APPENDIX B:

A ROSTER OF NEW REGULATORY MANDATES UNDER THE HEALTH SECURITY ACT

Appendix B

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PART ONE: DUTIES OF FEDERAL AGENCIES

A. NATIONAL HEALTH BOARD

1. Annual Report to Congress

(See App. A, Office No. 1.)

(1) Prepare and send to Congress an annual report addressing the overall implementation of the health care system. § 1504, p. 262.

2. Benefit Package -- Scope of Coverage

(See App. A, Office No. 2.)

(2) Specify which health professional services will be treated as inpatient hospital services when provided to a hospital inpatient. § 1111(c)(2), p. 36.

(3) Specify and define specific items and services as clinical preventive services for high risk populations under § 1114. Establish and update the periodicity schedule for such items and services. § 1153(a)(1), p. 94.

(4) Update the periodicity schedules for age-appropriate immunizations, tests, and clinician visits set forth in § 1114(b)-(h). § 1153(a)(2), p. 94.

(5) Promulgate rules with respect to immunizations, tests and clinician visits not provided during the age ranges set forth in § 1114(b)-(h). § 1153(a)(3), p. 94.

(6) Consult with experts in making clinical preventive services determinations. § 1153(b), p. 94.

(7) Specify which health professional services set forth in § 1112 shall be treated as inpatient and residential mental illness and substance abuse treatment. § 1115(c)(1), p. 49.

(8) Specify which health professional services set forth in § 1112 shall be treated as intensive nonresidential mental illness and substance abuse treatment. § 1115(d)(1), p. 53.

(9) Identify authoritative texts specifying diagnostic criteria for mental or substance abuse disorders. § 1115(f)(2)(C), p. 61.

(10) Specify which dental procedures constitute emergency dental treatment. § 1126(a)(1), p. 71.

(11) Define "qualifying investigational treatments" to be administered for life-threatening diseases, disorders or other health conditions. § 1128(a), p. 74.

(12) Promulgate regulations establishing standards to determine whether items and services are not medically necessary or appropriate. §§ 1141(a)(2), p. 91; 1154, p. 94.

(13) Promulgate regulations or establish guidelines to assure uniformity in application of the comprehensive benefit package across all health plans. § 1151(a), p. 92.

(14) Issue regulations expanding the comprehensive benefit package. § 1152(a), p. 92.

(15) Specify reasonable restrictions on coverage to be permitted under fee-for-service plans. § 1322(b)(2)(B), p. 133.

(16) Establish standards of standard coverage and maximum coverage for policies. § 1423(a)(3), p. 246.

(17) Interpret the comprehensive benefit package and assure its availability on a uniform national basis to all eligible individuals. Recommend revisions to the package. § 1503(a)(1), (2), p. 260.

(18) Adjust the delivery of preventive services under § 1153. § 1503(a)(1), p. 260.

3. Consumer Protection

(See App. A, Office No. 1.)

(19) Promulgate rules regarding the format and content of consumer information materials to be published annually by regional alliances. § 1325(a)(2), p. 149.

(20) Develop, in consultation with states, minimum standards to prohibit plan marketing practices involving the provision of monetary or other incentives or tying. § 1422(c), p. 245.

(21) Establish standards for health plan grievance procedures for use by enrollees in pursuing complaints. § 1503(j), p. 262.

4. **Employers -- Compliance & Oversight**

(See App. A, Office No. 1.)

(22) Specify the notice qualifying employers must provide to regional alliances in order to be deemed "qualified employers." § 1006(a)(2)(B)(ii), p. 19.

5. **Financial Management -- of Health Plans**

(See App. A, Office No. 1.)

(23) Establish federal requirements with which states must comply in setting capital standards for individual plans within the state. §§ 1204(a), p. 106; 1551(a), p. 286.

(24) Consult with states in establishing minimum capital requirements for plans for purposes of state oversight of plans under §§ 1204(a), p. 106; 1551(a), p. 286.

(25) Promulgate rules requiring plans to maintain additional capital for factors likely to affect plan financial stability. § 1551(c), p. 286.

6. **Medical Malpractice Reform -- Alternative Dispute Resolution**

(See App. A, Office No. 4.)

(26) Develop alternative dispute resolution methods for use by plans in resolving malpractice claims, including arbitration, mediation, and early offers of settlement. § 5302(c)(1), (2), p. 938.

7. **Plans -- Eligibility**

(See App. A, Office No. 3.)

(27) Promulgate regulations, in consultation with the State Department, governing the conditions under which diplomats and other foreign officials residing in the U.S. may enroll in regional alliance health plans. § 1005(b), p. 17.

(28) Promulgate national rules with respect to individuals who will be treated as children under the Act. § 1011(e)(3), p. 23.

(29) Promulgate additional exceptions and special rules regarding the treatment of multi-area families, non-dependent minors, changes in family composition, and children of separated or divorced parents. § 1011(f), p. 24.

(30) Specify special rules regarding the application of the Act to spouses residing in different alliance areas. § 1012(f), p. 30.

(31) Promulgate rules regarding the non-corporate-alliance-eligible status of welfare recipients, enrollees in Veterans Administration or Indian Health Service plans, and seasonal or temporary workers. § 1311(d), p. 125.

(32) Define "seasonal or temporary workers." § 1311(d)(4), p. 125.

(33) Develop and implement standards relating to eligibility of individuals and families for coverage under §§ 1001-1014. § 1503(c), p. 260.

(34) Provide additional exceptions to family coverage rules under § 1012. § 1503(c), p. 260.

(35) Establish additional "permanent resident alien" and "long-term nonimmigrant" classifications. § 1902(1)(G), (19), p. 332.

8. Plans -- Enrollment

(See App. A, Office No. 1.)

(36) Establish rules governing regional alliance selection of plan for individuals who fail to enroll voluntarily in a plan. § 1323(i)(1), p. 148.

(37) Promulgate rules on the responsibilities of regional alliances with respect to point-of-service individuals who are not enrolled in, or eligible for enrollment in, alliance plans. § 1323(b)(2)(F), p 143.

(38) Promulgate rules governing annual open enrollment periods for changing plan enrollments. § 1323(d)(1), p. 145.

(39) Specify the manner in which alliances must coordinate their enrollment and disenrollment activities. § 1328(b), p. 151.

9. Plans -- Federal Employee Health Programs

(40) Establish, in consultation with the Office of Personnel Management, rules for the pricing of FEHBP supplemental plans to ensure that such pricing takes into account expected increases in the use of comprehensive benefit package items and services resulting from the purchase of supplemental plans by regional alliance plan enrollees. § 1423(f)(4)(A), p. 248.

10. Plans -- Insolvency -- Guaranty Funds for Insolvent Regional Alliance Plans

(See App. A, Office No. 1.)

(41) Establish, in consultation with states, standards for state guaranty funds. §§ 1204(c)(1), p. 106; 1503(i), p. 262; 1552, p. 287.

(42) Establish rules governing claims and claim priorities against guaranty funds. § 1552(b)(2), p. 288.

11. Plans -- Uniformed Services Health Plans

(See App. A, Office No. 1.)

(43) Establish rules, in consultation with Secretary of Defense, relating to areas in which bidding for uniformed services health plans will apply. § 1351(e)(2)(B), p. 177.

12. Premiums -- Collection & Transfer Among Plans & Alliances

(See App. A, Office No. 1.)

(44) Specify procedures whereby the parents' regional alliance shall transfer a student's portion of the family's premium to the regional alliance for the area in which the student is enrolled. § 1346(e), p. 173.

13. Premiums -- Determination of Amount -- Alliance Inflation Factors

(See App. A, Office No. 7.)

(45) Compute and publish by March of each year the regional alliance inflation factor for each regional alliance for the following year. §§ 1341(a)(2)(D), p. 154; 6001(a)(1), 948.

(46) Submit to Congress in 1999 recommendations on what the general health care inflation factor should be for years beginning with the year 2001. § 6001(a)(3)(B)(i), p. 986.

(47) Promulgate the general health care inflation factor for years after 2000 in which Congress fails to specify such a factor. § 6001(a)(3)(B)(ii), p. 986.

(48) Specify annually the annual percentage increase in the CPI for the following year for use in calculating the regional alliance inflation factors. § 6001(b)(1), p. 987.

(49) Determine annually the average percentage increase in real, per capita gross domestic product during the preceding three-year period using Department of Commerce data. § 6001(a)(3)(C)(ii), p. 987.

(50) Develop a corporate alliance opt-in adjustment methodology for adjusting the regional alliance inflation factor for each regional alliance in order to reflect material changes in the demographic characteristics of regional alliance eligible individuals residing in the alliance area as a result of one or more corporate alliances terminating an election under § 1313. § 6001(c)(1)(A), p. 988.

(51) Develop a regional-trend-compared-to-national-trend adjustment methodology for adjusting the regional alliance factor for each regional alliance in order to reflect material changes in the demographic characteristics and health status of regional alliance eligible individuals residing in the alliance area in comparison with the average change in such characteristics for such individuals residing in the U.S. § 6001(c)(2)(A), p. 988.

(52) Adjust the regional alliance inflation factors annually to account for corporate alliance opt-ins and regional-trend-compared-to-national-trend variations. § 6001(c)(3), p. 989.

(53) Determine whether actual weighted average accepted bid for a regional alliance for a year exceeds the regional alliance per capita premium target for the year, and apply an adjustment for previous excess rate of increase in expenditures when necessary. § 6003(e), p. 999.

(54) Maintain a process for consulting with representatives of states and regional alliances before establishing the regional alliance inflation factors under § 6001. § 6001(d), p. 989.

14. Premiums -- Determination of Amount -- Alliance Per Capita Premium Targets

(See App. A, Office No. 7.)

(55) Determine for each regional alliance for 1996 an initial regional alliance per capita premium target. § 6003(a). Beginning with 1996, determine annually for each regional alliance for the succeeding year an updated regional alliance per capita premium target. § 6003(b)(1), p. 995.

(56) Make an initial determination of the adjustment factor for each regional alliance in a manner consistent with § 6003(c). § 6003(c), p. 996.

(57) Develop a process for consulting with representatives of states and regional alliances before establishing regional alliance premium adjustments under § 6003(c). § 6003(c), p. 996.

(58) Establish a method for computing a regional alliance per capita premium target for each regional alliance affected by changes in state regional alliance boundaries. § 6003(d)(2), p. 998.

(59) Compute annually a statewide per capita premium target for single-payer states in the same manner as a regional alliance per capita premium target is determined under § 6003. § 6031, p. 1024.

15. Premiums -- Determination of Amount -- Baseline Premium Targets

(See App. A, Office No. 7.)

(60) Determine a national per capita baseline premium target on or before January 1, 1995. § 6002(a). In calculating the national target, determine the national average per capita current coverage health expenditures and current health care expenditures. § 6002(b)(1), (2), p. 990.

(61) Update the determination of the national average per capita current coverage health expenditures for 1994 and 1995 by the appropriate update factor. § 6002(c)(1), p. 994.

16. Premiums -- Determination of Amount -- Bidding Process

(See App. A, Office No. 7.)

(62) Specify the information regional alliances must make available to plans to enable each plan to estimate, based upon an accepted bid, the amounts payable to the plan under § 1351 (e.g., blended plan per capita payment amount for each regional alliance health plan), so that each plan can utilize this information in preparing its premium bids. § 1341(a), p. 153.

(63) Provide regional alliances with information and technical assistance to assist the alliances in bidding under § 6003(a). § 6004(a)(5), p. 1001.

(64) Compute for each regional alliance a weighted average accepted bid for each year for which bids are obtained under § 6003(a). § 6004(c), p. 1002.

(65) Establish rules respecting the treatment of enrollment in plans that are discontinued or newly offered for use in computing weighted average accepted bids under § 6003(c)(1). § 6004(c)(2), p. 1002.

(66) Notify each regional alliance (i) if the weighted average accepted bid for the alliance is greater than the alliance's per capita bid target and (ii) the reduced weighted average accepted bid for the alliance. § 6004(d)(1), p. 1003.

(67) Notify regional alliances receiving notices under § 6004(d)(1) and each noncomplying plan of (i) any plan payment reduction computed under § 6011 for the plan and (ii) the opportunity to voluntarily reduce the accepted bid under § 6004(e). § 6004(d)(2), p. 1003.

17. Premiums -- Determination of Amount -- Corporate Alliance Payments

(See App. A, Office No. 7.)

(68) Develop a methodology for calculating an annual per capita expenditure equivalent for amounts paid for coverage for the comprehensive benefit package within a corporate alliance. § 6021(a), p. 1020.

18. Premiums -- Determination of Amount -- Employer Payments

(See App. A, Office No. 7.)

(69) Specify a method for computing hours of employment for purposes of the Act. § 1901(b)(3), p. 326.

(70) Establish rules for the conversion of salaried- or commission-based compensation to hourly-based compensation. § 1901(b)(4), p. 326.

(71) Promulgate regulations specifying the manner in which regional alliances will determine the base employment monthly premium. § 6122(b)(1), (c)(1), p. 1067.

(72) Consult with the Department of Labor in establishing standards for the establishment of employment estimates by regional alliances in computing the base employment monthly premium. § 6122(c)(2), p. 1070.

(73) Promulgate rules governing the computation of employers' average annual wages for use in determining employer premium discounts (percentage limitations based on employer wage payments). § 6123(d)(2), p. 1073.

(74) Specify the manner in which demographic risk under § 6001(c)(1)(A) shall be measured for purposes of determining the payment adjustment (employer premium discount) for large employers switching to coverage in a regional alliance. Specify the information to be provided by employers to enable demographic risk determinations to be made. § 6124(b)(3)(B)(i), p. 1079.

(75) Issue regulations governing the precedence of employer premium payment duties in single-payer systems. § 1601(b), p. 303.

19. Premiums -- Determination of Amount -- Family Payments & Class Factors
(See App. A, Office No. 7.)

(76) Establish premium class factors. §§ 1341(a)(2)(C), p. 154; 1503(g), p. 261; 1531, p. 278; 6102(a)(3), p. 1029.

(77) Promulgate rules for the division of combined premiums and the pro-rating of credits within divided families. § 6102(c), p. 1029.

(78) Promulgate rules to govern changes in family enrollment status during a given year. § 6112(c), p. 1050.

(79) Promulgate rules governing the reduction of family liability for repayment of alliance credits based on employer premium payments to regional alliances under § 6121. § 6112(a), p. 1048.

20. Premiums -- Determination of Amount -- Health Care Expenditures
(See App. A, Office No. 7.)

(80) Determine percentages for payments of coinsurance for lower cost sharing out-of-network items and services. § 1132(b), p. 81.

(81) Oversee, and certify compliance with, the cost containment requirements of Title VI, Subtitle A (§§ 6001-6041). § 1503(b), p. 260.

(82) Determine, with respect to each state's participation in state financial incentives for the containment of health care expenditures, whether the state's weighted average of the reduced weighted average accepted bids for regional alliances in the state is less than the

statewide weighted average of the reduced weighted average of the regional alliance per capita premium targets for such alliances for the year. Reduce the state's maintenance-of-effort payment under § 9001(b) if such is the case. § 6005(b), p. 1004.

(83) Establish the Advisory Commission on Regional Variations in Health Expenditures. § 6006(a), p. 1005.

21. Premiums -- Determination of Amount -- Plan & Provider Payment Reductions

(See App. A, Office No. 7.)

(84) Promulgate rules modifying the application of the maximum complying bid rules applicable to new plans to prevent abusive premium practices by entities already offering plans and to encourage variety of plan options. § 6011(d)(3)(B), p. 1016.

(85) Promulgate regulations on provider payment reductions. § 6012(a), p. 1017.

(86) Provide for an induced volume offset, which shall be an appropriate increase in the provider network reduction percentage to take into account any estimated increase in the volume of services provided anticipated as a consequence of applying a reduction percentage under § 6012(a)(2)(A). § 6012(a)(2)(B), p. 1018.

22. Premiums -- Federal Payments to Alliances

(See App. A, Office No. 7.)

(87) Determine the average annual percentage change in the U.S. population during the three-year period ending in the preceding calendar year, based on data supplied by the Department of Commerce (for use in establishing factors to be entered into the capped federal alliance payment calculation). § 9102(e)(2)(C)(ii), p. 1305.

(88) Determine the average annual percentage change in the real, per capita gross domestic product of the U.S. during the three-year period ending in the preceding calendar year, based on data supplied by the Department of Commerce. § 9102(e)(2)(C)(iii), p. 1305.

23. Premiums -- State Payments to Alliances

(See App. A, Office No. 7.)

(89) Calculate subsequent-year updates of the non-cash baseline amounts for each state. § 9003(b), p. 1283.

(90) Estimate the number of individuals who are under 65 years of age based on Bureau of Labor Statistics projections for use in updating the non-cash baseline amounts under § 9003. § 9003(b)(2), p. 1284.

(91) Review periodically the appropriateness of levels of payments required from states under Subtitle A of Title IX (aggregate state maintenance-of-effort and premium payments). Report to Congress on suggested adjustments to assure equitable distribution of state payments under the Act, taking into account each state's revenue base. § 9022(a), (b), p. 1294.

24. Providers -- Compliance & Oversight

(See App. A, Office No. 4.)

(92) Develop demonstration standards for the licensing of health care institutions that address essential performance requirements related to patient care. Develop the standards in a manner that will permit their uniform application. § 5011(a), p. 856.

25. Quality Management & Improvement

(See App. A, Office No. 6.)

(93) Establish and maintain a performance-based system of quality management and improvement. §§ 1503(d), p. 260; 5001, p. 835.

(94) Provide staff to the National Quality Management Council. § 5002(i), p. 838.

(95) Establish quality performance goals for health plans and providers on a subset of the national measures of quality performance. § 5005(a), p. 843.

(96) Establish and oversee Regional Professional Foundations. § 5008(a), p. 851.

(97) Demarcate the territory for each Regional Professional Foundation, based on the advice of the National Quality Consortium. § 5008(c), p. 852.

(98) Establish a consortium to be known as the National Quality Consortium. § 5009(a), p. 853.

(99) Appoint members to the National Quality Consortium. § 5009(c), p. 854.

26. Regional Alliances -- Compliance & Oversight

(See App. A, Office No. 1.)

(100) Promulgate standards of conduct to prohibit self-dealing and conflicts of interest by regional alliance administrators, officers, trustees, fiduciaries, custodians, counsels, agents or employees. § 1330, p. 152.

27. Risk Adjustment & Reinsurance

(See App. A, Office No. 7.)

(101) Develop a risk adjustment and reinsurance methodology for the adjustment of payments to regional alliance health plans. § 1541. Determine additional factors to be taken into account in developing the methodology. §§ 1203(g), p. 105; 1541(b)(2)(F), p. 281.

(102) Determine whether an adequate prospective premium payment adjustment system can be developed and implemented by April 1, 1995. If not, include mandatory reinsurance as part of the risk adjustment methodology. § 1541(c)(2), p. 283.

(103) Specify the manner in which states must establish reinsurance systems to reinsure benefit package items and services for high-cost enrollees or specified high-cost treatments or diagnoses. § 1541(c)(3), p. 284.

(104) Establish standards under which states may provide for adjustments to the risk-adjustment methodology as an incentive for plans to enroll members of disadvantaged groups. § 1542, p. 285.

28. Risk Adjustment & Reinsurance -- Technical Advice & Assistance

(See App. A, Office No. 7.)

(105) Establish Technical Advisory Committee to provide technical assistance and recommendations regarding the development and modification of the risk adjustment and reinsurance methodology. § 1543(a), p. 285.

(106) Provide technical assistance to states and regional alliances in implementing the risk-adjustment and reinsurance methodology. § 1545, p. 286.

29. State Systems -- Compliance & Oversight

(See App. A, Office No. 5.)

(107) Establish requirements for participating states. § 1503(f)(1), p. 261.

(108) Monitor each state's compliance with requirements for participating states. § 1503(f)(2), p. 261.

(109) Provide technical assistance to states in meeting their state responsibilities (under §§ 1200-1224). § 1503(f)(3), p. 263.

(110) Determine the degree of seriousness of a state's noncompliance and the appropriate sanction (i.e., specific remedial measures or federal takeover and operation of the state system). §§ 1512, p. 270; 1521, p. 275; 1522, p. 275. Notify HHS of any federal takeover determination (so as to trigger HHS operation of the system). § 1522(a), p. 275.

(111) File in the U.S. Court of Appeals the record of the proceedings on which the Board's determination or action was based, upon the filing of an appellate challenge to such determination or action by a state or alliance. § 5231(b)(2), p. 920.

(112) Make modified findings of fact upon remand of proceedings from the Court of Appeals. § 5231(b)(3), p. 921.

30. State Systems -- State System Documents

(See App. A, Office No. 5.)

(113) Specify the form and manner of submission to the Board of the state system document (and annual updates thereto). § 1200(b), p. 95.

(114) Review and approve state single-payer system applications. § 1221, p. 109.

(115) Review and approve regional alliance states' system documents and annual updates thereto. §§ 1200(b), p. 95; 1511, p. 264.

(116) Review states' re-applications for approval after termination and federal takeover of state systems. § 1524, p. 278.

B. DEPARTMENT OF HEALTH & HUMAN SERVICES

31. Benefit Package -- Scope of Coverage

(See App. A, Office No. 2.)

(117) Identify, and update the list of, authoritative compendia as appropriate for identifying medically accepted indications for drugs. Make determinations regarding specific uses in such compendia. § 1122(a)(1)(A)(ii), (b), p. 67.

32. Breakthrough Drugs

(See App. A, Office No. 2.)

(118) Establish the Advisory Council on Breakthrough Drugs, to examine the reasonableness of launch prices on new drugs. § 1572(a), p. 290. Appoint Council members. § 1572(a), p. 290.

(119) Review and publish in Federal Register determinations of the Advisory Council on Breakthrough Drugs. § 1572(b), p. 291.

33. Centralized Loan Unit

(See App. A, Office No. 21.)

(120) Establish a Central Loan Unit for the processing of loans provided by HHS under the Act. § 3446, p. 605.

34. Consumer Protection

(See App. A, Office No. 1.)

(121) Issue regulations to implement the antidiscrimination provisions of § 1402(c). § 1402(c)(4), p. 227.

35. Core Functions & Preventive Care

(See App. A, Office No. 14.)

(122) Administer grants to states to carry out core functions of public health programs (e.g., data collection, monitoring, assessing, etc.). § 3312(a), p. 565.

(123) Prescribe the form and contents of applications for core health function funding grants. § 3315, p. 571.

(124) Review state applications for federal core health function funding. § 3313, p. 570.

(125) Develop uniform sets of data for monitoring core health functions. § 3316(a), p. 572.

(126) Consult with the states in developing uniform sets of data for monitoring core health functions. § 3316(a), p. 572.

(127) Annually approve/disapprove core health function grants to states. § 3316(b), p. 572.

(128) Administer grants for health promotion and disease protection projects. § 3331(a), p. 573.

(129) Develop annually a statement of proposed priorities for health promotion and disease prevention grants. § 3332(a)(1), p. 575.

(130) Publish the annual statement of priorities in the Federal Register. Review public comments on the same. Publish final priorities for approval of projects in the coming year. § 3332(a)(3), p. 575.

(131) Review submissions for health project and disease prevention grants. §§ 3333, p. 576; 3334, p. 577.

(132) Prescribe the form of applications for health promotion and disease prevention grants. § 3334, p. 577.

36. Education & Training -- Academic Health Centers

(See App. A, Office No. 15.)

(133) Make federal formula payments to academic health centers to assist such centers in additional costs attributable to their academic nature. § 3101(a), p. 548.

(134) Review requests from academic health centers for federal formula payments. § 3102(a), p. 551.

(135) Specify the form, time and manner for submission of requests for federal formula payments by academic health centers. § 3102(a), p. 551.

(136) Submit a report to Congress containing recommendations regarding policies for allocating annual academic health center account amounts among eligible centers. § 3103(c), p. 554.

(137) Make transfers from Medicare trust funds to contribute to the Academic Health Centers Account provided under § 4052. § 3104(b)(1), p. 555.

(138) Determine annual aggregate regional and corporate alliance contributions to Academic Health Center Account. § 3104(c)(1), p. 555.

(139) Promulgate rules for use by corporate alliances to estimate amounts payable to the federal government for academic health centers and graduate medical education. § 1398(a), p. 224.

(140) Promulgate exceptions regarding alliance plan enrollee access to specialized treatments at academic health centers. § 3131(a), p. 558.

(141) Make discretionary grants to eligible academic health centers providing specialized treatment services to rural regions and underserved urban communities. § 3132, p. 559.

37. Education & Training -- Graduate Medical Education & Specialty Training (See App. A, Office No. 15.)

(142) Establish the National Council on Graduate Medical Education. § 3001, p. 504.

(143) Review applications from approved physician training programs for federal formula payments. § 3031(a), p. 515.

(144) Make federal formula payments for the operation of approved physician training programs. § 3031(a), p. 515.

(145) Specify the requirements for physician training program federal funding payment applications. § 3032(a), p. 516.

(146) Ensure that physician training programs comply with federal funding requirements before such programs participate as providers in regional or corporate alliances. § 3032(b), p. 517.

(147) Transfer funds from Medicare trust funds to the Annual Health Professions Workforce Account under § 4051. § 3034(b)(1), p. 522.

(148) Determine the amount to be paid by regional and corporate alliances into the Annual Health Professions Workforce Account. § 3034(c)(1), p. 523.

(149) Specify the requirements for applications for transitional funding for eligible institutions. § 3051(d), p. 529.

(150) Review applications for transitional payments for years after 1997 for eligible institutions. § 3051(a), (d), p. 527.

(151) Make payments and administer transitional grants for eligible institutions. § 3051, p. 527.

(152) Determine the national average salary of training physicians, and adjust for each local region. § 3051(e)(5), p. 532.

(153) Carry out a program with respect to graduate nurse training programs equivalent to the program for the regulation of approved physician training programs under Title III, Subtitle A, Part 1. § 3061(a), p. 533.

(154) Establish the National Council on Graduate Nurse Education. §§ 3061, p. 533, incorporating § 3001; 3062(b), p. 535.

(155) Determine which clinical nurse specialties require advanced education. § 3061(b)(1), p. 533.

(156) Establish special health care professional training programs for underrepresented minorities and disadvantaged persons. § 3071(a)(2), (b), p. 537.

(157) Establish special health care professional training programs for nurses and midlevel providers. § 3071(a)(2), (d), p. 537.

(158) Establish special health care professional training programs to encourage the adoption of model professional practice statutes for advanced practice nurses and physician assistants. § 3071(e), p. 539.

(159) Establish special health care professional training programs to train professionals and administrators in managed care, cost-effective practice management, continuous quality improvement, and the provision of culturally-sensitive care. § 3071(f), p. 539.

(160) Reserve funds in the Public Health Service Initiatives Fund sufficient to ensure a 20% increase in scholarships and loans for nurses. § 3472, p. 609.

38. Education & Training -- School Health Education

(See App. A, Office No. 15.)

(161) Grant waivers from school health education program requirements based on the consideration of enumerated factors. § 3612(a)(1), p. 632.

(162) Prescribe the timing and manner of submission by states of applications for school health education planning grants. § 3621(a), p. 636.

(163) Review and approve/disapprove state applications for school health education planning grants. § 3622, p. 638.

(164) Prescribe the timing, manner, and contents of state applications for school health education implementation grants. § 3631(a), p. 640.

(165) Establish criteria for the competitive selection of grantees for state implementation grants under §§ 3631-3635. § 3632(a), p. 642.

(166) Review and approve/disapprove state applications for school health education implementation grants. § 3631(a), p. 642. Inform states of the availability of planning grant funds under §§ 3621-3624 whenever HHS cannot approve a state's implementation grant application. § 3632(b), p. 642. Determine the amounts of grants awarded. § 3633, p. 642.

(167) Specify the data and other information to be collected and reported by states and local agencies receiving school health education planning and implementation grants. §§ 3641(a), (b), p. 646; 3675, p. 655.

(168) Prescribe the time and manner of submission by local education agencies of applications for school health education planning grants. § 3661(a), p. 647.

(169) Establish criteria for the competitive selection of local agency grantees for school health education planning grants under §§ 3661-3664. § 3662(a), p. 649.

(170) Consult with each state before approving local education agency applications from the state for school health education planning grants in order to assure that the local agency applications are consistent with the state plan. § 3662(b), p. 649.

(171) Review and approve/disapprove local education agency applications for school health education planning grants. Determine the amount of grant awards. § 3663, p. 649.

(172) Prescribe the timing, manner of submission, and contents of local education agency applications for school health education implementation grants. § 3671(a), p. 651.

(173) Establish criteria for the competitive selection of local agency grantees for school health education implementation grants. § 3672(a), p. 653.

(174) Consult with the states to determine whether applications of local agencies within those states for school health education implementation grants are consistent with the relevant state plans. § 3672(b), p. 653.

(175) Inform local education agencies of the availability of planning grant funds upon disapproval of local agency applications for school health education implementation grants. § 3672(c), p. 654.

(176) Review and approve/disapprove local education agency applications for school health education implementation grants. § 3671(a), p. 651. Determine the amount of grant awards. § 3673(a), p. 654.

39. Education & Training -- School Health Services & Sites

(See App. A, Office No. 15.)

(177) Prescribe the form and manner of application for grants to be submitted by state health agencies and local community partnerships for the development and operation of school-related health services and sites. §§ 3684(c)(1), p. 660; 3685(c), p. 663.

(178) Review and approve/disapprove grant applications of state health agencies and local community partnerships for the development and operation of school-related health services and sites. §§ 3684, p. 659; 3685, p. 662.

40. Education & Training -- Workforce Training & Development

(See App. A, Office No. 15.)

(179) Establish, with the Labor Department, an office to be known as the National Institute for Health Care Workforce Development. § 3073, p. 543.

(180) Establish, with the Labor Department, an Advisory Board to assist the Institute in developing recommendations concerning health care worker supply and career needs. § 3073(d)(1), p. 544.

(181) Provide, with the Labor Department, quarters and administrative assistance to both the National Institute for Health Care Workforce Development and the Advisory Board. § 3073(e), p. 545.

41. Employers -- Compliance & Oversight

(See App. A, Office No. 22.)

(182) Consult with the Labor Department in overseeing employer compliance under the Act. § 1591(d)(1), p. 301.

42. Enforcement

(See App. A, Office No. 16.)

(183) Assess monetary penalties for enumerated plan violations. § 5412(b), p. 964.

(184) Notify appropriate state or local licensing authorities that penalty, assessment, or exclusion has become final. § 5412(e), p. 968.

(185) Enforce final orders and collect civil monetary penalties of the Secretary of HHS in U.S. District Court. § 5233(2), p. 922.

43. Enforcement -- All-Payer Health Care Fraud & Abuse Program

(See App. A, Office No. 16.)

(186) Establish a program, in coordination with the Offices of the Inspector General and the U.S. Attorney General, to (i) coordinate functions of the Attorney General, HHS, and other organizations to prevent, detect, and control health care fraud and abuse, (ii) conduct investigations, audits, evaluations, and inspections relating to the delivery of and payment for health care in the U.S., and (iii) facilitate the enforcement of the All-Payer Health Care Fraud & Abuse Control Program and related laws. § 5401(a), p. 948.

(187) With the Attorney General, consult and arrange for data sharing with federal, state and local law enforcement agencies, state Medicaid control units, state licensing and certification authorities, health alliances, and health plans. § 5401(b), (c), p. 948.

(188) Conduct audits, investigations, evaluations, and inspections as part of the All-Payer Health Care Fraud & Abuse Control Program. § 5401(d)(1), (f), p. 949.

(189) Submit an annual report to Congress on the amount of revenue generated and disbursed by the Anti-Fraud Account in each fiscal year. § 5402(c), p. 953.

(190) Provide notice and hearing to individuals and entities to be excluded from participation in a health plan on grounds of fraud and abuse under the Social Security Act. § 5411(b), (c), (f), p. 956.

(191) Notify each sponsor of an applicable health plan and each entity that administers a state health care program under § 1128(h) of the Social Security Act of the fact and circumstances and duration of each exclusion effected against an individual or entity on the basis of fraud or abuse. § 5411(d)(2), p. 958.

(192) Review applications for terminations of exclusions from participation in health care plans. § 5411(g), 960.

(193) Promulgate regulations governing the application process for terminations of exclusions from participation in health care plans. § 5411(g)(1), p. 960.

(194) Notify each sponsor of an applicable health plan and each entity that administers a state health care program under § 1128(h) of the Social Security Act of specific terminations of exclusions. § 5411(g)(3), p. 961.

44. Financial Management -- of Health Plans

(See App. A, Office No. 1.)

(195) Specify reasonable amounts to be held in contingency funds established by the alliances to cover shortfalls due to estimation discrepancies under § 9201(e)(1). § 1361(b)(3), p. 182.

45. Financial Management -- of Regional Alliances

(See App. A, Office No. 19.)

(196) Establish standards for the accounting systems to be established by each regional alliance. § 1343(g)(1), p. 162.

(197) Recognize or establish, in consultation with Secretaries of Labor and Treasury, fiduciary standards for safeguarding of family, employer, state and federal payments made to alliances. § 1361(b)(2), p. 181.

(198) Establish, in consultation with the Labor and Treasury Departments, § 1361 standards relating to financial management, record maintenance, accounting practices, auditing procedures and financial reporting for regional alliances. § 1571(b), p. 289.

(199) Perform periodic financial and other audits of regional alliances to assure that such alliances are complying with the Act. § 1571(c), p. 290.

46. Long-Term Care -- Acute and Long-Term Care Integration Demonstration Program

(See App. A, Office No. 18.)

(200) Conduct a demonstration program to test the effectiveness of various approaches to financing and providing integrated acute and long-term care services for the chronically ill and disabled. § 2601(a), p. 489. The program shall contain up to 25 7-year demonstrations. § 2601(f)(2), p. 496.

(201) Promulgate criteria for determining populations eligible to participate in acute and long-term care demonstration programs. § 2601(c), p. 492.

(202) Prescribe the format and contents of applications for participation in acute and long-term care integration demonstration programs. § 2601(d)(1), p. 492.

(203) Review and approve/disapprove applications for participation in acute and long-term care integration demonstration programs. § 2601(d)(1), p. 492.

(204) Evaluate the acute and long-term care integration demonstration projects, and submit interim and final reports to Congress containing the evaluations. § 2601(g), p. 496.

47. Long-Term Care -- Consumer Education Grants

(See App. A, Office No. 9.)

(205) Establish the form and contents of state applications for consumer education grants. § 2361(b)(1), p. 485.

(206) Review and approve/disapprove applications for consumer education grants. § 2361(b), p. 485.

(207) Administer consumer education grants to states, regional alliances, and consumer organizations. § 2361(a), p. 485.

(208) Evaluate annually the effectiveness of consumer education grant programs, and prepare an annual report to Congress on the same. § 2361(d)(2), p. 488.

48. Long-Term Care -- Private Insurance

(See App. A, Office No. 9.)

(209) Promulgate regulations to implement private long-term care provisions pursuant to a timetable. § 2301(a), (b), p. 426.

(210) Appoint a National Long-Term Care Insurance Advisory Board. § 2302(a), p. 430.

(211) Promulgate regulations designed to standardize long-term care insurance policy formats and terminology, to require insurers to provide customers and beneficiaries information. § 2321(a), p. 443. Promulgate uniform terminology, definitions of terms, and formats. § 2321(b), p. 443.

(212) Prescribe information to be reported annually to state insurance commissioners by insurers on coverage, lapse rates, premiums-to-proceeds ratios, reserves and marketing materials. § 2321(d), p. 447.

(213) Promulgate regulations establishing requirements with respect to the terms and benefits under long-term care policies. § 2322(a), p. 449.

(214) Promulgate regulations establishing long-term care insurance premium requirements. § 2323(a), p. 454.

(215) Promulgate regulations establishing state procedures for review and approval of premium rates, limitations on premium amounts and rates of increase, and factors to be considered in establishing premiums, and consumer participation in the determination of premiums. § 2323(b), p. 455.

(216) Promulgate regulations establishing requirements applicable to the sale or offering for sale of long-term care insurance. § 2324(a), p. 455.

(217) Promulgate regulations establishing agent training and certification requirements. § 2324(c), p. 456.

(218) Promulgate regulations limiting the amounts or percentages of compensation to insurers or agents for the sale of long-term care insurance policies. § 2324(d), p. 456.

(219) Promulgate regulations establishing requirements applicable to the renewal, replacement, conversion, cancellation, reinstatement, and nonforfeiture of long-term care insurance policies. § 2325(a)-(e), p. 461.

(220) Develop guidelines for comparing long-term care insurance policies for the purpose of determining whether benefits under such policies are substantially equivalent. § 2325(f)(4)(A), p. 466.

(221) Promulgate regulations establishing requirements with respect to claims and payment of benefits under long-term care insurance policies. § 2326(a), p. 470.

(222) Determine the appropriateness of, and if appropriate promulgate regulations establishing, standardized threshold conditions to be used as preconditions for varying levels of benefits. § 2326(b)(1)(B), p. 471.

(223) Promulgate independent professional assessment standards, procedures, and formats. (Independent professional assessors will determine whether threshold conditions for long-term care benefit levels have been reached.) § 2326(b)(2)(A), p. 472.

(224) Promulgate professional qualification standards for "qualified independent assessors" for long-term care benefits. § 2326(b)(3)(A), p. 473.

(225) Review and approve/disapprove each state's program for the regulation of long-term care insurance (as a precondition for state eligibility for consumer education grants). § 2342(a), (e)(1), p. 474.

49. Long-Term Care -- Private Insurance -- State Compliance

(See App. A, Office No. 5.)

(226) Specify the records to be maintained and reports to be filed by states to enable HHS to determine each state's compliance with the state's long-term care insurance program. § 2342(d), p. 479.

(227) Determine the necessity of audits of each states' compliance with long-term care insurance programs. § 2342(d), p. 479.

(228) Provide each state with a description of that state's Title XVIII Medicare programs that makes clear the unavailability of long-term care benefits under such Medicare programs. Direct the state to transmit the statement to all insurers providing long-term care insurance within the state. § 2342(e)(2), p. 480.

(229) Determine each state's allotment for long-term care insurance programs based on the number of policies sold, the number of elderly residents, and other factors to be prescribed. § 2343, p. 481.

(230) Prescribe additional factors to be considered in determining state allotments for long-term care insurance programs. § 2343, p. 481.

(231) Periodically review compliance of state long-term care insurance regulatory programs. § 2345(a), p. 482.

(232) Notify each noncomplying state of its noncompliance and provide the state an opportunity to correct the noncompliance. Withdraw approval of state program that is not remedied after a reasonable opportunity. § 2345(b)-(d), 482.

(233) Impose monetary penalties against noncomplying insurers pursuant to the penalty provisions of § 5412. § 2346(b)(2), p. 484.

50. Long-Term Care -- State Disability Programs

(See App. A, Office No. 10.)

(234) Review and approve/disapprove state plan for home and community-based services to individuals with disabilities. §§ 2101(a), p. 389; 2102, p. 390.

(235) Specify additional disallowed grounds for limiting eligibility for individuals with disabilities from participation in state programs for home and community-based services to individuals with disabilities. § 2102(a)(1)(C)(vi), p. 391.

(236) Specify the necessary reports, audits, data and information concerning the state's administration of its plan for home and community-based services to individuals with disabilities to be provided by each state to HHS. § 2102(a)(10)(A), (B), p. 397.

(237) Monitor each state's compliance with its federally-approved state disability plan and with other state disability program requirements under the Act. § 2102(d), p. 398.

(238) Specify the degree of need for hands-on or standby assistance, supervision, or cueing necessary for an individual to be deemed an "individual with disabilities." § 2103(a)(1)(A), p. 399.

(239) Specify appropriate standard mental status protocols for measuring an individual's severe cognitive or mental impairment. § 2103(a)(2)(A), p. 399.

(240) Promulgate a list of symptoms of serious behavioral problems which create a need for supervision to prevent harm to self or others. § 2103(a)(2)(B)(iii), p. 400.

(241) Determine a protocol for determining whether an individual has severe or profound mental retardation. § 2103(a)(3), p. 400.

(242) Approve/disapprove additional care or assistive services requested by each state to be included in the mandatory personal assistance services coverage in the state's plan for home and community-based services for individuals with disabilities. § 2104(d)(1)(J), p. 405.

(243) Specify excluded settings for the provision of care or assistive services. § 2104(e)(1)(B), p. 406.

(244) Specify standards to be used by states in specifying the process for determining the income of an individual with disabilities for purposes of making cost sharing determinations. § 2105(c), p. 408.

(245) Establish the Federal Advisory Group for State Disability Programs. § 2107(a), p. 410.

(246) Determine the amount to be paid to individual states for participation in state plans for programs for home and community-based services for individuals with disabilities. § 2108(a), p. 412.

(247) Review state reports on their compliance with their obligation to adjust state Medicaid budgets to account for savings due to federal funding of state disability programs under the Act. Revise the federal budget for state plans accordingly. § 2109(a)(5)(A), (C), p. 417.

(248) Determine the number of individuals with disabilities in each state by age, sex, and income category. Determine the disability predominance level by population category. § 2109(b)(3), p. 422.

(249) Determine the decennial census or population survey to be used as the basis for the calculation of each state's low income disability index. § 2109(b)(6), p. 424.

(250) Prepare interim and final reports to Congress evaluating the effectiveness of long-term care programs established under Title II. § 2602(a), p. 497. Include in the reports assessments of state service delivery, service access, quality, and insurer performance. § 2602(b), p. 498.

51. Malpractice Reform -- Enterprise Liability Demonstration Project

(See App. A, Office No. 18.)

(251) Establish a demonstration project under which HHS will fund one or more states to demonstrate whether substituting health plan liability for physician liability will improve the quality of care, reduce malpractice costs, and improve risk management. § 5311(a), p. 944.

(252) Promulgate rules governing the submission of state applications for participation in enterprise liability demonstration projects. § 5311(b), p. 945.

(253) Review and approve/disapprove state applications for participation in enterprise liability demonstration projects. § 5311(b), p. 945.

(254) Review state reports on their operation of enterprise liability demonstration projects. § 5311(b)(3), p. 946.

52. Malpractice Reform -- Liability Guidelines Project

(See App. A, Office No. 18.)

(255) Establish a pilot program under which HHS will provide funds to one or more eligible states to determine the effect of applying practice guidelines in the resolution of medical malpractice liability actions. § 5312(a), p. 946.

(256) Promulgate rules governing submittal of state applications for participation in medical malpractice liability guidelines pilot program. § 5312(b), p. 946.

(257) Submit an annual report to Congress describing operation of the medical malpractice liability guidelines pilot program during the previous year. § 5312(c), p. 947.

53. Mental Health & Substance Abuse Care

(See App. A, Office No. 11.)

(258) Administer funds authorized for the Public Health Service Initiatives Fund. § 3501, p. 615.

(259) Administer supplemental formula grants for mental health care. § 3502(a), p. 616.

(260) Administer supplemental formula grants for substance abuse care. § 3502(b), p. 617.

(261) Prescribe the form of applications for supplemental formula grants for mental health and substance abuse care. § 3502(e), p. 620.

(262) Review state reports regarding the integration of state mental health and substance abuse programs into the comprehensive benefit package. § 3511(a), p. 622.

(263) Prescribe the format, content, and timing of state reports on the integration of state mental health and substance abuse programs into the comprehensive benefit package. § 3511(c), p. 625.

54. Mental Health & Substance Abuse Care -- Demonstration Project

(See App. A, Office No. 18.)

(264) Establish a pilot program to demonstrate model methods for the integration of state mental illness and substance abuse programs into the comprehensive benefit package. § 3521(a), p. 626.

55. National Health Information System -- Data Collection & Transmission

(See App. A, Office No. 20.)

(265) Determine a cost-effective manner for coordinating and expediting information sharing among regional alliances for collections purposes. § 1346(d), p. 172.

(266) Consult with the Board in developing the Electronic Data Network. § 5103(b)(1), p. 866.

56. National Health Information System -- Privacy

(See App. A, Office No. 17.)

(267) Consult with the Board in its development of standards with respect to the privacy of individually identifiable health information in the National Health Information System. § 5120(a)(1), p. 871.

(268) Determine whether specific individuals have (i) failed to comply with National Health Information System or privacy standards, (ii) misused the health security card, or (iii) misused a unique identifier number. § 5141(a), p. 885.

57. National Health Information System -- Standardized Forms

(See App. A, Office No. 20.)

(269) Determine whether specific providers or plans have failed to comply with the standard benefit forms provisions. § 5141(b), p. 886.

58. Plans -- Compliance & Oversight

(See App. A, Office No. 24.)

(270) Notify plans of noncompliance with the nondiscrimination provisions of § 1402(c), p. 227. Take enforcement action against recidivist plans. § 5238(b), p. 927.

59. Plans -- Eligibility

(See App. A, Office No. 20.)

(271) Make available to regional alliances (through regional information centers or otherwise) information necessary to determine the Medicare status of individuals in the alliance area. § 1343(f), p. 161.

60. Plans -- Indian Health Service Programs

(See App. A, Office No. 13.)

(272) Ensure that all Indian Health Service programs provide for all of the items and services included in the comprehensive benefit package. § 8304(a), p. 1252.

(273) Determine which health plan requirements under the Act shall also apply to Indian Health Service programs. § 8304(b), p. 1252.

(274) Ensure that all Indian Health Service programs (i.e., programs that are not plans) meet the certification requirements for health plans under the Act. Certify periodically the compliance of Indian Health Service programs with health plan requirements under the Act. § 8304(c), p. 1253.

(275) Promulgate regulations specifying which requirements applicable to health alliances are also applicable to the Indian Health Service. § 8304(d), p. 1253.

(276) Acting through the Indian Health Service, enter into contracts with health plans for the provision of benefits to Indian populations. Determine that such contracts do not result in any denial or diminution of health services already provided by Indian Health Service programs, units, or organizations. § 8306(a)(1), p. 1253.

(277) Establish a method for reimbursing Indian Health Service programs, units, or organizations for services that would otherwise have been provided under an essential community services provider program under § 1431 of the Act. § 8306(a)(2), p. 1254.

(278) Establish a premium for all family members enrolled in a health plan of the Indian Health Service who are not eligible for an Indian Health Service program under § 8302(a) (i.e., non-Indian family members of Indians). § 8306(b)(4)(A), p. 1256.

(279) Collect premium payments owed by non-Indian family members of Indians. § 8306(b)(4)(A), p. 1256.

(280) Establish a premium reduction process substantially equivalent to the premium reduction process applicable in the applicable regional alliance area, subject to a reduced family share. § 8306(b)(4)(B), p. 1256.

(281) Pay each Indian Health Service program blended plan per capita payment amounts equivalent to the amount of payments that would have been made to a regional alliance if the non-Indian family members of Indians were enrolled in a regional alliance health plan. § 8306(b)(4)(C), p. 1256.

(282) Consult annually with representatives of the Indian tribes, tribal organizations, and urban Indian organizations concerning health care reform initiatives affecting Indian communities. § 8309, p. 1258.

(283) Expend § 8313 Public Health Service Initiative Fund amounts for the construction and renovation of hospitals, health centers, health stations, and other facilities. § 8310(a), p. 1259.

(284) Determine annually, and certify to the Treasury Department, an amount equal to the aggregate amount of the premium discounts that would have been paid to Indians had they been enrolled in regional alliance health plans. § 8314(a), p. 1261.

61. Plans -- Insolvency -- Guaranty Funds for Insolvent Regional Alliance Plans

(See App. A, Office No. 5.)

(285) Ensure that a guaranty fund is in place to provide protection to health care providers in case of the failure of plans under regional alliances established and operated by HHS in noncomplying states. § 1522(d)(1), p. 276.

(286) Levy assessments to cover costs of failed plans in noncomplying states. § 1522(d)(2), p. 276.

62. Plans -- Veterans Administration Health Plans & Facilities

(See App. A, Office No. 7.)

(287) Reimburse VA health plans and Department of Veterans' Affairs health care facilities providing services as Medicare providers or Medicare HMO's on the same basis as other Medicare providers and HMO's are reimbursed. Include with each reimbursement a Medicare explanation of benefits. § 8101(a), which would create 38 U.S.C. § 1832(c), p. 1223.

63. Premiums -- Collection & Transfer Among Plans & Alliances

(See App. A, Office No. 20.)

(288) Specify the deadline for the payment of family premium payments due under § 1344(a). § 1344(b), p. 166.

(289) Establish rules whereby regional alliances will act as agents for collection of employer premium payments under Indian Health Service programs. § 1351(e)(3), p. 177.

(290) Establish rules providing that the regional alliance for the area in which the family last obtained coverage during the year shall be responsible for the collection of premiums and the proportional distribution of such premiums among any other alliances that provided coverage for the family during that year. § 1344(c), p. 166.

(291) Consult with the Labor Department to develop rules for the equitable distribution of premiums collected by the final alliance from specific families to any other regional alliances that provided coverage to those families during the year. § 1346(c), p. 172.

64. Premiums -- Determination of Amount -- Blended Plan Payments

(See App. A, Office No. 7.)

(292) Make available to each regional alliance information necessary to determine and verify whether an individual is an AFDC or SSI recipient. § 1343(e), p. 161.

(293) Specify the time and manner in which HHS and each state must make available to each regional alliance information necessary to determine and verify whether an individual is an AFDC or SSI recipient. § 1343(e), p. 161.

(294) Promulgate regulations providing for the application of AFDC and SSI discrepancy estimation adjustments in the year before the otherwise applicable year, with final adjustments to be made in the applicable year. § 6202(d)(1), p. 1089.

65. Premiums -- Determination of Amount -- Discounts & Cost Sharing Reductions (See App. A, Office No. 7.)

(295) Specify the information to be requested in the "income reconciliation form for families provided premium discounts" due under § 1343(a) necessary to establish or verify eligibility for premium discounts. § 1344(a)(3), p. 165.

(296) Establish the "maximum permissible eligibility error rate" for premium discounts, liability reductions, and cost sharing reductions. § 1361(b)(1)(C), p. 181.

(297) Develop rules governing the information to be included in a family's application for cost sharing reductions. § 1372(a)(2), p. 186.

(298) Prescribe deadlines for the filing and review of cost sharing reduction applications. § 1372(b)(1), (2), p. 186.

(299) Promulgate rules to govern the manner in which alliances must confirm/verify cost sharing reduction eligibility under § 1372. § 1372(e)(2), p. 189.

(300) Specify form and manner of cost sharing reduction or premium discount applications. § 1374(d), p. 193.

(301) Verify, on a sample or other basis, the information supplied in cost sharing reduction and premium discount applications. § 1374(g), p. 194.

(302) Specify the interest rate for excess payments payable to regional alliances by enrollees who make misrepresentations in their cost sharing reduction and premium discount applications and income reconciliation statements. § 1374(i)(1), p. 195.

(303) Promulgate rules establishing the required showing of good cause for failure to timely file income reconciliation statement. § 1375(d), p. 197.

66. Premiums -- Determination of Amount -- Family Payments & Class Factors
(See App. A, Office No. 7.)

(304) Promulgate rules for determining "eligible retirees" and "qualified spouse or child" for purposes of determining the extent of liability for repayment of alliance credits. § 6114(b), (c), p. 1055.

(305) Promulgate rules establishing the information to be included in applications for qualification as an "eligible retiree" or "qualified spouse or child." § 6114(d), p. 1057.

67. Premiums -- Determination of Amount -- Health Care Expenditures
(See App. A, Office No. 7.)

(306) Establish a program to monitor prices and expenditures in the health care system in the U.S. § 6041(a), p. 1024.

(307) Report periodically to the President on (i) expenditure increase rates for each health care system sector and (ii) comparison of such rates with consumer price index rate increases. § 6041(b), p. 1024.

(308) Obtain, through surveys or otherwise, health care price and expenditure information. § 6041(c)(1), p. 1024.

68. Premiums -- Federal Payments to Alliances
(See App. A, Office No. 7.)

(309) Provide annually for federal payments to each regional alliance of a percentage to cover premiums for cash assistance recipients. § 9101(a)(1), p. 1296.

(310) Prescribe the information to be provided periodically by each state and regional alliance to enable HHS to reconcile amounts paid and due from the federal government to regional alliances to cover premiums for cash assistance recipients. § 9101(b)(2), (3), p. 1297.

(311) Establish audit rules for audits of federal payments for premiums for cash assistance recipients under § 9101. § 9101(b)(3)(C), p. 1298.

(312) Perform audits of federal payments for premiums for cash assistance recipients under § 9101. § 9101(b)(3)(C), p. 1298.

(313) Provide for quarterly payments to each regional alliance of a capped federal alliance amount. § 9102(a)(1), p. 1298.

(314) Determine whether specific regional alliance expenditures are attributable to malfeasance or misfeasance by the regional alliance or state. § 9102(b)(4)(B)(ii)(II), p. 1302.

(315) With respect to single-payer states, develop and apply a methodology for computing a quarterly payment amount equivalent to the amount that would have been made to all regional alliances in the state for the quarter if the state were not a single-payer state. § 9102(b)(5), p. 1302.

(316) Specify the information to be submitted by each regional alliance before the beginning of each fiscal year to estimate the capped federal alliance payment amount under § 9102 for the succeeding calendar year. § 9102(c)(1), p. 1302.

(317) Estimate the capped federal alliance payment amount for each quarter. § 9102(c)(2), p. 1303.

(318) Transmit annually to Congress, timely for appropriation of funds, a report specifying the total capped federal alliance payment amounts owed to regional alliances under § 9102. § 9102(c)(2), p. 1303.

(319) Notify the President, the Congress, and each regional alliance of the shortfall amount if the amount of the cap, plus any carryforward from a previous year, will not be sufficient for the next fiscal year. § 9102(e)(4)(A), p. 1306.

69. Premiums -- State Payments to Alliances

(See App. A, Office No. 7.)

(320) Determine for each state the 1993 non-cash, non-DSH baseline amount equal to the sum of that state's (1) 1993 Medicaid expenditures for comprehensive benefit package items and services for non-cash assistance children, (2) 1993 medicaid expenditures for comprehensive benefit package items and services for non-cash assistance adults, and (3) expenditures for certain additional benefits for children under § 9002(a)(1)(C). § 9002(a)(1), p. 1278.

(321) Determine for each state the 1993 non-cash, DSH baseline amount equal to DSH expenditures. § 9002(a)(2), p. 1279.

(322) Determine whether a state took actions that had the effect of shifting the timing of medical assistance payments under the state medical plan between quarters or fiscal years in a manner such that the payments made in fiscal year 1993 do not accurately reflect the value of the medical assistance provided with respect to items and services furnished in that year, and adjust the non-cash non-DSH and non-cash DSH amounts so that these baseline amounts accurately reflect such value. § 9002(b)(3), p. 1281.

(323) Calculate an initial update of the non-cash, non-DSH baseline amount under § 9002(a)(1) for each state for the years 1993-1998. § 9003(a)(1), p. 1282.

(324) Calculate an initial update of the non-cash, DSH baseline amount under § 9002(a)(2) for each state for the years 1993-1998. § 9003(a)(2), p. 1283.

(325) Determine annually the AFDC per capita premium amount for each regional alliance. § 9012, p. 1286.

(326) Determine annually for each regional alliance the SSI per capita premium amount. § 9013, p. 1291.

(327) Determine annually the number of AFDC and SSI recipients for use in calculating the AFDC and SSI per capita premium amounts, based on state reports. § 9014, p. 1292.

(328) Audit state reports on the number of state AFDC and SSI recipients. § 9014(a), p. 1292.

(329) Allocate state payments for Puerto Rico and other U.S. territories. § 9023(b)(1), p. 1295.

70. Providers -- Centers of Excellence

(See App. A, Office No. 4.)

(330) Promulgate rules to govern state designation of centers of excellence. § 1203(e)(2), p. 103.

71. Providers -- Essential Community Providers

(See App. A, Office No. 12.)

(331) Publish health provider certification procedures. § 1584(a)(1), p. 297.

(332) Review and approve/disapprove provider certification applications. § 1584(a)(2), p. 298.

(333) Notify states annually of certification status of essential community providers. § 1585(a), p. 299.

(334) Publish standards for the certification of additional categories of general health care providers as essential community providers. § 1583(a), p. 296.

(335) Periodically review essential community providers' ongoing adherence to certification requirements. § 1584(b), p. 298.

(336) Notify individual providers of preliminary findings of failure to meet certification requirements and provide the provider with an opportunity to rebut the finding. § 1584(c)(1), p. 298. Make final determinations. § 1584(c)(2), p. 298.

(337) Determine the amounts to be paid by plans to school health service providers in plan's service area for services provided to enrollees. § 1431(e), p. 251.

(338) Conduct studies of essential community providers as the basis for recommendations to Congress on continuation of the program. § 1432(b), p. 252.

(339) Make recommendations to Congress by March 1, 2001 concerning continuation of the essential community provider program. § 1432(c), p. 252.

(340) Certify essential community providers. § 1581(a), p. 293.

72. Providers -- Hospitals Serving Vulnerable Populations

(See App. A, Office No. 12.)

(341) Make payments to eligible hospitals serving vulnerable populations. § 3481(a), p. 610.

(342) Promulgate procedures for states to follow in identifying qualifying hospitals serving vulnerable populations. § 3482(b), p. 612.

(343) Specify a methodology for determining payments available to eligible hospitals serving vulnerable populations in each state. § 3483(b)(1), p. 613.

(344) Promulgate a reporting schedule and procedures to be used by states in reporting hospitals' inpatient days. § 3483(c)(2)(A), p. 615.

73. Providers -- Qualified Community Health Plans & Practice Networks

(See App. A, Office No. 12.)

(345) Make grants to consortia of providers to develop qualified community health plans and practice networks. § 3421(a), p. 581.

(346) Approve providers to participate in qualified community health groups. § 3424(b), p. 589.

(347) Identify the enabling services to be provided by qualified community health plans and practice networks. § 3425(a), p. 592.

(348) Prescribe a quality control system for qualified community health plans and practice networks. § 3425(b), p. 593.

(349) Review assessments of needs of medically underserved populations for health and enabling services as a precondition for making grants to qualified community health plans and practice networks. § 3426, p. 594.

(350) Promulgate reporting and audit requirements for qualified community plans and practice networks. § 3427, p. 595.

(351) Prescribe the application form and procedures for applying for funding for qualified community plans and practice networks. § 3428, p. 595.

(352) Determine the dollar amounts of grants and contract awards for the development of qualified community plans and practice networks. § 3429(b), p. 596.

(353) Make grants to, and contracts with, qualified community health groups that provide enabling services to underserved groups. § 3461(a)(1), p. 605.

(354) Prescribe application requirements for grants or contract awards to provide enabling services to underserved groups. § 3461(c), (f), p. 606.

(355) Review applications for grants or contract awards to provide enabling services to underserved groups. § 3461(c), (f), p. 606.

74. Providers -- Underserved Areas/Community & Migrant Health Centers

(See App. A, Office No. 12.)

(356) Make grants to migrant and community health centers. § 3401(a), p. 578.

75. Quality Management & Improvement

(See App. A, Office No. 6.)

(357) Identify standards for incorporation into the National Quality Management Council's quality performance measures. § 5003(c)(2)(H), p. 841.

76. Residual Duties

(358) Administer and implement all provisions of the Act, except duties otherwise delegated. § 1571(a), p. 289.

77. Risk Adjustment & Reinsurance -- Research & Demonstration Projects

(See App. A, Office No. 18.)

(359) Conduct and support research and demonstration projects to develop and improve risk-adjustment and reinsurance methodologies. § 1544, p. 286.

78. State Systems -- Compliance & Oversight

(See App. A, Office No. 18.)

(360) Reduce the funding for noncomplying states. § 1513, p. 272.

(361) Undertake the state's duties with respect to the whole system when a state fails to comply with its duties. §§ 1512(b)(2)(B), p. 271; 1522, p. 275.

79. State Systems -- Planning & Start-Up Support Grants

(See App. A, Office No. 18.)

(362) Make available to each state a planning grant to assist the state in developing a system to become a participating state. § 1515(a)(1), p. 273.

(363) Establish a formula for the distribution of funds appropriated for state planning grants. § 1515(a)(2), p. 273.

(364) Make available to each state a start-up support grant to assist in the establishment of regional alliances. § 1515(b)(1), p. 274.

(365) Establish a formula for the distribution of funds appropriated for state start-up support grants. § 1515(b)(2), p. 274.

80. Workers Compensation & Automobile Insurance

(See App. A, Office No. 1.)

(366) Develop protocols, in consultation with the Department of Labor, the states, and work-related injury and illness experts for the appropriate treatment of work-related conditions. § 10032(a), p. 1325.

(367) Enter into contracts with one or more health alliances to test the validity of the protocols developed under § 10032(a). § 10032(b), p. 1326.

(368) Develop, using the protocols developed under § 10032(b), methods for providing for payment by workers compensation carriers to health plans, on a per case, capitated basis, for treatment of specified work-related injuries and illnesses. § 10033, p. 1326.

(369) Provide staff support for the Commission on the Integration of Health Benefits. § 10201(d), p. 1331.

81. Workers Compensation & Automobile Insurance -- Demonstration Projects

(See App. A, Office No. 18.)

(370) Conduct demonstration projects in one or more states with respect to the treatment of work-related injuries and illnesses under the Act. § 10031, p. 1325.

C. DEPARTMENT OF LABOR

82. Corporate Alliances -- Compliance & Oversight

(See App. A, Office No. 23.)

(371) Determine whether each corporate alliance is in compliance with the requirements applicable to health alliances in Title I, Subtitle D, and terminate non-complying alliances (§§ 1300-1398). § 1313(b)(1), p. 129.

(372) Specify the form in which each corporate alliance must detail how it will carry out its duties under the Act. § 1387(a), p. 206.

(373) Specify the form and manner in which corporate alliances annually must provide information to enable the Labor Department to monitor corporate alliance compliance with the Act. § 1387(b), p. 206.

(374) Ensure that each corporate alliance maintains trust assets as provided in § 403 of ERISA. § 1394(a), p. 210.

(375) Review reports from corporate alliances of the average of the annual per capita expenditure equivalent for the previous three-year period. Prescribe the form and manner of such reporting. § 6021(c), p. 1021.

(376) Terminate corporate alliances with two years of excess expenditure increases within a three-year period. § 6022(a), p. 1021.

83. Corporate Alliances -- Eligible Sponsor Elections

(See App. A, Office No. 23.)

(377) Specify the form and manner in which eligible sponsors can elect to be treated as corporate alliances. § 1311(a)(1), p. 121.

(378) Promulgate rules regarding how the § 1311(c)(1)(B) option will be applied to the determination of whether an employer is a large employer before an election is made under § 1311. § 1312(a)(3), p. 128.

(379) Establish rules governing the termination of corporate alliance elections. § 1313(d), p. 130.

(380) Oversee and administer the provisions of Title I, Subtitle D, concerning elections (and termination of elections) by eligible sponsors to establish and operate corporate alliances. § 1591(a)(2), p. 300.

84. Dispute Resolution -- Complaint Review Offices

(See App. A, Office No. 1.)

(381) Promulgate rules under which each state will establish and maintain a Complaint Review Office for each alliance in the state to review grievance claims against plans and alliances. § 5202(a)(1), p. 894.

(382) Promulgate rules establishing the information to be contained in complaints to the Complaint Review Office. § 5202(e), p. 896.

(383) Promulgate standards for hearing officers. § 5204(a)(1)(B), p. 900.

(384) Promulgate regulations governing administration of the Early Resolution Program. § 5211(b)(1), p. 912.

85. Dispute Resolution -- Federal Health Plan Review Board

(See App. A, Office No. 1.)

(385) Establish the Federal Health Plan Review Board. § 5205(a), p. 905.

(386) Promulgate rules necessary for the orderly transaction of proceedings by the Review Board. § 5205(a), p. 905.

86. Dispute Resolution -- Privacy

(See App. A, Office No. 17.)

(387) Promulgate regulations similar to those under 5 U.S.C. § 574 relating to confidentiality in dispute resolution. § 5213(g)(1), p. 917.

(388) Assess civil penalties against any person who discloses information in violation of the Secretary of Labor's regulations concerning confidentiality in dispute resolution. Bring civil actions to enforce the penalties. § 5213(g)(2), p. 917.

87. Education & Training -- Workforce Training & Development

(See App. A, Office No. 15.)

(389) Establish a program for skills upgrading and occupational retraining. § 3072(b)(1)(A), p. 540.

(390) Establish a program to support the development of health-worker job banks in local employment services agencies. § 3072(b)(1)(C), p. 541.

(391) Establish a program to provide for joint labor-management decision-making in the health care sector on workplace matters related to the restructuring of the health care delivery system provided for in the Act. § 3072(b)(1)(D), p. 541.

(392) Establish a program to facilitate the comprehensive workforce adjustment initiative. § 3072(b)(1)(E), p. 541.

(393) Establish, with HHS, an office to be known as the National Institute for Health Care Workforce Development. § 3073, p. 543.

(394) Establish, with HHS, a Health Care Workforce Advisory Board to assist the Institute in developing recommendations concerning health care worker supply and career needs. § 3073(d)(1), p. 544.

(395) Provide, with HHS, staff, quarters and administrative assistance to both the National Institute for Health Care Workforce Development and the Advisory Board. § 3073(e), p. 545.

88. Education & Training -- Workforce Training & Development -- Demonstration Project (See App. A, Office No. 18.)

(396) Establish a demonstration program to assist workers in health care institutions in obtaining advanced career positions. § 3072(b)(1)(B), p. 541.

89. Employers -- Compliance & Oversight

(See App. A, Office No. 22.)

(397) Ensure employer compliance with respect to the payment of employer premiums, timely reporting, and all other employer requirements. § 1591(d)(1), p. 301.

(398) Consult with HHS in overseeing employer compliance under the Act. § 1591(d)(1), p. 301.

90. Employers -- ERISA-Related Requirements

(See App. A, Office No. 22.)

(399) Establish rules governing the funding of benefits by large-employer and ERISA-multiemployer sponsors under § 1311(b)(1) to corporate alliances. § 1390(a), (b), p. 208.

(400) Administer Title I of ERISA to the extent that it relates to corporate alliance health plans. § 1591(a)(6), p. 300.

(401) Enter into agreements with states to enforce employer and corporate alliance responsibilities under ERISA Title I provisions relating to group health plans maintained by corporate alliances. § 1591(b), p. 300.

(402) Exercise ERISA § 504 authorities in relation to activities under the Act. § 1591(d)(2)(B), p. 302.

91. Enforcement

(See App. A, Office No. 22.)

(403) Enforce the provisions of §§ 1601-1609 concerning employer responsibilities under the regional alliance system. § 1591(a)(1), p. 300. Impose civil monetary penalties on persons violating the employer responsibility requirements of Title I. § 1609, p. 323.

(404) Enforce final orders and collect civil monetary penalties of the Secretary of Labor in U.S. District Court. § 5233(1), p. 922.

92. Financial Management -- of Corporate Alliances

(See App. A, Office No. 23.)

(405) Define the conditions in which a corporate alliance will be deemed in financially hazardous condition. § 1395(a), p. 211.

(406) Conduct audits and investigations of alliances. § 1591(d)(2)(A), p. 302.

93. Financial Management -- of Employers

(See App. A, Office No. 22.)

(407) Establish a process, in consultation with HHS, for the coordination of regional alliance employer auditing activities. § 1361(b)(4)(B), p. 182.

(408) Review the regional alliance's audit of the employer when the employer is aggrieved by the audit results. § 1361(b)(4)(C), p. 183.

(409) Determine manner in which the Labor Department will conduct reviews of regional alliance audits of employers when employers feel aggrieved by the audit results. § 1361(b)(4)(C), p. 183.

(410) Conduct audits and investigations of employers. § 1591(d)(2)(A), p. 301.

94. Financial Management -- of Health Plans

(See App. A, Office No. 7.)

(411) Determine corporate alliance reserve amounts sufficient for the payment to providers of all outstanding balances owed by plans. § 1394(a)(2), p. 210.

95. National Health Information System -- Data Collection & Transmission

(See App. A, Office No. 1.)

(412) Consult with the Board in developing the Electronic Data Network. § 5103(b)(1), p. 866.

96. National Health Information System -- Privacy

(See App. A, Office No. 17.)

(413) Establish rules to govern the gathering by regional alliance employers of information from qualifying employees. § 1603(a), p. 314.

97. Plans -- Compliance & Oversight

(See App. A, Office No. 24.)

(414) Assess monetary penalties against health plans for unreasonable denial or delay in payment or provision of benefits. § 5207(a)(1), p. 909.

(415) Commence civil actions to enforce civil penalties. § 5207(a)(2), p. 910.

98. Plans -- Insolvency -- Corporate Health Plan Insolvency Fund

(See App. A, Office No. 39.)

(416) Establish and administer the Corporate Alliance Health Plan Insolvency Fund ("CAHPIF") for the purpose of guarantying the payment of all benefits under self-insured corporate alliance health plans subject to HHS trusteeship under § 1395. §§ 1396(a), (c), p. 216; 1591(a)(4), p. 300.

(417) Determine the amounts necessary for CAHPIF to pay benefits guaranteed under § 1396. § 1396(c)(2)(B)(i), p. 217.

(418) Direct CAHPIF, with respect to its borrowing authority, in the issuance to the Secretary of the Treasury of notes or other obligations to enable CAHPIF to pay guaranteed benefits covered by § 1396. § 1396(c)(3), p. 218.

(419) Request CAHPIF to invest excess funds in federally issued or guaranteed obligations. § 1396(c)(4), p. 219.

(420) Determine the amounts necessary to maintain the solvency of CAHPIF and to repay amounts borrowed under the § 1396(c) borrowing authority. § 1397(a), p. 220.

(421) Impose assessments on self-insured corporate alliances based on the determination of amounts necessary to maintain CAHPIF's solvency and pay guaranteed benefits. § 1397(a), p. 220. Determine the time and basis for assessment payments to CAHPIF by self-insured corporate alliances. § 1397(d)(1), p. 221.

(422) Review assessment waiver (i.e., extension) applications by CAHPIF members. § 1397(d)(2)(B), p. 221.

(423) Bring civil actions to enforce assessment obligations of CAHPIF members. § 1397(e), p. 222.

99. Plans -- Insolvency -- Operation of Insolvent Corporate Alliance Plans

(See App. A, Office No. 39.)

(424) Assume trusteeship over financially-hazardous corporate alliance self-insured plans, pursuant to district court application. Operate the plan until the hazard is removed. §§ 1395(a), (b), p. 211; 1591(a)(3), p. 300.

100. Premiums -- Collection & Transfer Among Plans & Alliances

(See App. A, Office No. 25.)

(425) Consult with HHS to develop rules for the equitable distribution of premiums collected by the final alliance from specific families to any other regional alliances that provided coverage to those families during the year. § 1346(c), p. 172.

(426) Establish rules under which employer can deduct wages of the qualifying employee in the amount of the family share of premium for the plan in which the family is enrolled. § 1345(b)(1)(A), p. 168.

(427) Establish standards for the maintenance of family share amounts withheld by employer. § 1345(b)(1)(C), p. 169.

(428) Establish a method under which employers that pay wages on a weekly or biweekly basis are permitted to make employer premium payments on such a weekly or biweekly basis. § 1345(c)(1), p. 170.

(429) Provide regional alliances with technical assistance in the collection of employer payments under the Act. § 1345(d)(1), p. 170.

(430) Promulgate rules governing the assessment of monetary penalties against employers who repeatedly fail to pay amounts owed regional alliances. § 1345(d)(1), p. 170.

(431) Provide, with Board's permission, through contracts or otherwise, for the collection of amounts owed regional alliances. § 1591(d)(2)(C), p. 302.

101. Premiums -- Determination of Amount -- Corporate Alliance Payments

(See App. A, Office No. 7.)

(432) Promulgate rules governing the establishment of premium class factors by corporate alliances. § 1384(c)(2), p. 205.

(433) Provide for exceptions from premium class factor requirements of § 1384 for corporate alliances with sponsors of multiemployer plans under § 1311(b)(1)(B). § 1384(d), p. 205.

(434) Establish rules regarding the establishment of premium areas by corporate alliances so that within such areas there are not substantial differences in average per capita health care expenditures. § 1384(b)(2), p. 204.

(435) Review and approve/disapprove petitions from corporate alliances for adjustments of the inflation adjustment that would otherwise apply to compensate for material changes in the demographic characteristics of the eligible individuals receiving coverage through the alliance. § 6021(b), p. 1021.

102. Premiums -- Determination of Amount -- Discounts & Cost Sharing Reductions (See App. A, Office No. 7.)

(436) Establish the "maximum permissible eligibility error rate" for corporate alliance premium discounts, liability reductions, and cost sharing reductions. § 1361(b)(1)(C), p. 181.

(437) Promulgate rules for determining whether an employee is a low-wage employee at the time of his or her initial enrollment in a corporate alliance plan for use in determining entitlement to premium discounts. § 6104(a)(2)(C), p. 1032.

(438) Promulgate regulations governing the provision of information by employers seeking to be deemed "small employers" to regional alliances to enable regional alliances to determine eligibility for small employer premium discounts. § 6123(g)(2), p. 1074.

103. Premiums -- Determination of Amount -- Employer Payments (See App. A, Office No. 7.)

(439) Promulgate rules to carry out subparagraph § 6131(b)(1) pertaining to the amount and payment of corporate employer premium payments. § 6131(b)(1), p. 1084.

(440) Promulgate rules governing the information regional alliances can require from employers to determine the appropriate amount of employer premium payments. § 1602(c)(1), p. 309. Specify the electronic or other form in which information under § 1602 is to be provided. § 1602(e), p. 311.

(441) Promulgate standards for establishment of employment estimates by regional alliances in computing the base employment monthly premium. § 6122(c)(2), p. 1070.

(442) Promulgate rules governing the imposition by regional alliances of information reporting requirements on employers to enable the alliances to compute base employment monthly premiums. § 6122(c)(3), p. 1070.

104. Residual Duties

(443) Consult with the Board in carrying out its activities under the Act. § 1591(c), p. 301.

105. Workers Compensation & Automobile Insurance

(See App. A, Office No. 1.)

(444) Promulgate rules clarifying the responsibilities of health plans and workers compensation carriers in determining and administering workers compensation benefits in conjunction with the comprehensive benefit package. § 10021(b), p. 1324.

(445) Undertake a study of the impact of provisions of Subtitle A of Title IX of the Act (workers compensation insurance) on the premium rates charged to employers for workers compensation insurance. § 10022(a)(1), p. 1324.

(446) Submit to Congress a report on the findings of the premium impact study. § 10022(a)(2), p. 1324.

(447) Develop protocols, in consultation with HHS, the states, and work-related injury and illness experts, for the appropriate treatment of work-related conditions. § 10032(a), p. 1325.

(448) Enter into contracts with one or more health alliances to test the validity of the protocols developed under § 10032(a). § 10032(b), p. 1326.

(449) Develop, using the protocols developed under § 10032(b), methods for providing for payments by workers compensation carriers to health plans, on a per case, capitated basis, for the treatment of specified work-related injuries and illnesses. § 10033, p. 1326.

(450) Promulgate rules clarifying the responsibilities of health plans and automobile insurance carriers in carrying out the standard form and quality data provisions of the Act. § 10121(b), p. 1331.

(451) Provide staff support for the Commission on the Integration of Health Benefits. § 10201(d), p. 1332.

106. Workers Compensation & Automobile Insurance -- Demonstration Projects

(See App. A, Office No. 18.)

(452) Conduct demonstration projects in one or more states with respect to the treatment of work-related injuries and illnesses under the Act. § 10031, p. 1325.

D. AGENCY FOR HEALTH CARE POLICY & RESEARCH (WITHIN PUBLIC HEALTH SERVICE)

107. Quality Management & Improvement

(See App. A, Office No. 6.)

(453) Administer the consumer surveys developed by the National Quality Management Council on a plan-by-plan and state-by-state basis. § 5004(b), p. 842.

(454) Develop and periodically review and update clinically relevant guidelines for use by providers to assist in determining how diseases, disorders, and other health conditions can most effectively be prevented, diagnosed, treated, and managed. § 5006(a)(1), p. 846.

E. DEPARTMENT OF THE TREASURY

108. Plans -- Indian Health Service Programs

(See App. A, Office No. 13.)

(455) Pay annually the amount certified by HHS pursuant to § 8314(a) to the Indian Health Service for the purpose of providing the comprehensive benefit health package to Indians not enrolled in regional alliance health plans. § 8314(b), p. 1262.

109. Plans -- Insolvency -- Corporate Health Plan Insolvency Fund

(See App. A, Office No. 39.)

(456) Prescribe the forms and conditions for notes and obligations to be issued by Secretary of Labor to fund CAHPIF payments of guaranteed benefits. § 1396(c)(3), p. 218.

(457) Purchase notes and obligations issued by CAHPIF as a debt transaction using proceeds of sale of securities under 31 U.S.C., Ch. 31. § 1396(c)(3), p. 218.

110. Premiums -- Federal Payments to Alliances

(See App. A, Office No. 7.)

(458) Determine the rate of interest on loans to regional alliances to cover temporary shortfalls, taking into consideration the current average rate on outstanding marketable obligations of the U.S. § 9201(b)(3), p. 1309.

F. DEPARTMENT OF STATE

111. Plans -- Eligibility

(459) Consult with the Board in promulgating rules governing the conditions under which diplomats and foreign officials residing in the U.S. may enroll in regional alliance health plans. § 1005(b), p. 17.

(460) Negotiate reciprocity agreements with foreign states pursuant to which lawful nonimmigrants from those states may enroll in regional alliance health plans. § 1005(c), p. 18.

G. DEPARTMENT OF DEFENSE

112. Plans -- Uniformed Services Health Plans

(See App. A, Office No. 26.)

(461) Establish, in consultation with other administering Secretaries, one or more uniformed services health plans in order to provide health care services to members of the uniformed services on active duty. § 8001(a)(1), which would create 10 U.S.C. § 1073a(a)(1), p. 1207.

(462) Promulgate regulations, in consultation with other administering Secretaries, for the establishment and operation of uniformed services health plans. § 8001(a)(1), which would create 10 U.S.C. § 1073a(a)(2), p. 1207.

(463) Enter into agreements with civilian health care providers or plans for the provision of items and services. § 8001(a)(1), which would create 10 U.S.C. § 1073a(b)(2), p. 1208.

(464) Determine in specific instances whether "covered beneficiaries" (under 10 U.S.C. § 1073a(e)) not enrolled in a uniformed services health plan but seeking items or services in uniformed services facilities should be granted access to such facilities. § 8001(a)(1), which would create 10 U.S.C. § 1073a(f)(2), p. 1211.

(465) Make premium payments into a regional or corporate alliance health plan for "covered beneficiaries" (under 10 U.S.C. § 1073a(e)) not enrolled in a uniformed services health plan. § 8001(a)(1), which would create 10 U.S.C. § 1073a(h), p. 1213.

(466) Adjust the limitation on out-of-pocket costs established under 10 U.S.C. § 1073a(i)(3)(A) for years after 1995. Determine the appropriate economic index to use in making the adjustment. § 8001(a)(1), which would create 10 U.S.C. § 1073a(i)(3)(C), p. 1216.

(467) Establish payment requirements under 10 U.S.C. § 1073a(i)(2), which subsection imposes family share payment requirements for "covered beneficiaries" under 10 U.S.C. § 1073a(e). Enforce the limitations in the payment requirements under 10 U.S. § 1073a(i)(3). Promulgate regulations specifying the requirements and enforcement measures. § 8001(a)(1), which would create 10 U.S.C. § 1073a(i)(4), p. 1216.

(468) Establish and administer a financial account to which shall be credited all premium payments and other receipts from other payers and beneficiaries made in connection with any person enrolled in a uniformed services health plan. § 8001(a)(1), which would create 10 U.S.C. § 1073a(j), p. 1216.

(469) Submit to Congress a report describing the specific uniformed services health plans proposed to be initially offered. § 8001(c), p. 1217.

H. DEPARTMENT OF VETERANS AFFAIRS

113. Plans -- Veterans Administration Health Plans & Facilities

(See App. A, Office No. 27.)

(470) Authorize VA health plans to enroll members of families of enrollees in the Civilian Health and Medical Program of the Veterans Administration ("CHAMPVA"), under 38 U.S.C. § 1811 or § 1812, subject to payment of premiums, deductibles, copayments, and coinsurance as required under the Health Security Act. § 8101(a), which would create 38 U.S.C. § 1813(a), p. 1220.

(471) Ensure that each VA health plan provides to each individual enrolled with it the items and services in the comprehensive benefit package under the Health Security Act. § 8101(a), which would create 38 U.S.C. § 1821, p. 1220.

(472) Provide to each veteran the care and services that are authorized to be provided under Title 38, Chapter 17 in accordance with the terms and conditions applicable to that care, regardless of whether or not such care and services are included in the comprehensive benefit package. § 8101(a), which would create 38 U.S.C. § 1822, p. 1220.

(473) Make arrangements as necessary with health alliances to carry out provision that cost-share charges (including premiums, copayments, deductibles, or coinsurance) may not be imposed or collected from veterans described in 38 U.S.C. § 1831(b). § 8101(a), which would create 38 U.S.C. § 1831(a), p. 1221.

(474) Charge premiums and establish copayments, deductibles, and coinsurance amounts for VA enrollees not described in § 1831(b). § 8101(a), which would create 38 U.S.C. § 1831(c), p. 1222.

(475) Provide by regulation for premium payment reductions for self-employed veterans to take into account self-employment net earnings. § 8101(a), which would create § 1831(d), p. 1223.

(476) When the Department of Veterans' Affairs provides care to a veteran for which the Department receives reimbursement from Medicare under 38 U.S.C. § 1832, collect from the veteran any applicable deductible or copayment not covered by Medicare. § 8101(a), which would create 38 U.S.C. § 1832(d), p. 1224.

(477) Individuals provided care or services through a VA health plan and who have supplemental coverage can recover or collect charges for that portion of care or services covered by the supplemental insurance. § 8101(a), which would create 38 U.S.C. § 1833(a), p. 1224.

(478) Promulgate regulations establishing standards for the operation of Department health care facilities as or within health plans under the Health Security Act. § 8102(a), which would create 38 U.S.C. § 7341(a), p. 1227.

(479) Enter into contracts for the provision of services by a VA health plan in cases in which the Secretary determines that such contracting is more cost-effective than providing such services directly through Department facilities or when such contracting is necessary due to geographical inaccessibility. § 8102(a), which would create 38 U.S.C. § 7342, p. 1229.

(480) Enter into agreements under 38 U.S.C. § 8153 (specialized medical resources) with other health care plans, health care providers, and other health industry organizations for the sharing of Department of Veterans' Affairs resources through VA facilities operating as or within health plans. § 8102(a), which would create 38 U.S.C. § 7343, p. 1229.

(481) Monitor facilities operating as or within health plans to determine whether the establishment of alternative personnel systems and procedures are necessary to carry out the provisions of the Act. Establish such alternative personnel systems and procedures as deemed necessary. § 8102(a), which would create 38 U.S.C. § 7344(b), p. 1230.

(482) Carry out appropriate promotional, advertising, and marketing activities to inform individuals of the availability of Department facilities operating as or within health plans. § 8102(a), which would create 38 U.S.C. § 7344(c), p. 1230.

(483) Submit to Congress a report concerning the operation of the Department of Veterans Affairs health system in preparing for, and operating under, the Act during 1995 and 1996. § 8102(a), which would create 38 U.S.C. § 7345, p. 1230.

(484) Apply for grants and other sources of funding to carry out the needs of special populations. § 8102(a), which would create 38 U.S.C. §

7346, p. 1232.

I. OFFICE OF PERSONNEL MANAGEMENT

114. Plans -- Federal Employee Health Programs

(485) Pursuant to the requests of individual annuitants, transfer amounts representing premium payments from FEHP annuities into alliance health plans. § 8203(c), p. 1236.

(486) Issue regulations governing the form and manner in which annuity withholding requests shall be made. § 8203(c), p. 1236.

(487) Determine the time period necessary for continued operation of the pre-Health Security Act Employees Health Benefits Fund in order to satisfy outstanding claims, and maintain and operate the Fund during that period. § 8205(a)(1), p. 1246.

(488) Prepare and implement a plan for final disbursement of monies in the pre-Health Security Act Employees Health Benefits Fund. § 8205(a)(2), p. 1246.

115. Plans -- Federal Employee Health Programs -- Overseas Employees

(489) Establish, by regulation, a health insurance program for individuals residing abroad who would otherwise be eligible for enrollment in a Federal Employees Health Benefits Program plan under pre-Health Security Act law. § 8204(a), p. 1245.