

Employee Benefits & Workers' Comp News



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Affordable Care Act

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How Elections Could Affect Employer Health Plans

Republican presidential nominee Donald Trump has vowed to repeal the Affordable Care Act if elected. Democratic nominee Hillary Clinton would only make slight changes. As the presidential elections get closer, how could these scenarios play out?

What Repeal Would Mean

In January 2016, Congress passed a bill for the first time that would repeal the Patient Protection and Affordable Care Act (the ACA or "Obamacare") without a replacement. President Obama vetoed the bill.

Although the ACA has many faults, repealing it would have consequences. A new report by the Washington-based Urban Institute found the number of uninsured people would rise by 24 million by 2021, an increase of 81 percent. Overall, 53 million Ameri-



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Fit Workers Mean Lower Health Costs

Nearly two-thirds of workers who go to the gym for fitness and weight-loss classes say their employer-sponsored wellness programs helped them reduce healthcare costs.

A survey by HealthMine, a Dallas-based healthcare technology company, found 62 percent of 750 wellness plan participants agreed the programs helped them reduce healthcare costs, while 38 percent said the programs helped them take fewer sick days.

"Healthier populations carry less risk, have fewer claims and lower premiums," HealthMine Chief Executive Officer and Presi-

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cans would be uninsured, compared to 30 million if the law was left intact.

The Committee for a Responsible Federal Budget found Trump's plan to repeal Obamacare would cost nearly \$550 billion over the next decade and would nearly double the number of uninsured, causing nearly 21 million people to lose health insurance coverage.

The Urban Institute found repeal of the ACA would reduce federal government spending on healthcare for the nonelderly by \$927 billion between 2017 and 2026. However, those savings would come at a steep cost. The authors found 81 percent of those losing coverage would be working families. About 66 percent would have a high school education or less and 40 percent would be young adults.

By 2021, there would be 15 million fewer people with Medicaid coverage. About 9 million people who would have received tax credits for private health coverage would no longer receive assistance.

What No Repeal Means

Critics of Obamacare say the ACA has caused health insurance premiums to skyrocket and resulted in millions of Americans losing their health plans.

"In short, Obamacare is wrecking the private health insurance market," wrote Jeffrey H. Anderson, a senior fellow at the Hudson Institute, in *The Weekly Standard*. "...Obamacare's proponents say the overhaul has greatly increased the number of people with health insurance coverage.... What they tend to omit is the fact that most of the 'newly insured'—about 60 percent—have merely

been dumped into Medicaid. According to the Congressional Budget Office, Obamacare has added only 8 million people—just 2.5 percent of the U.S. population—to the private insurance rolls."

The U.S. Chamber of Commerce weighed in last year in an article titled, "How Obamacare Will Deliver Another Blow to Small Businesses in 2016," arguing thousands of small businesses face higher premiums and fewer choices under the ACA and will be "hit hard unless federal agencies or Congress step into the ring."

Republicans' Alternative

Republicans in the House of Representatives have formed a task force to do just that. In June, the House Republican Task Force on Health Care Reform released a 37-page proposal. This template for a future law will give consumers more choices at lower costs, pave the way for more cutting-edge cures and treatments, and strengthen Medicare, according to proponents. It retains some of the most popular features of Obamacare, but eliminates others:

Same

- ✱ Allows children to stay on their parents' coverage until age 26.
- ✱ Prohibits insurers from denying coverage to people with pre-existing conditions.

Different

- ✱ Expands consumers' ability to contribute to and use Health Savings Accounts (HSA).
- ✱ Limits premiums for older individuals to

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dent Bryce Williams said in a statement. "... [W]ellness programs have the potential to improve health and lower costs for the entire population, one person at a time. The benefits of successful wellness programs are cumulative."

The findings come on the heels of new federal Equal Employment Opportunity Commission rules that clarify employers' ability to reward wellness program participants. Employers can offer employees financial incentives worth up to 30 percent of individual health insurance premium costs, provided programs are voluntary and follow protections for employees against discrimination.

The survey further found that wellness programs can help detect chronic illnesses. Nearly half of those diagnosed with a chronic health condition say they uncovered their condition through their wellness program.

no more than five times those of a younger person. The ACA mandates a three-to-one ratio (older adults charged only three times more than younger adults). Republicans believe this drives away younger Americans, since it makes their premiums proportionately higher as compared to their claim costs.

- ✱ Allows consumers to buy health insurance across state lines.
- ✱ Allows employers to offer wellness programs tied to a financial reward or surcharge.

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- ✱ Creates universal access programs funded by innovation grants to give financial support for those who cannot afford coverage.
- ✱ Gives states block grants to run Medicaid programs.
- ✱ Gradually increases the Medicare eligibility age from 65 to 67.
- ✱ Ensures taxpayer dollars are not used to for abortion services.

Similar

- ✱ Establishes a refundable tax credit for people who lack job-based coverage. Obamacare provides subsidies for people who do not qualify for Medicaid to buy insurance.
- ✱ Eliminates the “Cadillac Tax” but caps the tax deductibility of employer-based plans based on the value of the benefits. The Cadillac Tax is an excise tax designed to reduce excessive healthcare spending by discouraging employers from offering overly rich health plans. Beginning in 2018, plans that cost more than \$10,200 for an individual or \$27,500 for a family plan will be subject to the tax, which is 40 percent of the amount that exceeds those thresholds.
- ✱ Allows states that have already expanded Medicaid eligibility under the law to maintain the additional coverage, although it would prevent others from doing so.
- ✱ Protects employers’ rights to self-funding their health coverage — a right they have now, although there has been some movement by the administration to impose more federal regulation.

We will keep you informed of political and legal developments that affect your employee health coverage. To discuss your organization’s coverage needs or concerns, please contact us. ■

Dealing with an Aging Workforce

The Bureau of Labor Statistics predicts that workers age 55 and older will make up 20 percent of the workforce by 2020, up from 13 percent in 2000. As your workforce ages, what special safety concerns can you expect?

Studies indicate that although aging workers overall experience fewer injuries, possibly due to their greater experience and caution, an injury requires longer recovery with more serious consequences.

Workers in physically demanding jobs may face an increased potential for injury, along with those in more sedentary positions that require periodic lifting or other physical exertion.

What type of physical changes should we expect in aging workers? We reach physical maturity at about age 25; most people begin noticing signs of aging at around 40, although some changes can occur earlier. Managers should be aware of some of the common changes aging brings and possible responses.

If you suspect an aging-related limitation might be affecting a worker’s job performance, do not ask the employee questions on personal health issues — that information might be protected under discrimination and privacy laws. However, you can find ways to solve age-related limitations through the use



of ergonomics, tool and equipment selection, task assignments and shift schedules. Your workers’ compensation carrier or an occupational safety professional can help you identify potential problems and their solutions.

Taking care of your older workers will reduce the potential for injury and help you retain these valuable and skilled workers. ■

Physical changes	Response
Loss of strength. Most people lose 15-20% of their strength between the ages of 20-60.	Most jobs seldom require the use of all a person's strength; however, an older worker might be working closer to capacity than a younger one. Monitor all workers in physical jobs for fatigue and repetitive strain injuries.
Smaller range of motion; loss of flexibility	This can cause difficulties in reaching or bending, which could lead to sprains/strains in certain situations. Encourage workers in physical jobs to stretch before and after their shifts.
Less regulation of posture and balance	Falls and other accidents due to loss of balance occur more frequently as we age. Avoid creating the need to work on slippery or uneven surfaces. Physically active individuals are less likely to lose their balance than sedentary ones.
Increased sleep problems	Older workers take longer to recuperate after night shifts or extended workdays; avoid overscheduling and monitor all shift and night workers for fatigue.
Reduced vision	Good lighting improves safety for workers of all ages, but is particularly important for older workers. Your older workers might need larger screens and/or prescription glasses to reduce eyestrain.
Hearing loss	Hearing loss usually occurs in the higher frequencies (higher pitched sounds) first. In a noisy environment, all workers benefit from hearing protection.
Reduced blood flow and tactile response to heat and cold.	Some older workers may have less tolerance for extremes of heat and cold; others might not be as able to notice the physical strains of excessively hot or cold environments. Any worker exposed to excessive heat or cold should be required to take frequent breaks.
Reduced nervous system response	Slower reaction time means older workers are less able to prevent themselves from falls, drops and other accidents. Healthy, physically active individuals are less likely to suffer noticeable loss in reaction time.
Slower mental processing of information; reduced ability to "multitask."	Mental aging varies greatly by individual; verbal skills usually increase with age. And life experience makes older workers valuable team players. However, it can take some older workers longer to learn new information or skills. When training, relate new information or procedures to information or situations they already know. If an older worker is having problems staying focused, reduce extraneous stimuli and distractions.

Claims Management

Heads Up: Even "Minor" Head Injuries Can Be Serious

The class action lawsuit brought by retired players of the National Football League against the league has raised awareness of concussions and the seriousness of repeated brain injuries.

The retired NFL players group has settled with the NFL for concussions they received during their playing years. The class action group accuses the NFL of "being aware of the evidence and the risks associated with repetitive traumatic brain injuries but failing to warn and protect the players against the long-term risks, and ignoring and concealing this information from the players." The settlement, which is not yet final, includes medical assessment and monetary and education benefits.

Although concussions occur more frequently in professional athletes, other workers in construction trades, such as painters,

carpenters and skilled laborers face increased concussion risks. Head injuries can occur anywhere, though, whether it's at a warehouse, in a car or in an office.

Head injury victims might show no external signs of injury. Symptoms or effects can be vague or easily missed. But evidence is building that even "minor" head injuries are more serious than we might have thought. Repeated injuries can have a cumulative effect, creating serious and permanent neurological problems. And people who have had one concussion are more likely to have another.

So what makes a head injury a concussion? A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain. *(Source: Centers for Disease Control, "What Is a Concussion?" www.cdc.gov)*

Recognizing and Treating Concussion

The CDC lists the following as dangerous signs and symptoms of a concussion:

- ✱ One pupil larger than the other.
- ✱ Drowsiness or inability to wake up.
- ✱ A headache that gets worse and does not go away.

- ✱ Slurred speech, weakness, numbness, or decreased coordination.
- ✱ Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- ✱ Unusual behavior, increased confusion, restlessness, or agitation.
- ✱ Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Any worker exhibiting any of these symptoms needs to be taken to the emergency



room immediately, or call an ambulance. In a serious concussion, the brain becomes bruised and bleeding may occur. If bleeding leaks into the skull, pressure builds up. This medical emergency requires immediate treatment to avoid permanent brain damage.

What about less-serious head injuries? The only treatment for mild concussion or traumatic brain injury is rest, so any worker who's had a head injury should be removed from the worksite immediately. How much time they need off should depend on the sit-

uation. We recommend requiring all workers who have had a head injury to be evaluated by a physician before they return to work. And since even experienced medical professionals can find it challenging to evaluate and manage mild brain injuries, we recommend encouraging (or requiring, where you can) injured workers to see an occupational health specialist.

Occupational medicine specialists will likely have more experience in treating this type of injury. They also understand the importance of managing an injury for return-to-work and the need to balance the employer's desire for early return with the employee's need to recuperate.

After a concussion, the victim has a higher risk of suffering another concussion if another head injury occurs. Proper management of concussions and other brain injuries can prevent permanent effects, which can lead to long-term disability claims. A specialist has tools to evaluate the extent of injury and to prevent malingering, including medical and neuropsychological evaluations.

Proper handling of a head injury victim can prevent an injury from becoming a long-term claim. For information on setting up procedures for handling head injury and other claims, please contact us. We can also evaluate your worksite for possible injury risk exposures to minimize the risk of injuries occurring in the first place. ■

AHIP Pilot Program Will Improve Provider Directory Information

If knowledge is power, most Americans lack power when it comes to choosing healthcare providers.

America's Health Insurance Plans (AHIP), a national political advocacy and trade association, has commissioned a pilot program to improve the way information is gathered for provider directories. Consumers use these directories to choose health plans and providers. AHIP representatives said the quality of information provided to directories can be made more accurate and timely by providing better coordination between providers and health plans.

Ari Tulla, co-founder and CEO of BetterDoctor, a company that provides data and platforms for managing provider directories, pointed out that about 20 percent of doctors move or change practices, making information unreliable. Current procedures rely on health plans making calls, sending faxes and emails, and in-person visits to providers to get information. Paul Markov-

ich, who is leading AHIP's task force on the AHIP pilot project, said it takes both providers and health plans to make the directories work and there needs to be a "single stop" for updating this information.

The pilot program started in April 2016 in Indiana, California and Florida. The pilot program incorporates recent regulatory changes related to network directories, including:

- ✦ Medicare Advantage regulations requiring quarterly outreach to providers to verify key directory data in 2016
- ✦ California legislation – SB 137 – requiring bi-annual validation of providers' data for individual and institutional providers
- ✦ California Department of Insurance Network Adequacy Regulations
- ✦ Federal standards for qualified health plans participating in the federal marketplace

Twelve health plans representing more than 100,000 providers are participating in the pilot. The plans represent commercial, Medicaid and Medicare Advantage markets and include:

- ✦ Anthem
- ✦ AvMed
- ✦ Blue Shield of California
- ✦ Cigna
- ✦ Florida Blue
- ✦ Health Net
- ✦ Humana
- ✦ L.A. Care Health Plan
- ✦ Molina Healthcare of California
- ✦ SCAN Health Plan
- ✦ Wellcare
- ✦ Western Health Advantage

Pilot programs also will be conducted in Indiana and California, and the results of these will be released in fall 2016. ■

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