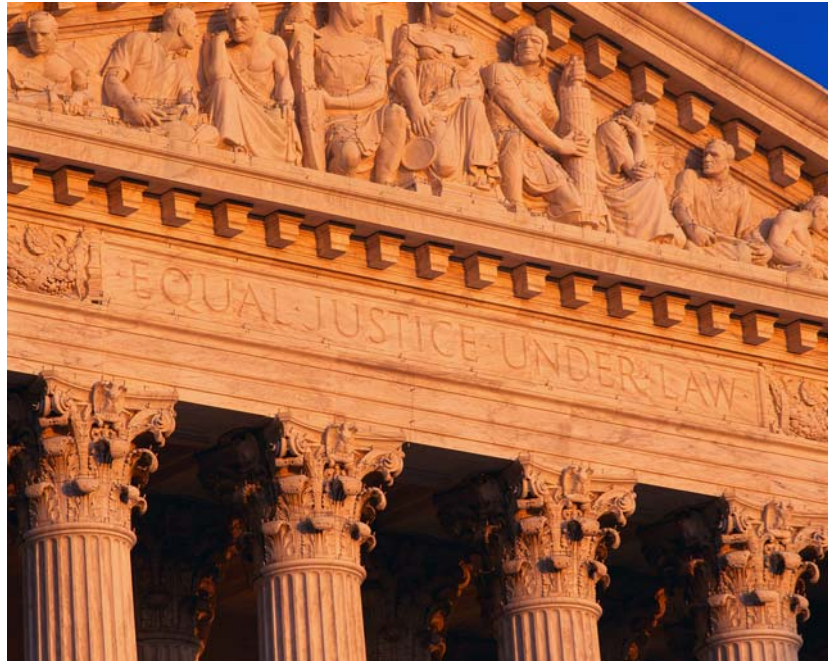


Laws, Regulations, State and Federal Programs



Article 5(G)

An article of the general municipal law which allows municipal consortiums to be formed. A municipal consortium is formed when two or more municipal corporations join together to purchase a service or commodity as a single group. This can involve purchasing insurance, pooling costs, sharing risk and establishing a reserve fund to cover the liabilities.

Article 44 Employee Welfare Funds

A trust fund established or maintained jointly by one or more employers together with one or more labor organizations to provide employee benefits by the purchase of insurance.

Article 47

The New York State insurance law which regulates self-insured municipal consortium health plans. Contains reserving, reporting and operational requirements.

Centers for Medicare and Medicaid (CMS)

The government agency within the Department of Health and Human Services that directs the Medicare and Medicaid programs (Titles XVIII and XIX of the Social Security Act). Formerly the Health Care Financing Administrations (HCFA).

Child Health Plus/Family Health Plus

Child Health Plus is New York State's health insurance program for children under age 19 who have no or limited health insurance. Family Health Plus is a public health insurance program for adults who are aged 19 to 64 who do not have health insurance either on their own or through their employers but have income or resources too high to qualify for Medicaid.

Government Accounting Standards Board (GASB)

An independent, non-governmental organization that sets accounting standards for state and local governments including school districts and counties.

Empire Plan

The managed PPO plan offered to New York State employees and made available to participating agencies (schools and municipalities).

ERISA (Employee Retirement Income Security Act of 1974)

ERISA is a federal act that regulates employee benefit plans, such as group health plans that private sector employers, employee organizations (such as unions), or both, offer to employees and their families. To date, self-funded health benefit plans operating under ERISA have been held to be exempt from state insurance laws.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Federal legislation which amended the Employee Retirement Income Security Act (ERISA) to provide new rights and protections for member of group health plans. Some of these protections include portability of coverage and patient privacy.

Healthy New York

A New York State program for sole proprietors, small employers and working individuals who are not insured or have limited insurance and meet certain criteria.

Mandated Health Insurance Benefits

Minimum health insurance coverage requirements specified by government statute. Self-funded plans are exempt from state-mandated benefits.

Medicaid

The federal medical assistance program for the indigent enacted by Congress in 1965. The program is the responsibility of the state which has the costs with the federal government.

Medicare

A federal government program established under Title XVIII of the Social Security

Act of 1965 to provide hospital expense and medical expense insurance to persons 65 years of age or those under 65 who are totally disabled as determined by the Social Security Administration. **There are four parts of Medicare:**

- **Part A** -Hospital inpatient services and skilled nursing facilities
- **Part B** -Outpatient services, medical surgical services
- **Part C** -Medicare Advantage Plans (HMO or PPO)
- **Part D** -Prescription Drug

Mental Health Parity Act (MHPA)

A federal law which prohibits group health plans from applying more restrictive annual and lifetime limits on coverage for mental illness than for physical illness.

Multiple Employer Welfare Arrangement (MEWA)

As defined in 1983 Erlenborn ERISA Amendment, as employee welfare benefit plan to any other arrangement providing any of the benefits of employee welfare benefit plan to the employee of two or more employers. MEWAs that do not meet the ERISA definition of employee benefit plan and are not certified by the U.S. Department of Labor may be regulated by states. MEWAs that are fully insured and certified must only meet broad state insurance laws regulating reserves.

Newborns' and Mothers' Health Protection Act (NMHPA)

A federal law which specifies that group health plans or group health care insurers cannot mandate that hospital stays following childbirth be shorter than 48 hours for normal deliveries or 96 hours for births.

New York State Health Insurance Program (NYSHIP)

The statewide program which is offered to New York State employees and participating agencies and administered by the New York State Department of Civil Service. The Empire Plan is part of NYSHIP.

Timothy's Law

A New York State law which requires parity for mental health services.

TRICARE

A Department of Defense regionally managed health care program for active duty and retired members of the uniformed services and their families that combines military health care resources and networks of civilian health care professionals. Formerly known as CHAMPUS (the Civilian Health and Medical Program of the United States).

Women's Health and Cancer Rights Act (WHCRA)

The WHCRA is a federal law that provides important protections for individuals who have undergone a mastectomy.