I. Health Care Reform - Insurance

1. Insurance mandated coverage regulated by Insurance Exchange(s)
   - *(1) Insurance company mandates*
   - *(2) Individuals mandate*
   - *(3) Employer mandates*
2. Expansion of Medicaid to persons not currently covered (133% - 150% FPL)
   - *(1) Changes in Federal Match formulas*
   - *(2) Potential changes is CHIP programs*
3. Premium Subsidies
   - *(1) Individual subsidies*
   - *(2) Small business subsidies*
4. Financing expansion and subsidies
   - *(1) Insurance company taxes*
   - *(2) Individual taxes*
   - *(3) Employer taxes*
5. Public Option and Co-ops
6. Insurance Exchange – coverage management
   - *(1) Federal Exchange*
   - *(2) State based Exchanges*
7. Benefit Design – Essential Coverage
   - *(1) Benefit design described and categorized*
   - *(2) Prohibition on pre-existing conditions, Guaranteed insurability, rating limitation*
   - *(3) Administrative simplification and other consumer protections*

II. Health Care Reform – Cost Containment

1. Medicare Reform
   - *(1) Restructure Medicare Advantage*
   - *(2) Changes in payment formulas (market basket updates)*
   - *(3) Reduce DSH payments as uninsured numbers drop*
   - *(4) Incentive models for accountable care organizations and other cost saving methods*
2. Medicaid Reform
   - *(1) Changes to drug rebates, generics*
   - *(2) Reduce DSH payments as uninsured numbers drop*
   - *(3) Waste, fraud and abuse oversight*

III. Health Care Reform – Quality and Performance

1. Community based Collaborative Care Network
   - *(1) Coordinate and integrate services*
   - *(2) Manage chronic conditions*
   - *(3) Reduce ER use*
2. Prevention and Wellness
   - *(1) Evidence based clinical practices, community based prevention and wellness*
   - *(2) Prevention and Screening without consumer costs*
   - *(3) Support of employer-based wellness programs*
3. Long Term Care
   - *(1) Community Living Assistance Services and Supports (CLASS)*
   - *(2) Medicaid flexibility for home-based services*
4. Medicare Improvements
   - *(1) Elimination of Part D coverage gap by 2019*
   - *(2) Increase payments to primary care providers*
5. Workforce Training
   - *(1) Redistribution of GME slots to ambulatory/primary care settings*
   - *(2) Increased funding for loan repayment, expansion into public health*
6. Community Health Center funding increases – expand capacity
7. Establishment of a Ready Reserve Corps
8. Non-profit hospitals requirement to conduct community needs assessments

Source: presentation by Michigan Department of Community Health-HPAC (information drawn from summaries of HR 3962 and HR 3590)