

**NOTABLE CHANGES RECOMMENDED FOR THE 2014
GUIDELINES and STATE AND LOCAL CONTRACTS**

Section & Page Number (in Attachment B)		Description	Reason for Change
Guidelines (Attachment B1)	Contract (Attachment B2)		
Guidelines II., D., 5. <i>Page 1</i>		Added language requiring that health plans administer biometric screening according to current USPSTF guidelines.	Refer to discussion item #2 on pages 3-4 of the memo.
Guidelines II., D., 8. <i>Page 1</i>		Added a provision to require health plans to provide the results of their annual CAHPS survey.	Refer to discussion item #3 on pages 5-6 of the memo.
Guidelines II., D., 11. <i>Page 2</i>		Added a provision to require health plans to provide a credible Shared Decision Making (SDM) program for Low Back Pain (LBP) surgery.	Refer to discussion item #1 on page 3-4 of the memo.
Guidelines II., D., 12. <i>Pages 2</i>		Added language to support existing hospital readmissions reduction program requirement.	Specifies more precisely the types of patient medical conditions that require follow-up contact after hospital discharge. Gives health plans flexibility to coordinate efforts with hospitals or provider groups.
Guidelines II., D., 16. <i>Page 2</i>		Added language requiring health plans to meet and apply all applicable state or federal requirements concerning cost-sharing.	Supports health plans in their application of federally required Maximum Out-of-Pocket (MOOP) limits.
Guidelines II., G., 2. <i>Page 3</i>		Added language requiring health plans to clearly indicate and explain any changes made to marketing materials	Helps ETF to more efficiently and more accurately proof-read plans' marketing materials when new changes are clearly distinguished from standard language.

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Guidelines (Attachment B1)	Contract (Attachment B2)		
Guidelines II., H. <i>Page 3</i>		Added language allowing the Board to reserve the right to reopen the bid process in certain limited circumstances.	See discussion item #5 on pages 6-7 of the memo.
Guidelines II., J. <i>Pages 3-6</i>		a) Updated dates in Time Table and Due Dates for Annual Information Submittals to the Department. b) Set new dates for disease management quarterly reports	a) Reflects current and subsequent calendar year dates. b) Health plan request
	Article 2.3 (4) <i>Page 1</i>	Revised language regarding retroactive premium adjustments when Medicare is primary payer.	Technical change.
	Article 2.10 (1) <i>Page 1</i>	Added language to support the Board's previously adopted policy to have cases of medical necessity reviewed by IRO rather than by the Board.	See discussion item #4 on page 6 of the memo.
	Article 3.3 (11) <i>Page 2</i>	Added language that allows subscribers to terminate coverage for their adult dependent children within 30 days of the dependent's eligibility and enrollment in other health insurance coverage.	Technical change.

Section & Page Number (in Attachment B)		Description	Reason for Change
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	Article 3.10 (5) <i>Page 2</i>	Added language to align employees on Leave of Absence with active employees concerning escrow of sick leave credits.	See discussion item #6 on page 7 of the memo.
	Article 3.11 (1) and (2) <i>Page 3</i>	a. Added language to allow spouses who are annuitants or active employees to each elect family coverage. b. Added language to allow divorced spouses to elect coverage mid-year with any health plan	a. Previously, spouses could only individual coverage. Facilitates member choice. b. Previously, divorced spouses had to remain on the health plan that they had when they were married. Facilitates member choice.
	Article 3.16 (1) <i>Page 3</i>	Removed continuants from individuals eligible for continuation coverage at a reduced premium rate under Medicare.	Continuants are not eligible for continuation coverage at a reduced premium rate when covered under Medicare.
	Article 3.16 (3) <i>Page 4</i>	Revised language regarding retroactive premium adjustments when Medicare is primary payer.	Technical change.
	Article 3.20 (4) <i>Page 4</i>	Added a provision to support ACA requiring health plans to apply MOOP limits.	Refer to discussion item #9 on page 10 of this memo.