



FPHRA E-News

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Health Care Reform Updates



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AGENCIES ISSUE NEW HEALTH CARE REFORM FAQs

The agencies responsible for implementing the health care reform law (Departments of Labor, Treasury and Health and Human Services) recently released their 19th set of FAQs addressing a variety of health care reform topics, including cost-sharing maximums, preventive care services and the summary of benefits and coverage (SBC).

Out-of-Pocket Maximums

The agencies addressed several different aspects of the annual limit on out-of-pocket maximums for essential health benefits (EHB), generally applicable to non-grandfathered group health plans. The following are highlights of the guidance:

According to earlier guidance, if a plan includes a network of providers, the plan may, but is not required to, count out-of-pocket spending for out-of-network items and services toward the plan's annual out-of-pocket maximum. The most recent FAQ states that a plan that counts such spending toward the out-of-pocket maximum may use any reasonable method for doing so. For example, if the plan covers 75% of the usual, customary and reasonable amount (UCR) charged for services provided out of network, and the participant pays the remaining 25% of UCR plus any amount charged by the out-of-network provider in excess of UCR, the 25% of UCR paid by the participant may reasonably be counted, in full or in part, toward the out-of-pocket maximum without including any amount charged above UCR paid by the participant.

Coverage of Preventive Services

The health care reform law requires group health plans to provide certain preventive care benefits without cost sharing. The agencies addressed the requirement to cover tobacco counseling and interventions as preventive

services. Per regulatory guidance, plans may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for a recommended preventive service, to the extent not specified in the recommendation or guideline regarding that preventive service. Evidence-based clinical practice guidelines can provide useful guidance for plans and issuers. According to the recent guidance, the agencies will consider a group health plan to be in compliance with the requirement to cover tobacco use counseling and interventions, if, for example, the plan covers without cost sharing:

1. Screening for tobacco use.
2. For those who use tobacco products, at least two tobacco cessation attempts per year. For this purpose, covering a cessation attempt includes coverage for:
 - Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization.
 - All Food and Drug Administration (FDA)- approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization.

This guidance is based on the Public Health Service-sponsored Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update, at: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/index.html>

Summary of Benefits and Coverage (SBC)

In April 2013, the agencies released guidance in regard to SBCs provided with respect to coverage beginning on or after January 1, 2014, and before January 1, 2015 (“the second year of applicability”). The most recent FAQs state that until further guidance is issued, these documents continue to be authorized. There are no changes to the uniform glossary or the “Why This Matters” language for the SBC. There are also no changes to the Instructions for Completing the SBC. The FAQ also extends, until further guidance is issued, certain previously issued enforcement and transition relief relating to various aspects of SBC compliance.

Information about the SBC requirements can be found in the Willis Human Capital Practice Alert, March 2012, “Summary of Benefits and Coverage: Final Regulations Released.” Contact Chris Woertz, Account Executive at Willis at Chris.Woertz@Willis.com for further information.

ANNOUNCEMENT: Governor Scott signs bill requiring ELECTED OFFICIALS to complete ETHICS training.....

Governor Scott signed SB 846 on June 20, 2014. With the signing of this bill, ethics training is now required for an expanded group of elected officials. The training requirements can be found in Florida Statute, Chapter 112 (112.3142 Ethics training for specified constitutional officers).

Beginning January 1, 2015, elected municipal officers must obtain four hours of ethics and sunshine law training on an annual basis. This is a current requirement for state and county level elected officials, but has now expanded to include municipal. In addition to attending an annual training, they must also sign off on their financial disclosures that they completed the training. The training should address, at a minimum, the public records and public meetings laws of Florida. Elected officials can satisfy the requirements by completion of a continuing legal education class or other continuing professional education class, seminar, or presentation if the required subjects are covered.

For more information on this, click below:

<http://www.flsenate.gov/Committees/BillSummaries/2014/html/835>

- Other Public Sector HR News Tid Bits -



2015 Conference Updates

The 2015 FPHRA annual conference will be at the Ft. Lauderdale Hilton Marina Hotel. If you haven't budgeted yet for the conference, be sure to do so! Early booking at the Hilton will get you a better room rate and free internet in your room. Click here to take a closer look at the hotel and amenities.

http://www.fortlauderdalemarinahotel.com/default-en.html?WT_srch=1

Certification through FPHRA

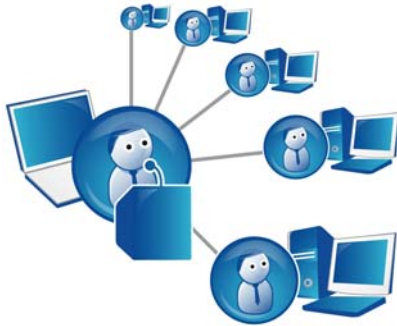
PPP Certification is one more way to distinguish yourself from other HR Professionals. Certification requirements are listed on the website. Full pre-conference Foundations attendance is mandatory along with 3 of the 5 most recent main conferences. An additional 24 hours of other approved training is required, which can consist of Webinars, Regionals, or full attendance to the Masters or Focus pre-



conference seminars. If you are already certified, please be sure to track when you are due for your recertification. See recertification requirements on the website.

Remember to check your membership profile page for accuracy of information including your email address, name spelling, title, and attendance dates.

FPHRA Webinars



FPHRA will have available to all paid members Webinars on various topics. All participants will get credit towards their certification/recertification hours for participating in the webinar session.

Be on the lookout for announcements and sign up for upcoming programs.

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