

Bond Case Briefs

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GFOA Best Practice of the Week - Guidance for Affordable Care Act Implementation.

Recently, the White House announced that 8 million Americans have signed up for private health coverage under the Affordable Care Act. Approximately a third are younger than 35 years old, and the costs of the expansion are reportedly less than expected; for instance, the administration predicts that Medicare and Medicaid costs in 2020 will be \$180 billion less than 2010 estimates. Many governments are looking for more information about complying with the act and making sure their health-care benefit is sustainable. Take a look at the GFOA's best practices for ideas on implementation, as well as insurance and cost containment options.

Developing a Process for Complying with the Patient Protection and Affordable Care Act recommends steps for successfully implementing a process for reviewing federal health-care benefit requirements. One tip: review the requirements at least quarterly to make sure you're aware of any newly issued or soon-to-be issued regulations related to the Affordable Care Act.

Strategic Health-Care Plan Design helps jurisdictions with guiding principles and key objectives for managing health-care costs and improving participant wellness. This best practice gives users advice in determining the purpose of its health-care plan, using performance measures to establish and define cost objectives, using analytical tools to measure the cost drivers and health risk factors of plan participants, determining appropriate cost-containment measures in relation to the plan's performance goals, working with other departments to make sure the long-term strategic plan design for health care is understood and will be taken into consideration during labor negotiations, establishing ongoing education initiatives, and considering the effect of OPEB on the costs and sustainability of the jurisdiction's overall health-care benefit package.

Strategies for Budgeting and Managing Health-Care Costs suggests strategies for managing employee health-care benefit costs more effectively. These include monitoring medical plan provider network and prescription drug discounts, setting an appropriate level of cost-sharing with employees, encouraging good consumer behaviors, analyzing the risks of self-insurance, using measurements to assess plan performance, and reviewing federal requirements.

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