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Course Information

Course Title: *#2109 Health Care Reform: Overview of the Affordable Care Act*
CFP Board Course ID# 140720

Course Description

In this course you will be introduced to terms and concepts used in connection with the Patient Protection and Affordable Care Act (Act) signed into law on March 23, 2010, and the Regulations for its implementation. Each new term is defined in the text and included in the Glossary. The concepts are explained and, where appropriate, are demonstrated through the use of examples.

Recommended CPE credit for this course:

CFP®: 5 (All states) CFP Board sponsor number: 1008.

CPA: 6 (All states)

In accordance with the standards of the CFP Board, the National Registry of CPE Sponsors and the IRS, CPE credits have been granted based on a 50-minute hour.

National Registry of CPE Sponsors ID Number: 107615.

Sponsor numbers for states requiring sponsor registration:

Florida Division of Certified Public Accountancy: 4761 (Ethics #11467)

Hawaii Board of Public Accountancy: 14003

New York State Board of Accountancy: 002146

Ohio State Board of Accountancy: M0021

Texas State Board of Accountancy: 009349

CLU, ChFC/PACE Recertification: 6

Program Delivery Method: Self-Study (NASBA Self-Study/Interactive)

Field of Study:

CPA: Administrative Practice

CFP Board: Insurance

NAPFA credit allocation: Insurance

Course Level, Prerequisites, and Advance Preparation Requirements:

Level of Complexity: Overview.

This program is appropriate for professionals at all organizational levels.

Prerequisites: None

Advance Preparation: None

Course Content

Publication/Revision Date: 2/1/2014.

Course book: Health Care Reform by Paul J. Winn, CLU, ChFC

Exam (online): Fifty questions (multiple-choice).

This exam must be successfully passed within one year of purchase of the course. Passing grade of 70% required. The exam may be retaken at no charge if not passed on the first attempt.

Instructions for Taking the Final Exam Online:

- Login to your account online at www.bhfe.com.
- Go to "My Account" and view your courses.
- Select "Take Exam" for this course and follow instructions.

Have a question? Call us at 800-588-7039 or email us at contact@bhfe.com.

Learning Objectives

Upon completion of this advanced course, the student should be able to

- Recognize the term "grandfathered health plan";
- Identify the requirements for a grandfathered health plan's maintaining its grandfathered status;
- Identify the provisions of the Act that are inapplicable to grandfathered health plans;
- Identify the Act's provisions that apply to health plans whether or not they are grandfathered health plans;
- Identify the actions that will cause a grandfathered health plan to lose its grandfathered status; and
- Recognize the types of changes to a health plan that will not affect its status as a grandfathered health plan.
- Recognize the term "pre-existing condition exclusion" as used in the Act and Regulations;
- Identify the requirements of the Act and Regulations as they apply to pre-existing conditions exclusions; and
- Recognize the types of health plans to which the prohibition of pre-existing condition exclusions apply and the impact of a plan's status as a grandfathered health plan.
- Identify the requirements of the Act as they affect the ability to impose annual and lifetime limits on health benefits;

- Recognize the applicability of the Act’s provisions concerning annual and lifetime health benefit limits to grandfathered health plans;
- Recognize the restricted annual benefit limits applicable to essential health benefits permitted during the phase-in period ending in 2014;
- Recognize the term “essential health benefits”; and
- Identify the requirements applicable to health plans and health insurance coverage with respect to individuals who have reached a lifetime benefit limit before the effective date of the Regulations.
- Recognize the meaning of “rescission” and describe how rescission differs from other types of coverage cancelation;
- Recognize the grounds permitted under the Act on which coverage under a health plan or group or individual health insurance may be rescinded;
- Identify the components of fraud under the common law;
- Recognize the meaning of “material fact”; and
- Identify the Act’s requirements concerning notice when coverage will be rescinded.
- Recognize the rights of participants in health plans and under health insurance coverage using provider networks to choose a primary care provider;
- Recognize the required access available to female participants in network plans to obstetrical and gynecological care;
- Identify the content and timing requirements of disclosures concerning the patient protection provisions of the Act;
- Identify the Act’s requirements related to out-of-network emergency services;
- Recognize the term “emergency services”; and
- Recognize the factors that must be considered when determining the reasonableness of a health plan’s or insurer’s payment of benefits for out-of-network emergency services.

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