team care Care management Care coordination/Integration Medical home Co-located services Integrated services
Personal and social factors adversely affecting health	Dangerous work Unhealthy environments Unsafe environments Chronic stress Shortage of personal time Illiteracy Low social support Homelessness Poor nutrition Health risk behaviors (smoking, substance abuse, inactivity) Disability	Social services Patient education Outreach services Facilitated enrollment in public programs Wraparound services
Personal and social factors affecting health care access	No sick leave Language barriers Cultural disparities Transportation Nontraditional work hours Transient residence Disability	Extended hours of service Language services Transportation services Cultural sensitivity Electronic heath records Home visits Home health care Telephone advice lines Electronic visits

Exhibit 11. Percent of Health Centers Providing Types of Enabling Services On-Site

