PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: December 16, 2014	[X] Consent [] Ordinance	[]	Regular Public Hearing		
Department: Risk Management		- -	J		
Submitted By: Risk Management					
Submitted For: Risk Management					

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) approve payment of the required Transitional Reinsurance Program Annual Enrollment Contribution Submission in the amount of \$468,057.24 due for the Affordable Care Act (ACA)'s Transitional Reinsurance Program as established by Section 1341 of the ACA, and;
- B) delegate the County Administrator or his designee as the Authorizing Official, as defined by the ACA, to verify and acknowledge the annual enrollment count, supporting data, and accompanying required contribution as stated above.

Summary: The ACA established the Transitional Reinsurance Program to stabilize premiums in the individual health insurance market and ACA exchanges. Contributing Entities, as defined by 45 CFR 153.20 which includes the Board's self-insured group health plan, are required to pay annual contributions for the 2014, 2015, and 2016 benefit (calendar) years. The contribution is due by January 15, 2015 and represents \$63 per enrolled participant for the current benefit year. Countywide (TKF)

Background and Justification (or Policy Issues): The ACA was signed into law by President Obama in March of 2010 and implements systematic changes throughout the health insurance industry, many of which apply to the County's self-insured health plan. The Transitional Reinsurance Program Annual Enrollment Contribution offers several counting methods for self-insured health plans. Staff used the "Snapshot Factor" method of determining the number of covered lives in the plan, for which the required \$63 must be paid. This method, which calculated 7,429.48 total covered lives is the most cost effective calculation available, saving \$84,893.76 over the Snapshot method, which was the method used and provided by Cigna. The regulations allow plans to pay the contribution in one payment due January 15, 2015, or in two payments, the first of which is due January 15, 2015 in the amount of \$52.50 per covered life, with the balance of \$10.50 due by November 15, 2015. Staff recommends the first option in order to save the costs of additional administrative effort. The fee for the 2015 benefit year is currently scheduled to reduce to \$44 per covered life. The 2016 fee is not yet published.

Attachments:

ACA Transitional Reinsurance Program
 Annual Enrollment and Contributions Submission Form

Recommended By:		11/19/14
	Department Director	Date
Approved By:	Pallin	
	County/Deputy/Assistant County Administrator	Data

II. FISCAL IMPACT ANALYSIS

A. Five Yea	ar Summary of I	Fiscal Impact				
Fiscal Years		2015	<u>2016</u>	<u>2017</u>	2018	<u>2019</u>
Capital Exp	enditures					
Operating (Costs	\$468,057.24	326,897.12			
External Re	evenues					
Program In	come (County)					
In-Kind Ma	tch (County)	MATERIAL STATE OF THE STATE OF				
Net Fisca	al Impact					
# ADDITIO!	NAL FTE					
POSITION	S (Cumulative)	0	0	0	0	0
Budç B.	Recommende	Exp No.: Fund Rev No.: Fund d Sources of Fund	Dept ds/Summary c			<u>4901</u>
	2014 Contribut	<u>lth Insurance Fund</u> ion Per Life	/ Budget Line 3		363.00	
	Covered Lives			•	129.48	
	Total Contribut	ion FY2015		\$468,0)57.24	
	2015 Contribut			,	344.00	
	Total Contributi	(estimated at 2014 ion FY2016	leveis)	<u> </u>	<u>129.48</u> 197.12	
C.	Departmental	Fiscal Review:				
		III. <u>REVI</u>	EW COMMENT	<u>'S</u>		
A.	OFMB Fiscal a	and/or Contract De Lis NOT avail	ev. and Control	ol Comments:	the open	rating
	MOZIZ LO. MAK	70	1			

A.	OFMB Fiscal and/or Contract Dev. and Control Comments: the operating The 2016 Fel is not available to calculate the operating Tosts for FUDO17. OFMB OFMB
B.	Legal Sufficiency:
	Assistant County Attorney
C.	Other Department Review:

REVISED 9/03 ADM FORM 01 (THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

Department Director

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form



Type of Payment				
First Coll	ection - Contribution for Progra	am Payments and Program Administration Funds	5	
Second C	Collection - Contribution for Ge	neral Fund of the US Treasury		
	ed Collection - First Collection +	Second Collection (as described above)		
☐ Invoice				
Resubmi	ssion - File Attachment			
Benefit Year for Repo	orting Gross Annual Enrollment	Count	~~~~~~~~~	2014
Total Applicable Ben	efit Year Contribution Rate			63.00
Gross Annual Enrollr	nent Count		~~~~~~~~~	7,429.48
Verify Gross Annual	Enrollment Count	<u>-</u>		7,429.48
Contribution Rate fo	r Program Payments and Progr	am Administration Funds	~~~~~	52.50
Contribution Amour	nt Due for Program Payments a	nd Program Administration Funds		390,047.70
Contribution Rate fo	r General Fund of the US Treası	ury		10.50
Contribution Amount Due for General Fund of the US Treasury				78,009.54
Total Contributions I	Due for the Applicable Benefit \	/ear		468,057.24
Pay.gov Tracking ID				
Invoice Number				en 155 garage de la contra la contra de la contra del la contra del la contra del la contra del la contra de la contra de la contra del la contra
Verify Invoice Numb	er			
Invoice Payment Am	ount		*************	
Gross Annual Enrollr	nent Count			
Verify Gross Annual I	Enrollment Count			
The gross anni documentatio		n this form matches the aggregate enrollment co		tity in the supporting
and accompar contributing e I certify that th untrue, incorre being submitte Care Act specif	nying payment(s) are being sub ntity to the applicable laws, reg e data are true, correct and cor ect or incomplete, CMS shall be ed, I agree to be the contact for fically make payments made by deral funds. This includes, but	n behalf of my organization and the contributing mitted. My acknowledgment legally and financipulations and program instructions of the Affordapplete. If my organization or any contributing elepromptly informed. If CMS identifies a discrepant responding to such questions. I acknowledge to or in connection with an Exchange subject to this not limited to, the transitional reinsurance pro	ally binds able Care ntity beco ncy or has hat the pro ne False Cl	my organization and each Act (ACA). By my submission mes aware that data are questions about the data ovisions of the Affordable laims Act if those payments
Authorizing Official f	or Reporting Entity's Acknowle	dgment		
First Name:	Robert	Last Name: Weisman	Title: _	County Administrator
Email Address:	RWeisman@pbcgov.org	Telephone: (561) 355-2712		Ext:
		Back		

A

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

Need Help?



Current Date:	11,	/13/2014			
Legal Business Nam	ie (LBN):	Palm Beach Coun	ty Board of County Commissioners		
Federal Tax ID Num	ber:	59-6000785			
Billing Contact					
First Name:	Brian		Last Name: Palacios	Title:	Fiscal Analyst II
Email Address: BPalacios@p		s@pbcgov.org	Telephone: (561) 233-5419		Ext:
Billing Address					
Line 1: 301	N. Olive Av	enue	Line 2:		
City: Wes	City: West Palm Beach		State: Florida Zip C		Code: 33401
Contact 1 for Subm	ission				
First Name:	Nancy		Last Name: Bolton	Title:	Director, Risk Managem
Email Address:nbolton@		@pbcgov.org	Telephone: (561) 233-5441		Ext:
Contact 2 for Submi	ission				
First Name:	Andrea		Last Name: Mackey	Title:	Manager, Group Insura
Email Address: AMackey		/@pbcgov.org	Telephone: (561) 233-5400		Ext:
Contact 3 for Submi	ission				
First Name:	Luisa		Last Name: Alarcon	Title:	Administrative Secreta
Email Address:	LAlarcon	@pbcgov.org	Telephone: (561) 233-5442	-	Ext:

Continue