

Health & Human Services

CONTINUING THE PRESIDENT'S COMMITTEE ON MENTAL RETARDATION AND BROADENING ITS MEMBERSHIP AND RESPONSIBILITIES

■(WASHINGTON) The President's Committee on Mental Retardation established by Executive Order No. 11280 on May 11, 1966, as superseded by Executive Order No. 11776 on March 28, 1974, has organized national planning, stimulated development of plans, policies and programs, and advanced the concept of community participation in the field of mental retardation.

National goals have been established to:

1. promote full participation of people with mental retardation in their communities;
2. provide all necessary supports to people with mental retardation and their families for such participation;
3. reduce the occurrence and severity of mental retardation by one-half by the year 2010;
4. assure the full citizenship rights of all people with mental retardation, including those rights secured by such landmark statutes as the Americans with Disabilities Act of 1990, Public Law 101-336 (42 U.S.C. 12101 et seq.);
5. recognize the right of all people with mental retardation to self-determination and autonomy, to be treated in a nondiscriminatory manner, and to exercise meaningful choice, with whatever supports are necessary to effectuate these rights;
6. recognize the right of all people with mental retardation to enjoy a quality of life that promotes independence, self-determination, and participation as productive members of society; and
7. promote the widest possible dissemination of information on models, programs, and services in the field of mental retardation.

The achievement of these goals will require the most effective possible use of public and private resources.

FROM: THE WHITE HOUSE

DATE: 03/25/96

HHS ISSUES FINAL RULE TO REQUIRE MEDICARE AND MEDICAID MANAGED CARE ORGANIZATIONS TO DISCLOSE PHYSICIAN INCENTIVE PLANS

■(WASHINGTON) The Department of Health and Human Services Tuesday announced a regulation designed to protect beneficiaries enrolled in Medicare and Medicaid Managed care plans by placing certain limitations on physician incentive arrangements that could influence physicians' care decisions.

Many managed care organizations use financial incentives to deter inappropriate and unnecessary care, including unnecessary referrals of plan members to specialists or for expensive procedures.

The final rule, to be published in Wednesday's Federal Register, requires plans to disclose physician incentive plans to HHS' Health Care Financing Administration or to the state Medicaid agency, and to provide a summary of the plan to enrollees, if requested.

For example, some plans pay their physicians a fixed fee per patient per month. This arrangement, known as capitation payment, makes the primary care physician liable for any costs the patient incurs for specialty care made at the referral of the primary care physician.

In addition, the regulation outlines the requirements for managed care plans with physician incentive plans that put physicians at substantial financial risk for referral services. Such man-

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