

	CAUSE (2010-2025)	CAUSE (2015-2020)	CAUSE (2020-2025)	CAUSE (After 2025)
Individual mandate	<ul style="list-style-type: none"> All U.S. resident children ages 0-18 enrolled in CAUSE Parts I and II with option to buy Parts I and II as private coverage¹ 	<ul style="list-style-type: none"> Same as 2010-2015 for children All U.S. residents ages 19-64 enrolled in CAUSE Part II with option to purchase private Part II coverage¹ and option to purchase public Part I coverage at full cost 	<ul style="list-style-type: none"> Same as 2010-2015 for children All U.S. residents ages 19-59 enrolled in CAUSE Part II with option to purchase private Part II coverage¹ and option to purchase public Part I coverage at full cost All U.S. residents age 60 and older enrolled in CAUSE Parts I and II with option to buy private Parts I and II coverage 	<ul style="list-style-type: none"> All U.S. residents enrolled in CAUSE Parts I and II with option to buy private Parts I and II coverage¹
Employer requirements	<ul style="list-style-type: none"> Large firms (> 200) receive tax deduction if they offer qualifying plan to employee children Small firms (< 200) receive tax credit if they offer qualifying plan to employee children 	<ul style="list-style-type: none"> Employers of large firms (> 200) receive tax deduction if offering qualifying plan for employee children or Part II for employees ages 19-64 Small firms (< 200) receive tax credit if offering qualifying plan to employee children or Part II to employees ages 19-64 	<ul style="list-style-type: none"> Employers of large firms (> 200) receive tax deduction if they offer qualifying plan for employee children, Part II for employees ages 19-59, and Parts I and II coverage for employees ages 60-64 Small firms (< 200) receive tax credit if they offer qualifying plan to employee children, Part II to employees ages 19-59, and Parts I and II to employees ages 60-64 	<ul style="list-style-type: none"> Employers offering supplemental plans for CAUSE deductibles receive tax deduction Employer-offered plans for additional benefits not covered by CAUSE are not deductible
Exchange	<ul style="list-style-type: none"> Establishes national, state and (in large states) sub-state health boards to create standards for CAUSE and certify private plans as qualified alternatives to CAUSE Health boards contribute to increased use of evidence-based medicine; implement other access and quality improvement efforts 	<ul style="list-style-type: none"> Same 	<ul style="list-style-type: none"> Same 	<ul style="list-style-type: none"> Same
Cost containment/ Health board roles		<ul style="list-style-type: none"> Health board receives budget for 0-18 CAUSE plan, adjusted for population and health care costs Health board negotiates rates and contracts with providers and care systems 	<ul style="list-style-type: none"> Health board receives budget for 0-18 and 60+ CAUSE plans and 19-59 CAUSE Part II adjusted for population and health care costs Health board negotiates rates and contracts with providers and care systems 	<ul style="list-style-type: none"> Health board receives budget for CAUSE adjusted for population and health care costs
Medicaid/ CHIP	<ul style="list-style-type: none"> CHIP eliminated Medicaid eligibility established annually by states, but minimum eligibility at 150% FPL for children ages 0-18 Medicaid pays CAUSE deductibles and long-term care for children ages 0-18 Medicaid/Medicare dual eligibility continues for elders and disabled 	<ul style="list-style-type: none"> Medicaid eligibility established annually by states, but minimum eligibility at 150% FPL Medicaid pays CAUSE premiums, deductibles and long-term care for children 0-18 and CAUSE Part II premiums and deductibles for adults ages 19-64 Medicaid/Medicare dual eligibility continues for elders and disabled 	<ul style="list-style-type: none"> Medicaid eligibility established annually by states, but minimum eligibility at 150% FPL Medicaid pays CAUSE premiums, deductibles and long-term care for children ages 0-18 and CAUSE Part II premiums and deductibles for adults ages 19-59 Medicaid/CAUSE dual eligibility continues for elders and disabled 	<ul style="list-style-type: none"> National minimum Medicaid eligibility at 150% FPL Medicaid pays CAUSE premiums and deductibles Medicaid pays long-term care "hotel" costs (room, board, non-medical services) States may establish benefits beyond CAUSE for Medicaid enrollees within guidelines established by health board

¹ The CAUSE plan has two portions, Part I and Part II. Part I is modeled on current Medicare Part A coverage but the specific benefits and deductibles associated with each service will be determined by a health board. Part II includes all primary and preventive services, most outpatient medical services, outpatient mental health/substance abuse services, medications, equipment and supplies as determined by the health board. Deductibles associated with each service will be determined by the health board. CAUSE Part I and Part II services can be reimbursed on a fee-for-service basis or through qualifying managed care plans. Reimbursement to managed care plans will be on a case-mix adjusted basis and cannot exceed 95% of a new AAPCC covering all CAUSE.

**CAUSE
(2010-2025)**

**CAUSE
(2015-2020)**

**CAUSE
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**CAUSE
(After 2025)**

Other Medicaid and safety net changes

- ◆ FMAP changed to provide supplemental federal funding to increase supply and access to large sub-state areas (populations >500k) that are poorer than state average and experience professional and other shortages

◆ Same

◆ Same

- ◆ FMAP supplement no longer needed

Eligibility

- ◆ Enrolls children ages 0-18 when taxes are filed or through application for Medicaid
- ◆ CAUSE Part II available to ages 19-64 at full cost
- ◆ Part I remains with private insurance (ages 19-64)
- ◆ Premiums and deductibles for child CAUSE plan covered by Medicaid if household income <=150% FPL
- ◆ Income-adjusted premiums and deductibles for income >150% FPL

- ◆ Enrolls children ages 0-18 in CAUSE and adults ages 19-64 in CAUSE Part II when taxes are filed or through application for Medicaid
- ◆ Adults ages 19-64 have option to buy CAUSE Part I
- ◆ Premiums and deductibles for child CAUSE plan and adults ages 19-64 CAUSE plan Part II covered by Medicaid if household income <=150% FPL
- ◆ Income-adjusted premiums and deductibles for income >150% FPL

- ◆ Enrolls children 0-18 and adults 60 and older in CAUSE and adults ages 19-59 in CAUSE Part II when taxes are filed or through application for Medicaid
- ◆ Ages 19-59 have option to buy CAUSE Part I
- ◆ Premiums and deductible for child and elder CAUSE plans and adults ages 19-59 CAUSE Part II covered by Medicaid if household income <=150% FPL
- ◆ Income-adjusted premiums and deductibles for income >150% FPL

- ◆ Enrolls everyone when taxes are filed or through application for state Medicaid
- ◆ Income-adjusted premiums and deductible if household income >150% FPL
- ◆ CAUSE premiums and deductibles covered by Medicaid if household income <=150% FPL

Insurance market reforms

- ◆ Qualifying private plans cannot deny child coverage due to health status
- ◆ Private wrap-around plans for adults who buy in to CAUSE Part II cannot deny coverage due to health status
- ◆ Children in wrap-around plans pay community-rated premium

◆ Same

◆ Same

- ◆ Private supplement plans cannot deny coverage due to health status
- ◆ Reforms medical coverage in automobile insurance
- ◆ Reforms medical coverage in workers' compensation system

CAUSE: Affordable Quality Healthcare for Everyone

COST-SAVING COMPONENTS

- ◆ Increased use of evidence-based medicine (monitored by regional health boards) and use of health information technology
- ◆ Promotion of health and disease prevention and provision of positive health incentives to address obesity, tobacco use and chronic disease
- ◆ Alignment of incentives with quality and efficiency through such things as hospital pay for performance, strengthening of primary care and care coordination, and elimination of the federal tax exemption for premium contributions
- ◆ Correction of price signals in the health care market by resetting benchmarks for Medicare Advantage, negotiating prescription drug prices and limiting payment updates in high-cost areas
- ◆ After 2015, health boards function within case-mix and health care resource-adjusted budgets for all CAUSE
- ◆ Reforms to malpractice insurance, in order to reduce unnecessary litigation

ADDITIONAL REFORM ELEMENTS

- ◆ Regional health boards design and implement efficient and effective health services and practices to improve quality and performance
- ◆ Much of present Medicare framework will remain and be expanded to children's services
- ◆ Payment to providers can be a combination of fee-for-service, salary, or capitation to allow for the variety of health delivery systems that presently exist
- ◆ Fee schedule altered to pay more for cognitive services and procedures shown to be of benefit and less for procedures deemed marginally useful for health enhancement
- ◆ Payment for identical services should be uniform regardless of physician specialty
- ◆ Fee-for-service payments for procedures and services should be nationally uniform with adjustment for differences in cost of living; additional adjustment based on population health and health care system features would be made to fee-for-service rates; similar factors would be considered in establishing local-area costs as basis for negotiating organized delivery system rates
- ◆ Educational system and public policy utilized to encourage healthy habits in schools and neighborhoods
- ◆ Financial incentives offered for medical school graduates to enter primary care specialties in order to strengthen primary care and care coordination
- ◆ Additional providers trained: repeal freeze on postgraduate training programs
- ◆ Training modified to encourage primary care; incentives provided in pay and medical school expense
- ◆ Continued development of health information technology
- ◆ Federal Medical Assistance Program matching rate changed to invest in access improvement in sub-state regions with health care resource shortages