UnitedHealthcare

Health reform timeline

2010

- Adult child coverage until age 26
- Annual dollar limits restricted
- Early retiree reinsurance program (ERRP)
- ER coverage as in-network, no prior authorization [G]
- Initial appeals review standards [G]
- Lifetime dollar limits prohibited
- Medicare Part D rebate for beneficiaries in the gap
- No pre-existing conditions for kids until age 19
- Online consumer information at healthcare.gov
- Pediatricians as PCPs, direct access to OB/GYNs [G]
- Preventive services with no cost sharing [G]
- Rescissions prohibited except for fraud or non-payment
- Small business tax credit
- Temporary high risk pool

2011

- Annual fee on pharmaceutical manufacturers begins
- Annual rate review process
- Appeals ombudsmen and process documentation [G]
- Discounts in Medicare Part D “donut hole”
- HSAs/HRAs/FSAs: limitations for OTC medications
- Increase penalty for non-qualified HSA withdrawals
- Minimum medical loss ratio (MLR): 85% for large group; 80% for small group and individual

2012

- 60-day advance notice of material modifications
- Accountable Care Organization requirements
- Appeals provision fully implemented [G]
- New women’s preventive services with no cost sharing [G]
- Patient-centered Outcomes Research Institute (PCORI) fee ($1 per member/year)
- Quality bonus begins for Medicare Advantage plans
- Summary of Benefits and Coverage (SBC) and the Uniform Glossary

2013

- Administrative simplification begins
- Annual fee on medical device sales begins
- Deduction for expenses allocable to the Part D subsidy for “qualified prescription drug plans” eliminated
- Employee notification of access to Exchanges
- FSA contributions limited to $2,500
- Health FSAs allow carryover up to $500 of unused amounts into the next plan year
- High earner tax begins (applies to individuals)
- PCORI fee increases to $2 per member/year
- W-2 reporting on the value of employer-sponsored health benefits

2014

- Clinical trials coverage [G]
- Coverage for all adult children until age 26 including those that have employer coverage
- Essential health benefits required - small employers [G]
- Guaranteed issue and renewability [G]
- Health Insurance Marketplaces (Exchanges)
- Individual mandate
- Insurer fee – permanent
- Integrated HRA (permanently opt out of and waive future HRA reimbursements annually and upon termination of employment)
- Mental Health Parity and Addiction Equity Act of 2008
- No annual dollar limits
- No pre-existing condition exclusions
- OOP limits established [G]
- Provider Scope of License)
- Rating restrictions [G] / Adjusted community rating
- Transitional reinsurance fee (2014-2016)
- Waiting period limits
- Wellness programs

2015 & beyond

- EHB – ASO benchmark (2017)
- Employer mandate for 100+ (2015)[1]
- Employer mandate for 50-99 (2016)[1]
- Excise tax begins (2020)
- ICD-10 code adoption
- Medicare Part D “donut hole” closed by 2020
- Nondiscrimination 1557 (2016)
- Reporting (6055, 6056) (2016)
- States can open Exchanges to CHIP eligibles (2015) and all employers (2017)

Implementation Delayed Until Regulations Are Released

- Health Plan Identifier required for self-funded health plans
- Non-discrimination rules 105h apply to insured plans [G]
- Small business wellness grants
- Quality of care reporting requirements

Note: some provisions apply only to fully insured business (e.g., MLR and guaranteed issue)

[G] Grandfatherable provision
[1] Employer mandate will [generally] be implemented along this timeline [for most] applicable large employers who have 50 or more full-time employees (including full-time equivalents).

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