

The Medical Trianon HealthShare 2000-plus

Introduction

In 1974, Congress passed a Law (P. L. 93-641) out of concern that healthcare was becoming too expensive and out of the reach of many ordinary citizens. The law was to set up local healthcare planning agencies to try to reduce cost and improve accessibility of medical services. But Dr. Leon Bleiberg was ahead of congress. A decade earlier he had developed a healthcare delivery system that would make medical costs affordable to all citizens in all parts of the world. He called it TotalCare International, Inc.

OBJECTIVES

Through a disbursement mechanism of direct patient to provider procedure of funding that will result in the removal of all outside entities, which create economic barriers between the consumer/patient and the care-givers the cost of healthcare to the consumer will be reduced substantially and by meaningful amounts, concurrently with substantial increase of income to the care-giver so as to guarantee feasibility and integrity to the disbursement process.

The Medical Trianon

In 1964, Dr. Bleiberg, along with some of his celebrity partners founded Total Care, the precursor to The Medical Trianon's Health-Share 2000-plus, a healthcare delivery program which (1) gives the citizen 100% medical coverage at minimal cost to him/her; (2) provides steady income to physicians and the medical providers without filing claims, accounts receivable or bad debts, (3) reduces employers healthcare costs substantially; and (4) increases productivity among labor and improves fiscal control for governments and corporations.

PRODUCT AND SERVICE

The Medical Trianon's HealthShare 2000-plus is a program devoted to the complete elimination of all known barriers and pitfalls very inherent in existing health systems today. It consists of a feasibly constructed series of methodologies consistent with the development of a 'finely tuned' and 'quality enhanced' healthcare delivery system. The program is intended to be used by individual employers or employee organizations for a health and welfare plan for their employees or members. It is designed to provide a complete range of health (and dental) benefits to members without any minimum deductible amount or exclusions from coverage.

HealthShare 2000-plus is a 'single payor' two-party system of disbursement based upon the formation of a health (group) trust in a bank that has the system in place. The disbursement system is complete and comprehensive. This is developed and achieved by a specific series of contracts or agreements specifying each and every field of service defined as healthcare. The agreements (or contracts) spell out the services offered under, what is known as, 'Retainer' and collectively cover all areas of healthcare and subsequently all therapy and services within the given field of service. This results in a

totally complete and comprehensive health benefit program. It further elicits a plan that has no exclusions, no deductibles, no co-payments, and no maximums or minimums. There are no restrictions of any kind, thereby eliminating the need for excessive and costly regulatory activity.

The results of implementing this plan are ‘universal coverage’. All socio-economic groups have total access, with complete coverage for total care. Further results of implementation are the reduction of costs. The government, for example, will save in excess of 70% of the funds allocated for the healthcare budget!

THE UNFILLED NEED

Too many people are denied care, and too many people are given improper care because of mis-guided policies of exclusions, denials and premature hospital discharges.

It is important to note that, in both cases, costs escalate tremendously. In capitation, proper prevention, as well as proper specialty utilization and hospitalization are not appropriately employed. This is because the economic responsibility is placed upon the provider, which, in turn results in “cost-shifting” mechanism to kick-in and will, therefore give rise to more critical medical conditions, which become more costly for care in the long run. In addition to that factor, risk and further cost shifting come into play turning provider into an ‘insurance company’. In the case of too much care, often excessive and inappropriate economic incentives, wrongfully, come into play for the provider and overcharging, excessive treatment, clinic visits, procedures as extensive unnecessary hospitalizations become major factors in the escalation of costs and claims.

UNIQUENESS AND DIFFERENTIATION

HealthShare 2000-plus should not be confused with other form of plan out there known as health plan out known as a “multiple employer trust” (MET). Although capitation, insurance, claims, Billing, Exclusions, Deductibles, Fee-for-Service (rendered), HMO’s, PPO’s, IPA’s, Eligibility, Third-Party Carrier, Co-payments, Managed care as well as other various sundry terms and descriptions have been are currently routinely employed. **HealthShare 2000-plus** does not use any of these systems or terms, whatsoever. It is a totally different system. It is new and innovative and it is One Hundred Percent. A single payor, multiple payee, two-party health care disbursement system based upon a mathematical “Ratio” concept coupled with consumers “System of Advanced Selection (purchaser to provider). **HealthShare 2000-plus** is a direct, free choice retention mechanism that includes all providers of care (pre-selected) each within their specific scope of service. It is a method of elimination of all areas of wasteful spending of healthcare dollars. It is a system that brings back the true (and productive) doctor-patient relationship. It is a system that returns complete autonomy to the provider of care as well as to the patient (no gate-keeper, and no interference by outside interests in the practice of the provider’s professional and killed judgment. **HealthShare 2000-plus** can overcome the wasteful spending that currently exists; it can reach all corners of society, all economic demography and all geographic locations.

THE COST AND VALUE

With elimination of the “Middle Man” fiscal intermediary, third as well as other multiple party factors a vast savings in the cost of health care can be realized generally and specifically in this program. At the same, with such tremendous savings of these costs, a great amount of feasibility and subsequently qualitative value can be assured by the program. The approximate costs in 2006 dollars range as low as \$xx.00 per person per month in Alabama, Louisiana and Mississippi to \$xx.00 in Nevada (other states may be slightly different) plus about 30% more for families. All subscribers are covered without exclusions.

BENEFITS

Here are some key benefit areas of interest:

PATIENTS (Employee & Employer Groups):

Substantial reduction in medical costs
No exclusions of pre-existing condition.
No out of pocket costs.
Expanded, all inclusive health benefits
Improved employee moral.

PROVIDERS (Doctors, Hospitals Etc.):

No Claims of any kind; automatic retainer received monthly.
No Billing, no Accounts Receivable, no bad debt.
No Co-payments.
No Deductibles.
No maximums.
No Exclusion of any kind.

Benefits to Governments:

Substantially reduced costs for comprehensive high quality medical care.
Increase in money supply.
Reduced conflict with unions over medical costs
Eliminates the need for healthcare compensation bureaucracy
Promotes wellness
A Political Benefit.

HISTORY: THE MEDICAL TRIANON AND HEALTHSHARE 2000-plus

This system has evolved through a series of innovative studies as a healthcare provider from the mid-sixties through the seventies. The studies were both statistical field based. Various regions were analyzed from the standpoint of all vital sectors including healthcare provider, business and industrial, governmental as well as private and public sectors.

In 1977 the concept was submitted to the United States Department of Labor by the Washington, D.C. legal firm of Dickstein, Shapiro & Morin and subsequently approved as a prototype health program under the Employee Retirement Income Security Act

(ERISA) of 1974. The program was, concurrently approved by the Philippine Security Exchange Commission and the Kazakhstan Ministry of Health. Work on the program to develop an international continued throughout the 1980's and included presentations to Congressional Offices, the Heritage Foundation as well as a presentation to a joint committee of the out-going Carter and in-coming Reagan administrations in Washington D.C. The founder, Dr. Lee Bleiberg was invited by General John Singlaub to join Citizens Against Government Waste and to head a healthcare forum. The meant he would have to move to Washington, D.C.; a proposition that his family did not accept.

Several healthcare consultants, over the years, have offered opinions documenting and endorsing this program at its various stages of development. Economist and former Republican Congressman and 1980 and 1984 Presidential candidate, the late Mr. Ben Fernandez endorsed the program. The California Committee for Ross Perot for Presidential, also endorsed this program for its candidate, Mr. Ross Perot in 1992.

COMPARATIVE SYSTEMS OF HEALTH CARE DELIVERY

SYSTEM	INSURANCE	HealthShare 2000-plus
DESCRIPTION	Indirect, multiple party	Direct, two-party
PROVIDER'S COMPENSATION	Compensates through claims processing	Retained Providers receive units which are converted to local currency and prepaid to their bank
BENEFIT STRUCTURE	Subject to the terms of negotiated service package	All services are covered Under contract
LIMITATION	Has limitations	No limitation
EXCLUSION	Has MANY exclusions	No exclusion
DEDUCTIBLE	Has deductibles	No deductible
CO-PAYMENT	Has co-payments	No co-payment
MEMBER'S PAYMENT PLAN	Premiums based on actuarial studies	"Same-Rate-For-All" Contributions based on Bleiberg Calculation
TREATMENT POLICY	Care may not be provided even if needed	Needed Care is always provided

THE FOUNDER

The founder of HealthShare 2000-plus, Dr. Leon W. Bleiberg is a retired Podiatrist. He received his Doctor of Podiatric Medicine degree from Temple University in Philadelphia, Pennsylvania, in 1955 doing graduate work at the University of Southern California, School of Medicine, and the Loma Linda University, School of Medicine.

He practiced Podiatric Medicine and Surgery in Southern California and was the Podiatric Consultant for the University of Southern California athletic department as well as the Morningside and Inglewood High Schools. He has authored and developed the unique Health Banking System, which has evolved over the past thirty-five years. Dr. Bleiberg has worked domestically, as well as abroad, in developing this system over these many years.

He has been a member of:

- The California and American Podiatric Medical Associations,
- The International College of Preventive Medicine,
- Board Member (Podiatric Medicine) of the California Physicians Congress,
- Founding member of the American College of Podiatric Sports Medicine,
- The Board of Directors of the Mariani-Buss Enterprises (owner of L. A. Lakers),
- The Western Foot Surgery Association,
- The Private Hospital Association of the Philippines (charter member), and current
- Chairman of the Board of Directors of the Filipino Veterans Foundation.

Dr. Bleiberg has been a Supervisor of the Finish Line Security for the Los Angeles Marathon since its inception. He has been active in numerous local community organizations for the welfare of youth and the community as a whole.

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