# Health Reform Checklist

## for fully insured employers with 2-99 employees

**This checklist offers an overview for employers in their efforts to address health plan changes required by the Patient Protection and Affordable Care Act.**

- ❑ Small business employers (less than 25) should evaluate if they qualify for the ***tax credit***.
- ❑ If you offer retiree benefits, decide whether you want to participate in the ***Early Retiree Reinsurance Program*** and, if so, submit an application as soon as possible. Connect with UnitedHealthcare if you need assistance in filing claims for plans administered by UnitedHealthcare. Applications are no longer being accepted as of May 6, 2011.
- ❑ UnitedHealthcare is implementing health care reform provisions for all plans under 100 participants, such as preventive care covered at 100% and the new appeal rights, without regard to grandfather status. Notwithstanding, your plan will still need to decide if there are any ancillary benefits the plan would benefit from by continuing to ***maintain grandfathered status*** and, if so, will need to revise participant communications to include the required grandfathering language, and make sure procedures are in place to meet the document retention requirements.
- ❑ UnitedHealthcare maintains a compliant state-based external review procedure and will work with you to confirm which state process(es) apply to your participants.
- ❑ In conjunction with UnitedHealthcare, confirm your organization is complying with the ***choice of provider*** rules. For example, if your plan requires participants to designate an in-network PCP, ensure that the plan permits any available participating network PCPs to be designated as the member's PCP. In addition, your plan must permit in-network pediatricians to be designated as the PCP for children, and female participants must be permitted to seek care from an in-network OB/GYN without prior authorization or referral. *Certificates of Coverage* produced by UnitedHealthcare will include these descriptions and will include a notice to individuals of these rights. See Healthcare Reform Notice Requirements for a sample list of other notice requirements.
- ❑ In conjunction with UnitedHealthcare, confirm your organization is complying with the ***emergency services*** provisions. For example, plans may not require prior authorization for hospital ER services (even if out-of-network) and cannot include administrative requirements or limitations of benefits for out-of-network emergency services that are more restrictive than those applying to ER services from in-network providers. In addition, copayment amounts and coinsurance rates for out-of-network ER services cannot be greater than if the services were provided in-network. Any other cost-sharing requirements (such as a deductible or out-of-pocket maximum) can only be imposed for ER services if the requirement applies generally to out-of-network benefits. *Certificates of Coverage* produced by UnitedHealthcare will include these descriptions.
- ❑ Prepare your organization to comply with the ***other mandated reform provisions*** (e.g., coverage of adult children to age 26). These reforms apply for plan years beginning on or after September 23, 2010, to all plans, regardless of whether the plan is collectively bargained, grandfathered, fully insured or self-insured.
- ❑ ***Coordinate with UnitedHealthcare*** regarding implementing changes, including notifying UnitedHealthcare if your "plan year" date is different from your renewal date.
- ❑ Ensure your open enrollment process will accommodate the 30-day special enrollment periods for ***adult dependent children***. Note, the reform legislation requires a 30-day special enrollment period for adult children until age 26 who previously became ineligible due to age. Prepare appropriate plan participant notices based on the other obligations identified in the grid we include as Healthcare Reform Notice Requirements.

For background definitions and additional health reform information, visit **www.uhc.com/employers**

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- ❑ Identify whether any individuals have met the current ***lifetime or annual limits*** and are still eligible to participate in the plan. If "yes," your organization will need to provide for a 30-day special enrollment period for those individuals who have met the ***lifetime limit***, but are still eligible for coverage.
- ❑ Become familiar with the new ***rescission*** of coverage restrictions. For example, plans may not rescind coverage retroactively after enrolling a participant (assuming all premiums and contributions are paid), except in the event of fraud or intentional misrepresentation of material fact. Should you have a participant that you wish to disenroll retroactively, you must provide a 30-day prior written notice.
- ❑ Coordinate with UnitedHealthcare to modify plan exclusions that are contrary to the new rule that group health plans may not impose ***pre-existing condition*** exclusions for children under age 19.
- ❑ Evaluate flexible spending account (FSA) plan designs to coincide with the new requirement that FSAs and other similar programs (health savings accounts (HSAs)/health reimbursement accounts (HRAs)) may not reimburse non-prescribed ***over-the-counter drugs*** purchased on or after January 1, 2011.
- ❑ Prepare for the new Form ***W-2*** reporting requirements. Effective for the 2012 plan year (for W-2s typically issued in January 2013), you will be responsible for reporting the total cost of medical benefits provided on employees' W-2. You may also need to begin setting up payroll systems and gathering necessary cost data.

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