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Influence of the Patient Protection and Affordable Care Act on Small Businesses

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Walden University

College of Management and Technology

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Sean Gallman

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Walden University
2016

Abstract

Influence of the Patient Protection and Affordable Care Act on Small Businesses

by

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MS, Johns Hopkins University, 2005

BS, Howard University, 1999

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Business Administration

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Abstract

Business leaders lack strategies to implement the employer shared responsibility provision of the Patient Protection and Affordable Care Act (ACA). Small businesses pay approximately 18% more than larger companies for the same health coverage. Within a conceptual framework of management by objectives, the purpose of this qualitative multiple case study was to explore the strategies small business leaders use to implement the employer shared responsibility provision of the ACA. Data were gathered from the review of company documents, observations, and semistructured interviews with 5 senior business leaders from small business organizations in the Mid-Atlantic region of the United States. Data were coded via Atlas.ti to identify themes from the narrative segments. Key themes that emerged from the study included business cost, lack of transparency, and consultation. Recommendations include examining alternative health providers to reduce company health premiums to improve business costs, network with other small businesses for ACA clarity, and work with health consultants for new business processes. Implications for social change include contributing to the effective implementation of the employer shared responsibility provision of the ACA that can improve the economic well-being of small businesses.

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Section 1: Foundation of the Study

Health benefits are a significant expense for small businesses in the United States with the implementation of the employer shared responsibility provision in the Patient Protection and Affordable Care Act (ACA; Herrick, 2014). Leaders of small businesses with 50 or more employees changed their business structure to adapt to new health mandates that affected their business performance. The ACA includes an employer shared responsibility provision designed to force business owners to provide full-time employees with comprehensive health insurance (Herrick, 2014). The intent of this research study was to explore the strategic business processes on the employer shared responsibility provision of the ACA that business leaders must implement in 2015 and 2016 (U.S. Small Business Administration [SBA], 2013a). The specific business problem was that some small business leaders such as chief executive officers (CEOs) do not have the strategic business processes needed to implement the employer shared responsibility provision addressed in the ACA.

Background of the Problem

Small business leaders need strategic business processes to implement the employer shared responsibility provision addressed in the ACA. The intent of this qualitative descriptive multiple-case study was to explore the strategic business processes small business leaders used to implement the employer shared responsibility provision addressed in the ACA. The ability to create knowledge to improve the business strategies of small businesses could lead to improved business sustainability (Rosenthal & Strange, 2012). The results of this research could lead to positive social change by providing

information to small business leaders about the effective implementation of the employer shared responsibility provision addressed in the ACA, business processes that will provide financial profitability, and improvement in business operations, which will contribute to sustainable economic growth.

Increased taxes, business costs, increased job cuts strain the middle class and small businesses. Many small business leaders saw a 20% increase in the health care premiums for their small businesses due to the employer shared responsibility provision addressed in the ACA (Herrick, 2014). The intent of this research study was to describe the business processes for workplace health coverage using the new health care reform and tax regulations. Decreased spending by consumers, health care reform, and monetary policy are contributing factors to changes in business processes in small businesses.

Problem Statement

The employer shared responsibility provision of the ACA affects resources of small businesses, which affects financial profitability and business operations (Blavin, Blumberg, Buettgens, Holahan, & McMorrow, 2012). On average, senior business leaders of small businesses pay approximately 18% more than senior business leaders of larger businesses for the same health coverage (SBA, 2013b). Changes in health care costs affect health care plans in small businesses, and upward shifts in health premiums change long-term strategies for providing health coverage and strategic business processes (Gabel, Whitmore, Pickreign, Satorius, & Stromberg, 2013). The general business problem is that increased business costs with the new health care reform have led to decreased profitability and have negatively affected business operations. The

specific business problem is that some senior business leaders of small businesses lack the strategic business processes to implement the employer shared responsibility provision of the ACA.

Purpose of the Study

The purpose of this qualitative descriptive multiple-case study was to explore the strategic business processes that senior business leaders of small businesses used to implement the employer shared responsibility provision of the ACA in the Mid-Atlantic region of the United States. Data collection involved conducting semistructured interviews with five senior business leaders of five business organizations located in the Mid-Atlantic region of the United States. The data collection tools were semistructured interviews and a document review of strategic business plans. The review of strategic business plans provided insight into small businesses whose leaders have implemented the employer shared responsibility provision of the ACA. Senior business leaders who use strategic business processes in their business plans are more likely to achieve goals (Mitchelmore & Rowley, 2013). The results of the research study contribute to social change by providing business processes for CEOs of small businesses to improve financial profitability and business operations and to contribute to sustainable economic growth.

Nature of Study

A qualitative approach was the best research method for this research study when compared to the quantitative method and the mixed methods. Researchers select the qualitative methodology to explore complexities in individual behaviors from the

viewpoint of the participants regarding a contemporary phenomenon (Marshall & Rossman, 2010). Quantitative research is a statistical method that involves testing hypotheses and gives numerical results (Tacq, 2011). In quantitative research, the dominant sampling strategy is probability sampling, which includes large, random, and representative samples (Allwood, 2012). This study did not include mixed methods because a mixed methods study involves using a quantitative method of research, and the study did not involve testing hypotheses.

A case study design was appropriate to explore the strategic business processes for small business leaders to use to implement the employer shared responsibility provision of the ACA because the study involved exploring more than one business. The descriptive multiple-case study design involved exploring a current phenomenon, which was the strategic leadership processes small business leaders have implemented, in a real-life context. Ethnography, narrative, and historical designs were not appropriate for this study. Ethnography was not suitable because the focus was on strategic business processes instead of interactions or norms in a culture. Ethnography includes a concentration on a culture or people (Sangasubana, 2011; van Maanen, 2010). The focus of a narrative design is telling a story, and the focus of this study was on business leaders from small businesses implementing the employer shared responsibility provision of the ACA. A narrative design is an author's description of a phenomenon, and the process can miss details and themes from the participants (Wolgemuth, 2014). Historical designs are suitable for exploring past events, and this study involved researching the implementation of new legislation. Researchers select the historical research design to describe and

examine events of the past to understand the present (Onwuegbuzie, Jiao, & Bostick, 2004). The employer shared responsibility provision of the ACA does not have historical data because it is new legislation. Therefore, the historical design was not suitable for this study.

Research Question

The overarching research question was as follows: What were the strategic business processes that business leaders of small businesses used to implement the employer shared responsibility provision of the ACA?

Interview Questions

1. What were the strategic business processes that you used to implement the employer shared responsibility provision of the Patient Protection and Affordable Care Act?
2. What strategic business objectives that you proposed in the business plan addressed the implementation of the employer shared responsibility provision of the Patient Protection and Affordable Care Act?
3. What strategic business processes that you proposed for alternative courses of action were used when you implemented the employer shared responsibility provision of the Patient Protection and Affordable Care Act?

Conceptual Framework

The management by objectives (MBO) theory by Drucker (2005) supported the premise of this study. Health care reforms and rising business costs from reforms affect business processes and management for businesses. Management theorist Drucker noted

that adequate management copes with organizational challenges in such a way that the organizations are able to adapt to changes. The findings from participant responses to the interview questions showed how leaders of small businesses have adapted to the implementation of the employer shared responsibility provision of the ACA and objectives in the business plan addressed strategies and business processes. Management must focus on the performance of the organization; it is the specific function of management to organize the resources of the organization to achieve positive results (Drucker, 2005).

Effective management requires a commitment to adapt to a changing environment (Goldblatt, Held, McGrew, & Perraton, 1999). The MBO mechanism must include clear goals to achieve the expected results and to manage small businesses organizations effectively (Drucker, 2005), which was necessary to implement the employer shared responsibility provision of the ACA. The MBO framework was applicable to the research study and provided key concepts for small business leaders.

Definition of Terms

Several terms were central to the development and understanding of this study. The following definitions serve as a means to establish a uniform understanding.

Employer shared responsibility provision: The ACA includes an employer shared responsibility provision designed to force business leaders to provide full-time employees with comprehensive health insurance (Herrick, 2014).

Health care reform: Health care reform requires business leaders to take significant costs out of their systems to maintain positive financial performance (Kaufman, 2011).

Health exchanges: Health exchanges are online marketplaces for health insurance. A marketplace is a place for small business leaders to obtain insurance for their businesses (Kingsdale & Bertko, 2010).

Self-insuring: Self-insuring is a health plan in which the employer assumes the financial risk for providing health care benefits to employees (SBA, 2014).

Small Businesses Health Options Program: The Small Businesses Health Options Program is a marketplace for small and perhaps eventually large employers to purchase health insurance for their employees. Exchanges permit leaders of small groups to consolidate their purchasing power, provide affordable insurance to employees, and reduce administrative costs (Jost, 2012).

Small business leaders: Small business leaders are individuals who establish and manage a business for the purpose of profit and growth; these account for 39% of the U.S. gross national product and create 2 out of every 3 new jobs in the economy (Yallapragada & Bhuiyan, 2011).

Tax reform: Tax reform represents changes to the tax code system that improved economic growth (Infanti, 2012).

Assumptions, Limitations, and Delimitations

Researchers need to recognize over which elements they exercise control and over which elements they do not (Bergold & Thomas, 2012). Assumptions are not under the

control of a researcher but are necessary to the study. Limitations and delimitations are critical components to the research, and limitations include potential weaknesses to the study.

Assumptions

Assumptions are material representations that are not in the control of a researcher. However, assumptions provide for the relevancy of a study or research. Assumptions are so basic that, without them, a research problem cannot exist (Leedy & Ormrod, 2010). An assumption of this study was that business leaders would be accurate, be truthful, and add value to the research by providing information and answers to questions. Because participation was voluntary and identities remained confidential, the likelihood of meeting this assumption was high. Another assumption was small businesses in the Mid-Atlantic region of the United States experienced an economic slowdown at the same rates as small businesses in other areas. These changes affected businesses; therefore, the assumption was that business leaders of small businesses were willing to participate in a semistructured interview. The likelihood of meeting this assumption was also high.

Limitations

The lack of systematic procedures for case study research is a concern due to a relative lack of methodological guidelines (Yin, 2009). A limitation of the study was there were very few procedures in place for a case study. Yin (2009) noted a limitation of a case study was the relative absence of methodological guidelines. A limitation of the study was there was no long-term data over 10 years old on the implementation of the

employer shared responsibility provision of the ACA. This was a weakness of the study because business leaders had not yet fully integrated strategies into their businesses due to lack of proven business strategies. Interpreting the business plans of small businesses was a limitation and a potential weakness because the business leaders of the small businesses did not have a detailed or long-term business plan. Interviews were with five business leaders whose businesses had at least 50 full-time employees. Another limitation of the study and potential weakness was gaining sufficient access to small business leaders whose businesses had at least 50 full-time employees.

Delimitations

Delimitations are choices made by a researcher describing the boundaries set for a study (Marshall & Rossman, 1989). The delimitations are in the control of the researcher. For example, I limited the scope of the research to the Mid-Atlantic region of the United States. I limited the scope of data collection to leaders of businesses with at least 50 full-time employees and who had implemented the employer shared responsibility provision of the ACA. Leaders of smaller enterprises focus on strategic business planning and leadership processes to increase revenue to offset higher health care premiums. Five small business leaders limited the scope of the research. The small business delimitation adequately reflected the implementation of the employer shared responsibility provision of the ACA among small businesses in the Mid-Atlantic region.

Significance of the Study

The significance of the results of the research study was to describe strategic leadership business processes that small business leaders implemented to prevent higher

health care premiums and increased business costs. The strategic business processes small business leaders implemented could provide value to other businesses by providing a process to improve financial profitability, business operations, and sustainable economic growth for small businesses with the implementation of the employer shared responsibility provision. The results of the research may contribute to social change by helping small business leaders improve their strategic business processes and business operations by minimizing challenging consequences after implementing the employer shared responsibility provision of the ACA.

The global economic slowdown increased world vulnerability, and the economic slowdown had a negative influence on small businesses (Jurse & Romana, 2010). The significance of the results of the research study provided business processes that decreased business costs and supported health care reform for small businesses. Leaders of small businesses implemented solutions to bring about positive change in the workplace for employees when they understood how health care reform was a benefit as opposed to a cause of decreased revenues. Such business processes have increased the success of small businesses.

A Review of the Professional and Academic Literature

The purpose of this qualitative multiple-case study was to explore the strategic business processes that senior business leaders of small businesses used to implement the employer shared responsibility provision of the ACA. Changes to health care due to the implementation of the employer shared responsibility provision of the ACA negatively affect small business organizations and do not improve health care for the employees

(Dunaev, 2011). Tax implications of noncompliance with the implementation of the employer shared responsibility provision of the ACA increased administrative costs to small businesses and decreased long-term success (Dunaev, 2011).

Searches of more than seven databases provided the foundation of the literature review. Databases used to locate peer-reviewed articles published after 2010 included ABI/INFORM Complete, Academic Search Complete, Business Source Complete, Dissertations, and Theses at Walden University, Emerald Management Journals, Google Scholar, and ProQuest Central. The keywords and phrases used in the databases searches included *small businesses, CEO, business leaders, financing small businesses, implementation of the employer shared responsibility provision of the Affordable Care Act, economic theory, leadership theory, management theory, motivations in small businesses, profitability issues, tax reform, taxes, health care, characteristics of small businesses, small businesses, and financial strategies for small businesses.*

The majority of the 137 articles cited were from peer-reviewed journals published since 2011. The literature review includes citations from journal articles published within the last 5 years, as well as a minimum of 60 peer-reviewed sources. I ensured that at least 85% of the total sources had a publication date less than 5 years from my anticipated graduation date. The literature review included a detailed review of the contemporary and seminal peer-reviewed literature that related to the research topic, including studies addressing the limitations, weaknesses, and strategic leadership business processes that senior business leaders of small businesses implemented to prevent higher health care premiums and increased business costs for their organization. The literature review

included three primary themes: (a) health care reform, (b) MBO, and (c) strategic business processes.

Health Care Reform

Health care reform due to the implementation of the employer shared responsibility provision of the ACA could negatively affect small business organizations and not improve health care for organizations (Dunaev, 2011). Taxes are a large part of health care reform, and small businesses must address them (Herrick, 2014). Tax implications of noncompliance with the implementation of the employer shared responsibility provision of the ACA include increased administrative costs to small businesses, stagnated growth, and decreased long-term success without the implementation of management processes.

Objectives. Small businesses are sensitive to changes in costs, and the slightest upward shift in health premiums changes long-term strategies for providing health care coverage and business planning (Gabel et al., 2013). The general business problem was that increased business costs with the new health care reform will lead to decreased financial profitability and negatively affect business operations. Implementing the employer shared responsibility provision of the ACA requires health care cost management, tax review, and improvement of business processes. Long-term data are not available for managing and implementing the employer shared responsibility provision of the ACA.

Taxes. The number of small businesses formed in the United States in 2007 outpaced the number of new corporations formed by a margin of nearly 2 to 1 (Chrisman,

2010). This increase led to changes in the way the government taxes entities. In the past, the Internal Revenue Service (IRS) analysts were unsure how to tax small business entities because of the difficulty of knowing what determined a small business. O'Farrel and Hitchins (2002) noted a major inconsistency in defining small firms. Small businesses face a dilemma: receive the benefit of pass-through taxation and risk their personal assets in the business or pay a penalty of double taxation but protect their personal assets (Chrisman, 2010). Drucker's (2005) MBO supports the need for an application for an effective management structure for business processes to manage increased taxes.

Analysts at the IRS resolved the issue of taxes for small businesses. Chrisman (2010) noted the limited liability company (LLC) or corporation had the protection of limited liability for all owners while securing the benefits of pass-through taxation as well. IRS analysts no longer automatically group LLCs with corporations or partnerships and tax them accordingly, which effectively decoupled the connection between state-law business organizations and the federal tax regime (Chrisman, 2010). As the number of LLCs grew, the way IRS analysts taxed them changed to reflect a C or S corporation tax rate. The number of LLCs taxed as S corporations increased by an average of 58.37% per year between 2002 and 2006, whereas the number of LLCs taxed as partnerships increased by an average of 14.59% per year (Chrisman, 2010). Multiple pieces of legislation have increased taxes since 1940, including the Revenue Act of 1942 and the Tax Equity and Fiscal Responsibility Act of 1982. The Revenue Act of 1942 led to the largest tax increase in the 1940s (Tempalski, 2011).

Legislation. Tempalski (2011) noted that analyzing tax bills strictly by their revenue estimates is deceiving for at least three reasons. First, some tax bills have major temporary provisions, such as a 10% income tax surcharge on the Revenue and Expenditure Control Act of 1968, that mask the long-term effect of the tax bill for the first year or two after enactment. Second, relatively small differences in the effective dates of tax provisions affect the revenue estimate for the year after enactment. Third, government revenue estimates do not take into account the effect of the bills on gross domestic product (GDP), even though the primary reason for designing some bills, such as the Tax Reduction Act of 1975, is to stimulate the economy.

The word *tax* can have a broad definition. Small business leaders view a premium as a mandatory tax (Jackson, 2012). If both a premium and a penalty represent a tax, the ACA mandate becomes the largest tax increase in the history of the United States (Jackson, 2012). Governments need increased revenue to avoid challenges such as budget issues, government shutdowns, and recessions. To manage government organizations effectively, the MBO mechanism must set clear business goals to achieve an expected result for the organization (Drucker, 2005).

Coy (2012) examined the problem of patching the tax code. Closing tax loopholes may at first glance seem to be the easiest way to end an impasse over budget reform. Some decision makers expand the tax code to generate more revenue without raising rates (Coy, 2012). President Obama was in favor of increasing taxes on top incomes and limiting any tax loopholes that would benefit the wealthy exclusively (Dixon, 2013). Coy

concluded lawmakers wanted to implement a zero plan that would remove all tax loopholes.

Tax code. Cerda and Larrain (2010) showed increases in the corporate tax rate had a significant negative effect on both labor and capital demand by firms. The effect of labor demand was more than capital stock. The negative effect made it challenging for leaders of smaller firms to obtain credit, and they had to rely on internal funds. Higher tax rates decrease the availability of internal funds (Cerda & Larrain, 2010). Cerda and Larrain concluded the corporate tax rate significantly affected firms according to their size, and leaders of smaller firms had greater difficulty borrowing funds due to tax implications and access to free capital.

Knittel and Nelson (2011) noted changes to the tax code adversely affect small businesses and discussed the impact of switching from pass-through taxation to a single business tax on small businesses. Knittel and Nelson evaluated the tax code and determined a business owner was a taxpayer engaged in a trade or business who would deduct from the gross income all ordinary and necessary expenses of carrying on the trade or business paid or incurred during the tax year. Knittel and Nelson used two tests, the de minimis test, which required that total income or total deductions exceed \$10,000 or that their sum exceeds \$15,000, and the business activity test, which required that total deductions exceed \$5,000. The tax system treats business entities separate from owners and taxes profits. The proposed reform applied a single tax rate to all business income, regardless of the form. Under this form of integration, dividends and interest paid are not deductible by the firm, but they are also exempt to recipients (Knittel & Nelson, 2011). It

is likely that small businesses would face increased taxes with a single business tax; thus, a single business tax would be difficult to implement because the definition of a small business is broad and could do more damage than good (Knittel & Nelson, 2011).

Hardin (2011) examined the income tax effects of the ACA on small businesses and real estate investors. After the new law took effect, small businesses with 50 or more employees faced penalties. The employer shared responsibility provision of the ACA includes a penalty for employers who do not offer coverage or who offer coverage that paid less than 60% of health-related expenses (Hardin, 2011). If an employer with 50 or more equivalent full-time employees fails to offer health insurance coverage to its full-time employees and their dependents, the employer receives a penalty (Hardin, 2011).

Tax compliance. Lawmakers perceive that small businesses have a higher tax burden than corporations do. The higher tax burden leads to noncompliance with taxes. Small business leaders have reported more experiences of contested assessments, audits, and sanctions (Kamleitner, Korunka, & Kirchler, 2012). Small businesses are more susceptible to audits due to their unique exposure to the tax system (Kamleitner et al., 2012).

Kamleitner et al. (2012) noted that business leaders of small businesses were noncompliant in withholding the appropriate amount of taxes from employees. Lai and Arifin (2011) noted leaders of small businesses found it difficult to estimate tax payments in the midst of a global economic slowdown, which led to noncompliance. Small businesses have opportunities for noncompliance with tax code, due to self-reporting and limited control over the underlying money flow (Kamleitner et al., 2012). Estimating

taxes is difficult for leaders of small to medium-sized enterprises (SMEs) who do not forecast their business prospects and do not have a clear understanding of the taxation laws (Lai & Arifin, 2011). Approximately 11% of survey respondents asked their tax agents to help them remit monthly installment payments, whereas 89% made the installments themselves (Lai & Arifin, 2011).

Small businesses have more autonomy than other taxpayers do to be noncompliant with their tax payments. Although unintentional, the autonomy has led to high incidences of tax implications, such as fines, audits, and tax evasion. To reduce the risk of noncompliance by small businesses, changes in the tax system are necessary to simplify the taxation process (Kamleitner et al., 2012). Lai and Arifin (2011) concluded that the tax authorities needed to develop a simplified tax system for SMEs to lighten their tax compliance burden in the midst of an economic downturn.

During the 2008 recession, small businesses and the real estate market endured a major downturn, which prompted Congress to act. Congress passed the Small Business Jobs Act of 2010, which President Obama signed on September 27, 2010, to provide business tax relief for small businesses and additional support in the process of economic recovery (Levine & Segev, 2011). The main purpose for enhancing the Internal Revenue Code §1202 exclusion through the Small Business Jobs Act was to encourage investment in certain new C corporation ventures and small businesses (Cantley, 2012).

Tax credits. Levine and Segrev (2011) concluded that through tax credits, increased flexibility of expensing, deductions, and depreciation, small businesses generate more revenue. Tax credits increase revenue for small businesses (Levine &

Segrev, 2011). In another study on the Small Business Jobs Act, Cantley (2012) noted a 100% exclusion from both capital gains taxes and the alternative minimum tax would be a financial windfall for small businesses with qualified small business stock.

However, Cantley (2012) found that tax benefits were not as favorable for small businesses due to changes in the implementation of the employer shared responsibility provision of the ACA (see Appendix A). Cantley noted the increased tax rate on the top two marginal tax brackets was significant because the organization of many small businesses is like a pass-through entity that causes the leaders of the small businesses to pay taxes on net business profits at the relevant individual marginal tax rate. Many wealthy individuals who hold large stakes in small business pass-through entities experienced an increase in their tax rate. These individuals, who comprise the majority of all private business income generated in the United States, pay substantially higher taxes (Cantley, 2012).

Employers must look at tax reduction processes to avoid tax penalties while abiding by the code. Over the next few years, an excise tax on high-cost employer plans will take effect, which will increase costs for employers (Hardin, 2011). Leaders of small businesses will be able to take advantage of simple cafeteria plans. Section 9022 of the employer shared responsibility provision of the ACA amends Section 125 of the Internal Revenue Code of 1986 by adding a new section titled Simple Cafeteria Plans for Small Businesses. The plans are available for eligible employers (Hardin, 2011). The new simple cafeteria plan for small employers primarily benefits C corporations.

Small business leaders are able to take advantage of tax credits. Section 45R adds a credit for employee health insurance expenses of small employers (Hardin, 2011). The tax credit is available for employers with 25 or fewer employees earning less than \$50,000. Hardin (2011) concluded leaders of small business should review new laws to determine how the new rules affected their tax burdens and business operations.

Through surveys, Blendon and Benson (2010) examined the public opinion of tax breaks for small businesses. More than two thirds of individuals surveyed favored tax breaks for small businesses that make coverage for their workers more affordable (Blendon & Benson, 2010). Support was significantly more likely (64% vs. 40%) among adults 18 to 29 years of age than among adults age 65 or older (Blendon & Benson, 2010). Over 50% of the public were in favor of having health care coverage, but many were not in favor of additional taxes for small businesses and the reduction of Medicare payments (Blendon & Benson, 2010). Many Americans felt the United States would be better off with health care reform before they realized penalties for noncompliance with the ACA were significant for individuals not having coverage and for businesses not providing coverage to employees. In a survey conducted after the implementation of the employer shared responsibility provision of the ACA, over 50% opposed the Act (Blendon & Benson, 2010).

Whether regarding health care or taxes, policy makers have not always made the best decisions for their constituents. Chirinko and Wilson (2010) evaluated data on business campaign contributions to politicians in 48 states. Leaders in big corporations could take advantage of tax loopholes and make large contributions to campaigns,

whereas leaders of small businesses were not making large contributions. Business campaign contributions directly influence business tax rates and indirectly shape tax competition (Chirinko & Wilson, 2010).

Contributions from large corporations were sizeable between 2003 and 2006. The business sector contributed over \$1.1 billion to campaigns (Chirinko & Wilson, 2010). Campaign contributions directly affected corporate taxes and tax policy. The economic value of a \$1 business campaign contribution was approximately \$6.65 in terms of lower state corporate taxes (Chirinko & Wilson, 2010). Chirinko and Wilson (2010) concluded that large businesses often times paid less in taxes than small businesses.

Filoso (2010) examined the reason for nonneutrality regarding corporate income taxes. An organization's revenue determines its profit. The factors that affect the tax rate on product markets are not clear (Filoso, 2010). It is unclear who bears the tax burden: employees, shareholders, or customers.

Taxes and small businesses. Small businesses play a major role in the economy, but they are less likely to be tax compliant than individuals. Leaders of small businesses are likely to have more opportunities for noncompliance with tax code than employed taxpayers (Kamleitner et al., 2012). The findings from a survey of small businesses in Malaysia indicated small business leaders faced tax complexities there as well (Lai & Arifin, 2011).

Every tax decreases consumers' satisfaction because any coerced trade must result in a loss to at least one employed taxpayer. The basis of this premise is taxation must benefit the tax consumer and penalize the taxpayer (Filoso, 2010). The other principle is

there is no such thing as a neutral tax. Taxes affect a firm's budget; while the leaders of infra-marginal firms can afford to pay taxes, taxes drive out of the market some marginal firms that just broke even before the tax (Filoso, 2010).

Taxation occurs on profits, but companies receive no incentives for losses. Taxation that works as a penalty for successful entrepreneurial action is similar to antitrust policies aimed at picking the winners of the competitive process, such as those that prevent and punish mergers and acquisitions (Filoso, 2010). Filoso (2010) concluded that it is a challenge for governments to introduce nonneutrality in taxation because the marketplace is constantly changing.

As the marketplace constantly changes, entrepreneurs faces the question of determining the right time to enter. Because taxes have a major role in revenue, entrepreneurs must be aware of tax policies for small businesses. Gurley-Calvez and Bruce (2013) investigated whether tax rates affected the decision to begin a new entrepreneurial venture. The data examined included 12 years of tax returns to determine entrepreneurial tax rates.

Business leaders and working individuals bear the burden of the employer shared responsibility provision of the ACA through tax increases. The ACA contains 20 new or higher taxes on families and small businesses (Kartch, 2012). The Medicare payroll tax increased, which employers pay. The increase in the Medicare payroll tax increases tax revenue by \$86 million (Kartch, 2012).

Kartch (2012) noted if an employer with 50 or more employees does not offer health coverage, and at least one employee qualifies for a health tax credit, the employer

pays an additional nondeductible tax of \$2,000 for each full-time employee. If any employee receives coverage through a health exchange, the penalty on the employer increases. If the employer requires a waiting period of 30-60 days to enroll in coverage, there is a \$400 tax per employee, which increases to \$600 if the period was more than 60 days.

Small Business Jobs Act. Levine and Segev (2011) reviewed the Small Business Jobs Act and reported changes from the act that affected small businesses and real estate owners. The Small Business Jobs Act increases revenue to small businesses through tax credits. An amendment to the Small Business Jobs Act permits original shareholders of eligible corporation stock to sell the stock without taxation on the sale (Cantley, 2012).

The Small Business Jobs Act includes several types of tax relief for small businesses such as avoiding a secondary or additional tax on S corporations and includes a more accelerated write-off of tangible personal property used in trade or business (Levine & Segev, 2011). Small businesses were only able to receive exclusions of 50% of the gain on the business stock but 100% is allowable through the act. To achieve a corporation status of qualified small business, a corporation must be a C corporation, and the corporation's aggregate gross assets prior to and immediately following the issuance of the stock cannot exceed \$50 million (Cantley, 2012).

Taxation on small businesses in other countries. Cerda and Larrain (2010) discussed the impact of corporate taxation on labor and capital demand by firms in developing countries. The focus of the article was the effect of corporate taxation on investments and firms' decisions such as investments or human capital. Corporate

taxation affects the ability of firms of all sizes to generate funds for investments and their ability to increase the labor force. Corporate taxes have a greater impact on labor demand in large firms than in smaller firms because of the flexibility to hire or fire labor when there are complementarities between capital and labor (Cerdeira & Larrain, 2010).

In Malaysia, small businesses enterprises have a self-assessment tax system that requires leaders of new small businesses to estimate taxes payable and installments within 3 months of starting operations. The estimated tax payable for the current year of assessment must not be less than 85% of the estimated or revised estimated tax payable of the immediately preceding year (Lai & Arifin, 2011). This law increased the likelihood of tax noncompliance in the small business sector in Malaysia.

Entrepreneurs and taxes. Entrepreneurs are more likely to start a business venture with favorable tax conditions. Any cut in tax rates, in the form of higher rates for wageworkers or lower rates for entrepreneurs, increases entry (Gurley-Calvez & Bruce, 2013). Many expenses that reduce business profits for tax purposes affect entrepreneur taxation. Most income depends on voluntary compliance; therefore, relative tax burdens can vary, even when entrepreneurs and wage-and-salary workers face the same tax rates (Gurley-Calvez & Bruce, 2013).

Voluntary compliance increases the risk for underreporting because entrepreneurs are just starting out and may not be aware of tax codes and reporting requirements. In addition, hiring certified public accountants (CPAs) to assist increases expenses and reduces revenue. Higher tax rates lead to tax evasion and are more likely due to the absence of third party reporting, and the increase in expected loss offsets makes reporting

entrepreneurial income through the personal income tax system relatively more attractive than filing a corporate tax return (Gurley-Calvez & Bruce, 2013).

Cutting the entrepreneurial marginal tax rate by one percentage point increases the probability of entrepreneurial entry (Gurley-Calvez & Bruce, 2013). Marginal tax rates are blind to the source of income under current law. It is therefore perhaps more relevant to consider the effects of across-the-board tax cuts of equal amounts (Gurley-Calvez & Bruce, 2013).

Tax comparison to other countries. Fairfield (2010) noted government leaders in Argentina and Chile wanted to increase tax revenue from corporate taxation, which tapped firm-level profits, and tax agency access to bank information, which helped reduce income tax evasion. Increased tax revenue helps to develop and stimulate any economy and is necessary for economic growth. Incremental rate increases and reforms that closed loopholes contributed to a gradual increase in Argentina from less than 1% of GDP in 1992 to 3-7% of GDP in 2005 (Fairfield, 2010). Business tax reform relates to political power in Latin America. Corporate taxes increased significantly in Argentina, which is a state with politically salient regional divisions where business divisions are sectorial and where coordinating opposition to reforms is difficult. In contrast, corporate tax increases were marginal in Chile, where regional divisions were less relevant; a strong, economy-wide business association exists; and businesses tend to be highly united on economic policy (Fairfield, 2010).

Increased corporate tax is especially important for raising revenue and improving equity within a country (Fairfield, 2010). The basis of a comprehensive management

system includes a collaborative set of objectives and an evaluation of other management systems (Drucker, 2005). Any tax increase in the United States falls on small businesses and the middle class, even though wealthy Americans generate significant income. The top 1% of taxpayers accounts for 37% of all profit, but they pay an average effective income tax rate of only 12% (Fairfield, 2010). Increasing corporate tax is the most practical way to tap this undertaxed and highly concentrated wealth and would be the most important reform for improving tax capacity and tax equity in Chile (Fairfield, 2010).

Corporate taxes and health care. Increased corporate taxes have a positive benefit on government revenue. Corporate tax revenue has increased government revenue since 1992 due to corporate rate increases (Fairfield, 2010). Although increased taxes boost government revenue, tax increases have a negative impact on the medical industry or health care. The medical device excise tax authorized by the ACA could have negative effects on research, profits, and investments. Moreover, limits on Medicare payments could reduce revenues (Nexon & Ubl, 2010).

In 2014, the ACA increased coverage to uninsured individuals. To pay for uninsured individuals, taxes must increase to generate revenue for new expenditures. Nexon and Ubl (2010) estimated that the increased use of health care services by previously uninsured individuals would increase national health spending by approximately 1.7% between 2014 and 2019, thereby increasing taxes and negatively affecting small businesses. Throughout history, taxes have continued to increase and will continue to increase at least through 2019 (Nexon & Ubl, 2010).

Health care systems. Small business leaders should engage in gathering information to explore health care management objectives. Evaluating other global health care systems can provide insight to effectively manage health care reform, as long-term data is not available for managing and implementing the ACA. Data can help business leaders with long-term objectives of providing health care coverage and with business processes (Gabel et al., 2013).

Comparison of health care systems. Health care in the United States differs from health care in countries such as Canada and South Africa. Canada has a public health act similar to the ACA (Duffin, 2011). The South African government is examining the universal health care in Canada and the United States to determine if implementing it in South Africa would be beneficial (Okorafor, 2012). This section includes a comparison of government health care in Canada and government health care in the United States and an exploration of the benefits of universal health care in the United States.

Government health care and Canada. Taxpayer-funded Medicare in Canada did not appear at a single point in time but emerged over a quarter century, beginning in 1962 (Duffin, 2011). Duffin (2011) noted that many jurisdictions in Canada began planning social programs to avoid another postwar economic depression. Duffin (2011) indicated that Tommy Douglas, the seventh premier of Saskatchewan and the first leader of the New Democratic Party, deemed Canada to be the first socialist government in North America. He promoted free access to health care for all citizens in Canada. Douglas helped implement hospital coverage in Canada (Duffin, 2011). Over the years, medical

care expanded throughout Canada. Canadian citizens accept certain responsibilities for maintaining their health and tolerated taxation; in exchange, the Canadian government provides education for health professionals, as well as free doctoring and hospital coverage for its citizens (Duffin, 2011).

Duffin (2011) examined physician income to determine the level of Medicare services Canadian citizens should receive. The advent of Medicare resulted in a temporary boom that raised expectations and provoked a funding crisis in Canada (Duffin, 2011). A 1990 study showed that although per capita expenditures on health in the United States were higher than per capita expenditures in Canada, the number of services was fewer. In other words, Canadian citizens were getting more and spending less.

The Canadian government devotes proportionately more resources to public health and to providing free access to all citizens through a system that costs less than its American counterpart costs and results in a longer lifespan and lower infant mortality (Duffin, 2011). Thus, better health indicators and greater accessibility correlate with lower physician income (Duffin, 2011). Duffin (2011) noted researchers should evaluate physician income to determine the benefits of a single-pay health system.

Government health care and the United States. In the United States, the universal health care system dates back to the 1800s. The United States never sustained the implementation of a universal health system. Other developed countries have had some form of social insurance that later evolved into national insurance for nearly as long as the United States has been trying to establish it (Palmer, 1999).

In the past, the universal health care was a way to stabilize income and protect against wage loss. Unions were not in favor of a universal health system during the 1900s. Bitler, Hoynes, Jencks, and Meyer (2010) noted the American Federation of Labor repeatedly denounced compulsory health insurance as an unnecessary paternalistic reform that would create a system of state supervision over people's health. Union members worried a government-based insurance system would weaken unions by usurping their role in providing social benefits.

South Africa and universal health care. To determine if a universal health care system would be appropriate in South Africa, South Africans focused on the health care systems of the United States and Canada. The South African government proposed adopting a universal health care system. Okorafor (2012) found implementing a universal health system similar to Canada and the United States would involve a payroll tax that would significantly reduce the size of the private health insurance market. Okorafor used regression analysis on household survey data to determine the change in demand for private health coverage because of income shocks stemming from the national health reform (Okorafor, 2012). Okorafor concluded that a national health reform system similar to the United States or Canada would not lead to better health care.

United States: Long-term data on health care. No long-term data on universal health care in the United States are available. The goal is to improve health care and reduce costs. Friedberg, Hussey, and Schneider (2010) noted an emerging consensus exists that indicates strengthening primary care will improve health outcomes and restrain the growth of health care spending. Friedberg et al. examined three areas of primary care

related to health care: the specialties of medical providers, a set of functions served by a usual source of care, and orientation of health systems. The findings indicated evidence supported initiatives to increase providers' ability to serve primary care functions and to reorient health systems to emphasize the delivery of primary care (Friedberg et al., 2010).

Without universal health coverage, some Americans will not receive medical care because they cannot afford the coverage. The debate is whether shifting a public safety net health care system from public to private administration will make the situation better or worse (Birnbaum, 2012). A single-payer system within a nonuniversal coverage environment (e.g., Medicare or Medicaid in the United States) is unlikely to produce the same cost-effectiveness as a single-payer system in a universal coverage environment (Birnbaum, 2012).

Medicaid and Medicare. Medicaid and Medicare are part of the universal health system in the United States. Medicaid is a safety net health insurance program on which one in five Americans depend (Birnbaum, 2012). Birnbaum (2012) conducted a review that involved evaluating the same period in which the downturn in the economy increased the number of uninsured and underinsured Americans, falling government revenues led to decreases in Medicaid coverage, and administration by nonprofit government shifted to for-profit health maintenance organization entities.

The health care system, particularly Medicare, does not stay static but is flexible and adapts to changes in technology and treatment options (Petasnick, 2011). Medicare is at center stage because of its effect on health care costs. Medicare accounts for an estimated 15% of the federal budget, and spending in the program is likely to grow as a

share of both the federal budget and total national expenditures as health care costs rise (Petasnick, 2011).

Americans are living longer and requiring longer health coverage. Health care costs will continue to rise, and changes in Medicare are inevitable (Petasnick 2011). Petasnick (2011) showed the best solution is to take the best parts of the existing Medicare system and add many of the attributes of a premium support plan while (a) retaining appropriate safeguards, (b) linking reimbursement to defined quality outcomes, (c) adjusting the age of eligibility, (d) aligning provider incentives, and (e) focusing on prevention and compassionate end-of-life care. The adjustments to the Medicare system might prevent any sharp rises in health care costs for Americans.

Medicaid and Medicare are a substantial part of the ACA. The goal of the ACA is to reduce health care costs across the board. To address health care costs for small businesses, state lawmakers created health insurance exchanges as part of the ACA (Gardiner, 2012). Small business leaders will need ways to reduce health care costs to sustain their business and provide coverage for employees. Provisions of the ACA such as health care exchanges will allow leaders of small businesses to pool their buying power, have more choices of health plans, and buy affordable health insurance (Gardiner, 2012). Gardiner (2012) examined the challenge for successful exchanges. One major challenge for small businesses is finding out whether exchanges exist and how to participate (Gardiner, 2012).

Small Businesses Health Options Program. The Small Businesses Health Options Program will help to create a marketplace, also known as a health insurance

exchange, for small, and perhaps eventually large, employers to purchase health insurance for their employees (Jost, 2012). Kingsdale (2012) noted the most important objective is to offer employers lower cost health plans and persuade small employers and qualified health plans to participate.

Health insurance exchanges. Consumer and employee literacy of plans and tiers continues to be a hurdle for health insurance exchanges. State analysts contended that exchanges have a range of insurance options so consumers can shop around for the best product and force suppliers to improve quality and lower costs to attract customers (Day & Nadash, 2012). Despite challenges and costs in choosing the right plan, the Massachusetts health insurance exchange is a successful model that other states can follow (Ericson & Starc, 2013).

The viability and success of these exchanges require effective risk-adjustment processes to compensate for differences in enrollees' health status across health plans (Weiner, Trish, Abrams, & Lemke, 2012). Weiner et al. (2012) discussed the advantages and disadvantages of risk selections within the different plans. A problem with the exchange is insurers could offer better payment for healthier employees. Large incentives for insurers to attract healthier enrollees are likely to persist, which could result in substantial overpayment to plans with very healthy enrollees and underpayment to plans with very sick members (Weiner et al., 2012).

A provision of the ACA indicates insurers cannot exclude people from a plan based on their health status (Weiner et al., 2012). Exclusion based on health status is important because all employees will have minimal coverage. Plans must cover essential

benefits and be disclosed to consumers to avoid adverse risk selection. The provisions will require more administrative paperwork for employers and increased costs to facilitate. Although employers will incur more costs, and insurers must adhere to provisions to reduce adverse risk selection, over- or underpayments will still be a concern. Weiner et al. (2012) concluded that diagnosis-based risk-adjusted rates do not perfectly predict actual expenditures. The persistent over- and underpayments are not trivial, but at least they will largely reflect unpredictable variation in use, rather than predictable uncompensated variation, which could contribute to incentives for selection.

Jones and Greer (2013) noted health insurance exchanges are a key component of the ACA. Health insurance exchanges are a way to find quality health coverage and to search for optional coverage (Kingsdale & Bertko, 2010). Exchanges will help to make health insurance more affordable for small businesses and individuals to purchase. Jones and Greer discussed the goal of the health exchange. The exchange will also be the mechanism through which qualifying individuals receive subsidies from the federal government to purchase private insurance coverage, and 24 million people will receive insurance through an exchange by 2016 (Jones & Greer, 2013). Lawmakers in each state will make many key decisions of the exchange (Kingsdale, 2012).

The health insurance exchange is the centerpiece of the insurance reforms within the ACA (Jost, 2012). To assist with small businesses obtaining coverage, state lawmakers are evaluating different types of exchange designs. State lawmakers should evaluate a number of different ways to reach small businesses. Lawmakers can reach small businesses through trade journals, insurance brokers, governmental business license

lists, and big-business partners that provide supplies and services to small businesses (Gardiner, 2012). Gardiner (2012) noted the ACA specified that state exchanges must help small businesses by providing guidance about federal and state health care tax credits to help offset insurance costs and the estimated value of those credits.

The Massachusetts exchange. The Massachusetts exchange, known as the Commonwealth Choice, is an example of a health insurance exchange. The exchange includes two programs created under the Commonwealth Care and Commonwealth Choice law (Day & Nadash, 2012). The exchange has individual mandates as well as the employer shared responsibility for health insurance. All individuals must have some level of coverage, and employers with more than 11 employees must make a fair and reasonable contribution to employees' health insurance costs (Ericson & Starc, 2013). Tax penalties will occur for both if employers do not meet conditions.

State lawmakers, therefore, have considerable choice in how much they influence the plans offered through exchanges (Day & Nadash, 2012). The exchange allows insurers to provide various plans tiered into bronze, silver, and gold. The silver and gold plans are comparable to employer-sponsored plans (Ericson & Starc, 2013). Day and Nadash (2012) concluded Massachusetts lawmakers used customer feedback to determine which products to offer in its exchange.

Grandfather rule. People can keep their existing health plans through the grandfather rule. Employers with grandfathered plans will have restrictions on the coverage they can offer employees. Grandfathered plans will result in lower premiums on plans available through the exchanges and will have small negative effects on enrollment

in the exchanges (Eibner et al., 2012). Eibner et al. (2012) noted self-insurance would reduce enrollment in exchanges, but also reduce employer cost. These regulations are essential to keeping premiums on the Small Businesses Health Options Program exchanges affordable (Eibner et al., 2012).

The ACA grandfather rule indicates people can keep their health plans, but their health plans will not keep their grandfathered status for long (Leonard, 2011). Leonard (2011) detailed the Obama administration's efforts to keep some parts of health care undisturbed. The ACA carries other provisions for the regulation as well, including state innovation waivers. Under the ACA Section 1332, Waiver for State Innovation, state officials might apply to the federal government for waivers from a number of specific ACA requirements, effective January 1, 2017 (Leonard, 2011). To qualify for state waivers, health insurance company within each state must demonstrate that their plans will be at least as comprehensive as the exchanges, with coverage and cost-sharing protections that are at least as affordable as the ACA (Leonard, 2011). When the grandfathered plans cease, Americans might be better off and coverage might improve (Leonard, 2011).

The ACA is the law, and employers must manage the change and explore solutions to provide coverage while increasing profits. Any adopted strategy needs to reflect the employer's benefits philosophy and maintain its ability to attract and retain a productive workforce (Pratt, 2013). Pratt (2013) explored options employers can implement to navigate through the ACA. Some provisions of the act did not take effect until after 2014. Employers should focus on immediate provisions and comply with those

requirements of the act that demand action, make planned changes, and outline strategic alternatives (Pratt, 2013).

Pratt (2013) discussed the immediate concerns employers must focus on such as employers reporting the value of health benefits on W-2s, providing a summary of benefits and coverage to employees, and providing coverage for exchanges. Exchanges will affect small businesses with up to 100 employees. Pratt concluded the act represents significant challenges for employers, who must make difficult decisions as they relate to health plans and implementing new business processes.

Leaders of small businesses must implement innovation to manage change and increase profitability. Hang, Chen, and Yu (2011) presented an assessment framework that captured the essential characteristics of success factors for disruptive innovation. The assessment framework developed helped small firms (Hang et al., 2011).

ACA. The implementation of the employer shared responsibility provision of the ACA will provide options for leaders of small businesses to provide coverage to employees. The ACA Small Businesses Health Options Program and some of the program's concepts emerged from a bipartisan small businesses health insurance bill (S 979) introduced in 2009 and sponsored by Senators Richard Durbin (D-IL), Olympia Snowe (R-ME), and Blanche Lincoln (D-AR; Jost, 2012). For a small business model to be successful, the plan must provide employees with options (Kingsdale, 2012). Through the ACA, tax credits funnel to small employers through exchanges, but the subsidy is small (Kingsdale, 2012).

The ACA also has an employer shared responsibility tax. Tacchino (2013) examined which employers would be subject to this new tax, what triggers the tax, how to calculate potential employer tax liability, and under what conditions some employers will drop coverage or keep employer-sponsored plans. Along with rising health care costs, employers with more than 50 full-time employees will be subject to the new tax for not complying with the ACA. To avoid the tax, employers must offer minimum essential health care coverage to full-time employees and their dependents or offer the opportunity to enroll in minimum essential health care coverage to full-time employees and their dependents (Tacchino, 2013). Employers will face increased administrative paperwork to maintain compliance with the act, which will increase costs for firms to avoid the tax penalty. Tacchino concluded employers must work closely with accountants and financial advisors to ensure compliance with the act and avoid the tax penalty or employers will drop coverage altogether.

The ACA will have a greater effect on organizations employing more than 50 full-time employees (Opperman, 2010). Some provisions of the act will affect all businesses regardless of size. Opperman (2010) examined health care reform for veterinary owners and how the ACA will affect their business. The main difference is businesses with 50 or fewer employees are exempt from the tax penalties the law will impose on employers that do not provide health care benefits (Opperman, 2010).

Firms with fewer than 50 full-time employees might also qualify for tax credits for providing health care coverage. Small businesses must pay at least half the cost of health care coverage for their employees, and the employees must earn an average of

\$50,000 or less per year (Opperman, 2010). Opperman (2010) indicated the maximum credit would increase to 50% of premiums in 2014. The government will monitor reporting of health coverage from employees' W-2. Opperman (2010) concluded the reform law requires leaders of all small businesses to report the value of health care benefits on employees' W-2 forms every year.

Evaluating the ACA involves other costs associated with income reporting on Form 1099. Masino and McCurry (2011) contended those who read the ACA in its entirety failed to grasp the effects Section 9006 would have on the business community reporting requirements. The act indicates taxpayers must report via Form 1099 any payments in excess of \$600 made after December 31, 2011, for services or goods without differentiation between individuals and corporations (Masino & McCurry, 2011). This requirement can present challenges for small businesses because it will increase administrative work, accounting fees, and business costs.

Masino and McCurry (2011) conducted a survey in small, medium, and large firms that completed Form 1099 to report if small businesses understood the complexity of reporting. The revised Internal Revenue Code § 604 1(a) has two major changes that will create large amounts of paperwork. First, under the revised guidelines, taxpayers will report via Form 1099 payments for goods and property in excess of \$600 (Masino & McCurry, 2011). The second change modified the Form 1099 reporting exemption for payments in excess of \$600 to corporations. Under the revised guidelines, business owners must report all payments in excess of \$600 for services, property, or goods via Form 1099 (Masino & McCurry, 2011). Masino and McCurry showed that new

regulations would increase costs for employers by increasing the time and work hours spent gathering the necessary documents for reporting. Survey results indicated the approximate cost of gathering the necessary data was \$20 for each form and would not be a one-time charge (Masino & McCurry, 2011).

The increased cost of health care has led to leaders of small businesses having employees self-insure. Approximately 20% of companies with 50 to 199 employees had the employees self-insure in 2010, up from 14% in 2006 (Tozzi, 2012). Tozzi (2012) noted increased health premiums were forcing employers to make drastic changes in their operations, which might be advantageous for firms with younger employees. Self-insuring appeals to employers because dollars not spent on medical care stay in the company instead of flowing to the insurance carrier's bottom line (Tozzi, 2012).

Although regulations changed small firms' health premiums, leaders of small businesses can avoid many of the new regulations by self-insuring (Eibner, Price, Vardavas, Cordova, & Giroi, 2012). If small firms with healthy and lower cost enrollees avoid the regulations, premiums for coverage sold through insurance exchanges could be unaffordable (Eibner et al., 2012). Vivard (2008) examined the tax implications of not having tax reform by examining a blueprint for tax and health reform. Vivard found fiscal policy had many restraints on taxpayers. President Obama proposed additional middle-class tax cuts. The additional tax cuts would have a negative effect on government revenue. Vivard noted any tax, health insurance exchanges, and health reform would involve challenges.

Small businesses and exchanges. Leaders of small businesses must implement health insurance exchanges, and the ACA created state-based health insurance exchanges as marketplaces where people can purchase health insurance for themselves and their families and where leaders of small businesses can purchase health insurance for their employees. Jost (2012) evaluated the need for small businesses exchanges and discussed how they will function. Jost (2012) also examined challenges with the exchanges. Small business exchanges are a particular challenge because neither the policy rationale nor the business case is clear for them (Kingsdale, 2012). Small groups have a smaller population over which to spread relatively fixed costs and have to pay higher commissions to brokers and agents who often serve effectively as the human resources department for small groups (Jost, 2012). The goal of the health insurance exchange is to provide affordable services to small businesses that they do not normally receive because of their size.

Small businesses often do not have the staff to perform health care services; therefore, health insurance exchanges will assist with services that are the functions served by human resources departments in larger businesses (Jost, 2012). Small businesses need to have choices for employees. Small businesses do not have a choice of health plans for employees because they cannot afford a benefits specialist (Kingsdale, 2012). Multiple plan options can increase the cost of health care coverage for small businesses. The leaders of many small businesses elect to offer one plan to reduce business costs. Health insurance exchanges will be a benefit to small businesses and the economy because the vast majority of employers in the United States are small

businesses. Less than 1% of 5.9 million small business owners have more than 100 employees, which indicates that small businesses represent the majority of business owners in the United States (Jost, 2012).

Small business exchanges must have value for small businesses and their employees while contributing to the policy objectives of health reform (Kingsdale, 2012). Kingsdale (2012) examined an insurance carrier in Massachusetts that provided options for employers by conducting a survey with the Massachusetts Connector's pilot employee choice program, and 90% of responding employees reported liking a model that offered a choice of plans (Kingsdale, 2012). The choices included the employer's preferred (benchmark) plan and other options. Two thirds of the employees chose the employer's benchmark plan, and one third bought a different plan; most parties reported high satisfaction with their ability to exercise choice (Kingsdale, 2012).

Some states had an exchange implemented by January 1, 2014. States without health exchanges can use federally operated exchanges. Two separate exchanges will assist with small businesses and individuals (Kingsdale, 2010). The exchanges will have restrictions on small businesses and individuals. Employees of small businesses will have a choice of carriers at only one benefit tier chosen by the employer (Kingsdale, 2010), so employers can keep costs down because employees with health problems would choose the highest coverage, thus increasing the cost to the employer. Well-run exchanges can aggregate buying power, realize administrative efficiencies, and improve consumers' shopping experience, thereby helping to fulfill the individual and employer shared responsibility in the ACA (Kingsdale, 2010).

The exchanges provide support to small businesses and unsubsidized individuals (Kingsdale, 2010). However, the exchanges face challenges such as friction with current policies and insurance companies, state-level control of the exchange, and the level of participation by small businesses (Jones & Greer, 2013). Although the design of the exchange was to benefit small businesses, Jones and Greer (2013) concluded that constructive partnerships and policies must exist between state and federal governments to reduce challenges.

The small business exchange sounds simple in concept but is complex (Dentzer, 2012). Exchanges should have more options for employers, but employers' greatest concern is the cost. Leaders of small businesses must constantly look for ways to reduce costs and increase revenue. The ACA is increasing costs for employers, which is the major concern for employers regarding the ACA and exchanges (Dentzer, 2012). Dentzer (2012) reviewed several articles on the benefits and challenges of exchanges for small businesses. The exchanges will cost employers more in the beginning because of administrative compliance, logistics, and variance between states. There is no consensus in the United States whether the shrinkage of employer-sponsored coverage will result in a desirable outcome or reduce costs for employers (Dentzer, 2012).

Exchanges will serve to connect consumers with a range of health insurance options (Day & Nadash, 2012). Ericson and Starc (2013) examined health care exchanges in the state of Massachusetts and the types of products consumers chose. When employers paid the health insurance bill, individuals were more likely to choose a more expensive plan than if they were paying for it. On the exchanges, insurance companies

will price and market directly to individuals and the exchanges will offer a wider range of choices than most employers will (Ericson & Starc, 2013). Local state government officials will be able to control the health insurance exchange. The wide discretion means that several types of exchanges will be available, and the degree to which they support consumer choice will differ (Day & Nadash, 2012).

Effect of spending on small businesses. Any health reform will affect taxes and small businesses. Fodha and Seegmuller (2012) used a quantitative method to examine labor tax reform and unemployment in other countries, and they found direct revenue loss to the government was the key obstacle to reducing payroll taxes. Fodha and Seegmuller evaluated a simplified method of reducing payroll taxes. The strategy would increase employment while decreasing the unemployment rate and increase public revenue in European countries.

Consumer spending has a direct effect on small businesses and the economy. Feltenstein and Shamloo (2013) examined the effect of tax rebates on consumption expenditures to estimate the response to state tax rebates implemented during 1995-2001. The government has used tax rebates to spur growth in the economy and encouraged consumers to spend money. The Economic Growth and Tax Relief Reconciliation Act of 2001 and the Jobs Growth Tax Relief Reconciliation Act of 2003 consisted of a decrease in the lowest tax rate from 15% to 10% and increased the child tax credit. Feltenstein and Shamloo (2013) stated that consumer spending did not increase due to tax rebates.

Graves (2012) examined new health benefits for a portion of Alcoa's workforce. The new benefit would eliminate the cost-sharing for preventive care while increasing

cost-sharing for other services. Alcoa and researchers from Yale University conducted a study to examine the impact of benefit design changes on the use of preventive health care. Graves used sample data from 2003-2004 from Alcoa plants with more than 250 employees. The outcome measure was preventive care use rates. Graves found that Alcoa increased cost-sharing on most health care services and total costs greatly declined.

MBO Theory

MBO theory (Drucker, 2005) is the foundation upon which organizational management bases decisions and implements business processes. Leaders of small businesses can implement these processes to prevent the potential outcome of higher business costs resulting from the implementation of the employer shared responsibility provision of the ACA and improve the economic position of organizations that would have a positive influence on society. The MBO theory includes concepts and business processes that have a positive influence on business success (Drucker, 2005).

According to the MBO theory, first used by Drucker in 1954, business leaders must set specific objectives to achieve and ask what more they can do (Drucker, 1954). The MBO theory is a process designed for business leaders and employees to set specific objectives that are common to the whole organization to accomplish within a set time frame (Drucker, 1954). The MBO theory is a process by which leaders of small businesses can implement the employer shared responsibility provision of the ACA. Drucker (1954) noted that business leaders use the MBO process to think in terms of their organization's future needs and to set objectives to meet those needs.

The MBO theory is a conceptual theory that includes a wide range of concepts that have a positive influence on small businesses and society (Drucker, 2005). The acceptance of MBO is universal, and MBO is successful because organizational leaders have tested and practiced it to make their management operations effective. Drucker (2005) completed his groundwork by researching the effectiveness of MBO as a model to improve organizational efficiency.

Drucker's (2005) MBO is the foundation for organizational management decisions. According to Dewar (2002), organizational leaders must use a management model to make decisions that can ensure the effective operation of an organization. Effective management involves using the least number of resources to gain the best outcome to achieve the objectives of small businesses. According to Kahane (2007), effective management strives to reach the goals of the organization. The mechanism of MBO supports the management of small businesses organizations through clear goals created to achieve the expected results for implementing the employer shared responsibility provision of the ACA in the following four steps: (a) objectives, (b) action plan, (c) review, and (d) appraisal (Argyris, 1999).

Setting objectives. Setting objectives is the starting point for the MBO process (Drucker, 2005). Participation by employees to achieve the organization's goal is important. Business plans of small businesses will outline objectives for implementing the employer shared responsibility provision of the ACA.

Formulating a constructive action plan. After setting objectives, the future planning phase of MBO is essential. Managers at each level develop plans to incorporate the objectives established in the first step (Drucker, 2005).

Periodic review. After the plan is in action, attention turns to monitoring performance through objective evaluation. Periodic checkups serve as an excellent opportunity for managers to assess the progress.

Performance appraisal. When the steps in the MBO process are complete, business leaders match the final performance to the business processes. The strategic business process repeats, with each step contributing to the learning process (Drucker, 2005).

The objectives of the MBO theory include ongoing coordination, tracking, and feedback for successful implementation of the employer shared responsibility provision of the ACA. MBO is about setting the general objectives first and then breaking them down into specific goals (Fahey & Randall, 1997). The MBO process empowers employees to implement the strategic business processes so that the organization can achieve its objectives. Drucker (2005) noted that the organization must set clear goals and objectives. Leaders of small businesses must implement MBO to prevent the potential outcome of higher business costs and the need to downsize employees resulting from the implementation of the employer shared responsibility provision of the ACA. Effective management requires a commitment to adapt to a changing environment (Goldblatt et al., 1999).

A key approach to management is examining the different leadership theories within the organization. Strategic management devotes appropriate attention to each theory, and all stakeholders to achieve superior performance (Verbeke & Tung, 2013). The MBO theory can involve a combination of theories to increase production in the workplace. Organizational leaders use the MBO theory to address how leadership relates to the goals of their organization and the strategies they implement to motivate employees (Sorensen & Minahan, 2011). Small business leaders must provide valuable management strategies to improve performance throughout the organization. Drucker's (2005) MBO challenges business leaders to adopt ways to give workers the freedom to make decisions in order to give employees more control over their work environment. Business leaders must examine the objectives of the organization to implement the employer shared responsibility provision of the ACA, such as taxes, health care systems, and health care coverage. Then business leaders can evaluate future planning, new objectives, and business processes.

Strategic Business Processes

The implementation of the employer shared responsibility provision of the ACA resulted in uncertainty due to new regulations and potential tax penalties for employers and employees. To address the uncertainty of change, strategic and management processes of small businesses examine the improvement of long-term success, survival, and management of change (Taneja et al., 2013). The MBO theory serves as a guide for strategic leadership theory because effective leaders must understand the framework to manage and guide their organization effectively. Drucker (2005) used the MBO to urge

leaders to work with lower level workers on objectives and goals and to encourage them to make decisions on how to achieve these goals and objectives through strategic processes.

The strategic framework is an eight-step dynamic process used by leaders, managers, and representative stakeholders, both positional and functional, to plan and guide their organizations strategically into the future. Leaders use strategic management processes to improve long-term success, survival, and management of change (Taneja et al., 2013). A strategic positioning framework and management process might act as guiding principles that define how business leaders will meet strategic goals and objectives and achieve the organizational mission (Ishak & Ahmad, 2011).

To manage the framework and lead their team, leaders of small businesses can implement the managerial grid, developed by leadership theorists Robert Blake and Jane Mouton. Blake and Mouton (1964) noted managers can use the managerial grid to achieve the objective of the project and at the same time manage employees. Leaders of small businesses can use the leadership theory by Blake to maximize employee production by focusing on team management meeting the objectives of the organization. A strategic leadership framework process might serve as guiding principles that define how business leaders will meet strategic goals and objectives and achieve the organizational mission moving forward (Ishak & Ahmad, 2011).

Objectives evaluation. To make objectives organization-wide, it is important that leaders and employees understand the objectives (Drucker, 2005). Business leaders must evaluate objectives and the implementation of the employer shared responsibility

provision of the ACA. Business objectives must align with effectively implementing the employer shared responsibility provision of the ACA to be successful.

Implementing the employer shared responsibility. The implementation of the employer shared responsibility provision of the ACA and the costs of the implementation will affect small businesses. Leaders of small businesses must look at new alternatives to improve business operations through innovation to offset costs and the implementation of the ACA to compete in the marketplace. Business leaders can use MBO to determine the successes and reasons for the failure of disruptive innovation within the organization. Technology assists business leaders by providing opportunities for collaborative partnership to manage disruptive innovation (Hang et al., 2011). Leaders of small businesses can use the framework to predict whether firms will be successful with new products independently or through partnerships. Disruptive innovation can have a major role in the success of small businesses during the implementation of the ACA (Hang et al., 2011).

Leaders of small firms face challenges implementing innovation such as health care reform and taxes. Heimonen (2012) provided a report aimed at identifying factors that affect the innovativeness of growing SMEs. Heimonen evaluated sample data on intellectual property rights as a proxy for innovation from 348 continuously growing SMEs.

To offset the financial strain of health care reform and taxes, firm leaders must examine other opportunities to increase revenue. Heimonen (2012) found that small business leaders and business leaders who used intellectual property rights had more

financial pressure than firm leaders who did not. Those firms were less likely to succeed due to the financial strain and factors such as intellectual property rights that affected small businesses enterprises. Firm leaders cannot use intellectual property rights as an innovation to offset increased costs from health care reform and taxes.

Leaders of small businesses must be able to use all resources and processes to sustain during a recession and business reform. Prasad, Tata, and Guo (2012) examined small businesses sustainability and found that small businesses leaders need to invest in creating structural, relational, and social capital prior to a recession to protect them from additional uncertainty. Small business leaders can create these changes through their supply chain. Leaders of large multinational corporations are placing greater pressure on small business supply-chain vendors to adopt sustainability practices (Webb, Hodge, & Thompson, 2012). Webb et al. (2012) examined small businesses sustainability and the CPA's role. Firm leaders must employ new methods to succeed in changing environments. Business leaders who fail to develop sustainable processes could experience negative impacts (Webb et al., 2012).

Business leaders must have a plan so that business strategies and processes can be implemented accurately and have sustainability (Drucker, 2005). Business leaders must evaluate strategies to ensure they are measurable for implementing the employer shared responsibility provision of the ACA. Drucker (2005) noted that business leaders must identify goals and outline objectives while providing leadership to their organization.

Sustainability. Sustainability is a growing area, and challenges can lead to unprepared organizations being in a vulnerable position. Small businesses whose leaders

implement sustainability can take advantage of the associated benefits. Significant customer-related benefits can accrue to SMEs when leaders incorporate sustainability into the business culture (Webb et al., 2012).

Organizational leaders who succeed in times of economic shocks rely on the collaboration processes to reduce cost and risk while expanding their networks to increase their operational flexibility and access to markets (Prasad et al., 2012). The model used shows that leaders who adopt a flexible specialization paradigm focus upon inter- and interim relations and tap public and private supporting institutions are more likely to survive economic crises (Prasad et al., 2012). Relationships developed within the supply chain can help small businesses sustain during economic downturns.

Small businesses lack guidance in the area of sustainability. Certified public accountants will have a pivotal role in assisting small businesses with sustainability because of their extensive knowledge. Webb et al. (2012) noted that CPAs must develop the knowledge and skills necessary to provide small business leaders with sustainability services.

Firm leaders will need capital to sustain their organization. The landscape of financing has changed, and firms need angel investors for growth. Angel investors are important for SMEs because they provide money, expertise, knowledge, skills, and contacts in the businesses in which they invest (Ramadani, 2012). Angel investors can provide opportunities for small enterprises at different stages.

The seed stage, start-up stage, and early stage are opportunities during which angel investors will contribute to small businesses depending on their style of investing.

Many angel investors prefer early-stage enterprises because they can have an active role before they sell their position in the enterprise (Ramandani, 2012). Angel investors represent private wealth through business ventures and are willing to contribute to other SMEs to help them grow.

Increased business costs from health care reform are causing leaders of small businesses to explore using angel investors for financing to improve revenue. Angel investors tend to invest in small businesses instead of large corporations. Because of the high risk of an investment, most angel investors invest only 5-15% of their assets in such companies (Ramandani, 2012). Ramandani (2012) concluded that angel investors want to see young entrepreneurs grow and SMEs succeed because they understand many small businesses lack the capital to start or sustain growth with the implementation of the ACA.

Entrepreneurs have also turned to venture capital as an avenue to increase growth within organizations. Engel (2011) examined the venture capital model for innovation management. The model tests innovation and ideas of entrepreneurs quickly to determine the success of the venture. Since the 1970s, a major source of business innovation has been new ventures, often funded by venture capital (Engel, 2011).

Engel (2011) noted the venture capital model of innovation management included 10 primary processes to manage uncertainty, mitigate risk, and empower commitment. The venture capital model is business innovation entrepreneurs implemented to improve success and increase growth. The processes used in the venture model include investing in teams, focusing on customer development, and always selling (Engel, 2011). These processes help entrepreneurs to create advantages from disadvantages. Innovation gives

business leaders opportunities to compete in a larger market and for a longer time. The engine that drives the implementation of action for the venture capital model is an alignment of incentives achieved through sharing ownership in the new business initiative in structures that share risk and reward and encourage sustained effort over a period of years (Engel, 2011).

Changes in health care reform, recessions, legislation, and taxes are affecting firms' revenue. Engel (2011) concluded the venture capital model provides an opportunity for partnerships, collaborations, and acquisitions. A component of sustainability is an effective business strategy. The strategy is a way of thinking about the business, assessing its strengths, diagnosing its weaknesses, and envisioning its possibilities (Pugh & Bourgeois, 2011). Pugh and Bourgeois (2011) examined what it meant to implement strategic plans. The definition of strategy cannot be from one idea or framework. Business leaders must look at processes as multidimensional to be competitive and improve success. The real development of a strategy requires a look at both the current and the future states and then using the tools available to bridge the gap between the two and make organizations competitive in the future (Pugh & Bourgeois, 2011).

Strategies for small businesses. The goal of small business leaders is to continue to improve success with changes to health care reform and potential tax implications in the marketplace. By performing the analysis and taking strategic actions designed to have effects in both current and future periods, business leaders can ensure they will remain relevant and viable as time passes (Pugh & Bourgeois, 2011). Role changes at the top

will cause role changes throughout the organization, which will provide more strategic options for the organization.

Pugh and Bourgeois (2011) noted business leaders must examine strategy from a future perspective and watch out for potential challenges while seeking new opportunities. New opportunities lead to the core of the strategy for businesses: learning, discovering, and inventing new opportunities. Pugh and Bourgeois concluded learning and discovery should reveal opportunities for improvement within organizations.

Pugh and Bourgeois (2011) evaluated over 108 businesses whose leaders used blue ocean strategy and determined why blue ocean strategy creation is imperative for companies in the future. Instead of business leaders focusing on the competitors to succeed, they should develop markets where there is little or no competition (blue oceans). The other focus should be to exploit and protect blue oceans. The focus of blue ocean is company strategy (Pitta & Pitta, 2011).

Blue ocean strategy shifts the focus back to customers and allows firm leaders to focus on delivering value and growth. Blue ocean proponents advise creating a strategy canvas, which is a graphical depiction of three factors: the industry factors of competition (the x axis), the relative level of the factors that a competitor supplies compared to the industry (the y axis), and the competitor's strategic profile (the line that connects the factors; Pitta & Pitta, 2011).

Another challenge business leader must overcome for sustainability is product failure. Firm leaders can use new product development to reestablish the organization. Pitta and Pitta (2012) discussed implementing a blue ocean strategy to the new product

development process with the goal of developing new products and services unhindered by competitive offerings. Blue ocean strategy involves creating new rules and a new industry by not conforming to old rules to be successful and competitive (Pugh & Bourgeois, 2011).

New product development can reduce failure rates for firms and improve sustainability. Product failure rate reached as high as 95% during the last millennium (Pitta & Pitta, 2012). To reduce product failure rates, organizational leaders must leverage the brand equity on existing products, develop relationships, and form new techniques. Product failure can result from failing to build sufficient brand equity to succeed (Pitta & Pitta, 2011).

Entrepreneurs are changing the product development process by identifying new markets and new processes. In the past, the crowding approach used in marketing has decreased market share and increased competition that reduces profit and growth opportunities (Pitta & Pitta, 2011). Blue oceans denote all the industries no longer in existence, which is the unknown market space untainted by competition (Pugh & Bourgeois, 2011).

The shift from competition back to consumers allows business leaders to build lasting brands. The blue ocean strategy is so powerful that a blue ocean strategic move can create brand equity that lasts for decades and improves cost savings (Pugh & Bourgeois, 2011). Businesses can benefit from implementing the blue ocean strategy into business processes or business plans to manage change in the current marketplace.

Transition and Summary

Taxes are a large part of health care reform and must be addressed by small businesses (Herrick, 2014). Health care reform and taxes can affect the success and revenue of small businesses. Small business leaders face increased costs of doing business, health reform, and tax increases. Increasing taxes and implementing the ACA will influence the hiring practices of businesses and lead to a reduction in employees.

Section 1 included an overview of the study, as well as a review of the literature as it relates to the phenomenon. Section 1 included a discussion on the problem leaders of small businesses will face with the implementation of the employer shared responsibility provision of the ACA. The literature review included a discussion on social change and MBO. An explanation of the research design in Section 2 includes participants, methods, data collection, and data analysis. Section 2 also includes an analysis of the instruments used and methods used in the research.

Section 2: The Project

A qualitative exploratory case study approach was suitable for exploring a phenomenon such as the employer shared responsibility provision of the ACA using different data sources. Section 2 includes a restatement of the purpose of this study and a discussion of the role of the researcher, the participants, the research method and design, the population and sampling, and ethical research. Section 2 also includes details on data collection, data instruments, data collection techniques, and data analysis. The section concludes with a discussion of reliability and validity.

Purpose Statement

The purpose of this qualitative descriptive multiple-case study was to explore the strategic business processes that senior business leaders of small businesses used to implement the employer shared responsibility provision of the ACA in the Mid-Atlantic region of the United States. Data collection involved using semistructured interviews from five senior businesses leaders of five small business organizations located in the Mid-Atlantic region of the United States. Data came from two data collection tools: the semistructured interviews and a review of strategic business plans. The review of strategic business plans led to insight into implementing the employer shared responsibility provision of the ACA. Senior business leaders who use strategic business processes in their business plans are more likely to achieve goals (Mitchelmore & Rowley, 2013).

Role of the Researcher

The role of the researcher in a qualitative case study is to function as the primary instrument for the data collection process and to maintain strict adherence to ethical guidelines (Collins & Cooper, 2014; Yin, 2011). In my role as researcher, I managed all research processes, which included networking, managing the research, evaluating the research data collected, and publishing the research. I worked for a pharmaceutical company and currently work for a consulting company. Leaders of both organizations had to evaluate the ACA and examine their business processes to determine the best way to implement the ACA. Knowledge gained from the study will assist the leaders with long-term strategies of implementing the ACA. Data will remain in a locked container for 5 years, and I will destroy them after 5 years. To preserve intentions and the purpose of a study, a researcher needs to maintain ethical standards (Akhavan, Ramezan, & Moghaddam, 2013; Miles & Huberman, 1994).

A researcher's experiences, personal values, and perspectives create bias in the analysis of research data (Akhavan et al., 2013; Bernard, 2013). I sought to reduce bias by making certain that the respondents were ready and willing to participate, ensuring the questions were clear, and taking precautions against doing anything that may negatively affect or threaten data accuracy and reliability. Member checking helped to ensure the trustworthiness of the data and the findings.

The U.S. Department of Health and Human Services (2014) stated that to maintain ethical standards, researchers must use the ethical principles of the *Belmont Report* to ensure they uphold respect for persons, beneficence, and justice. Participants in

the current study were not in a dangerous location or a vulnerable position during interviews. I treated participants with kindness and respect. Covell, Sidani, and Ritchie (2012) noted that an interviewer has an obligation to protect participants from interviewer interference and ensure confidentiality in the data collection process.

I mitigated bias by managing the research and validating the data. The quality of data depends on the ability of a researcher to reduce bias and validate the correct interpretation (Rubin & Rubin, 2011; Yin, 2009). Safeguarding data for 5 years will mitigate risks. All participants signed an informed consent form that mitigated privacy risks. The data collected represented new information, which reduced the risk of viewing data through a personal lens. The focus of the research questions was on the implementation of the employer shared responsibility provision of the ACA to avoid bias. Interviews can include bias if the construction of the interview questions is poor (Yin, 2009).

The interview questions remained the same for all five participants. The interview protocol served to guide my understanding of the participants' strategic business processes, strategic thinking, and reasons the participants implemented the employer shared responsibility provision of the ACA. The interview protocol is a tool that provides in-depth understanding of participant's answers (De Ceunynck, Kusumastuti, Hannes, Janssens, & Wets, 2013).

Participants

The voluntary participants in the study were five senior business leaders from five small business organizations in the Mid-Atlantic region of the United States. The five

business leaders met the study criteria of working at an organization that had at least 50 full-time employees, not having any connection with me, and having implemented the employer shared responsibility provision of the ACA. There is considerable evidence that strategic planning leads to an increase in firm performance for small businesses (Mitchelmore & Rowley, 2013). Five participants answered interview questions in a 1-hour period and shared the written strategic business processes of implementing the employer shared responsibility provision of the ACA for analysis. Each voluntary participant was 18 years old or older. The pool of potential small businesses and contact information of business leaders came from the SBA. Senior business leaders of the small businesses provided permission to conduct research with the small business organizations. Interviews took place at a local park near Washington, DC, which is in the Mid-Atlantic region of the United States, or at an outside lunch area near a participant's office space.

I used a protocol that established a working relationship between the participants and me, as recommended by Yin (2014). The protocol I used (see Appendix F) was a document that captured the procedures for collecting data. The protocol included sending an initial e-mail to contact participants, obtaining a signed informed consent form, setting a time to conduct interviews, interviewing participants to gather data using preset interview questions, member checking, transcribing data, analyzing data, coding data, and presenting themes from data collected. Open-ended interview questions allowed participants to present stories, speak openly, and be honest in their responses. Enhanced responses occur when participants feel comfortable in a shared relationship with the

proper amount of professional distance (McGregor, Parker, LeBlanc, & King, 2010; Unluer, 2012; Yin, 2014).

After IRB approval, 09-11-15-0323674, the research and data collection process began. I used a password-protected computer and key drive to store collected data after transcription. I will destroy all interviews, notes, and documentation after 5 years. I maintained ethical standards and confidentiality at all times to preserve the intentions and purpose of the study. Ethical codes guide researchers about what to do and what to avoid to increase trust with participants (Akhavan et al., 2013). I used codes to protect participants' identity.

Research Method and Design

The purpose of this qualitative descriptive multiple-case study was to explore the strategic business processes that leaders of small businesses used to implement the employer shared responsibility provision addressed in the ACA. A researcher selects a qualitative method that best addresses the research question (Hotho & Champion, 2011). I selected the qualitative research method grounded in traditional research. Qualitative researchers expose important points surrounding a topic (Anyan, 2013). Yin (2011) noted that the intent of the qualitative research was to seek solutions from professionals who agreed among themselves. Qualitative research creates a deeper and richer understanding of a particular phenomenon (Birkinshaw, Brannen, & Tung, 2011).

The choice of research design comes after the selection of the research method to coordinate with the problem statement and research question (Ali & Yusof, 2011). In multiple-case studies, researchers collect data to understand complex situations from

multiple participants to help analyze the relationship between situations (Yin, 2011). The qualitative multiple-case study research method and design were appropriate to answer the research question, explore the business problem, and obtain purpose for the study.

Research Method

Qualitative researchers increase the potential to go beyond the description of a study and find details in experiences through identifying individuals' actions and intentions (Birkinshaw et al., 2011). Moreover, a researcher's relationship with a small group of participants creates an environment to help collect detailed experiences (Powell & Eddleston, 2013). Participants speak openly and provide detailed data in a small group environment, which results in more information compared to a quantitative technique because of the ability to ask follow-up questions immediately (Stacey & Vincent, 2011).

A researcher's use of qualitative analysis creates a deeper and richer understanding of a particular phenomenon and can lead to robust models of interaction among businesses (Birkinshaw et al., 2011). To assist with the purpose of a multiple-case study, participants used memories and experiences that reflected on the financial strategies of a small consulting business (Stacey & Vincent, 2011). Rich insight into knowledge and processes came from the participants' experiences.

Researchers provide less detail in their analysis of quantitative studies because of a large number of participants and the lack of a personal connection with participants (Birkinshaw et al., 2011). To obtain details from semistructured interviews, it is crucial that participants elaborate on answers, ask questions to clarify meanings, and apply follow-up questions (Powell & Eddleston, 2013). I used my business experience to create

a relationship with the participants. Building relationships is important because researchers can be the recipients of the participants' wisdom without needing to compete by demonstrating their own wisdom (Blanford, 2013).

For this research study, I chose qualitative research over quantitative or mixed method research. Quantitative research requires a high degree of sameness in the data collected (Flick, von Kardorff, & Steinke, 2004). A quantitative researcher focuses on the volume of data, can have a large sample size, and analyzes extensive amounts of numerical data (Powell & Eddleston, 2013). The results from quantitative research do not include the detailed descriptions of experiences that qualitative researchers produce (Powell & Eddleston, 2013).

Quantitative methods include numerical or statistical approaches to data collection and data analysis (Birkinshaw et al., 2011). Quantitative research methodology involves testing a preconceived hypothesis, reducing any exploration, and not revealing the actual experiences of individuals (Cope, 2011). A mixed methods approach is a combination of qualitative and quantitative research (Fielding, 2012). Researchers conduct mixed methods research to exploit the benefits of both studies (Fielding, 2012); however, the mixed methods research involves extensive research experience and additional time and data processing (Powell & Eddleston, 2013). The qualitative research method has a diagnostic exploratory nature, which makes it invaluable for developing understanding of a new phenomenon (Kapoulas & Mitic, 2012).

Research Design

The employer shared responsibility provision addressed in the ACA resulted in both social and human problems. The research design for this study was a descriptive case study. The reason for using the multiple-case study design is to explore the effects of events, experiences, activities, and processes on participants through multiple data sources over time (Emrich, 2015; Hortho & Champion, 2011). Multiple-case study research is suitable for creating an understanding of complex situations and for analyzing the relationship between situations (Yin, 2011). Researchers who conduct case studies generate authentic styles of capturing and analyzing data, and in a single exploratory case study, the researcher studies a defined problem in detail (Hortho & Champion, 2011). When researchers use a descriptive case study, they reveal the perceptions of those who had experienced the phenomenon (Trochim, 2001). Case study researchers capture complex perspectives in a specific context and situation over time (Hortho & Champion, 2011).

I considered other research designs such as ethnography, narrative, and historical. Ethnographic research was not suitable for this research study because the focus of ethnography is a culture or people (Sangasubana, 2011; van Maanen, 2010). Ethnography is a study of interactive strategies in human life and analytical descriptions of social scenes (McMillan & Schumacher, 1997). Historical designs are suitable for gathering, analyzing, and interpreting stories people tell about their lives and past events (Marshall & Rossman, 2011; Yin, 2011). Historical research is a narrative description of events that happens in the remote past (Onwuegbuzie et al., 2004). Narrative research involves using

a story to relate to an individual's experience, usually in an oppressed society (Marshall & Rossman, 2011; Yin, 2011). Narrative research has a broad reach (Bernard, 2013).

The results of this descriptive multiple-case study research indicated the perceptions of the leaders of small businesses. Small business leaders who participated in this study answered interview questions and provided business plans surrounding the implementation of the employer shared responsibility provision of the ACA. The consent form informed participants that I would ask them to provide business plans that showed the objectives for implementing the employer shared responsibility provision of the ACA. Multiple-case study research includes data collected from more than one source to enhance the validity of a single case study (Wang, Lin, & Chu, 2011).

Data saturation occurred after the third interview and the analysis of strategic business plans. Saturated data ensure replication in categories, which in turn verify and ensure comprehension and completeness (Elo et al., 2014). In qualitative research, knowing when to stop collecting data is important (Seidman, 2006). The framework of a descriptive multiple-case study provides access to the subjective perceptions of the experience (Trochim, 2001). I analyzed the strategic business processes of small businesses and the experiences of implementing the employer shared responsibility provision of the ACA. The review of the business plans and answers to the interview questions revealed how leaders of small businesses implemented the employer shared responsibility provision of the ACA.

The responses to the interviews included insight into how the participants experienced the phenomenon studied and in-depth knowledge of the subject matter

researched. A researcher uses participant observation and interviewing as ways of studying the interpretive practices used in people's daily lives (Denzin & Lincoln, 1995). One important element of a descriptive case study is to help participants recall the details of the phenomenon under study (Tomkins & Eatough, 2013). The intent of this study was to explore the business processes that small business leaders implemented to prevent the potential outcome of higher business costs and a potential increase in the need to downsize employees resulting from the implementation of the employer shared responsibility provision of the ACA.

Patton (1990) noted that regardless of the unit of analysis, a case study researcher seeks to describe that unit in depth and detail, in context, and holistically. When using case study methodology, the researcher observes participants over a period and employs different methods such as interviews, focus groups, and document reviews (Guba & Lincoln, 1983). Other research methods were suitable for this study, but using a descriptive multiple-case study was the most suitable for this research study because it supported greater depth of the data.

Population and Sampling

The population was leaders of small businesses with at least 50 employees from the Mid-Atlantic region of the United States who implemented the employer shared responsibility provision of the ACA. I used a multiple case study. Researchers conduct multiple-case studies to obtain details in context with a comprehensive investigation of experiences (Marshall & Rossman, 2011).

I contacted the SBA to obtain contact information for potential participants. After I contacted the SBA, I provided the potential participants with the consent form via e-mail so they could understand the research study. The SBA has access to a list of small businesses that had at least 50 full-time employees (SBA, 2013b). Small businesses have access to resources that are specific to other small businesses, which contributes to their success (Mitchelmore & Rowley, 2013). By working with the SBA in the Mid-Atlantic region, I was able to identify five small business leaders. Selecting a sample is contingent upon each participant's willingness, interest, understanding, and passion for the purpose of the research (Moustakas, 1994).

Researchers widely use purposeful sampling in qualitative research to identify and select information-rich cases related to the phenomenon of interest (Palinkas et al., 2015). The purposeful sampling method was suitable for selecting participants. Purposeful sampling involves selecting cases that will provide rich or intensive information for in-depth study (Patton, 1990). The type of purposeful sampling used in this study was criterion sampling, which involved picking cases that met certain criteria (Patton, 1990). Participants use criterion sampling most commonly in implementation research (Palinkas et al., 2015).

The Mid-Atlantic area includes Pennsylvania, Delaware, Maryland, Virginia, West Virginia, and the District of Columbia. Many businesses, nonprofits, and small businesses are near the District of Columbia due to the proximity to the federal government. The Mid-Atlantic region has the highest number of small businesses in the United States (SBA, 2015). In the Mid-Atlantic region, a heavy emphasis is on

developing small businesses to improve the economy and employing residents in the region.

Ethical Research

The study met ethical protection guidelines before data collection began. Upon receiving IRB approval, I began the data collection and addressed all ethical concerns. The study demonstrated trustworthiness by establishing credibility, transferability, dependability, and confirmability. Trustworthiness refers to the credibility, transferability, dependability, and objectivity of the research (Marshall & Rossman, 2011). Credibility refers to confidence in the findings, findings have transferability when applicable to other context, findings that are consistent is dependability, and confirmability is when findings are shaped by participants and not researcher (Lincoln & Guba, 1985). Ethical principles serve as guides to researchers to protect participants and ensure credibility during the research process (Ross et al., 2010).

Potential participants received an informed consent form that included information about the research and the use of their information. The consent form included information that indicated participation was voluntary. Participants will receive a summary of the results. Participants' signature served as documentation of consent to participate in an interview. The consent form indicated to participants that their information was confidential. Participants had the option to stop the interview at any time or to withdraw from participating in the study.

I followed Walden University's ethical guidelines and followed the *Belmont Report* protocol. To preserve the intentions and purpose of a study, a researcher maintains

ethical standards at all times (Akhavan et al., 2013; Miles & Huberman, 1994). I maintained ethical standards at all times during this study. Data and hard copies remained in a password-protected computer and in a fireproof safe in my home to protect the names of participants. I will keep the data safe for 5 years and then destroy them in compliance with Walden University guidelines to protect the confidentiality of the participants. I will shred paper data and use Shred 2 software to destroy digital files. I was the only one with access to the locked and stored data. Ethics is vital to the participants, and the protocols of the *Belmont Report* provide ethical standards for research (Miles & Huberman, 1994; Ross et al., 2010).

Data Collection Instruments

For the qualitative multiple-case study, data consisted of the business plans collected and semistructured interviews. In a multiple-case study design, a researcher creates an opportunity for in-depth qualitative data from more than one organization (Yin, 2011). Through the multiple-case study process and the data collection and organization techniques, researchers show the results from the research data (Gibbert & Ruigrok, 2010).

I was the primary data collection instrument. Interpreting qualitative data requires a researcher to serve as the primary instrument (Denzin & Lincoln, 1984; Yin, 2014). This qualitative multiple-case study involved semistructured face-to-face interviews with small business leaders of multiple small businesses. The secondary data consisted of an analysis of strategic business processes that pertained to implementing the employer shared responsibility provision of the ACA. Implementing business plans as a research

instrument led to a deeper analysis of the results from implementing the employer shared responsibility provision of the ACA. The interview protocol (see Appendix B) served as an interview guide for all the interviews (Emrich, 2015). The business plan collection tool (see Appendix D) served as a guide for identifying business processes in the business plan.

I asked each participant the same series of questions, and questioning was consistent for each participant. I used semistructured interviews to let the respondents tell their stories and to elicit conversation. Through semistructured interviews, participants have the freedom to express their views in words (Corley, 2011). Semistructured interviews create an environment of active participation and elicited personal experiences (Hortho & Champion, 2011). Triangulating data enhances validity and reliability by confirming study findings and demonstrates the existence of comprehensive data (Bekhet & Zauszniewski, 2012). The analysis of data revealed business strategies on implementing the ACA that could be meaningful to other small businesses.

The interview protocol (see Appendix B) and business plan collection tool (see Appendix D) served to enhance reliability and validity throughout the study. Through follow-up member-checking interviews, I further ensured the reliability and validity of the study (Bekhet & Zauszniewski, 2012; Wang et al., 2011). Member checking is the process of a participant validating data collected and analyzed by a researcher (Marshall & Rossman, 2011). Interviews include flexibility and afford participants the opportunity to expand on interview questions (Turner, 2010). To achieve a detailed level of analysis,

researchers use a data collection strategy that includes a business plan review and individual interviews to improve reliability and validity of the study (Yin, 2011).

Data Collection Technique

The primary research data were in the form of interview recordings transcribed into notes. Data collection consisted of a combination of semistructured interviews and an analysis of business plans regarding the strategic business processes of implementing the employer shared responsibility provision of the ACA. Semistructured interviews serve as an opportunity to gain an understanding of a research problem (Marshall & Rossman, 2011). I validated the data through member checking and follow-up interviews with five participants to ensure the information from participants was similar.

Semistructured Interviews

I contacted potential participants to gain their consent to participate in the study. I then set appointments with the small business leaders to conduct semistructured interviews with each participant. I used semistructured interviews to let the respondents tell their stories and to elicit conversation. In semistructured interviews, participants have the freedom to express views in their words (Corley, 2011). Semistructured interviews create an environment of active participation and elicit personal experiences (Hortho & Champion, 2011).

The average duration of the semistructured interviews was 1 hour. Interview length depends on participants' details regarding their experiences and perceptions (Cronin-Gilmore, 2012). Each interview took place at quiet locations within public parks in the Washington, DC, area.

To avoid malfunctions during interviews, I administered a performance test of the recording devices and software. Participants did not have to reschedule interviews, and interviews did not go longer than expected. To mitigate challenges, flexible scheduling helps to incorporate better dialogue in interviews (Corley, 2011).

After each semistructured interview, I connected the Livescribe Pen to the computer to download the notes taken immediately to transcribe the interview to prevent memory loss. There are potential disadvantages to semistructured interviews (Barratt, Choi, & Li, 2011). In semistructured interviews, researchers must not project their ideas, opinions, or perspectives of the participants; participants are able to speak freely about their perceptions of the phenomenon (Baumbusch, 2010). Researchers need to create an atmosphere of active participation and foster skills of careful listening, nonverbal communication, and observation (Rabionet, 2011).

Member checking consists of a researcher interpreting the transcript and taking the interpretation of data back to the participant for validation (Woodside, 2010). Member checking took place with each participant throughout the study. I member-checked data with participants by providing a copy of my interpretation of the data that I collected, and reviewed the strategic business processes to ensure my interpretation of the data was accurate. Member checking and follow-up member checking data in a study establish reliability and validity of the research instruments (Bekhet & Zauszniewski, 2012; Marshall & Rossman, 2011; Wang et al., 2011). Communication with participants took place throughout the interview process to provide clarity of the data collected.

Through member checking, participants have the opportunity to verify the meaning of their interview, thereby improving accuracy (Harper & Cole, 2012).

Business Plan Review

I also collected data from the business plans of the small businesses. Researchers often collect secondary documents during a case study to triangulate the data (Nasr & Boujelbene, 2014). The purpose of the qualitative multiple-case study was to explore the implementation of the employer shared responsibility provision of the ACA by leaders of small businesses. The strategic business plans reviewed for implementing the employer shared responsibility provision during the study did not contain the name of the business or employees. I protected employee and business confidentiality. The small businesses' financial records and business plans were not public. No documents the small businesses provided included the name of the business or the name of principles in the business.

The analysis of strategic business plans for small businesses on the implementation of the employer shared responsibility provision of the ACA provided consistency in the data. The use of secondary data verifies consistency (Hortho & Champion, 2011). Moreover, data collection in a case study comes from more than one source (Hortho & Champion, 2011), and documentary data corroborate data from other sources to provide detailed content in a complex environment (Kelliher, 2011). Data consistency came from verifying or cross-checking data with other sources (Sangasubana, 2011). Monitoring data for consistency throughout the research study improves the accuracy of results (Moe, Dingsøyr, & Dybå, 2010). The document review and data collection were of the strategic business processes of small business leaders

whose organizational leaders implemented the employer shared responsibility provision of the ACA. The data collected demonstrate a clear chain of evidence in a study (Gibbert & Ruigrok, 2010).

Data Organization Techniques

I tracked and collected the folders with interview questions, consent forms, dates, and times of interviews, and transcripts of the interviews. Atlas.ti software was suitable for organizing the data collected to ensure data accuracy and to support data analysis. Data from participants remained in a separate journal. The audio recordings of the interviews served to ensure the accuracy of the information. I downloaded both written and audio data to the computer in separate independent folders for backup. I was the only one with access to the files. The only technology used was the Livescribe pen, a computer, and Atlas.ti software. Atlas.ti is computer-aided qualitative data analysis software used to improve coding and save time in the management of data (Baumgartner & Schneider, 2010). All data remain in a safe and secure location. I will keep them for 5 years to maintain the privacy of participants and then destroy them.

I organized data in chronological order. Organizing data in chronological order involves presenting information in time sequence, either forward or backward (Savenye & Robinson, 2004). I also organized the data in the order of the interviews and did not record participants' names. I numbered the participants and the interviews from A1 to A5 and maintained the numbers throughout the study, which will remain in storage for a period of 5 years to comply with Walden University guidelines.

Data Analysis

The study included methodical triangulation. The use of methodical triangulation when conducting case study research enhances data analysis through rigorous comparisons in data collection (Gibbert & Ruigrok, 2010). The methodical triangulation included all data collected from semistructured interviews, follow-up member checking, and analysis of strategic business processes. Methodical triangulation refers to using more than one method to gather data (Denzin & Lincoln, 1984) and is the use of multiple data sources that ensure the collection of comprehensive data to answer a research question (Järvensivu & Törnroos, 2010). Member checking after interview questions and after evaluating business plans, along with follow-up member checking, led to additional knowledge and more data. The additional data led to clear themes and data saturation.

Data analysis is the process of systematically applying statistical, logical techniques to describe, illustrate, and evaluate data (Savenye & Robinson, 2004). Showing, rather than just telling, improves the rigor of the research procedures and credibility of the results (Gibbert & Ruigrok, 2010). Through Atlas.ti software, researchers can conduct further in-depth analysis of the data to identify themes and relationships (Baumgartner & Schneider, 2010). Atlas.ti is suitable for coding and categorizing qualitative data (Gibbert & Ruigrok, 2010). Axial coding is the process of identifying noteworthy responses within transcriptions or open codes (Moustakas, 1994). Open coding involves reading through data multiple times, creating labels for data that summarize what is happening, and recording examples of participants' words (Moustakas, 1994).

I used the business plan collection tool to code the data from the business plans of the small businesses by compressing the data into fewer categories (see Appendix D). Content analysis is a systematic, replicable technique for compressing many words of text into fewer content categories (Stemler, 2001). The coding system for the business plan involved making a frequency count of the occurrence of each coding category in each business plan for each participant. Content analysis in qualitative research means conducting a word-frequency count and then using a key-word-in-context search to test for the consistency word use (Stemler, 2001). Effective analysis and correct interpretation transformed data into credible evidence from the research.

I assigned each participant a code for data collection (i.e., A1, A2) and all data were in chronological order according to date. To ensure the reliability of data collected, a protocol from trends in the data and the coding system prevents unnecessary analysis of data and assists in developing the composite interpretations of the data (Corley, 2011). The focus of the interview questions was on strategic business processes of implementing the employer shared responsibility provision of the ACA and business plans. I used the Livescribe pen for recording. The pen has an embedded computer and is a digital audio recorder. The pen records what it writes for uploading to a computer, and I synchronized those notes with the audio it recorded. I analyzed the data using Atlas.ti software. I conducted a further in-depth analysis of the data to identify themes using Atlas.ti software.

Reliability and Validity

The study included several techniques to establish reliability and validity.

Measuring the reliability of qualitative data is important to determine the stability and quality of the data obtained (Srivastava & Sushil, 2013). Validity encompasses the entire experimental concept and establishes whether the results obtained align with all the requirements of the scientific research method (Trochim, 2001). To establish trustworthiness for both reliability and validity, the study included techniques to establish credibility, transferability, dependability, and confirmability. Reliability in a qualitative case study indicates dependable results that are transferable to other contexts (Drost, 2011).

Reliability

Reliability is the extent to which measurements are repeatable when different individuals perform the measurements on different occasions, under different conditions, with supposedly alternative instruments that measure the same thing (Drost, 2011). Determining reliability in a qualitative case study involves obtaining dependable results that are transferable to other contexts (Drost, 2011). The transferability of a research study is up to the reader to decide (Marshall & Rossman, 2011).

Data saturation relates to the depth of the sample and the ability to find repetition in the data (O'Reilly & Parker, 2012). Saturation was the point in data collection when no new or relevant information emerged from the follow-up member-checking interviews and strategic business plans. Data saturation occurred after three interviews, and I conducted two more interviews to confirm saturation. For data saturation, the sample

consists of participants who have the most knowledge to answer the research questions (O'Reilly & Parker, 2012).

Dependability shows that the findings are consistent and repeatable (Lincoln & Guba, 1985). Member checking and follow-up member checking assisted with establishing the dependability of the data. Member checking is the process of taking a researcher's interpretation back to the participant for review to ensure the researcher correctly interprets the interview process (Marshall & Rossman, 2011). The quality of the data depends on the ability of a researcher to reduce bias and validate the correct interpretation of the phenomenon (Marshall & Rossman, 2011).

Validity

The concept of validity is to ensure the trustworthiness and credibility of the data (Chenail, 2011). Validity refers to the meaningfulness of research components (Drost, 2011). In a multiple-case study, a researcher attains validation through a number of protocols and strategies such as triangulation, peer-review analysis, negative case analysis, prolonged engagement, and clarifying researcher bias (Lincoln & Guba, 1985).

I addressed validity through methodological triangulation and member checking, as recommended by Gibbert and Ruigrok (2010). Member checking is a quality control process in which researchers improve the meaning of their data through a participant review of transcripts (Woodside, 2010). Member checking and follow-up member checking occurred during and after interviews with participants, along with a review of the business plans of the businesses. The benefit of member checking is that researchers

have the opportunity to verify the meaning of the results to improve the validity and reliability of the research (Harper & Cole, 2012).

I included data from interview question responses, follow-up member checking, business plans, and coding in Atlas.ti for triangulation. Methodical triangulation can enhance validity and refers to the use of multiple data sources to ensure the collection of comprehensive data to answer the research question (Järvensivu & Törnroos, 2010). The use of methodical triangulation when conducting case study research enhances data analysis through rigorous comparisons in data collection (Gibbert & Ruigrok, 2010).

Credibility. Credibility refers to confidence in the truth of the findings (Lincoln & Guba, 1985). I established credibility using three techniques. Prolonged engagement, which involved spending time in the phenomenon of the research, aided in establishing credibility. It was important to me to understand the business processes of small businesses and the implementation of the employer shared responsibility provision of the ACA. Triangulation and member checking were techniques used in the study that established accuracy, reliability, and validity. Validity ensures the trustworthiness and credibility of the data (Chenail, 2011).

Transferability. Transferability assists with establishing validity in a study. Transferability refers to showing that findings have applicability in other contexts (Lincoln & Guba, 1985). Transferability leaves the description up to the reader and other researchers (Lincoln & Guba, 1985).

The transferability of a research study is up to the reader to decide (Marshall & Rossman, 2011). Transferability assists with establishing the validity in a study and

shows that the findings have applicability in other contexts (Lincoln & Guba, 1985).

Future researchers will evaluate the business plans of small businesses to determine if the detailed description of the phenomenon enhanced transferability.

Conformability. Conformability is the extent to which the participants, and not researcher bias, shape the findings of a study (Lincoln & Guba, 1985). Methodical triangulation served to establish conformability because it involved using multiple data sources. This study included both data saturation and methodical triangulation to improve the reliability and validity of the study.

Transition and Summary

The research method and rationale for choosing the phenomenology research design were themes in Section 2. The research design and methods were critical for describing business processes that the business leaders of the small businesses implemented to prevent the potential outcome of higher business costs and potential increases in the need to downsize employees resulting from the implementation of the employer shared responsibility provision of the ACA. This section included a description of the population, sample, and the small businesses.

I analyzed and recorded the instruments used to collect the data, which were business plans and interviews. The Livescribe pen was the instrument used to capture data, record interviews, and provide reliability and accuracy. Limiting factors such as the location and size of businesses and having participants describe their perceptions led to the internal validity of the data collection process. Participants explained their perceptions of business strategies and processes implemented for long-term success.

Section 3 includes details of the study, the study findings, and conclusions.

Section 3 also includes the implications of social change and future recommendations regarding small business processes. The section ends with recommendations for further studies, reflection on my experience, summary, and study conclusion.

Section 3: Application to Professional Practice and Implications for Change

The purpose of this qualitative descriptive multiple-case study was to explore the strategic business processes that senior business leaders of small businesses used to implement the employer shared responsibility provision of the ACA in the Mid-Atlantic region of the United States. Section 3 includes an overview of the study, a presentation of the findings from data collected, an application to professional practice, implications for social change, and recommendations for future actions. Data collection included semistructured interviews with five senior business leaders of five business organizations located in the Mid-Atlantic region of the United States. Open-ended questions resulted in obtaining details about business processes, long-term goals, and alternatives for implementing the ACA. The five participants provided additional information about the ACA through member checking.

Data analysis begins with identifying themes that emerge from the analysis of the raw data (Lincoln & Guba, 1985). Three themes emerged from the analysis in this study: business cost, lack of transparency, and consultation. The section concludes with recommendations for further studies, a summary of my experience, and a conclusion of the study.

Presentation of the Findings

The overarching research question was as follows: What are the strategic business processes that business leaders of small businesses used to implement the employer shared responsibility provision of the ACA? Through purposeful sampling, I gathered data from five business leaders who met the sampling criteria. Purposeful sampling

involves selecting cases that have rich or intensive information for in-depth study (Patton, 1990). By contacting the SBA, I was able to contact small business leaders through an introductory e-mail and obtained permission to conduct the research study. The five business leaders met the criteria of the study by having at least 50 employees and implementing the employer shared responsibility provision of the ACA. The business leaders were in the Mid-Atlantic region of the United States and participated in semistructured interviews. Researchers conduct semistructured interviews so the participants can elaborate on answers, ask questions to clarify meanings, and apply follow-up questions to gain valuable data (Powell & Eddleston, 2013). The leaders provided detailed information about the employer shared responsibility provision of the ACA. I reviewed documents from their business plan as they related to the ACA and obtained in-depth information on the history and function of their organization.

I started the study by presenting the informed consent form and discussing the research study with potential participants. To preserve intentions and the purpose of a study, a researcher must maintain ethical standards at all times (Akhavan et al., 2013; Miles & Huberman, 1994). All business leaders signed the informed consent form, agreed to have the interviews recorded, and received a copy of the consent form at the beginning of each interview.

I conducted interviews over a 4-week period, and the average length of an interview was 1 hour. During and after each interview, participants gave feedback through member checking. Through member checking, researchers can enhance the reliability and validity of the findings (Bekhet & Zauszniewski, 2012; Wang et al., 2011).

Qualitative content analysis is one of several qualitative methods for analyzing data and interpreting their meaning (Schreier, 2012). Data analysis involved content analysis. Qualitative content analysis involves identifying, examining, and interpreting patterns and themes in textual data and determining how these patterns and themes help answer the research questions (Lincoln & Guba, 1985). A prerequisite for successful content analysis is reducing data to concepts that describe the research phenomenon by creating themes (Schreier, 2012). Themes emerge from raw data without a theory-based categorization matrix with inductive content analysis (Lincoln & Guba, 1985).

To protect the confidentiality of participants prior to analyzing data, I replaced participants' names with the codes A1, A2, A3, A4, and A5. Covell et al. (2012) noted that interviewers have an obligation to protect participants from interviewer interference and ensure confidentiality in the data collection process. The data collected from the semistructured interviews, member checking, and reviews of information from their business plans were suitable for methodical triangulation. Methodical triangulation refers to using more than one method for gathering data (Denzin & Lincoln, 1984).

The demographics of the five participants appear in Table 1. The table includes a summary of the gender, the years involved with small businesses, and the years as a business leader. All participants (100%) were male. One participant (20%) had worked in small businesses for 2 to 5 years and four participants (80%) had worked in small businesses for 16 or more years. All participants (100%) had been business leaders for 16 or more years.

Table 1

Demographic Data for Small Business Leaders

Categories and item	Total	% of total
Gender		
Male	5	100
Female	0	0
Years in small business		
2-5	0	0
6-15	0	0
16+	5	100
Years as business leader		
2-5	0	0
6-15	1	20
16+	4	80

I uploaded transcripts from the interviews along with my field notes in Atlas.ti to code data and analyze themes. Prior to uploading, I transcribed notes into Microsoft Word format for coding. In the next section, I defined key themes from the interviews and presented themes from data collected as it related to the research question. During the data collection process, three themes emerged: (a) business cost, (b) lack of transparency, and (c) consultation. Data saturation occurred after three interviews, which I confirmed after two more interviews. The interview questions and the three themes appear in Table 2.

Table 2

Interview Questions and Themes

Interview questions	Themes
1. What are the strategic business processes that you used to implement the employer shared responsibility provision of the Patient Protection and the Affordable Care Act?	Business cost, consultation, lack of transparency
2. What strategic business objectives did you propose in the business plan addressed the implementation of the employer shared responsibility provision of the Patient Protection and Affordable Care Act?	Business cost, consultation, lack of transparency
3. What strategic business processes did you propose for alternative courses of action when you implemented the employer shared responsibility provision of the Patient Protection and Affordable Care Act?	Lack of transparency, consultation, business cost

Table 3 includes a summary of the themes that emerged from data. The number of participant responses refers to the number of times all participants mentioned a theme in their responses to the interview questions. The percentage of participant responses represents the number of times all participants mentioned a particular theme in comparison to mentioning other themes. Forty-six percent of participant responses indicated that the employer shared responsibility provision of the ACA affected business cost (A1, A2, A3, A4, A5). Thirty-one percent of participant responses indicated a lack of transparency in the ACA (A1, A2, A3, A5). Twenty-six percent of participant responses indicated that some type of consultation was necessary (A1, A3, A4).

Table 3

Participant Responses

Themes	# of participant responses (<i>N</i> = 5)	% of participant responses
Business cost	162	46
Lack of transparency	110	31
Consultation	84	24

Theme 1: Business Cost

The first theme that emerged from the data was business costs. Effective management requires a commitment to adapt to a changing environment (Goldblatt et al., 1999). MBO addresses how leadership relates to the goals and strategies of their organization (Sorensen & Minahan, 2011). Drucker's (2005) MBO theory is the foundation for organizational management decisions. Participants managed their business cost effectively and became competitive by implementing the employer shared responsibility provision of the ACA.

All five participants stated that their business costs increased because they had to implement the ACA (A1, A2, A3, A4, A5). One participant, A3, stated, "My total annual business cost increased to over \$1 million due to the ACA." Two participants stated that business cost increased because they had to hire additional staff to manage the ACA (A1, A3).

Drucker (1954) noted that business leaders use the MBO process to think in terms of their organization's future needs and setting objectives to meet those needs. The increased business costs changed the way participants operate and manage additional

costs to be competitive in the marketplace. Five participants stated that business cost surged in 2015 due to training classes on the ACA (A1, A2, A3, A4, A5).

Four participants' business costs increased due to the need to reprint handbooks for employees to include the ACA and to destroy old handbooks (A2, A3, A4, A5).

Business leaders must reallocate funds that they allocated for pay raises, bonuses, and reinvestment back into the business to pay for health coverage. Participant A3 stated, "Each year I would reinvest funds back into my business and provide pay raises, and now I am no longer able to do this because of the ACA."

Tacchino (2013) concluded employers must work closely with accountants and financial advisors to ensure compliance. Two participants were able to curb some of their business costs by working with their current payroll companies and CPAs. Prior to implementing the employer shared responsibility provision of the ACA, one participant stated, "I have an agreement with my Payroll Company and CPA. They provide assistance, education, and training for implementing the ACA. My payroll company also assists me with compliance" (A5). Another participant stated, "I pass additional costs on to employees because increased product prices will not cover costs of ACA alone. If I didn't I would not be able to be competitive" (A3). Business leaders contain costs by passing them along to their employees (Muller, Isely, & Levin, 2015).

The ACA will have a greater effect on organizations employing more than 50 full-time employees (Opperman, 2010). The regulations associated with ACA increase costs (Muller et al., 2015). Business cost for participants increased not only from costs associated with implementing the ACA such as education, training, and hiring

consultants, but also from the increase in health premiums. One participant stated health premiums would increase 9% due the ACA in the upcoming year (A5). Five participants stated they had to shop for different health plans to find lower premiums and used a health insurance broker (A1, A2, A3, A4, A5).

Time is an inherently valuable resource that has an inherently flexible value (Festjens & Janiszewski, 2015). Five participants spent time away from other duties that generated income for their business on training and meetings to implement the employer shared responsibility provision of the ACA. All five participants stated business costs were affected due to training because it decreased time from other business duties (A1, A2, A3, A4, A5). One participant stated, “Time spent in meetings and trainings were an indirect cost to my business because I am unable to get new contracts due to the ACA (A1).

Masino and McCurry (2011) stated that new regulations would increase costs for employers by increasing the time and work hours spent gathering the necessary documents for reporting. The implementation took time away from other duties that improved their financial performance and added an additional expense in the form of time. One participant stated, “Additional paperwork to stay compliant has taken away at least 10-20% from my other duties and increased my work hours” (A4).

Theme 2: Lack of Transparency

The second theme that emerged from the data was lack of transparency about the employer shared responsibility provision of the ACA. The law’s new requirements on ACA create business uncertainty, delay economic recovery, and will likely cost jobs

(Blumberg, Buettgens, Feder, & Holahan, 2012). The main way organizations were controlling health costs due to the lack of transparency of the ACA implementation process was by changing prescription coverage and passing on the costs to employees through higher copays and premiums and offering more high-deductible health plans (Muller et al., 2015). Some parts of the ACA were unclear, such as the calculations of employee hours according to Participant A1. Two participants had concerns about the ramifications of increasing the salaries of some of their employees because the ACA was unclear (A1, A3).

The lack of transparency with implementation of the ACA had some employers altering their business practices by decreasing future hiring and decreasing the hours of part-time workers (Muller et al., 2015). One participant stated, "I had to place a hold on hiring new employees and managed my part-time workers by reducing hours because I felt some things in the ACA were not clear" (A3). The leaders of more than 40% of companies considered decreasing hours to less than 30 per week for part-time employees due to lack of clarity in the ACA (Muller et al., 2015). Another participant continued hiring to prevent customer service from diminishing due to lack of transparency of the ACA. "I did not know what to expect with the ACA, so I continued to hire. I would not be caught off guard and lose a competitive advantage because I was under staffed" (A4).

Lack of transparency of the ACA led participants to reevaluate the type of business contracts they pursued (A1, A2). Participant A2 stated, "I have a floor of the type of contracts I will pursue in the future. Since the ACA went into effect, I will lose

money on certain type of contracts.” Strategic management processes improve long-term success (Taneja et al., 2013).

Firms that are uncertain about the future of the ACA were more likely to make changes to their workforce (Muller et al., 2015). Participants evaluated job descriptions to determine if new hires would be employees or contractors and the minimum number of hours that would be necessary (A5). Four participants evaluated whether employee roles would be combined (A1, A2, A3, A5). Five participants surveyed their current employees to determine who would actually want coverage because many had coverage under a spouse’s plan (A1, A2, A3, A4, A5). The survey assisted in determining what actual costs would be because they were unclear prior to implementing the employer shared responsibility provision of the ACA (A1, A2, A3, A4, A5).

The five participants were unable to set long-term objectives because it was still unclear how the ACA would affect business operations over the next few years (A1, A2, A3, A4, A5). The slightest upward shift in health premiums would change long-term strategies for providing health care coverage and business planning (Gabel et al., 2013). The five participants were expecting health premiums to increase in the upcoming years, which would affect hiring practices (A1, A2, A3, A4, A5). One participant noted, “Business processes change yearly because contracts change from year to year” (A1). Two participants stated they had more questions than answers about implementing the ACA at this point (A1, A4).

Theme 3: Consultation

The third theme that emerged from the data was consultation. Consultations assist with clarity and improving the transparency of the ACA for participants. Consultants are means through which businesses increase client transparency over how to achieve objectives (Sturdy, Wylie, & Wright, 2013). Participants used some type of consultation. One participant stated, “I met with other business leaders in the industry to discuss the ACA and find solutions” (A1). Four participants met with outside firms such as health care consultants, payroll organizations, or CPAs (A1, A3, A4, A5). Two participants stated they consulted other leaders within their organization through roundtable discussions to determine the best way to implement the ACA (A2, A5).

Consultations were an important part of business leaders’ strategy in developing processes to implement the ACA. Business leaders who fail to develop sustainable processes could be negatively affected (Webb et al., 2012). Two participants stated that consultations assist in eliminating fines in the future because they have a better understanding of compliance as it pertains to the ACA (A1, A5). Health care consultants analyzed the firm, helped determine which employees would have contracts, and quantified the number of hours worked by an employee to stay compliant with the ACA (A1).

A lack of transparency is a significant and persistent concern for organizations (Sturdy et al., 2013). Although participants used consultations differently, the objective of finding ways to implement the ACA and stay compliant was the goal of all. Five participants stated that they alone did not have all the answers and needed assistance to

have a better understanding of the ACA, either internally or externally (A1, A3, A4, A5).

Two participants stated they consulted with other leaders within their organization through roundtable discussions to determine the best way to implement the ACA (A2, A5). Consultations assisted in meeting the needs of the organization. According to Kahane (2007), effective management strives to reach the goals of the organization.

Application to Professional Practice

The findings from this study indicated that small business owners face concerns implementing the employer shared responsibility provision of the ACA. Based on a wide range of responses, small business leaders are unclear about the long-term effect of the ACA on business operations. The findings of the study may assist other small business leaders on strategies to implement the employer shared responsibility provision of the ACA, manage business cost, be compliant, and implement alternative business processes. Over the next few years, organizational leaders will evaluate alternatives to improve business processes to increase financial productivity while managing the ACA. Business leaders must create a clear path for sustainability so that the implementation of business strategies and processes is accurate (Drucker, 2005). A protocol is a strategy business leaders could implement to remove uncertainty with the ACA. The protocol would consist of quarterly updates from publications or trainings. The quarterly updates would provide clarity for changes in the ACA, any changes to mandates, and provide further clarity on details of the provisions. The protocol could also contain semiannual in-house training on the ACA. Business leaders can view the protocol on a regular basis to ensure accountability. The findings could be helpful to other small businesses to implement the

employer shared responsibility provision of the ACA and to manage future business costs.

The employer shared responsibility provision of the ACA has no long-term data for how effective and beneficial it will be for business leaders. Long-term sustainability over the next few years depends on business processes used to implement the ACA. The ability of a small business to increase profits for over 5 years shows its effectiveness in using financial and business strategies (Mitchelmore & Rowley, 2013; Phillips & Knowles, 2012).

Another strategy business leaders can implement to increase profits and remove uncertainty based on the findings of the research is to be proactive in finding the most cost effective programs. Business leaders can work with health brokers or health consultants to locate cost effective health programs that will be beneficial to the business organization. Sturdy et al (2013) stated consultants could help businesses achieve objectives.

Business leaders need to seek out assistance with implementing the ACA by locating ACA trainings to execute business processes. The findings showed that leaders are exploring staff reduction, changing job descriptions, and increasing the cost of products. These changes need to be a part of business processes. Drucker (2005) noted that adequate management can deal with organizational challenges in a way that the leaders are able to adapt to changes. Through MBO, small business leaders must set clear goals but maintain flexibility to account for transparency with the employer shared responsibility provision of the ACA. Goals and processes provide better management of

employees, compliance, and business costs. Effective management requires a commitment to adapt to a changing environment (Goldblatt et al., 1999).

Implications for Social Change

Small businesses make up 99.7% of U.S. employer firms (SBA, 2012). The implementation of the employer shared responsibility provision of the ACA is in the infancy stage. Leaders of small businesses such as participants of this study have begun to implement the ACA. Additional strategies such as consulting with experts, following ACA protocols, and networking with other small business leaders could assist business performance and create a positive impact on the economy (Mitchelmore & Rowley, 2013). Only half of new small businesses survive in the first 5 years of operation (SBA, 2012). These strategies could result in increased longevity in small businesses after the first 5 years because of better business processes.

Participants can act as consultants because they are implementing the ACA or leaders of business organizations can continue to hire consultants. Learning from other successful businesses with the similar interests could assist in growing businesses profitability (Gupta, Goktan, & Gunay, 2014). The findings could help businesses develop ACA protocols for implementing the ACA to reduce time and business cost. Business leaders can also create a network with similar businesses and work toward reducing health premiums for their network. Networking plays a critical role when improving business cost because social networks contribute to small business owners' intentions (Fernández-Pérez, Alonso-Galicia, del Mar Fuentes-Fuentes, & RodriguezAriza, 2014).

Small businesses play a vital role in creating jobs and growth in the U.S. economy (SBA, 2012). Improving knowledge on the implementation of the ACA in small businesses could have a long-term effect and potentially reduce overall business cost, therefore improving the competitive advantage of small businesses. Strategies such as consulting, ACA protocols, and networking could reduce business cost, promote growth, and maintain a competitive advantage.

Implications exist for social change. Successful implementation of the ACA would expand coverage to employees who may not have coverage at an affordable cost and improve their health and well-being. The ACA may give more Americans access to affordable, quality health insurance and reduce the growth in health care spending in the United States (Kartch, 2012). If small business leaders can work together within their industry to consolidate their purchasing power, they can reduce administrative costs and improve their profitability.

Recommendations for Actions

Although transparency surrounded the implementation of the employer shared responsibility provision of the ACA in its inaugural year, it does not have to be a burden or lack clarity for small business leaders. Small business leaders can now be proactive in managing the implementation of the ACA. Strategies for small businesses could assist business processes and create a positive impact on the economy (Mitchelmore & Rowley, 2013). Leaders of current small businesses and small businesses that will exceed 50 employees in the future should pay attention to the results of this study. Small businesses whose leaders have implemented the ACA have laid the groundwork for other small

businesses to implement strategies that may prove to be beneficial, reduce business costs, and improve clarity. Small business leaders that are operating business strategies and improving business costs for over 5 years have experience and expertise to share with other small businesses (Phillips & Knowles, 2012).

Small business leaders should adhere to knowledge gained from the study to avoid pitfalls, reduce business costs, and implement successful processes. Other small business leaders can gain from the results of this study and from continuous training on the ACA to improve compliance, working with consultants and other small businesses, and reading updates published by the SBA on the ACA. Three recommendations small business leaders can implement based on this study are as follows: (a) improve business costs from implementing the ACA through knowledge gained from the study, (b) improve clarity by learning from other small businesses whose leaders have implemented the ACA, and (c) continue consulting internally or externally for new and alternative processes to improve business operations.

Small business leaders can improve business costs through knowledge gained in the study. Small business leaders need to examine the job role of each employee and determine if the employee is either a contract worker or employee. Business leaders should examine alternative health providers to decrease health premiums. Implementing these strategies will decrease trial and error and improve business cost sooner rather than later. Learning from the mistakes of others can help reduce the obstacles of operating a business (Mitchelmore & Rowley, 2013).

The second recommendation is to improve clarity by learning from other small businesses whose leaders have implemented the ACA. Leaders of small businesses have already begun implementing the ACA, therefore providing clarity about mandates in the ACA through strategic business processes. To address the transparency of change, leaders examine strategic and management processes to determine the improvement of long-term success and the survival of small businesses (Taneja et al., 2013).

Another recommendation would be to include consulting as a business strategy. Consultations can be in the form of in-house meetings with other leaders and employees of the organization or working with an outside firm. Consultations add a new perspective to business objectives, improve business operations, provide clarity, and can increase financial performance. Consultations are alternatives to implementing the employer shared responsibility provision and can add a competitive advantage.

Recommendations for Further Research

These recommendations address the limitations previously identified, such as no long-term data available, strategies not fully integrated due to lack of proven business strategies, and business leaders of the small business not having a detailed or long-term business plan. Although there are no long-term data over 5 years on the implementation of the employer shared responsibility provision of the ACA, data are available on the implementation that were not available in 2014. Business leaders can evaluate small businesses whose leaders have implemented the ACA and business strategies and use strategies previously implemented. Business leaders were previously unable to define clear objectives for the business plan of the organization because no one had

implemented the ACA. Small business leaders can begin to look at current processes in place at other small businesses and integrate within the business plan of the organization. Researchers can further reduce these limitations in future research by evaluating business processes over an extended period and refining them to improve business operations.

A recommendation for further research would be a long-term study on the costs and benefits of small businesses before and after the implementation of the ACA.

Conducting additional qualitative studies could assist in establishing a detailed examination of strategies that work for small business leaders (Blau, Bach, Scott, & Rubin, 2013). Future researchers could expand the knowledge small business leaders have about the success of business strategies (Braunerhjelm & Henrekson, 2013).

The recommendations for further research are to use a multiple-case study design and semistructured interviews in qualitative research to develop business processes and details to improve the implementation of the employer shared responsibility provision of the ACA in small businesses. Researching ways in which alternative business processes can improve business cost will be beneficial for other small business leaders. Evaluating small businesses as a whole was effective, but researchers could evaluate the business strategies of organizations within industries to determine best practices.

Reflections

I have a desire to see all businesses succeed. I understand the contribution made by small businesses to the economy. Leaders of small businesses have the greatest burden of implementing the employer shared responsibility provision of the ACA because they are the least likely to receive waivers and cannot afford to reduce staff dramatically to

offset rising business costs. This study revealed the experiences of small business leaders in their implementation of the ACA. Through this process, I gained a better understanding of their views, struggles, and strategies for implementing the government mandate. I also learned that many potential small business leaders were not willing to participate because they opposed the ACA.

I found the five participants comprised a good sample pool. I was able to reach data saturation after interviewing three participants. I found that concerns and questions about the ACA were similar among small business leaders, regardless of their industry. At the beginning of the interview, many participants did not think they would be helpful because they were just integrating the ACA and felt they did not have much knowledge about the employer shared responsibility provision of the ACA. After the interview and member checking, participants realized they had a lot to say about the ACA.

Prior to the study, I thought business leaders would reduce their employee pool first to comply with the ACA. Many participants looked for alternatives first before evaluating an employee reduction. I also learned that participants wanted health coverage for employees but wanted a better balance of health coverage and increased business costs as opposed to not having any coverage for employees. Knowing how business leaders engage in business and implement processes could provide additional details about how other small business leaders reduce cost and increase the profitability of their businesses through different business processes.

Conclusion

Small business leaders must manage business costs in a changing environment to increase sustainability and have a positive effect on the economy. Small business leaders can use ideas from other small business leaders to help with implementing business strategies as they create business plans (Hvide & Panos, 2013). Leaders of small businesses that will surpass the threshold of 50 employees could use the information provided in this study to implement business processes to manage business cost and gain a competitive advantage in the marketplace.

The purpose of this qualitative descriptive multiple-case study was to explore strategic business processes used to implement the employer shared responsibility provision addressed in the ACA by five small business leaders in the Mid-Atlantic region. The ability to create knowledge to improve the business strategies of small businesses could lead to improved business sustainability (Rosenthal & Strange, 2012). The conceptual framework used to guide the research was MBO. Management theorist Drucker (2005) noted that adequate management could deal with organizational challenges in such a way that the organizations are able to adapt to changes.

Data collected from semistructured interviews, information for business plans, and member checking were analyzed with Atlas.ti software. Semistructured interviews with open-ended questions led to greater knowledge from the five participants about their lived experience of implementing the employer shared responsibility provision of the ACA and business processes. I uploaded the transcriptions from each interview into Atlas.ti for coding.

The mandates of the ACA created business transparency, delayed economic recovery, and will cost jobs (Blumberg et al., 2012). Three themes emerged from the data analysis: (a) business cost, (b) lack of transparency, and (c) consultation. The first theme that emerged was business cost. Increased business costs changed the way participants operate and manage additional costs to be competitive in the marketplace. The second theme that emerged was the transparency that surrounded the implementation of the ACA among the five participants. The last theme that emerged was consultation, which revealed that the five participants used some type of consultation throughout the implementation process of the ACA.

The ACA is in the first year of implementation, and long-term outcomes of business processes are unknown. Experiences from implementing the employer shared responsibility provision of the ACA revealed that business cost increased substantially, and business leaders were uncertain about which processes would work best because the processes have not been tested. The participants are living the experience of implementing the ACA, and their experiences will provide a road map for future business processes for leaders of other small businesses to follow and implement to gain a competitive advantage and reduce business cost. Further studies on business processes and their success will assist business leaders and their employees with successful implementation of the ACA.

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Appendix A: Full List of ACA Tax Increases

ACA law contains 20 new or higher taxes on American families and small businesses

WASHINGTON, DC – ACA contains 20 new or higher taxes on American families and small businesses. Arranged by their respective sizes according to CBO scores, below was the total list of all \$500 billion-plus in tax hikes (over the next ten years) in ACA, their effective dates, and where to find them in the bill.

\$123 Billion: Surtax on Investment Income (Takes effect Jan. 2013): A **new, 3.8 percent surtax on investment income** earned in households making at least \$250,000 (\$200,000 single). This would result in the following top tax rates on investment income:

	Capital Gains	Dividends	Other*
2012	15%	15%	35%
2013+	23.8%	43.4%	43.4%

**Other unearned income includes (for surtax purposes) gross income from interest, annuities, royalties, net rents, and passive income in partnerships and Subchapter-S corporations. It does not include municipal bond interest or life insurance proceeds, since those do not add to gross income. It does not include active trade or business income, fair market value sales of ownership in pass-through entities, or distributions from retirement plans. The 3.8% surtax does not apply to non-resident aliens. (Bill: Reconciliation Act; Page: 87-93)*

\$86 Billion: Hike in Medicare Payroll Tax (Takes effect Jan. 2013): Current law and changes:

	First \$200,000 (\$250,000 Married) Employer/Employee	All Remaining Wages Employer/Employee
Current Law	1.45%/1.45% 2.9% self-employed	1.45%/1.45% 2.9% self-employed
ACA Tax Hike	1.45%/1.45% 2.9% self-employed	1.45%/2.35% 3.8% self-employed

Bill: PPACA, Reconciliation Act; Page: 2000-2003; 87-93

\$65 Billion: Individual Mandate Excise Tax and Employer shared responsibility Tax (Both taxes take effect Jan. 2014):

Individual: Anyone not buying “qualifying” health insurance as defined by Obama-appointed HHS bureaucrats must pay an income surtax according to the higher of the following

	1 Adult	2 Adults	3+ Adults
2014	1% AGI/\$95	1% AGI/\$190	1% AGI/\$285
2015	2% AGI/\$325	2% AGI/\$650	2% AGI/\$975
2016 +	2.5% AGI/\$695	2.5% AGI/\$1390	2.5% AGI/\$2085

Exemptions for religious objectors, undocumented immigrants, prisoners, those earning less than the poverty line, members of Indian tribes, and hardship cases (determined by HHS). Bill :ACA; Page: 317-337

Employer: If an employer does not offer health coverage, and at least one employee qualifies for a health tax credit, the employer must pay an additional non-deductible tax of \$2000 for all full-time employees. Applies to all employers with 50 or more employees. If any employee actually receives coverage through the exchange, the penalty on the employer for that employee rises to \$3000. If the employer requires a waiting period to enroll in coverage of 30-60 days, there was a \$400 tax per employee (\$600 if the period is 60 days or longer). *Bill: ACA; Page: 345-346*

(Combined score of individual and employer shared responsibility tax penalty: \$65 billion)

\$60.1 Billion: Tax on Health Insurers (Takes effect Jan. 2014): Annual tax on the industry imposed relative to health insurance premiums collected that year. Phases in gradually until 2018. Fully-imposed on firms with \$50 million in profits. *Bill: ACA; Page: 1,986-1,993*

\$32 Billion: Excise Tax on Comprehensive Health Insurance Plans (Takes effect Jan. 2018): Starting in 2018, new 40 percent excise tax on “Cadillac” health insurance plans (\$10,200 single/\$27,500 family). Higher threshold (\$11,500 single/\$29,450 family) for early retirees and high-risk professions. CPI +1 percentage point indexed. *Bill: ACA; Page: 1,941-1,956*

\$23.6 Billion: “Black liquor” tax hike (Took effect in 2010) This was a tax increase on a type of bio-fuel. *Bill: Reconciliation Act; Page: 105*

\$22.2 Billion: Tax on Innovator Drug Companies (Took effect in 2010): \$2.3 billion annual tax on the industry imposed relative to share of sales made that year. *Bill: ACA; Page: 1,971-1,980*

\$20 Billion: Tax on Medical Device Manufacturers (Takes effect Jan. 2013): Medical device manufacturers employ 360,000 people in 6000 plants across the country. This law imposes a new 2.3% excise tax. Exempts items retailing for <\$100. *Bill: ACA; Page: 1,980-1,986*

\$15.2 Billion: High Medical Bills Tax (Takes effect Jan 1. 2013): Currently, those facing high medical expenses were allowed a deduction for medical expenses to the extent that those expenses exceed 7.5 percent of adjusted gross income (AGI). The new provision imposes a threshold of 10 percent of AGI. Waived for 65+ taxpayers in 2013-2016 only. *Bill: ACA; Page: 1,994-1,995*

\$13.2 Billion: Flexible Spending Account Cap – aka “Special Needs Kids Tax” (Takes effect Jan. 2013): Imposes cap on FSAs of \$2500 (now unlimited). Indexed to inflation after 2013. There was one group of FSA owners for whom this new cap will be particularly cruel and onerous: parents of special needs children. There were thousands of families with special needs children in the United States, and many of them use FSAs to pay for special needs education. Tuition rates at one leading school that teaches special needs children in Washington, D.C. ([National Child Research Center](#)) can easily exceed \$14,000 per year. Under tax rules, FSA dollars can be used to pay for this type of special needs education. *Bill: ACA; Page: 2,388-2,389*

\$5 Billion: Medicine Cabinet Tax (Took effect Jan. 2011): Americans no longer able to use health savings account (HSA), flexible spending account (FSA), or health reimbursement (HRA) pre-tax dollars to purchase non-prescription, over-the-counter medicines (except insulin). *Bill: ACA; Page: 1,957-1,959*

\$4.5 Billion: Elimination of tax deduction for employer-provided retirement Rx drug coverage in coordination with Medicare Part D (Takes effect Jan. 2013) *Bill: ACA; Page: 1,994*

\$4.5 Billion: Codification of the “economic substance doctrine” (Took effect in 2010): This provision allows the IRS to disallow completely-legal tax deductions and other legal tax-minimizing plans just because the IRS deems that the action lacks “substance” and was merely intended to reduce taxes owed. *Bill: Reconciliation Act; Page: 108-113*

\$2.7 Billion: Tax on Indoor Tanning Services (Took effect July 1, 2010): New 10 percent excise tax on Americans using indoor tanning salons. *Bill: ACA; Page: 2,397-2,399*

\$1.4 Billion: HSA Withdrawal Tax Hike (Took effect Jan. 2011): Increases additional tax on non-medical early withdrawals from an HSA from 10 to 20 percent, disadvantaging them relative to IRAs and other tax-advantaged accounts, which remain at 10 percent. *Bill: ACA; Page: 1,959*

\$0.6 Billion: \$500,000 Annual Executive Compensation Limit for Health Insurance Executives (Takes effect Jan. 2013): *Bill: ACA; Page: 1,995-2,000*

\$0.4 Billion: Blue Cross/Blue Shield Tax Hike (Took effect in 2010): The special tax deduction in current law for Blue Cross/Blue Shield companies would only be allowed if 85 percent or more of premium revenues were spent on clinical services. *Bill: ACA; Page: 2,004*

\$ Negligible: Excise Tax on Charitable Hospitals (Took effect in 2010): \$50,000 per hospital if they fail to meet new "community health assessment needs," "financial assistance," and "billing and collection" rules set by HHS. *Bill: ACA; Page: 1,961-1,971*

\$ Negligible: Employer Reporting of Insurance on W-2 (Took effect in Jan. 2012): Preamble to taxing health benefits on individual tax returns. *Bill: ACA; Page: 1,957*

Appendix B: Interview Protocol

Interview: To explore the strategic leadership processes needed to implement the employer shared responsibility provision of the Affordable Care Act by small businesses in the Mid-Atlantic region.

A. The interview session will begin by thanking participants for participating.

Introducing myself to the Participants. Then I will introduce topic of discussion.

B. I will introduce myself to the participants. Then I will introduce topic of discussion

C. I will present participant with the consent form to read over and ask questions prior to beginning. A copy will be provided to participants for their records. Participants must also sign consent form prior to beginning.

D. Recording devices will be turned on after consent forms were signed. I will dictate date, time, location, and participant.

E. The coded sequential interpretation of the participant's name (i.e. respondent A2) will be indicated recording device and documented on my copy of the consent form.

After this, the interview will begin.

F. The interview will be around 60 minutes for the 3 interview questions, follow-up questions and clarification. The interview questions are:

1. What were the strategic business processes that you used to implement the employer shared responsibility provision of the Patient Protection and Affordable Care Act?

2. What strategic business objectives did you propose in the business plan addressed the implementation of the employer shared responsibility provision of the Patient Protection and Affordable Care Act?
3. What strategic business processes did you propose for alternative courses of action when you implemented the employer shared responsibility provision of the Patient Protection and Affordable Care Act?

G. I will remind participants prior to asking the first question the purpose of the interview and questions. The purpose was to explore the strategic leadership processes needed to implement the employer shared responsibility provision of the Affordable Care Act by small businesses in the Mid-Atlantic region.

H. I will explore business plans to determine what objectives have been listed to implement the employer shared responsibility provision of the Affordable Care Act and how they will be measured

I. After asking the interview questions, I will inform participants regarding the review of the interview report that will be made available after my transcription.

J. At the conclusion of the interview, I will thank participants for taking time to participant and be a part of the study.

Appendix C: Timeline for Data Collection Techniques

WEEK 1

Identify and contact 5 small businesses in the Mid-Atlantic area.

Set an appointment with 5 small businesses to conduct face to face to face interviews for following week.

Send participants consent forms.

Confirm location of interview area to ensure it is quiet and will be a good area for recording.

WEEK 2

Conduct 1 interview per a day with small businesses in the Mid-Atlantic region.

Evaluate strategic business plans.

Collect consent forms from participants.

Collect data and organize data collected from participants.

WEEK 3

Analyze data collected from participants.

Insert data collected into study.

Report findings from data collected and insert into study.

Appendix D: Business Plan Collection Tool

Organization _____

Date of Business Plan _____

Research Question		Not Identified	Identified	Frequency Count
1	Business Processes Identified to implement the employer shared responsibility provision of the Affordable Care Act			
2	Business objectives Identified to implement the employer shared responsibility provision of the Affordable Care Act			
3	Business Processes Identified to plan for alternative course of actions			

4.	Are business objectives measurable		
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Appendix E: Invitation E-mail

Dear Small Business Owner,

My name is Sean Gallman, and I am a doctoral student at Walden University. I am doing my doctoral study on The Influence of the Affordable Care Act on Small Businesses. To conduct the research I would like to ask you to participate in the research study. The attached consent form provides detailed information about the study, and type of data that I am looking to collect. If you would like to participate, please email or call me with questions, and sign the attached informed consent form. I look forward to meeting you. My contact information is located on the informed consent form and at the bottom of the email. Your participation or non-participation will remain confidential. Thank you.

Appendix F: Case Study Protocol

1. Initial email to contact participants
2. Provide participants with an informed consent form
3. Set time to conduct interview with participants
4. Interview participants
 - A) Interview questions are preset
5. Member checking
6. Transcribe data
 - A) Transfer notes into word format for uploading
7. Analyze data
 - A) Use Atlas.ti to analyze data
8. Code data
 - A) Codes are themes from data
9. Present themes and data collected