



## Welcome to The Jungle: Health Care Reform Bootcamp

A Brief Roadmap of Selected Key Elements of Affordable Care Act Health Care Reform

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## Evolving Federal Health Plan Rules

- Ø ERISA
- Ø Internal Revenue Code
- Ø 20+ Years of Subsequently Enacted Federal Eligibility, Benefit & Other Mandates
  - Ø COBRA, FMLA, USERRA, HIPAA, GINA
  - Ø Mental Health Parity, OBRA'93, Newborn & Mothers
  - Ø Other
- Ø Affordable Care Act 2010/2011 Requirements

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## Affordable Care Act

- Ø Signed Into Law March 23, 2010
- Ø Massive Undertaking
- Ø 1<sup>st</sup> Year Limited Changes, Massive Regulatory Developments
- Ø Implementation In Phases
- Ø Administration Continues March To Implementation As Challenges In Court, Congress Continue

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## Affordable Care Act

### A Tale of Two Bills

H.R. 3590, the Patient Protection and Affordable Care Act (PPACA)	H.R. 4872, Health Care and Education Reconciliation Act -- H.R. 4872), Public Law 111-152
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Ø Senate Passed  
12/24/09

Ø House Passed  
3/21/2010

Ø President Signed  
3/21/10

Ø Senate & House  
Passed 3/25/10

Ø President Signed  
3/30/10

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## Affordable Care Act

### The Big Picture

Group Health Plan/Health Insurance Reform  
Phased Implementation

Ø Pre-2014 Reform

§ Limited Set of Initial Reforms Generally Effective 1<sup>st</sup> Plan Year After 9/22/10 Subject To Certain Special Rules for Grandfathered Plans & Other Modifications Provided By Administrative Delays, Waivers, Nonenforcement Policies

§ 2012-2013 Minor Additional Refinements To Group Health Plan/Insurer Rules

§ Pre-Ex Insurance Plan & Other Risk Pool Programs

§ Development of Other Infrastructure Changes In Anticipation of Big Reform

Ø 2014 Major System Reforms Scheduled To Take Effect

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## Affordable Care Act

Ø Group Health Plan/Insurance Mandates Generally Were Scheduled To Take Effect 1<sup>st</sup> Plan Year Beginning After 9/22/10

Ø "Grandfathered Plans" Enjoy Special Exemptions

Ø Administrative Extensions, Waivers Other Relief Granted For Certain Provisions

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## Affordable Care Act Grandfathered Plans

- Ø Grandfathered Health Plan Coverage = Coverage Provided By A Group Health Plan Or A Health Insurance Issuer:
  - Ø Plan Or Policy Continuously Existed On 3/23/10 And Must Continuously Exist For As Long As Grandfathered Status Is Claimed
  - Ø At Least 1 Individual Was Enrolled On 3/23/10 For As Long As It Maintains Grandfathered Plan Status
  - Ø A Group Health Plan Or Group Health Insurance Coverage Does Not Cease To Be Grandfathered Health Plan Coverage Merely Because One Or More (Or Even All) Individuals Enrolled On 3/23/10 Cease To Be Covered, Provided That The Plan Or Group Health Insurance Coverage Has Continuously Covered Someone Since 3/23/10 (Not Necessarily The Same Person, But At All Times At Least One Person)
  - Ø Plan Or Policy Has Not Experienced A Material Change That Disqualifies It For Grandfathered Plan Status
  - Ø Provider Required Disclosure Of Grandfather Status
  - Ø Maintain Required Policy Terms Documentation

**Employer/Insurer Tip: Collect & Maintain All Plan Documentation Since 3/23/10 Including Plan Document, SPD, Vendor Contracts, Etc.**

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## Affordable Care Act Grandfathered Plans

**Ø Grandfathered Plan Rules May Apply Separately To Each Benefit Package Made Available Under A Group Health Plan Or Health Insurance Coverage**

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## Affordable Care Act Grandfathered Plans

**Disclosure Of Grandfather Status**  
**To Maintain Status As A Grandfathered Health Plan, Any Plan Materials Provided To A Participant Or Beneficiary Describing The Benefits Provided Under The Plan Must Include:**

- Ø Statement That The Plan Or Coverage Believes It Is A Grandfathered Health Plan
- Ø Contact Information For Questions And Complaints
- Ø Regulations Provide Model Language

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## Affordable Care Act Grandfathered Plans

Required Documentation of Policy Terms

### Ø Grandfathered Plan Status Requires Documentation:

- Ø Plan Terms In Effect On 3/23/10
- Ø Required Notices
- Ø All Other Evidence Required To Prove Grandfathered Health Plan And
- Ø Make Available For Exam When Requested

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## Affordable Care Act Grandfathered Plans

At Least 1 Person Covered

### Changes In Persons Enrolled/Covered After 3/22/10 Generally Doesn't Terminate Status

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## Affordable Care Act

### Changes Terminating Grandfathered Plan Status

- Ø Change Insurance Policy Unless Meet Requirements Of Amended Regulations
- Ø Eliminate All Or Substantially All Benefits (Or A Necessary Element To) Diagnose Or Treat A Particular Condition
- Ø ↑ Percentage Cost-sharing Requirement (Such As Coinsurance) Above The Level Applicable On 3/23/10
- Ø ↑ Fixed-amount Cost-sharing Requirements Other Than Copayments, Such As A \$500 Deductible Or A \$2,500 Out-of-pocket Limit, By A Total Percentage Measured From 3/23/10 That Is More Than The Sum Of Medical Inflation And 15 Percentage Points
- Ø ↑ Copayments By An Amount By > Greater Of Following Measured From 3/23/10:
  - Ø Medical Inflation % Plus 15%, Or
  - Ø \$5 Increased By Medical Inflation
- Ø ↓ Employer Contribution Rate By More Than 5% Below The Contribution Rate On 3/23/10
- Ø Impose Overall Annual Limit On The Dollar Value Of Benefits Where Plan Didn't Have Overall Annual Or Lifetime Limit On The Dollar Value Of All Benefits On 3/23/10
- Ø Add An Overall Annual Limit At A Dollar Value That Is Lower Than The Dollar Value Of The Lifetime Limit On 3/23/10 Where Plan Had Overall Lifetime Limit On The Dollar Value Of All Benefits But No Overall Annual Limit On The Dollar Value Of All Benefits On 3/23/10
- Ø ↓ Dollar Value Of The Annual Limit (Regardless Of Whether The Plan Or Health Insurance Coverage Also Imposes An Overall Lifetime Limit On The Dollar Value Of All Benefits) Even If Plan On 3/23/10 Imposed An Overall Annual Limit On The Dollar Value Of All Benefits

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**Affordable Care Act  
Grandfathered Plans**

**Applicable To Grandfathered Plans**

§2704 Prohibition of preexisting condition exclusion or other discrimination based on health status  
 ◊ **Applicable** to grandfathered group health plans and group health insurance coverage.  
 ◊ **N/A** to grandfathered individual health insurance coverage.

§2708 Prohibition on exceed 90 days for group health plans and group health insurance coverage (excessive waiting periods) **Applicable**

§2709 Coverage for individuals participating in approved clinical trials **N/A**


§2711 No lifetime limits **Applicable**

§2711 Prohibition and limits on annual limits  
 ◊ **Applicable** to grandfathered group health plans and group health insurance coverage;  
 ◊ **N/A** for grandfathered individual health insurance coverage

§2712 Prohibition on rescissions **Applicable**

§2715 Development and utilization of uniform explanation of coverage documents and standardized definitions **Applicable**

§2718 Bringing down cost of health care coverage (medical loss ratio provisions for insurers) **Applicable to insured grandfathered plans**

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**Affordable Care Act  
Grandfathered Plans**

**Inapplicable To Grandfathered Plans**

§2701 Fair health insurance premiums **N/A**

§2702 Guaranteed availability of coverage **N/A**

§2703 Guaranteed renewability of coverage **N/A**

§2705 Affordable Care Act prohibition of discrimination against individual participants and beneficiaries based on health status **N/A**

2706 Nondiscrimination in health care **N/A**

§2713 Coverage of preventive health **N/A**

§2714 Extension of dependent coverage **N/A**


§2715A Provision of additional information **N/A**

§2716 Prohibition on discrimination in favor of highly-compensated individuals **N/A**

§2717 Ensuring quality of care **N/A**

§2719 Appeals process **N/A**

§2719A Patient protections **N/A**

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**Affordable Care Act  
Grandfathered Plans**

**Effect of Grandfathered Plan Qualification**

◊ Elimination of pre-existing condition exclusions from group health plans for children under the age 19 **Applicable**.

◊ Requirement that group health plans provide coverage for adult dependent children up to age 26 **applicable before 2014** only if the child is not eligible to enroll in other employer provided coverage (other than in a grandfathered plan)

◊ Elimination of coverage rescissions except if an individual committed fraud or made an intentional misrepresentation of a material fact **Applicable**

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**Affordable Care Act**  
**60-Days Advance Notice Material Modifications**

- Ø Plans Must Provide 60 Days Advance Notice Of Any Material Modification
- Ø \$1000 Per Participant Penalty For Willful Failure To Provide Required Advance Notice

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**AFFORDABLE CARE ACT**  
**Pre-existing Condition Exclusions On Qualifying Health Care Coverage**

*Post 9/22/10 Plan Years*

- Ø Pre-existing condition exclusions excluded for children who are under age 19 for all plans with dependent coverage including grandfathered plans
- Ø Beginning January 1, 2014 pre-existing conditions barred completely on essential health benefits

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**AFFORDABLE CARE ACT**  
**Adult Child Dependent Coverage**

*Post 9/22/10 Plan Years*

- Ø Plans/Insurers generally must make dependent coverage available to any child of an employee under age 26 who would be treated as a dependent under the plan but for the child's age.
- Ø Child includes son, daughter, stepchild, legally adopted child or eligible foster child.
- Ø "Grandfathered" group health plans do not have to offer the extended dependent coverage until 2014 if the adult child is eligible for coverage under another employer-sponsored health plan.
- Ø Employer-provided dependent coverage for adult children will be excluded from the employee's taxable income through the year in which the child turns age 26.

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**AFFORDABLE CARE ACT**  
**Prohibition On Coverage Rescissions**  
*Post 9/22/10 Plan Years*

- Ø Rescissions of coverage prohibited after coverage begins unless covered individual has performed an act or practice that constitutes fraud or makes an intentional misrepresentation of material fact as prohibited by the terms of the plan or coverage
- Ø No cancellation except with prior notice to the enrollee, and only as permitted under section PHSA § 2702(c) or 2742(b)
- Ø Applies to all plans including grandfathered plans

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**AFFORDABLE CARE ACT**  
**Excessive Waiting Periods**  
*Post 9/22/10 Plan Years*

Ø § 2708 Prohibition on exceed 90 days for group health plans and group health insurance coverage (excessive waiting periods)

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**AFFORDABLE CARE ACT**  
**Insurance Market Eligibility Reforms**  
*Post 9/22/10 Plan Years*  
**(Not Applicable To Grandfathered Plans)**

- §2702 Guaranteed availability of coverage
- §2703 Guaranteed renewability of coverage
- §2705 Affordable Care Act prohibition of discrimination against individual participants and beneficiaries based on health status

Ø Note: HIPAA nondiscrimination provisions are applicable to grandfathered group health plans and group health insurance issuers.

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## Employer HSA Contributions

- Ø Employer contributions to HSAs for employees allowed
- Ø May be offered pursuant to cafeteria plan
- Ø Changes In Limits
- Ø New Restrictions On Reimbursement of Over The Counter Drugs

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## AFFORDABLE CARE ACT

*Post 9/22/10 Plan Years*

### Lifetime & Annual Maximums

- Ø Plans must comply with maximum caps (which, as of yet, have not been determined) on the annual limits that will be imposed for "essential health benefits"
- Ø Starting in 2014, lifetime/annual limits on "essential health benefits" are completely prohibited
- Ø Applies to all plans including grandfathered plans post 9/22/10 plan years except that prohibition on annual limits n/a to grandfathered individual health insurance coverage

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## AFFORDABLE CARE ACT

*Post 9/22/10 Plan Years*

### "Essential Health Benefits"/ "Minimum Essential Coverage"

- Ø HHS will define the essential health benefits
- Ø Must include at least the following general categories and the items and services covered within the categories:
  - § Ambulatory patient services
  - § Emergency services
  - § Hospitalization
  - § Maternity and newborn care
  - § Mental health and substance use disorder services, including behavioral health treatment
  - § Prescription drugs
  - § Rehabilitative and habilitative services and devices
  - § Laboratory services
  - § Preventive and wellness services and chronic disease management
  - § Pediatric services, including oral and vision care.
  - § Other services "typically covered by employers"

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AFFORDABLE CARE ACT

*Post 9/22/10 Plan Years*

**Preventive Care 100% Coverage Mandate**

- Ø Plan (other than Grandfathered Plan<sup>1)</sup>) must provide coverage without any cost sharing requirements for the following preventive care:
  - Ø Evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force;
  - Ø Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved
  - Ø For infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
  - Ø For women, any additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of PSA § 2713(a)
- Ø Current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention are considered the most current other than those issued in or around November 2009.
- Ø HHS will establish a minimum interval of not less than 1 year between the date on which the applicable preventive care guideline is issued and the plan year with respect to which the requirement will be effective with respect to the service described in such recommendation or guideline
- Ø Not applicable to Grandfathered Plans

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**Affordable Care Act  
Primary Care Physicians**

*Post 9/22/10 Plan Years*

Ø Plan That Requires Primary Care Physician (PCP) Designation Must Allow Designation Of An Participating Primary Care Provider

Ø Grandfathered Plans Exempt

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Affordable Care Act  
Emergency Services

*Post 9/22/10 Plan Years*

Ø Plans That Cover Emergency Services Cannot Require Pre-authorization For Emergency Services And Must Cover Expenses Without Regard To Whether The Provider Is A Participating Provider.

Ø Grandfathered Plans Exempt

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Affordable Care Act  
OBGYN Services  
*Post 9/22/10 Plan Years*

- Ø Plans Covering OBGYN Care Must Provide Direct Access To Such Care To Women Without Requiring A Referral Or Authorization
- Ø Grandfathered Plans Exempt

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Affordable Care Act  
Clinical Trials  
*Post 9/22/10 Plan Years*

- Ø Non-grandfathered Plans Must Provide Coverage For Routine Costs Associated With Participation In Clinical Trials Under Affordable Care Act §2709

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**AFFORDABLE CARE ACT**  
**Code §105(h) Nondiscrimination**  
*Post 9/22/10 Plan Years*

- Ø Insured Group Health Plans Join Self-insured Plans As Required To Comply With The Nondiscrimination Requirements Of Code §105(h) That:
  - Ø Prohibiting A Plan From Discriminating In Favor Of Highly Compensated Individuals As To Eligibility To Participate And
  - Ø Prohibit A Plan From Providing Benefits That Discriminate In Favor Of Participants Who Are Highly Compensated Individuals.
- Ø Grandfathered Plans Exempt

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**Affordable Care Act  
Insurance Market Reforms**  
*Post 9/22/10 Plan Years*

- Ø Fair Health Insurance Premiums (N/A To Grandfathered Plans)
- Ø §2718 Bringing Down Cost Of Health Care Coverage (Medical Loss Ratio Provisions For Insurers) (Applicable To Insured Grandfathered Plans)

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**ERISA Claims Procedures**  
Applicable To All Claims

- Ø Prohibit Claims Procedures That "Unduly Inhibit Or Hamper The Initiation Or Processing Of Benefit Claims For Benefits"
  - ❑ A Provision Or Practice That Requires Payment Of A Fee Or Costs As A Condition To Making A Claim Or To Appealing An Adverse Benefit Determination Would Be Considered To Unduly Inhibit The Initiation And Processing Of Claims For Benefits; And
  - ❑ Prohibit Denial Of A Claim For Failure To Obtain Prior Approval Under Circumstances Where Obtaining Approval Impossible, Or Where Application Of The Approval Process Could Seriously Jeopardize The Life Or Health Of The Claimant
- Ø Can't Preclude Claimant's Authorized Representative (Including A Health Care Professional In Urgent Care Situations) Acting On Behalf Of The Claimant In Pursuing A Benefit Claim Or Appealing An Adverse Benefit Determination
- Ø Plan May Establish Reasonable Procedures For Determining Whether An Individual Has Been Duly Authorized To Act On Behalf Of A Claimant

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**Affordable Care Act**  
**Appeals/Reviews**  
*Post 9/22/10 Plan Years Except As Extended*

- Ø All non-grandfathered plans:
  - Ø Must have written internal and external appeal processes
  - Ø ERISA-covered group health plans must allow claimants to present testimony in appeals
  - Ø Covered persons must continue receiving coverage during the appeals process pending its outcome
  - Ø Plans must comply with applicable state-law external review provisions for insured plans
  - Ø Self-insured plans not subject to State law must comply with external review processes meeting specific requirements
  - Ø External Review Model Notices and Procedures Published 8/20/10

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Affordable Care Act

### Appeals/Reviews

Post 9/22/10 Plan Years Except As

Extended

Apply To Claims & Appeals Of Non-grandfathered Plans Regarding:

- Ø Rescission Of Coverage As Defined In The Regulations Restricting Rescissions;
- Ø Determination Of An Individual's Eligibility To Participate In A Plan Or Health Insurance Coverage;
- Ø Determination That A Benefit Is Not A Covered Benefit;
- Ø Imposition Of A Preexisting Condition Exclusion, Source-of-injury Exclusion, Network Exclusion, Or Other Limitation On Otherwise Covered Benefits;
- Ø Determination That A Benefit Is Experimental, Investigational, Or Not Medically Necessary Or Appropriate;
- Ø Other Denial, Reduction, Or Termination Of, Or A Failure To Provide Or Make A Payment (In Whole Or In Part) For A Benefit Can Include Both Pre-service Claims (For Example, A Claim Resulting From The Application Of Any Utilization Review), As Well As Post-service Claims; And
- Ø Any Other Instance Where A Plan Pays Less Than The Total Amount Of Expenses Submitted With Regard To A Claim, Including A Denial Of Part Of The Claim Due To The Terms Of A Plan Or Health Insurance Coverage Regarding Co-payments, Deductibles, Or Other Cost-sharing Requirements

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Affordable Care Act

### Appeals/Reviews

Post 9/22/10 Plan Years Except As

Extended

- Ø Implement Specified Internal And External Review Procedures;
- Ø Provide Continued Coverage Pending The Outcome Of An Internal Appeal; And
- Ø Comply With The ACA Appeals Rules Added Criteria For Full & Fair Review
- Ø Continue To Meet Existing Labor Department Claims And Appeals Procedures.

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Affordable Care Act

### Appeals/Reviews

Post 9/22/10 Plan Years Except As

Extended

Require Additional "Fair Review" Safeguards Including:

- Ø Timely Allowing A Claimant To Review The Claim File And To Present Evidence And Reasonable Opportunity To Respond As Part Of The Internal Claims And Appeals Process;
- Ø Before Issuing A Final Internal Adverse Benefit Determination Based On A New Or Additional Rationale, Timely Proving The Claimant Free Of Charge, With The Rationale And A Reasonable Opportunity To Respond;
- Ø Comply With The ACA Appeals Rules' Requirements For Ensuring That All Claims And Appeals Are Adjudicated In A Manner Designed To Ensure The Independence And Impartiality Of The Persons Involved In Making The Decision; And
- Ø Provide More Detailed Notification About Appeals And Other Rights As Required By The ACA Appeals Rules.

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**AFFORDABLE CARE ACT**  
**Retiree Drug Subsidy Changes**  
*Effective March 23, 2010*

- Ø Employer Tax Deduction For Employer Provided Retiree Drug Subsidies Eliminated
- Ø Accounting Rules May Require Immediate Recognition Of Changed Tax Treatment Of Retiree Drug Subsidies In Employer's Financial Statements
  - Ø Phase Out Of Medicare Part D "Donut Hole" from 2013-2020
  - Ø Starting In 2010, Replaces \$500 Increase In Donut Hole Trigger With \$250 Medicare Rebate
- Ø Changes In Rules May Require Immediate Accounting Recognition By Public Employers
- Ø Many Employers Will Consider:
  - § Terminate Retiree Drug Program
  - § Switching To Employer Group Waiver Plan So Insurer Receives The Subsidy Instead Of The Employer or
  - § Part D Program

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**AFFORDABLE CARE ACT**  
**Early Retiree Medical Reinsurance**  
*Effective June 23, 2010*

- Ø \$5 Billion Reinsurance Fund
- Ø Reimburse Employers For 80% Of Annual Claims Paid Between \$15K And \$90K For Eligible Retirees Age 55-65
- Ø Private Employers, State And Local Governmental Employers, Unions, And Voluntary Employee Beneficiary Associations ("VEBAs") Eligible To Apply Whether Fully Insured Or Self-insured Plans
- Ø Eligible Retirees Are Individual
  - Ø 55+ Years Of Age
  - Ø Not An Active Employee Of The Employer Maintaining The Plan Or An Employer That Has Made Substantial Contributions To Fund That Plan
  - Ø Not Eligible For Medicare.
- Ø Health Benefits Include Medical, Surgical, Hospital, Prescription Drug, And Other Benefits To Be Determined By Hrs.
- Ø Plan Must:
  - Ø Apply To Participate
  - Ø Document Claims
  - Ø Implement Programs And Procedures To Generate Cost Savings With Respect To Participants With Chronic And High-cost Conditions
  - Ø Be Willing To Be Subject To Audit Under Program
  - Ø Apply Early To Save Place In Line
- Ø 1<sup>st</sup> Come, 1<sup>st</sup> Serve Until Fund Exhausted

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**Affordable Care Act**  
**Small Employer Tax Credit**  
*Effective March 23, 2010*

- Ø Small Employer:
  - Ø ≤25 Employees With Average Full-time Wages Of ≤ \$50K
  - Ø Employer Sponsors Health Insurance
  - Ø Employer Uniformly Pays For At Least 50% Of The Cost Of Coverage In "Qualifying Arrangement"
- Ø Determine Number FTEs By Dividing:
  - Ø Total Hours For Which The Employer Pays Wages To Employees During The Year (But Not More Than 2,080 Hours For Any Employee) By
  - Ø 2,080 Rounded To The Next Lowest Whole Number
- Ø Divide The Total FICA Wages Paid By The Employer To Employees During The Employer's Tax Year By
  - Ø Number Of The Employer's FTEs For The Year
  - Ø Round Result Down To The Nearest \$1,000 (If Not Otherwise A Multiple Of \$1,000)
- Ø Members Of A Controlled Group Or Affiliated Service Group Under Code §414 Treated As A Single Employer For Purposes Of The Credit

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## AFFORDABLE CARE ACT

*Effective March 23, 2010*

### Small Employer Tax Credit

- Ø **Employees Not Counted To Determine Number FTEs & Amount Of Average Annual Wages**
  - Ø Seasonal workers disregarded unless the seasonal worker works for the employer on more than 120 days during the tax year
  - Ø Sole proprietor, a partner in a partnership, a shareholder owning more than two percent of an S corporation, and any owner of more than five percent of other businesses are not considered employees for purposes of the credit
  - Ø Family member of any of the business owners or partners or a member of such a business owner's or partner's household, is not considered an employee for purposes of the credit
  - Ø Family member = child (or descendant of a child); a sibling or step-sibling; a parent (or ancestor of a parent); a step-parent; a niece or nephew; an aunt or uncle; or a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law.

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## AFFORDABLE CARE ACT

*Effective March 23, 2010*

### Small Employer Tax Credit



[http://www.irs.gov/pub/irs-utl/3\\_simple\\_steps.pdf](http://www.irs.gov/pub/irs-utl/3_simple_steps.pdf)

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## AFFORDABLE CARE ACT

*Effective March 23, 2010*

### Small Employer Tax Credit

- Maximum Amount Subject To Reduction If Employer > 10 Full Time Employees
- Ø 2010-2013: Up to 35 percent of a small business' premium costs
  - Ø Beginning 1/1/14:
    - § 50 percent if for-profit employer
    - § 35 percent for tax-exempt employers
  - Ø Credit phases out for employers
    - § With average wages from \$25K - \$50K and
    - § With 10 - 25 full-time workers
  - Ø Credit calculated based on portion of premiums paid by the employer

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**AFFORDABLE CARE ACT**

*Effective March 23, 2010*

**Small Employer Tax Credit**

- Ø Premium considered capped by the premium payments the employer would have made under the same arrangement if the average premium for the small group market in the State (or an area within the State) in which the employer offers coverage were substituted for the actual premium
- Ø HHS determines & IRS publishes average premium for the small group market in a State
- Ø IRS Published 2010 Average Premium for Small Group Markets in Rev. Rul. 2010-13
- Ø Rev. Rul. 2010-13 (May 3, 2010) (<http://www.irs.gov/pub/irs-drop/rr-10-13.pdf>)

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**AFFORDABLE CARE ACT**

*Effective March 23, 2010*

**Small Employer Tax Credit**

- Ø Claiming the Credit
  - Ø Credit claimed on the employer's annual income tax return
  - Ø For a tax-exempt employer, the IRS will provide further information on how to claim the credit.
- Ø Employer (other than a tax-exempt employer) generally must have taxable income to claim the credit
  - Ø However, as a general business credit, an unused credit amount can generally be carried back one year and carried forward 20 years. Because an unused credit amount cannot be carried back to a year before the effective date of the credit, though, an unused credit amount for 2010 can only be carried forward.
- Ø Tax-exempt employer can claim the credit if it has no taxable income for the year so long as it does not exceed the income tax withholding and Medicare tax liability

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**AFFORDABLE CARE ACT**

*Effective March 23, 2010*

**Small Employer Tax Credit**

- Ø The credit can be reflected in determining estimated tax payments for the year to which the credit applies in accordance with regular estimated tax rules.
- Ø Taking the credit affects an employer's deduction for health insurance premiums because the amount of premiums that can be deducted is reduced by the amount of the credit
- Ø An employer may not reduce employment tax payments (i.e., withheld income tax, social security tax, and Medicare tax) during the year in anticipation of the credit as the credit applies only against income tax, not employment taxes

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Affordable Care Act

*Effective January 1, 2011*

- Ø Employers Must Report Cost Of Health, Dental, Vision, Employer HSA Contribution And HRA Contribution On Form W-2
- Ø After January 1, 2011 HSA, Medical FSA, & Archer MSA Plans Can't Reimburse Over-the-counter Drugs
- Ø Penalty For Nonmedical HSA And Archer MSA Distributions Increases To 20%
- Ø Small Employer (≤ 100 Employees) Can Establish Simple Cafeteria Plan; Exempt From Code Discrimination Testing If Employer Meets Minimum Eligibility, Participation & Contribution Requirements

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Affordable Care Act

*Effective January 1, 2011*

**Community Living Assistance Services and Supports Act (CLASS Act) LT Care Benefit**

- Ø New voluntary employee funded long term care benefit
- Ø Employers encouraged to adopt automatic enrollment rules that default to enrollment and to otherwise encourage employees to participate

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Affordable Care Act

*Effective January 1, 2011*

**Mandatory Default Enrollment In Lowest Cost Option**

- Ø When DOL Issues regulations,, all employers subject to the Fair Labor Standards Act with ≥ 200 full-time employees must provide for automatic enrollment of new full-time employees in a group health plan under the coverage option with the lowest employee premium, unless the employee makes an affirmative election to opt out or elects a different option.

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Affordable Care Act  
*Effective January 1, 2011*

Ø Since new plan design requirements are included in HIPAA provisions of ERISA and Code, employers that don't amend plans to comply become subject \$100 per participant per day excise tax during the period of noncompliance, up to an annual maximum of \$500,000 or, if less, ten percent of the employer's group health plan expenses for the prior year.

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Affordable Care Act

Research Trust Fund Fee

Ø For post 9/30/12 plan years to 2019, all plans must pay \$2 (\$1 for FY 2013) per participant/enrollee fee to fund new "Patient-Centered Outcomes Research Trust Fund"  
Ø Some government plans exempt

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Affordable Care Act  
2012 Reform Highlights

**Uniform Explanation Of Coverage**

Ø HHS To Dictate Form & Standards By 3/23/11  
Ø Group Health Plans/Insurers Required To Provide  
Ø New \$1000 Per Participant Penalty For Willful Failure To Provide  
Ø Will apply to all plans including grandfathered plans

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Affordable Care Act  
2012 Reform Highlights  
**Uniform Explanation Of Coverage**

- Ø Must be in a uniform format that does not exceed 4 pages in length
- Ø No print smaller than 12-point font;
- Ø Presented in “culturally and linguistically appropriate”
- Ø Use terminology “understandable” by the average plan enrollee

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Affordable Care Act  
2012 Reform Highlights  
**Uniform Explanation Of Coverage**

**Content must include:**

- Ø Uniform definitions of standard insurance terms and medical terms to permit consumers to compare health insurance coverage and understand the terms of coverage & exceptions
- Ø A description of the coverage, including cost sharing for:
  - Ø Each of the categories of the essential health benefits required by the PPAA; and
  - Ø Other benefits as identified by HHS
- Ø Exceptions, reductions, and limitations on coverage
- Ø The cost-sharing provisions, including deductible, coinsurance, and co-payment obligations;
- Ø The renewability and continuation of coverage provisions
- Ø A coverage facts label that includes examples to illustrate common benefits scenarios, including pregnancy and serious or chronic medical conditions and related cost sharing, such scenarios to be based on recognized clinical practice guidelines
- Ø A statement of whether the plan or coverage:
  - Ø Provides minimum essential coverage (as defined under section 5000A(f) of the Internal Revenue Code (1986)); and
  - Ø Ensures that the plan or coverage share of the total allowed costs of benefits provided under the plan or coverage is not less than 60 percent of such costs;
- Ø A statement that the outline is a summary of the policy or certificate and that the coverage document itself should be consulted to determine the governing contractual provisions
- Ø A contact number for the consumer to call with additional questions and an Internet web address where a copy of the actual individual coverage policy or group certificate of coverage can be reviewed and obtained.

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Affordable Care Act  
2013 Reform Highlights  
**Flexible Spending Account Limit**

- Ø Max Health FSA Account Limit Capped at \$2500 (Indexed For Inflation After 2014)
- Ø N/A To Employer Matching Contributions to FSAs

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**Affordable Care Act  
2013 Reform Highlights**  
**Employer Notices Regarding Exchanges**

- Ø By March 1, 2013, FLSA Requires Employers To Inform Employees About
  - Ø New State Exchanges Beginning In 2014
  - Ø Whether Employer Subsidizes 60% Of Any Employer Provided Coverage
  - Ø Whether Purchasing Coverage From Exchange Will Forfeit Employer Subsidy For Employer-provided Coverage

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**Affordable Care Act  
2014 Reform Highlights**  
**Individual Mandate**

- Ø Individuals must maintain "minimum essential coverage" or pay a penalty equal the greater of:
  - Ø 1% modified adjusted gross income (AGI) or \$95 per person in 2014
  - Ø 2% of AGI or \$325 per person in 2015
  - Ø 2.5% of AGI or \$695 per person in 2016, indexed for inflation in later years
- Ø Penalty Caps
  - Ø The penalty for dependents under the age of 18 will be capped at 50 percent of the adult individual's penalty.
  - Ø The penalty for each family will be capped at 300 percent of the adult individual's penalty.
  - Ø Maximum penalty will also be capped at an amount equal to the average national premium for exchange coverage

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**Affordable Care Act  
2014 Reform Highlights**  
**Individual Mandate**

- Ø "Minimum essential coverage" = coverage under a qualifying or grandfathered insurance company or employer-sponsored plan, government-sponsored program such as Medicare or Medicaid or a state-based Exchange that meets HHS Standards
- Ø Exceptions to the individual mandate for:
  - Ø With income below the tax filing threshold
  - Ø Incur hardships
  - Ø Have religious objections
  - Ø Not lawfully present in the United States
  - Ø Incarcerated
  - Ø Overseas

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Affordable Care Act  
2014 Reform Highlights  
**Exchanges & Co-Ops Take  
Effect**

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Affordable Care Act  
2014 Reform Highlights  
**Employer 'Play Or Pay' Mandate**

- Ø Employer must offer qualifying health care coverage for their employees under following or pay a penalty
  - Ø Exchange
  - Ø Government-sponsored, insurance market or
  - Ø Employer-sponsored qualifying or grandfathered coverage
- Ø Large employers must offer qualifying health coverage or pay a penalty of \$2,000 per full-time employee, except the first 30 employees
  - Ø "Large employers" are employers who employ an average of at least 50 full-time employees on business days during the preceding calendar year
  - Ø "Full-time employees" are limited to employees who average at least 30 hours of service per week.
  - Ø Smaller employers exempt from the "play or pay" mandate.

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Affordable Care Act  
2014 Reform Highlights  
**Employer 'Play Or Pay' Mandate**

- Ø Employers also must pay a penalty of \$3,000 for each full-time employee with income below 400 percent of the federal poverty level (FPL) (\$88,200 for a family of four in 3/10) who opts for exchange coverage in lieu of employer-based coverage
- Ø Employers also must offer "free choice" vouchers to some lower income employees (Under 400% of Federal Poverty Level (FPL)) if employee's cost of employer health plan coverage exceeds 9.5% of AGI and employee opts out of coverage

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Affordable Care Act  
2014 Reform Highlights  
**Qualifying Health Coverage**

- Ø Minimum requirements for individually-mandated and employer-provided health coverage
- Ø Insurance companies and group health plans must offer “minimum essential health benefits”

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Affordable Care Act  
2014 Reform Highlights  
**Qualifying Health Coverage**

- Ø “Essential Health Benefits Package” = coverage that:
  - Ø Provides for the essential health benefits defined by HHS in accordance with PPACA § 1302(b);
  - Ø Limits cost-sharing for such coverage in accordance with the following: and
  - Ø Provides either the bronze, silver, gold, or platinum level of coverage as required by Affordable Care Act

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Affordable Care Act  
2014 Reform Highlights  
**Qualifying Health Coverage**

- Ø **Bronze Level:** A plan in the bronze level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 60 percent of the full actuarial value of the benefits provided under the plan.
- Ø **Silver Level:** A plan in the silver level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 70 percent of the full actuarial value of the benefits provided under the plan.
- Ø **Gold Level:** A plan in the gold level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 80 percent of the full actuarial value of the benefits provided under the plan.
- Ø **Platinum Level:** A plan in the platinum level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 90 percent of the full actuarial value of the benefits provided under the plan.
- Ø **Catastrophic Plan:** A health plan not providing a bronze, silver, gold, or platinum level of coverage s the essential health benefits determined under subsection (b), except that the plan that provides no benefits for any plan year until the individual has incurred cost-sharing expenses in an amount equal to the specified annual limitation for the plan year and coverage for at least three primary care visits will be treated as a permitted coverage option for a plan year if only individuals who Catastrophic Only-Eligible Individual are eligible for enrollment

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Affordable Care Act  
2014 Reform Highlights

**Qualifying Health Coverage**

“Essential health benefits” - HHS will define. Must include at least the following general categories and the items and services covered within the categories:

- Ø Ambulatory patient services
- Ø Emergency services
- Ø Hospitalization
- Ø Maternity and newborn care
- Ø Mental health and substance use disorder services, including behavioral health treatment
- Ø Prescription drugs
- Ø Rehabilitative and habilitative services and devices
- Ø Laboratory services
- Ø Preventive and wellness services and chronic disease management
- Ø Pediatric services, including oral and vision care.
- Ø Other benefits HHS determines are provided under a typical employer plan

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Affordable Care Act  
2014 Reform Highlights

**Qualifying Health Coverage**

**Cost Sharing Requirements Can't Exceed Applicable Limits**

Ø **2014 Limits:** The cost-sharing incurred under a health plan with respect to self-only coverage or coverage other than self-only coverage for a plan year beginning in 2014 shall not exceed the high deductible dollar amounts in effect under Code § 223(c)(2)(A)(ii) for self-only and family coverage, respectively

- Ø **Post 2014:** For any plan year beginning in a calendar year after 2014, the limitation shall be the following amount rounded to the next lower \$50 amount:
  - Ø Self-only coverage will equal to the 2014 dollar amount for self-only coverage, increased by an amount equal to the product of that amount and the premium adjustment percentage for the calendar year; and
  - Ø For other coverage, twice the amount in effect for self only coverage.

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Affordable Care Act  
2014 Reform Highlights

**Qualifying Health Coverage**

**Cost-sharing =**

- Ø Deductibles, coinsurance, copayments, or similar charges; and
- Ø Any other expenditure required of an insured individual which is a qualified medical expense (within the meaning of § 223(d)(2) of the Internal Revenue Code of 1986) with respect to essential health benefits covered under the plan;
- Ø Excludes premiums, balance billing amounts for non-network providers, or spending for non-covered services

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Affordable Care Act  
2014 Reform Highlights

**Qualifying Health Coverage**

- Ø Automatic Enrollment Required for employers with over 200 FTEs offering health coverage, subject to opt-out
- Ø Waiting Periods Not permitted after 90 days
- Ø Pre-Existing Condition Exclusions Prohibited for children under age 19 Out-of-Pocket Maximum Limit For 2010, tied to HSA limit (\$5,950/individual and \$11,900/family, for 2010), indexed for inflation after 2014
- Ø Insured/Self-Insured Plans Must Comply With Code §105(h)

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Affordable Care Act  
2014 Reform Highlights

**Reporting & Notification**

- Ø Employer/Plan Must Report To Federal Government:
  - Ø Health Insurance Coverage Information For Each Participant And Beneficiary
  - Ø Excess Amounts Subject To "Cadillac Plan" Excise Tax To HHS, Insurers And Third-party Administrators
  - Ø Cost Of Health, Dental, Vision, Employer HSA Contribution And HRA Contribution On W-2
  - Ø Health Insurance Coverage Information Employer Provided To IRS
  - Ø Automatic Enrollment And Opt-out Rights
  - Ø Explanation Of Exchange Coverage And Premium Subsidy Rights

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Affordable Care Act  
2014 Reform Highlights

**Reporting & Notification**

- Employer/plan must report to Participants:
- Ø Federal Participants Health insurance coverage information employer provided to IRS
  
  - Ø Automatic enrollment and opt-out rights

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Affordable Care Act  
2014 Reform Highlights

**Health Care Financing**

- Ø Health FSA Limits contributions to Health FSAs to \$2,500 per taxable year, indexed for inflation after 2013
- Ø Imposes additional Tax on Non-Qualified Health Account Distributions HSAs in 2011
- Ø Imposes 10% excise tax on indoor tanning
- Ø Imposes 5% excise tax on elective cosmetic procedures beginning in 2010
- Ø Prohibits HSAs, Archer MSAs, FSAs, HRAs and other reimbursement programs from covering non-prescription drugs (other than insulin) beginning in 2011
- Ø Prohibits payment of exchange coverage from cafeteria plan beginning in 2014
- Ø Tax Credit for Small Businesses Applies to small employers with up to 25 employees and average annual wages of less than \$50,000; 35% premium tax credit if employer pays at least 50% of premium for first 3 years; increases to 50% after first three years 2010

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Affordable Care Act  
2014 Reform Highlights

**Health Care Financing**

- Ø "Cadillac Plan" Excise Tax 40% excise tax on cost of coverage beginning in 2018
  - Ø >\$10,200 for individuals and
  - Ø >\$27,500 for families
- Ø Higher thresholds based on age and gender and high risk occupations
- Ø Stand-alone dental and vision plans excluded from tax
- Ø Limit itemized Deductions by increasing itemized deduction threshold from 7.5% to 10% in 2013
- Ø Medicare Hospital Insurance Tax
  - Ø Increases tax rate from 1.45% to 2.35% for high income individuals (\$250K/joint filers and \$200K/other filers)
  - Ø Imposes 2.9% tax on unearned income for high income individuals (\$250K/joint filers and \$200K/other filers)

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**Welcome to The Jungle:  
Health Care Reform Bootcamp**

Other Selected Tools & Resources

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## 2011 JCEB GOVERNMENTAL INVITATIONAL

Session III - The Rest of the Story April 1, 2011

*Breakout C: Health Care in Retirement – The Boomers are Coming, Is the System Prepared?*

### SELECTED CARING FOR BABYBOOMERS AGING IN PLACE RESOURCES

Cynthia Marcotte Stamer

#### MEDICARE & CLASS ACT

Medicare Basics For Caregivers <http://nihseniorhealth.gov/medicare/toc.html>

Community Living Assistance Services and Supports Act (“CLASS Act”)  
Text of Legislation  
<http://aoa.gov/AoARoot/CLASS/Law/index.aspx>

The CLASS Act Program: Designed to Promote Functional Independence  
for Individuals with Long-Term Care Needs, But Is It Self-Sustainable?  
Cynthia S. Marietta, J.D., LL.M., (Health Law)  
[http://www.law.uh.edu/healthlaw/perspectives/2010/\(CM\)%20CLASS.pdf](http://www.law.uh.edu/healthlaw/perspectives/2010/(CM)%20CLASS.pdf)

Frequently Asked Questions About CLASS and Long Term Care  
<http://aoa.gov/AoARoot/CLASS/FAQ/index.aspx>

#### SELECTED RESEARCH & REPORTS

CDC State of Aging and Health in America Report  
<http://apps.nccd.cdc.gov/SAHA/Default/Default.aspx>  
Caregiving in the United States, National Alliance for Caregiving (AARP 2004)

“Caregiver Syndrome Exhaustion, anger of caregiving get a name,” CNNhealth.com  
<http://www.cnn.com/2007/HEALTH/conditions/08/13/caregiver.syndrome/index.html?iref=newssearch>

“Chronic Illness: Practical Planning and Drafting,”  
<http://www.rv4thecause.org/professional-estate-articles-and-other-resources/chronic-illness-practical-planning-and-drafting/>

#### OTHER SELECTED RESOURCES FROM PERSONAL HEALTH CARE TOOLKIT

“Building Your Family’s Personal Health Care Survival Plan,” Cynthia Marcotte Stamer

“Empowering Health Care Reform: Real Empowerment Starts With Accepting & Dealing With True Realities of  
Illness, Disability & Aging,” Cynthia Marcotte Stamer

HHS Administration on Aging  
<http://www.aoa.gov/>

AARP Foundation Family Caregiving  
<http://foundation.aarp.org/Caregiving/?gclid=CJnNoaurzacCFcK77Qod1FDAEQ>

AARP Caregiver Resources Center Housing Options  
<http://www.aarp.org/content/aarp/en/home/relationships/caregiving-resource-center/housingoptions.html>

The American Geriatrics Society Foundation For Health In Aging  
[http://www.healthinaging.org/public\\_education/eldercare/](http://www.healthinaging.org/public_education/eldercare/)

CDC Healthy Aging  
<http://www.cdc.gov/aging/>

Metlife Caregiving Cost Study <http://www.metlife.com/assets/cao/mmi/publications/studies/MMI-Studies-Caregiver-Cost-Study.pdf?SCOPE=Metlife#Page=18>

HHS National Clearinghouse for Long-Term Care Information  
[http://www.longtermcare.gov/LTC/Main\\_Site/index.aspx](http://www.longtermcare.gov/LTC/Main_Site/index.aspx)

HHS Administration on Aging Office of Community Living Assistance Services & Supports  
<http://aoa.gov/AoARoot/CLASS/index.aspx>

Your Discharge Planning Checklist: For patients and their caregivers  
preparing to leave a hospital, nursing home, or other health care setting (CMS 2010)

Eldercare Link  
<http://www.eldercarelink.com/>

National Institutes of Health Senior Health  
<http://nihseniorhealth.gov/>

National Alliance For Caregiving  
<http://www.caregiving.org>

National Alliance For Caregiving Family Caregiving 101 Website <http://www.familycaregiving101.org/>

The Essentials of Adult Day Care Services <http://www.metlife.com/assets/cao/mmi/publications/essentials/mmi-essentials-adult-day-services.pdf>

The Essentials of Receiving Care At Home <http://www.metlife.com/assets/cao/mmi/publications/essentials/mmi-receiving-care-at-home.pdf>

Texas Department of Aging and Disability Services  
<http://www.dads.state.tx.us/>

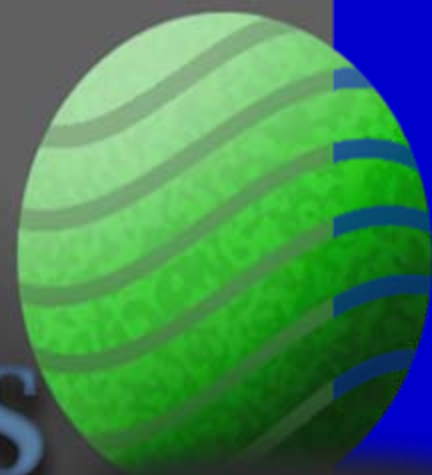
State Agencies On Aging Location Tool  
[http://www.nasua.org/about\\_nasua/sua\\_links.html](http://www.nasua.org/about_nasua/sua_links.html)

Healthcare.gov Seniors  
<http://www.healthcare.gov/foryou/seniors/index.html>

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# Solutions Law Press



## Building Your Family's Health Care Survival Plan

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Personal  
Health Care  
Management  
Notebook



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# Health Care Reform

## What Lies Ahead

<http://www.healthcare.gov/>

Health Care - HealthCare.gov Page 1 of 2

**HealthCare.gov**  
Take health care into your own hands

Home | Email Updates | Glossary | Font Size


Find Insurance Options | Learn About Prevention | Compare Care Quality | Understand the New Law | Information for You

### Explore your coverage options

Find out which private insurance plans, public programs and community services are available to you.

Pick Your State

### Your Health Care, Explained



- Families with Children
- Individuals
- People with Disabilities
- Seniors
- Young Adults
- Employers

### Find Your State Plan

**New Pre-Existing Condition Insurance Plan**

Under the new law, people who have been denied coverage due to a pre-existing condition and who have been uninsured for at least six months may qualify to buy insurance. Learn more about the plan.

### Coming Soon: Preventive Care

After Sept. 23, new policies must cover evidence-based preventive services, including screenings and vaccinations, at no cost to you.

#### TOP 6 THINGS TO KNOW

- HEALTH INSURANCE EXCHANGES:** What are health insurance Exchanges, and when do they launch?
- PATIENT BILL OF RIGHTS:** What is the Patient Bill of Rights and how does it affect me?
- YOUNG ADULTS:** How is coverage for young adults expanding?
- SMALL BUSINESS:** Which small businesses qualify for health insurance tax credits?
- SENIORS:** What actions are being taken to strengthen Medicare?

#### HEALTHCARE NOTES

Health Care Notes: A Blog About How the Affordable Care Act Affects You  
August 26, 2010  
Making It Easier to Quit Smoking

August 25, 2010  
Protecting Medicare Benefits and Offering Clear Choices for Seniors

August 24, 2010  
The Power of Information at Your Fingertips

August 19, 2010  
The Affordable Care Act & Mental Health: An Update

August 19, 2010  
What's at Stake: Creating a Fairer Health Insurance Market

[Read HealthCare Notes](#)

#### VIDEO & EVENTS

**Let's get started.** Take a video tour of the website.

**STEP 1 of 2 - Pick Your State** All Questions

Which state do you live in?

Introducing HealthCare.gov: Take a Video Tour of the Website

August 11, 2010  
Insurance Company Accountability

August 12, 2010  
HHS/CHS  
Small Businesses and the Affordable Care Act

August 9, 2010  
Community Health Centers

August 2, 2010  
Marking the Anniversaries of Medicaid & the ACA

July 30, 2010  
Celebrating 45 Years of Medicare

[See All Videos and Web Chats](#)

<http://www.healthcare.gov/> 8/26/2010

- Anticipate and Plan The You and/or Other Family Members Will Need Health Care Sometime
  - √ Expected Possibilities & Times
  - √ Plan For The Unexpected
  - √ Consider Medical & Non-Medical Needs & Logistics

- Plan For Where & How You Are Going To Acquire Resources
  - √ Physician, Hospital & Other Health Care Providers
  - √ Transportation
  - √ Medication Access & Administration
  - √ Transportation
  - √ Changes In Daily Living Activities & Abilities
  - √ Other Logistics

- Consider & Obtain Medical, Long-Term Care, Disability & Other Coverage Tailored To Your Anticipated Needs
- Develop a Plan For What You Will Do If Coverage Ends
- Develop a Plan For What You Will Do To Deal With Uncovered Needs



# Building Your Family's Health Care Survival Plan

- **Get & Stay Organized: Collect & Organize Your Information and Materials Before Something Happens**
  - ✓ Health History & Records
  - ✓ Physician Names and Contact Information
  - ✓ Allergies
  - ✓ Prescriptions including prescribing physician, pharmacy name and contact information, purpose
  - ✓ Emergency Contact Persons Including Names, Telephone Numbers
  - ✓ HIPAA Authorizations, Medical Powers of Attorney, Power of Attorney, Living Will/Directives To Doctors, Guardianship, Appointments for Family Members, Wills, Etc.
  - ✓ Living Will, Durable Power of Attorney, Durable Medical Power of Attorney
  - ✓ Copies of Insurance Information
  - ✓ Copies of Current Insurance Cards
  - ✓ Policies and Summary Plan Descriptions
  - ✓ Copies of Payments For Medical Care You Made
  - ✓ Copies of Bills Submitted
  - ✓ Copies of Explanations of Benefits For Unresolved Claims
  - ✓ Copies of Appeals Filed on Unresolved Pending Appeals
  - ✓ Organ Donor Card
  - ✓ Other

# Building Your Family's Health Care Survival Plan

- Identify “Health Care Buddies” - Who Needs To Know About Your Plans And Arrangements?
  - √ Family Members
  - √ Friend/Health Care “Buddies”
  - √ Physicians, Social Workers and Other Health Care Providers
  - √ Attorney
  - √ Others
- Share Your Health Care Plan, Including Copies of Important Documents, With Your Emergency Contacts, Family, Others Likely To Need To Know In The Event of An Emergency

## ➤ Plan & Update As Things Change

- ✓ Update Plan As Things Change & At Least Annually

- ✓ Keep Organized As Things Evolve

- ✓ Update Health Care Buddies As Needed

# Building Your Family's Health Care Survival Plan

Personal Health Care Management



Physician Visit Log for \_\_\_\_\_

Physician Name	Date of Visit	Purpose of Visit	Follow-up Needed	Next Appointment	Notes
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		

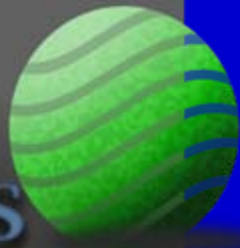
# Building Your Family's Health Care Survival Plan

Personal Health Care Management



Question Log for \_\_\_\_\_

Date	Who You Want to Ask	Question	Notes



# Building Your Family's Health Care Survival Plan

## Personal Health Care Management



### Patient Information Sheet

Patient's name \_\_\_\_\_ Today's date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Are you:  Right-handed  Left-handed

**Marital Status** (check one and write the appropriate date)

- Married Date \_\_\_\_\_  
 Divorced Date \_\_\_\_\_  
 Separated Date \_\_\_\_\_  
 Widowed Date \_\_\_\_\_  
 Single

**Work Status**

- Working \_\_\_\_\_  
Occupation  
 Homemaker  
 Workers' Compensation  
 Retired  
 Disabled  
 Unemployed

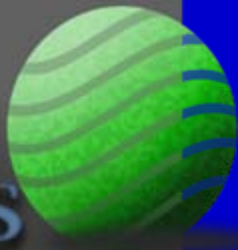
**General Health** (check one)

- Excellent  Good  Fair  Poor

**Medical History**

Do you or a family member now have or have ever had the following:

	You	Family Member	Relationship
Heart problems	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Stroke	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Diabetes or problems with blood sugar	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Lung problems	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Gastro-intestinal problems (such as ulcers, hiatal hernia, or gastritis)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Seizures	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Migraine	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Kidney problems	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Liver disease (such as hepatitis)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
High blood pressure	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Problems with blood (such as clotting problems)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Any type of cancer	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Asthma	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Other _____	<input type="checkbox"/> you	<input type="checkbox"/> family member	_____



# Building Your Family's Health Care Survival Plan

## Personal Health Care Management



### Respite Caregiver Checklist

Patient \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

#### Medical Care Providers

Medical insurance \_\_\_\_\_ (attach copy of insurance card)

Primary doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

*(Attach additional information regarding doctors)*

Address of doctor's office \_\_\_\_\_

Hospital \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Hospital address \_\_\_\_\_

Is patient a home health or hospice patient?  Yes  No Phone ( ) \_\_\_\_\_

Nurse or other contact \_\_\_\_\_

#### Patient's Condition

Diagnosis \_\_\_\_\_ How long? \_\_\_\_\_

Characteristics of diagnosis affecting care \_\_\_\_\_

Current symptoms \_\_\_\_\_

Allergies \_\_\_\_\_ History of seizures?  Yes  No

Patient's general emotional state (shy, sense of humor, weepy, sudden outbursts, etc.) \_\_\_\_\_

Patient generally understands instructions  Patient may not understand instructions

Patient has vision limitations  Patient has hearing limitations

Favorite activities or likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Universal precautions instructions can be found \_\_\_\_\_

#### Vital Signs

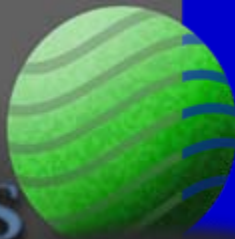
Don't need to take

Take every \_\_\_\_\_ hours. Record date, time and reading on separate log. Vital signs needed:

Pulse  Blood Pressure  Respiration  Temperature:

Oral

Other \_\_\_\_\_



# Building Your Family's Health Care Survival Plan

## Personal Health Care Toolkit

Taking the wrong medicine, failing to properly take medicine prescribed for you, and other medicine errors not only affects your body's ability to benefit from these medicines, it can be deadly. Taking a few simple steps could save your life or the life of your loved one.

Write an accurate list or bring a bag with all the medicines you take to your medical appointments. When visiting the doctor, picking up a prescription at the pharmacy, or going to the hospital for a procedure, be sure to bring along this list or all the medicines that you take. This includes over-the-counter medicines, vitamins, and herbal supplements. Make sure any new medicines that are prescribed are safe to take with your current medicines. Remember to remind your doctor or pharmacist if you are allergic to any drugs or other substances.

Keep a list of any medicines or other substances that you are allergic or sensitive to and bring it with you when you go to for any medical appointment or medical procedures.

Choose a pharmacist or doctor you feel comfortable talking with about your health and medicines. Discuss any questions or concerns with them promptly.

Take a relative or friend with you to ask questions and remind you about the answers. Write down the answers if needed.

Make sure you know what your medicine is and how to take it safely. Use your list of medicines and allergies to help you talk with your doctor when you obtain the prescription. Before taking any medicine, be sure you have a clear understanding of the answers to the following questions:

- ✓ What is this medicine?
  - ✓ Is there a generic version that would be appropriate and why or why not?
  - ✓ What is this medicine supposed to do for me?
  - ✓ What side effects, if any, does this medicine have? what symptoms of these should I watch for? what should I do if I have a side effect? and are there steps I should take to prevent or minimize the risk or magnitude of these side effects?
  - ✓ Are there any special concerns about my taking this medicine considering the other medicines I am taking and my allergies and sensitivities?
  - ✓ What time(s) should I take this medicine? Discuss with the doctor precise times for taking the medicine and ask him to confirm that these times are appropriate.
  - ✓ Should I take it with or without food?
  - ✓ Are there any foods, drinks, medicines or activities that I should avoid when taking this medicine?
  - ✓ Do I need laboratory or other tests to monitor how my drugs are working or possible side effects while I am taking it?

When you pick up your medicines, check to see that the medicine you pick up exactly matches what your doctor has prescribed and that the instructions for taking it are clear.

- ✓ Examine both the label and the medicine itself to confirm that it is what the doctor ordered and that you know how to take it correctly. Does the medicine look different than you expected? Does a refill seem different than what you have taken before? Does the medicine seem to be different than what your doctor wrote on your prescription? If something seems wrong, ask the pharmacist to check it. Most errors are first discovered by patients.
- ✓ Read the directions and any supplemental information provided to you by your pharmacist and keep it a notebook notebook or file in case you need to refer to it later.
- ✓ Double check your understanding about the medicine by asking the pharmacist the following questions and comparing his answers to those of your doctor.
  - Is there a generic version that would be appropriate and why or why not?
  - What is this medicine supposed to do for me?
  - What side effects, if any, does this medicine have? what symptoms of these should I watch for? what should I do if I have a side effect? and are there steps I should take to prevent or minimize the risk or magnitude of these side effects?
  - Are there any special concerns about my taking this medicine considering the other medicines I am taking and my allergies and sensitivities?
  - What time(s) should I take this medicine?
  - Should I take it with or without food?
  - Are there any foods, drinks, medicines or activities that I should avoid when taking this medicine?
  - Do I need laboratory or other tests to monitor how my drugs are working or possible side effects while I am taking it?

Ask questions if you have doubts or concerns about your medicine.

Make sure that all information, instructions and answers to questions are clear and make sense to you.




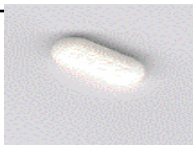
Read and keep for future reference the label and other information that you receive when you get your medicine, including all warnings and dosage information. If there are any words you do not understand, ask your pharmacist or doctor to explain them in plain language.

If your doctor, pharmacist or the instructions for your medicines indicates you need to be monitored with laboratory tests or otherwise while you are taking the medicines, make an appointment with your doctor for these tests and discuss their results with your doctor.

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# Building Your Family's Health Care Survival Plan

Medication	Looks Like	Morning Dose	Evening Dose	Reactions & Notes
Flonase		2 Puffs	2 Puffs	
Omeprazole		2 tablets		
Adderall		2 tablets		
Amoxicillin		1 tablet	1 tablet	

## Planning For Aging & Disabled Resources

**Nursing Home Consumer Information**

The decision to place a loved one in a nursing home is often one of the hardest families may have to make. With the cost of nursing home care averaging \$41,000 a year, many families run out of resources and turn to Medicaid for help.

- **Long-term Care Regulatory homepage** - Texas Careers is the DHS long-term care resources website. The information goes beyond DHS programs and explores many facets of long-term care.
- **Find a long-term care facility or home health agency** - Search for a nursing home by city, county, or zip code.
- **Helpful state and local phone numbers**
- **How to choose a nursing home** - Anyone contemplating nursing home placement for themselves or a loved one should take the time to study information about the home and the selection process.
- **How to make a complaint about a long-term care facility** - All licensed long-term care facilities - nursing homes, LTC-MD/OCs, and state schools - are surveyed as required to determine their compliance with state and federal Medicare and/or Medicaid regulations that safeguard resident health and safety.
- **Medicaid may pay all or part of nursing home costs** for eligible clients; however, clients may be required to contribute toward their care, based on income and other considerations. People of any age may be covered in approved nursing homes or approved sections of state schools and intermediate care facilities for people with mental retardation and related conditions (LTC-MD/OC). People age 65 and older may be covered in approved sections of state hospitals (institutional care for mental disease).
- **Quality Reporting System (QRS)** provides information on Long-Term Care services including: 1) Nursing Homes that serve Medicare and Medicaid residents, 2) Assisted Living Facilities, 3) LTC-MD facilities, and 4) Home Health agencies. You can use QRS to obtain specific information about a particular provider or to compare providers.
- **Reports and Statistics** contains information released by DHS that is specific to Long-term Care Regulatory activities, long-term care facilities, or home health services agencies.

### Your Discharge Planning Checklist:

For patients and their caregivers preparing to leave a hospital, nursing home, or other health care setting



Skip Navigation | Text Size: [A] [B] [C] | Contrast: [on] [off] | Speech: [on] [off] | Help

**NIH SeniorHealth**  
Home | Site Index | Contact Us

Welcome to NIH SeniorHealth. This easy-to-use website features basic health and wellness information for older adults from the National Institutes of Health. Use the buttons at the top of each page to make the text bigger, change text color, or hear the text read aloud.

Find a health topic by:

First letter: **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

Categories:

- Bones and Joints
- Cancer
- Diseases and Conditions
- Health A-Z
- Heart and Lungs
- Memory and Mental Health
- Treatments and Therapies
- Vision and Hearing
- All Topics A-Z

Featured Topic: **Alcohol Use and Older Adults**

**Exercise Stories**  
People of all ages and physical conditions benefit from exercise and physical activity. These [exercise stories](#) feature older adults and the diverse activities they enjoy.

**Health Videos**  
Many of our health topics feature short videos that complement the information in the topic. The [Health videos](#) offer up-to-date medical information, tips for healthy living, and inspiring stories of older adults who are coping with diseases or conditions of aging.

**E-Mail Updates**  
[Sign up here for free e-mail updates.](#) Get information on new topics, videos, and more from NIH SeniorHealth.

**Training Tools**



## Selected Aging & Disabled Planning Resources

- Healthcare.gov Seniors <http://www.healthcare.gov/foryou/seniors/index.html>
- HHS Administration on Aging <http://www.aoa.gov/>
- AARP Foundation Family Caregiving <http://foundation.aarp.org/Caregiving/?gclid=CJnNoaurzacCFcK77Qod1FDAEQ>
- AARP Caregiver Resources Center Housing Options <http://www.aarp.org/content/aarp/en/home/relationships/caregiving-resource-center/housingoptions.html>
- The American Geriatrics Society Foundation For Health In Aging [http://www.healthinaging.org/public\\_education/eldercare/](http://www.healthinaging.org/public_education/eldercare/)
- CDC Healthy Aging <http://www.cdc.gov/aging/>
- Metlife Caregiving Cost Study <http://www.metlife.com/assets/cao/mmi/publications/studies/MMI-Studies-Caregiver-Cost-Study.pdf?SCOPE=Metlife#Page=18>
- HHS National Clearinghouse for Long-Term Care Information [http://www.longtermcare.gov/LTC/Main\\_Site/index.aspx](http://www.longtermcare.gov/LTC/Main_Site/index.aspx)
- HHS Administration on Aging Office of Community Living Assistance Services & Supports <http://aoa.gov/AoARoot/CLASS/index.aspx>
- Your Discharge Planning Checklist: For patients and their caregivers preparing to leave a hospital, nursing home, or other health care setting (CMS 2010)
- Eldercare Link <http://www.eldercarelink.com/>
- National Institutes of Health Senior Health <http://nihseniorhealth.gov/>
- National Alliance For Caregiving <http://www.caregiving.org>
- National Alliance For Caregiving Family Caregiving 101 Website <http://www.familycaregiving101.org/>
- The Essentials of Adult Day Care Services <http://www.metlife.com/assets/cao/mmi/publications/essentials/mmi-essentials-adult-day-services.pdf>
- The Essentials of Receiving Care At Home <http://www.metlife.com/assets/cao/mmi/publications/essentials/mmi-receiving-care-at-home.pdf>
- Texas Department of Aging and Disability Services <http://www.dads.state.tx.us/>
- State Agencies On Aging Location Tool [http://www.nasua.org/about\\_nasua/sua\\_links.html](http://www.nasua.org/about_nasua/sua_links.html)

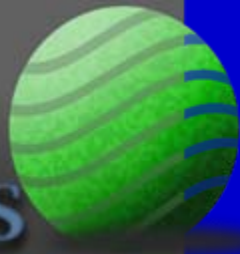
# Building Your Family's Health Care Survival Plan

- Claims and Appeals Timeline In English
- Instructions About Need For Preauthorization
- Questions To Ask When Preauthorization
- What Paperwork, Confirmation Employee Should Expect From Provider, Plan
- Tips About Questions To Ask When Provider Recommendation and Plan Recommendation Differ
- Information/Sample Letter For Patient About Participating Physician Provider Assignment of Claim Documents That Seek To Get Patient TO Agree to Balance Billing

## 6. My Medical Expenses & Claims

- Documentation of Preauthorization
- Provider Statements and Receipts
- Claims Submissions
- Explanations of Benefits
- Appeals of Health Care Coverage
- Appeals of Provider Charges





# Building Your Family's Health Care Survival Plan

- Tips About Questions To Ask About Cost of Care Before Authorizing Care; Sample Confirmation of Estimate Letter
- Tips For Reviewing Provider's Bill When Services Are Delivered
- Instructions to File Original Bill In Notebook If Provider Filing Claim and To Calendar Reminder To Watch For EOB.
- Instructions and Forms For Filing Claims Not To Be Filed By Provider.

## 6. My Medical Expenses & Claims

- Documentation of Preauthorization
- Providers' Statements and Receipts
- Claims Submissions
- Explanations of Benefits
- Appeals of Health Care Coverage
- Appeals of Provider Charges



# Building Your Family's Health Care Survival Plan

- What To Look At On The EOB
- Questions and Documentation To Request For Provider Sample Form For Appealing Denial
- Tips/Sample Letter Form for Writing To Provider To Request Provider Justification/Response where:
  - Claim Denied Because Provider Failed To Provide Required Information/Documentation
  - Claim Denied On Medical Necessity, Other Medical Judgment Grounds
  - Need To Request Provider Reimburse Overpayments

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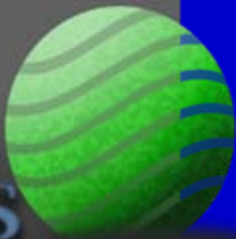


- Fair Credit Reporting Act and Other Information About Creditors Rights
- Sample Letter and Information To Respond To Respond To Credit Collection Agency/Health Care Provider Demand For Payment of Disputed Bills
- Information About Credit Counseling and Other Options
- Other

## 6. My Medical Expenses & Claims

- Documentation of Preauthorization
- Provider Statements and Receipts
- Claims Submissions
- Explanations of Benefits
- Appeals of Health Care Coverage
- Appeals of Provider Charges





Spend At Least  
Twice As Much  
Time Planning To  
Live With Illness or  
Disability As You  
Do Planning For  
Death

## 8. My Estate Plan

- Durable Medical Power of Attorney
- HIPAA Authorization for Disclosure of Protected Health Information
- Directive to Doctors
- Guardianship Documents
- General Power of Attorney
- Durable Power of Attorney
- Will
- Trust
- Beneficiary Designations





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- Will
- Trust
- Beneficiary Designations



# HIPAA Privacy

- Your HIPAA Rights & Their Use
- Consider Advance HIPAA Authorization for Family/Health Care Buddies
- Place to Put Form
- Authorization For Release of PHI Form
- Information About The Need To Consider Who Will Be Involved In Making Health Care Decisions, Handling Claims, Etc.
- Relationships To Powers of Attorney
- Other

## 8. My Estate Plan

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- Guardianship Documents
- General Power of Attorney
- Durable Power of Attorney
- Will
- Trust
- Beneficiary Designations



# HIPAA Privacy To Get Health Info

- Understand Value Of Getting Personal Medical Records
- Sample Letter For Requesting Documents
- Insurer Records Can Help ID Health Care Providers With Info