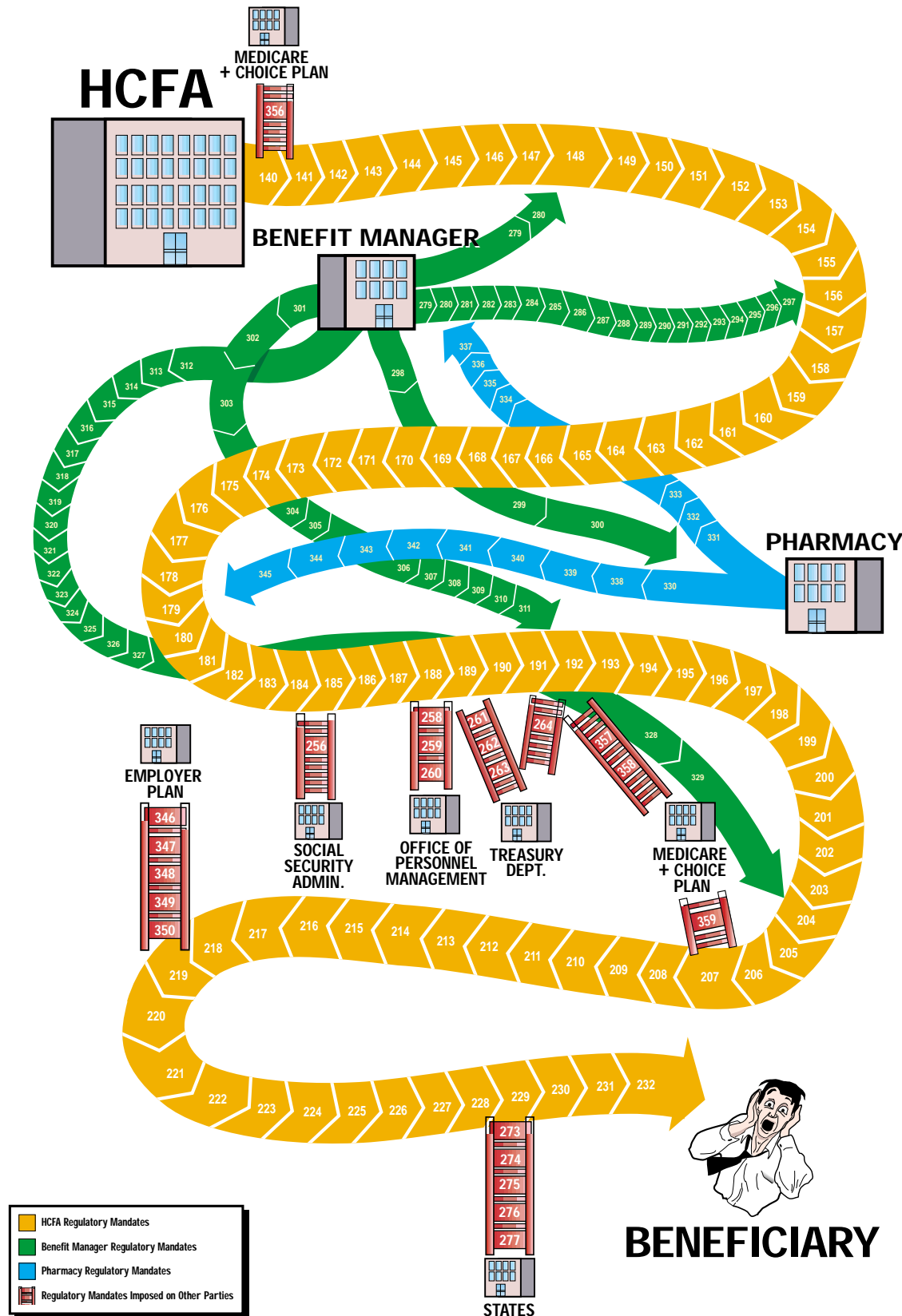


Government Controls Imposed by the White House Plan



- HCFA Regulatory Mandates**
- Enrollment**
- 140 - Regulation on enrollment process
 - 141 - Implement enrollment
 - 142 - Terminate certain enrollees
 - 143 - Study feasibility of annual enrollment
 - 144 - Assess effectiveness of annual enrollment
 - 145 - Assess penalties for late enrollment
 - 146 - Project costs of annual enrollment
 - 147 - Prepare report on annual enrollment
- Coverage**
- 148 - Regulation on coverage inclusions
 - 149 - Regulation on smoking cessation agents
 - 150 - Regulation on exclusion criteria
 - 151 - Determinations on specific exclusions
 - 152 - Regulation on overlapping inclusions
 - 153 - Ensure deadline compliance
 - 154 - Ensure duration of coverage compliance
 - 155 - Define prescription drugs
- Regulation of Benefit Managers**
- 156 - Contract with benefit managers
 - 157 - Establish 15 geographical regions
 - 158 - Determine competitive impact of demarcation
 - 159 - Regulation on bidding process
 - 160 - Regulation on benefit manager qualifications
 - 161 - Implement 15 ongoing bidding processes
 - 162 - Process decisions on applications
 - 163 - Review individual applications
 - 164 - Assess benefit managers' officers, directors, & employees
 - 165 - Assess benefit managers' financial resources
 - 166 - Regulation on contract renewals
 - 167 - Consider cost estimates based on Federal acquisition regulation
 - 168 - Assess prior benefit management experience
 - 169 - Assess benefit managers' administrative services
 - 170 - Assess additional factors
 - 171 - Regulation on conflict-of-interest waivers
 - 172 - Make individual waiver determinations
 - 173 - Regulation on maximization of competition
 - 174 - Regulation on benefit manager functions
 - 175 - Regulation on additional obligations
 - 176 - Transfer workloads of terminated benefit managers
 - 177 - Compliance monitoring over benefit managers
 - 178 - Enforcement proceedings against benefit managers
- Regulation of Pharmacies**
- 179 - Regulation on pharmacy participation
 - 180 - Regulation on quality of services
 - 181 - Regulation on access
- Collection of Premiums**
- 182 - Annual promulgation of premiums
 - 183 - Enrollee premium determinations
 - 184 - Publication of actuarial assumptions
 - 185 - Identification of Social Security deficiency amounts
 - 186 - Collect premiums from certain SSA beneficiaries
 - 187 - Regulation on certain Part A & B assessments
 - 188 - Regulation on assessments from Federal employees
 - 189 - Transfers of funds from Treasury
 - 190 - Regulation prohibiting price structures
- Reimbursements -- Claims**
- 191 - Transfer of funds among accounts
 - 192 - Excess reimbursement determinations
 - 193 - Adjustments to benefit limits
 - 194 - Estimate nationwide total benefit
 - 195 - Establish contingency margin
 - 196 - Certifications re funds transfers
 - 197 - Regulation on alternative coinsurance
 - 198 - Alternative coinsurance determinations
 - 199 - Regulation on bonus & penalty incentives
 - 200 - Regulation on sharing of savings realized
 - 201 - Regulation on risk sharing arrangements
 - 202 - Negotiations with benefit managers on risk sharing
 - 203 - Regulation on additional incentives
- Grievances -- Education -- Confidentiality -- Access -- Cost Containment -- Quality -- Utilization -- Fraud Control**
- 204 - Regulation governing grievances & appeals
 - 205 - Regulation on educational programs
 - 206 - Regulation on confidentiality requirements
 - 207 - Regulation on in-service area access
 - 208 - Regulation on out-of-service area access
 - 209 - Coordination of access with other entities
 - 210 - Implementation of out-of-service area access
 - 211 - Regulation on pharmacy networks
 - 212 - Assess bidders' cost containment measures
 - 213 - Regulation on cost containment
 - 214 - Regulation on quality assurance
 - 215 - Regulation on utilization programs
 - 216 - Assess individual cost & utilization programs
 - 217 - Promulgate paperwork requirements
 - 218 - Regulation on control of fraud & abuse
- Employer Plans**
- 219 - Establish Employer Incentive Program"
 - 220 - Regulation on attestations
 - 221 - Audit employer plans
 - 222 - Promulgate paperwork requirements
 - 223 - Calculate incentive payment amounts
 - 224 - Process incentive payments
 - 225 - Investigation and enforcement
 - 226 - Regulation on enrollment of terminated retirees
 - 227 - Processing of terminated retirees
 - 228 - Regulation on coverage restrictions "Low-Income Buy-In"
 - 229 - Provide matching funds
 - 230 - Contract with States
 - 231 - Enroll Medicaid beneficiaries
 - 232 - Promulgate additional paperwork requirements

- Mandates on Congress**
- Funding of Program**
- 265 - Make annual appropriations for prescription drug program
 - 266 - Make annual appropriations for Employer Incentive Program
 - 267 - Make annual appropriations for Medicaid matching funds
- Mandates on States**
- "Low-Income Buy-In"**
- 273 - Amend existing State plans
 - 274 - Pay premiums & coinsurance for QMBs
 - 275 - Pay premiums & coinsurance for below poverty QMBs
 - 276 - Pay premiums & coinsurance for near poverty QMBs
 - 277 - Contract for enrollment of QMBs & QMDBs

- Mandates on Benefit Managers**
- Coverage**
- 279 - Review benefit manager contracts and price schedules
 - 280 - Periodically renegotiate or terminate benefit manager contracts
- Bidding Process -- Contracting with HCFA -- Regulatory Compliance**
- 281 - Contract with HCFA for program administration
 - 282 - Prepare bidding package
 - 283 - Prepare information on officers, directors, & employees
 - 284 - Document adequacy of financial resources
 - 285 - Prepare renewal bids
 - 286 - Negotiate prescription drug prices with manufacturers & suppliers
 - 287 - Develop administrative costs proposal
 - 288 - Prepare information on past performance
 - 289 - Report on ownership & affiliate interests
 - 290 - Comply with additional reporting requirements
 - 291 - Prepare information on utilization & administrative services provided
 - 292 - Prepare additional information required by HCFA
 - 293 - Maintain records for all enrollees
 - 294 - Comply with additional substantive requirements
 - 295 - Oversee pharmacy compliance with State & local laws
 - 296 - Cooperate with HCFA compliance monitoring
 - 297 - Respond to HCFA administrative review proceedings, including those prompted by enrollee grievances
- Contracting with Pharmacies -- Pharmacy Oversight**
- 298 - Enter into contracts with all pharmacies
 - 299 - Prepare & update participating pharmacy lists
 - 300 - Oversee pharmacy compliance with contract requirements
- Reimbursements -- Funding of Program**
- 301 - Determine whether to propose excess reimbursement
 - 302 - Process claims
 - 303 - Determine payment amounts
 - 304 - Process & transfer funds received
 - 305 - Prepare & transmit itemized benefit explanations periodically to all enrollees
 - 306 - Prepare & transmit monthly notices of remaining benefit balances to all enrollees
 - 307 - Prepare proposals for alternative coinsurance
 - 308 - Develop data to support alternative coinsurance proposals
 - 309 - Apply for bonus payments for efficiencies
 - 310 - Apply for bonus payments for savings
 - 311 - Negotiate special risk sharing arrangements with HCFA
- Grievances -- Dispute Resolution -- Education -- Confidentiality -- Access -- Cost Containment -- Quality -- Utilization -- Fraud Control**
- 312 - Establish & implement grievance & appeals procedures
 - 313 - Establish & implement information dissemination campaign
 - 314 - Implement HCFA's confidentiality requirements
 - 315 - Comply with HCFA's network adequacy requirements
 - 316 - Ensure right of qualified pharmacies to participate in network
 - 317 - Implement in-service areas benefit coordination requirements
 - 318 - Implement out-of-service area coordination requirements
 - 319 - Establish adequacy-of-access rules for pharmacies
 - 320 - Prepare information for HCFA on cost containment
 - 321 - Comply with HCFA's cost containment requirements
 - 322 - Establish quality assurance program
 - 323 - Establish error reduction program
 - 324 - Implement quality assurance measures
 - 325 - Establish pharmacy quality requirements
 - 326 - Develop utilization management program
 - 327 - Implement cost & utilization measures
 - 328 - Implement program to control fraud & abuse
 - 329 - Comply with additional reporting requirements

- Mandates on the Social Security Administration**
- Collection of Premiums**
- 256 - Collect premiums from SSA beneficiaries
- Mandates on the Office of Personnel Management**
- Collection of Premiums**
- 258 - Collect premiums by deducting from benefit checks
 - 259 - Collect premiums by assessing retirees
 - 260 - Transfer funds among appropriate accounts
- Mandates on the Treasury Department**
- Collection of Premiums**
- 261 - Transfer funds received from other agencies
 - 262 - Establish Prescription Drug Insurance Account
 - 263 - Maintain & account for funds in Prescription Drug Insurance Account
- Reimbursements -- Claims**
- 264 - Pay benefits from Prescription Drug Insurance Account

- Mandates on Pharmacies**
- Coverage**
- 330 - Comply with price limitations applicable to all prescription drugs
- Pharmacy Contracts with Benefit Managers**
- 331 - Enter into contracts with benefit manager
 - 332 - Comply with quality requirements
 - 333 - Comply with adequacy-of-access requirements
 - 334 - Establish & maintain electronic management systems
 - 335 - Comply with recordkeeping requirements
 - 336 - Comply with information access requirements (without violating confidentiality requirements)
 - 337 - Comply with reporting requirements
- Confidentiality -- Access -- Cost Containment -- Quality -- Utilization**
- 338 - Comply with confidentiality requirements (without violating information access requirements)
 - 339 - Implement coordination-of-benefit requirements
 - 340 - Provide access to enrollees from outside the service area
 - 341 - Comply with HCFA's access regulation
 - 342 - Implement cost management requirements
 - 343 - Implement quality-of-service requirements
 - 344 - Implement error reduction requirements
 - 345 - Comply with utilization recordkeeping requirements

- Mandates on Employer Plans**
- 346 - Make annual attestation on compliance with eligibility requirements
 - 347 - Make annual attestation on compliance with required notices
 - 348 - Report identities of all covered retirees
 - 349 - Report information in connection with investigations & audits
 - 350 - Comply with additional reporting requirements
- Mandates on Medicare+Choice Plans**
- Enrollment**
- 356 - Enroll beneficiaries
- Coverage**
- 357 - Comply with coverage requirements
- Reimbursements**
- 358 - Comply with deductible & coinsurance limitations
- Access**
- 359 - Comply with access requirements