

The Dilemma of the Accountable Care Act (ACA) to the American Health Care Act (AHCA)
Balance between Cost, Access, and Covered Individual Out of Pocket Expense
1/6 of the Economy is Healthcare Expenses
Congressional Budget Office (CBO) Calculation: Is Healthcare a Human Right
Democrats, Republicans: Freedom Caucus/Tea Party and Tuesday Group Republicans
 217 to 213 Bill and MacArthur’s Amendment with State Waivers Passes
 30% Billings Fraud and Abuse

Benefit Discussion	Yes	No
Individual Insurance Mandate with Complimentary Individual Transmittals CY 2016		
Employer Mandate: Applicable Large Employer (ALE) ≥ 50 : FTE (30 hours a week, 130 hours a month, seasonal FTE employees 6 consecutive months, > than 13/26 months break in rehire employment classified as new hire, affordability no more than 9.5% Box 1 on W-2 Form) Benefit Access “Play or Pay Rule”. Measurement Period for FTE: 3, 6, 12 months; Stability 6-12 months, Administrative Period Ninety (90) Days: Volunteer Firefighters Open Ended Discussion. CY 2016		
Insurance Mandate Reporting Requirements: Non ALE < 50 Employees: 6055 Form 1094-B aggregate transmittal and 1095-B individual transmittal ≥50 individual transmittal form; Form 6055 1094 B Form 6056 1094 C & 1095 C		
Same Sex Marriage Benefit Equity June 26, 2015: Obergefell v. Hodges		
HIPAA’s Privacy Rule , Business Associate Agreement, State Specificity		
Medical Loss Ratio Refund if Loss Ration less than 85% for >50 life employers		
Benefit Plan: Eligibility Requirements, Special Enrollments, Enrollment Periods		
Individual Marketplace: Cost Sharing Reductions (CSR) Subsidy Offset- 12.6% corridor Payment—Funding from Insurance Companies “Reinsurance Trust Fund”, 100% - 400% FPL will be provided subsidy funding, 85% tax credit average \$383.00 per month/75% of cost/ 57% of exchange population receives CSRs with more eligible provided if they chose the silver plan.		
Patient Centered Outcome Research Institute (PCORI) 2012 \$1.00 July 2018 payment 2.36 PPPY		
Medicaid: Elderly, Pregnant adults and disabled, Children 85% tax credit average \$383.00 per month 75% of the cost. Medicaid Expansion: 10 Million qualified people: Block Grands Per Capita Cap Does not apply to: CHIP, Individuals receiving assistance through Indian Health Service Facilities, coverage under the Breast and Cervical Cancer Early Detection program, unauthorized aliens eligible for Medicaid emergency medical care, family planning benefits, tuberculosis related services, plan parenthood: 100-400FPL or below 133 FPL for Non Elderly. Work Requirement for non-elderly, non-pregnant adults.		
Pre-Tax Benefits to Offset Cost instead of Subsidies: Based on age and gender, no recognition for area factor—geographic variances could cause adverse selections: \$2,000: 30 years of age, \$2,500 (\$2,000): 30-39 years of age, \$3,000 (\$2,500): 40 – 49 years of age, \$3,500 (\$3,000): 50-59 years of age, \$4,000 (\$3,500): 60+ years of age \$4,500 (\$4,000) Credits capped at \$14,000 per family, Credits available to those making up to \$75,000 (\$50,000 and \$150,000 (\$130,000) married couples filing jointly. Credits capped at \$14,000 per family. Credits available to those making up to \$75,000 (\$50,000) and \$150,000 (\$130,000) married couples file jointly. Credit Phases by \$100 less for every \$1,000 income higher than those thresholds. Tax Credit for People under 300% of Federal Poverty Level		
30% late Pre-existing surcharge for lack of continuance of care greater than 63 days; Surcharge discontinues after 12 months. Special Enrollments 2018 and all coverage beginning plan year 2019		
Remove Medical Device Manufacturer Tax: Hearing Aid Over the Counter		
More Cost Effective Alternative Plan Steerage “Over The Counter”		
Medicare Alternative Payment Models based on Income Bracket (0.9% tax increase on high income) 3:1 ratio to 5:1 ratio 1.1.18 Repeal Elimination of Part D Medications beginning after December 31, 2016		
Consumer Centered Plan supported by Pretax Dollars (Section 125 2017 \$2,600 cap, Health Reimbursement Plans, Retiree Reimbursement Plans, Health Savings Accounts, Defined Benefit		

Benefit Discussion	Yes	No
Contribution Models). Qualified High Deductible Plan. H.S.A. contributions to the maximum of \$6,550 self-only coverage \$13,100 for family coverage in tax year 2018.		
Network: Inadequacy, Out of Network Coverage, Secondary Networks		
Value Based Healthcare Delivery System/Merit Based Incentive Plan System: Tier 1, Premium Providers: Statistical Valid Utilization/Cost and Clinical Protocol Compliance: Rural Hospital Impact		
Delivery System Fee Schedule: Medicare Fee Schedule, Reference Based Pricing Fee Schedule. Comparative Analysis: Primary Networks about 5%8-62% Discounts, 110 Reference Based Priced about 83% discount.		
Domestic Partners Benefit Coverage		
Transgender Benefits: Some Fire Departments receive Title I money not necessarily HHS funding. Medicare and Medicaid qualifies for Title I money. Hospitals and Hospital Districts receive Title I money.		
Fair and Standardized Benefit Appeal Process		
Essential Benefits: Ambulatory/Outpatient Care, Emergency Room, Inpatient Care, Prenatal Care-Maternity and Well-baby Care, Mental Health Parity, Prescription Drugs, Rehab/Habilitative, Lab Tests, Preventive Services, Pediatric Vision/Dental within Medical Plan: 60% benefit percentage for network services delay deductible cap \$2,000 and \$4,000 family deductible {Discussion dental and vision under medical: preventive, and non-routine services, Qualified Health Plan no coverage for abortion unless life threatening or rape/incest}. Will state approve catastrophic or Wellness Benefits v. Essential Benefits. December 31, 2019		
Out of Network Emergency Care Bumped up to Network Benefit Percentage but allowed to offset with Usual and Customary Pricing		
Electronic Medical Record		
Dependent Coverage on Parents Plan until attained age twenty-six (26), Mandated Dependent Coverage Biologic and Adoptive Children		
Prohibition of Lifetime Maximums or Annual Caps (Removal in Discussion)		
40% Cadillac Tax Penalty (Definition outstanding due to ongoing Delays 2025)		
Automated Electronic Strip on ID Cards		
Health and Wellness Engagement or 30% Differential Benefit Plan DeMinimus/Trump promotes 50% Differential. Tobacco Cessation 50% of total cost. Cannot violate ADA, Cannot be gatekeeper to benefit access. US Preventive Task Force, No Cost Share Benefits, Well Woman No Cost Share Benefits.		
Small Group Community Ratings: MacArthur amendment states would be able to seek waivers to repeal the ACA's community rating rule, which bars insurers from charging different premiums "based on age and gender. Area Factor not included in the community rating formula, could cause adverse calculation.		
Mandated Payer Accreditation		
Provider Electronic Fund Transfer		
Maximum Out of Pocket: Ineligible Out of Pocket Expenses, OON Expenses and Non-Cost Effective Alternatives do not have to accumulate		
No Cost Share Benefits: Well Woman Act, US Preventive Task Force Guidelines		
Standard Summary of Benefits Document		
W-2 form Reporting for 250 or greater Employer W-2 Forms		
Automatic Enrollment		
Creditable Coverage Letter		
Prohibition of Waiting Period in excess of > 90 Days		
Development of State High risk Pools ≤ 100 employees: MacArthur amendment includes a caveat, states would could obtain a waiver to set up programs such as government-subsidized high risk pools. Patient and State Stability Fund: \$100 billion dollars in federal grants to stabilize High Risk Pools. \$15 billion for the program to be used 2018-2026.		
Relay Health Credit Score Assessment due to uncompensated care/Employee Prepay Responsibilities.		

Benefit Discussion	Yes	No
Promotion of Interstate Competition IEBP 3.1.17 HR 1319 Marchant: Interstate Support: Arkansas, Oklahoma, Florida and Indiana		
Payer Acquisition: Aetna acquisition of Humana, Anthem acquisition of CIGNA. Anthem filing review with Supreme Court		
Prescription Drug Tiers: Generic, Brand, Formulary, Cost Share, Benefit Percentage, Biotech/Specialty, Biosimilar, Disease State Premium Formulary,		
Remove Tanning Tax June 30, 2017		
SHOP Small Business Health Options Program: Small business health insurance tax credit- Fewer than 25 full time employees. Credit only available in 2017 and 2018		

Texas Insurance Market Place Silver Plans Scheduled for a 19% Increase

- ▶ **Employer Coverage**
 - 2010: 150 million people
 - 2017: 155 million people
- ▶ **Medicaid**
 - 2010: 40 million people
 - 2017: 67 million people
 - 11 million made eligible by ACA
 - 51 million otherwise eligible
 - 6 million CHIP
- ▶ **Individual/Small Group Coverage**
 - 2010: 27 million
 - 2017: 24 million (fear of loss of coverage for 24 million), decrease due to increase in premium cost in 2017
 - 15 million Individual Marketplace
 - 9 million purchased outside the Marketplace
- ▶ **Uninsured**
 - 2010: 50 million
 - 2017: 26 million (10% of the population)