

IRA'S CHANGES

- ~~pg. 14~~ Define Taft-Hartley plans

- ~~pg. 15~~ - Corporate alliance employers required to pay premium for terminated employees for six months.

Yes.

10% payroll to cover unemployed workers ✓

- ~~pg. 17~~ - employee defined under Internal Revenue rules. ~~Need to talk to Larry~~

- ~~pg. 17~~ - Define full-time as 30 hours a week. ~~OK~~

Sub chpts

~~Check Larry~~

OK

- ~~pg. 2~~ - Change preventive dental service for children to dental services. Add in year 2001 preventive dental service for adults and restorative services.

restorative

Emergency rule in now

- ~~pg. 33~~ - Move mental health expansion from mental health section into expansion of benefit section. ✓

- ~~pg. 42~~ National Health Board

Serves as board of directors (and other framing changes).

Change language related to

ESTIMATED

The board convenes an advisory committee of experts to establish the price of the national benefit in alliances. The board certifies the baseline in each alliance according to the competitive bidding process in section on health plans. Budget section

The board oversees quality system developed and managed by consortium of medical schools and academic health centers. The board approves quality measures recommended by consortium.

STGT

Add individuals with expertise in practice of medicine to list of qualifications for possible appointment to the National Health Board. ✓

Insert phrase "as a last resort" to introduce possibility of imposing premium surcharge on state that fails to implement reform. ✓

# Soften language on alliance power

- ~~pg. 49~~ - Elements included in state plan:  
 Add "quality and solvency" to list under as basis for certification of state plans.  
 Delete "financial regulation of plans"  
 Delete "administration of data collection and quality management"

- pg. 50 - Alliance size - change phrasing from "to ensure that it controls adequate market share" to "to ensure adequate market share to form a large community pool and to allow it to negotiate effectively with health plans."

- pg. 54 -- Single payer option -- feds automatically waives requirements under ERISA, rules related to regional and corporate alliances and Medicare continuation as separate program.

- pg. 55 --Single payer -- Add: A single-payer state may utilize a payroll tax instead of a premium based assessment. National subsidies for low wage and small firms, low wage families and early retirees will flow to single payer states according to the same criteria as states adopting a competitive approach.

## CLARIFY SINGLE PAYER

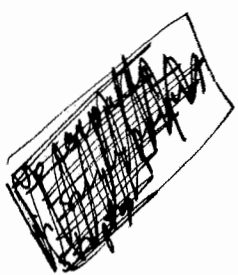
- pg. 56-57 Alliance -- Delete phrase that describes alliance board of directors as ~~only~~ ~~for alliances incorporated as non-profit agency.~~ ~~Delete option for alliance to be state agency.~~

DO/

- pg. 58 -- Change assignment to plan for individuals who do not enroll from assignment to lowest-cost plan to assignment to an "available" plan.

- pg. 60-61 -- Powers of Alliance

Contracting requirements and exclusion of health plans:



randomly

Delete -- The plan is a fee-for-service plan that is not a successful bidder. Through a competitive bidding process, an alliance may limit to three the number of plans that pay any willing providers operating under a contract with the plan. ✓

Delete -- Alliance may decline to contract if proposed premium would cause alliance to exceed budget target. ✓

- pg. 62 -- Fee for service: Delete state ability to waive requirement to offer fee-for-service plan if not viable in area. ~~DO~~ ✓
- pg. 62 -- Balance billing -- clarify prohibition against balance billing applies only to services in guaranteed benefit. ✓
- pg. 64 -- Delete Department of Labor oversight of alliances. *corporate but ok* ✓
- pg. 65 -- Corporate Alliance -- Delete phrase assigning to Department of Labor responsibility to "regulate employers." Leaves phrasing that DoL "determines whether a corporate alliance may continue to operate in the case of merger, acquisitions and bankruptcies." ✓
- pg. 78 -- Health plans -- under "Additional Requirements for Plans" delete reference to National Health Board as establishing authority and change to read:

State certification requirements for health plans must meet national uniform conditions of participation including: (Fiscal soundness, etc.) ✓

- pg. 81 -- Delete National Health Board establishing rules for supplemental insurance and cost sharing in corporate alliances. ✓
- pg. 82 -- Under supplemental insurance -- shift responsibility for setting marketing standards for supplemental insurance from National Health Board to states. *Write federal rules & states do*
- pg. 85 -- Rural Communities in the new system -- Add "urban" throughout section.

underserved

*define medically underserved*

Don't mind like rest pt.

Comm to the it

10-15% Save

- pg. 90 -- Add insert describing savings to employers from workers compensation.
- pg.93 -- Change outer budget targets to 1999 and 2000 (instead of leaving it open-ended as "thereafter") Baumel
- pg. 4 -- New draft of budget section -- change allowed premium increase from percentage increase to dollar increase.

~~to employers~~  
to employers

Shift responsibility for calculating premium cap from National Health Board to alliances.

Insert process for closing disparities between high cost and low cost geographic areas in spending over 8 years starting in 1996.

STATE BY STATE ✓

2002 July 1, 1995 Bd reports

Delete section on "Tools to meet premium targets."

goes back to provider thru account

- pg. 100 -- Change responsibility for oversight of Quality Management from National Health Board to private, non-profit consortium established by medical schools and academic health centers.

Add "Supervises" the national network of regional centers to obtain quality management data.

pg. 103 -- Shift establishment of regional or statewide technical assistance through a non-profit foundation or other organizations from state role to National Quality Management Program under consortium.

pg. 103 -- Under state role in quality management: Delete "develop and implement plans to meet enrollment, access and quality standards established by federal government." Delete "Prepare comparative reports on the performance of alliances, plans, providers and practitioners."

pg. 104 -- Set per capita levy on insurance premiums to support quality program at 1% rather than set by National Health Board.

pg. 105 -- Under role of health plans in

quality  
organization  
training  
research  
enum #  
intact  
research  
premium  
ERA will  
enumerate

quality #  
separate

#3B

quality program delete "Meet national conditions of participation established for health boards by National Health Board.

- Workforce development ✓ *medium-nurse -*
- pg. 201 - Medicaid - Shift responsibility for assessing ability to handle Medicaid disabled from national board to HHS. ✓

- pg. 203 - Medicaid -- Establish baseline for state maintenance of effort equals spending for services covered in national benefit package in 1992. To statement "that figure is projected forward by 'actual medical expenditures in 1993 and' the budgeted growth in the state's weighted-average premium for the state population not covered by Medicaid." ✓ *Larry*

- pg. 203 -- Insert federal Medicaid caps. -- *Describe*

- pg. 210-211 -- Inserts on FEHBP -- supplemental benefits. *Insert add paragraph*

*- set date certain 1997 ?*

*ASPE / price of Reserve fund - use for ~~adult dental / keep it~~ ~~add to budget~~ ~~transition~~*

*Insert: After mlt growth - GDP Budget*

*Must describe Medicare / Medicaid savings*

*National Health Board repository for ~~the~~ Quality ~~program~~ program enrollment*