

# Health Care Reform Checklist

## COMPLIANCE UPDATES: Current & Upcoming Requirements or Provisions (2014 and Beyond)

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
<b>New HIPAA Electronic Transaction and Operating Rules</b> specifying EDI standards for certain electronic transactions.	AP	Staggered from Jan. 2013 through Jan. 2016	Employers should verify that they or their Business Associates are prepared to comply with the regulations and their BA agreements are updated (if needed).		
Obtain <b>Health Plan ID (HPID)</b> . Application process can be found on CMS web site.	AP	Originally effective for large plans on 11/5/14, it has been delayed until further notice (as of 10/31/14)	No Action Required. Insurer responsibility.	Determine whether employer or TPA will obtain HPID and proceed accordingly.	
<b>Whistle Blower Protection</b> extended to prevent insurance issuers from retaliating against individuals who report a violation of Title I of PPACA, even if they are not employees of the insurance issuer.	AP	Jan. 1, 2014	Verify management staff is aware of this and remind them that employees who receive a credit or subsidy (thus subjecting the employer to a possible "play or pay" penalty) are also protected from employer retaliation.		
<b>Prohibition of Annual Dollar Limits</b> on Essential Health Benefits (EHB). EHB must be equal in scope to benefits covered by a typical employer plan as determined by each State and must include items and services in ten general categories.	AP	Plan years beginning on or after Jan. 1, 2014	<ol style="list-style-type: none"> <li>1. Verify that the Insurer has modified the plan accordingly.</li> <li>2. Review HRA plan designs to ensure they do not violate the annual limits prohibition.</li> </ol>	<ol style="list-style-type: none"> <li>1. Plan sponsors should modify the plan accordingly.</li> <li>2. Review HRA plan designs to ensure they do not violate the annual limits prohibition.</li> </ol>	

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Group health plan <b>Waiting Periods Cannot Exceed 90 Days</b> for all enrollees.	AP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer modified the plan accordingly. Count calendar days to determine 90 day period, which can start after substantive eligibility conditions are met.	Plan Sponsors should modify the plan accordingly. Count calendar days to determine 90 day period, which can start after substantive eligibility conditions are met.	
<b>Prohibition of Preexisting Conditions Exclusion</b> for all enrollees.	AP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer modified the plan accordingly.	Plan Sponsors should modify the plan accordingly.	
Employers can offer <b>Incentives up to 30%</b> of the cost of coverage to participate in <b>Wellness Programs</b> .	AP	Plan years beginning on or after Jan. 1, 2014	Employers should work with their wellness vendor (if applicable) to determine appropriate incentives for their participants. The reward cannot exceed 30% of the cost of coverage; however, an additional 20% can be added to the extent the additional percentage is connected to a program designed to decrease tobacco usage.		
Group health plans must provide (and may not limit) coverage for individuals participating in <b>Clinical Trials</b> , which applies to all clinical trials that treat cancer or other life-threatening diseases.	NGP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer modified the plan accordingly.	Plan Sponsors should modify the plan accordingly.	
Plans must practice <b>Nondiscrimination in Health Care Providers</b> and not discriminate with respect to plan participation or coverage against any health care provider acting within the scope of the provider's license and certification.	NGP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer has put nondiscrimination practices in place.	Plan sponsors should review practices and ensure that nondiscrimination practices are in place.	
Plans must implement <b>Cost Sharing Limitations</b> that limit deductibles. <b>Repealed effective April 1, 2014.</b>	NGP	Originally effective for plan years beginning Jan. 1, 2014. <b>Repealed effective April 1, 2014.</b>	These deductible limits were eliminated effective April 1, 2014 as part of the Protecting Access to Medicare Act of 2014. <b>Repealed effective April 1, 2014.</b>	No Action Required. Does not apply to self-insured plans.	

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Insurance issuers in the small group market must provide <b>Essential Health Benefits Coverage</b> , limit cost sharing, and cover at least 60% of the actuarial value of the covered benefits.	NGP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer has modified the plan accordingly.	No Action Required. Does not apply to self- insured plans.	
<b>Grandfathered Plans must Provide Dependent Coverage</b> for children under age 26	NGP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer has modified the plan accordingly.	Plan sponsors should modify the plan accordingly.	
Plans must implement <b>Cost Sharing Limitations</b> that limit the annual out-of- pocket (OOP) maximums to no greater than the limits for high deductible health plans for 2014 and indexed thereafter.  <b>Plan limits for plan years beginning:</b> 2015: \$6,600 (self); \$13,200 (family) 2016: \$6,850 (self); \$13,700 (family) 2017: \$7,150 (self); \$14,300 (family)	NGP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer has modified the plan accordingly.	Plan sponsors should modify the plan accordingly.	
<b>Guaranteed Availability and Renewability of Coverage</b> in both the small and large group markets requiring Insurers to accept every employer in the state that applies for coverage and renew coverage subject only to specified exceptions and restrictions.	NGP	Plan years beginning on or after Jan. 1, 2014	Verify that the insurer modified the plan accordingly.	No Action Required. Does not apply to self- insured plans.	

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<p><b>Contributions to Support Reinsurance Payments</b> to plans of individual market insurers that cover high-cost individuals.</p> <p>Report company information and enrollment data on pay.gov.</p>	GP	Report enrollment data on Nov. 15.	No Action Required. Insurer responsibility.	<p>2015 plan year:</p> <p><b>Payment (per Covered Life)</b></p> <ul style="list-style-type: none"> <li>» \$44.00 (One Payment)</li> <li>» \$33.00 (Two Payments)</li> <li>» Due 1/15/16</li> <li>» \$11.00 (2nd of Two Payments)</li> <li>» Due 11/15/16</li> </ul> <p>2016 plan year:</p> <p><b>Payment (per Covered Life)</b></p> <ul style="list-style-type: none"> <li>» \$27.00 (One Payment)</li> <li>» \$21.60 (Two Payments)</li> <li>» Due 1/15/17</li> <li>» \$5.40 (2nd of Two Payments)</li> <li>» Due 11/15/17</li> </ul> <p>The plan's TPA may report payment and pay fee on behalf of the self-funded group health plan.</p>	
<p>Employers with 50 or more full-time equivalent employees are liable for a <b>Shared Responsibility payment (Play or Pay Penalty)</b> if any full-time employee is certified to receive an applicable premium tax credit or cost-sharing reduction and the employer does not offer its full-time employees (and their dependents) the opportunity to enroll in minimum essential coverage; or the coverage offered is either unaffordable relative to an employee's household income or does not provide minimum value.</p>	AP	<p>2015</p> <p>Transition relief available for employers with 50-100 FTEs.</p>	<p>This mandate was originally effective in 2014, but has been delayed until 2015. If you believe you will be subject to this mandate, and have variable hour employees, prepare a method to determine which employees are considered full-time under the ACA guidelines. Also remember that a full-time employee for purposes of this requirement is someone who, for a given month, works at least 30 hours per week (130 hours per month).</p>		
<p>Employers must pay a 40% excise tax (<b>Cadillac Tax</b>) on the value of health plans that exceed \$10,200 for an individual and \$27,500 for a family indexed for inflation.</p>	AP	2020	Employers should prepare to estimate plan costs and/or await further guidance.		

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<p><b>Section 6055</b> reporting information to the IRS and to each individual for whom <b>Minimum Essential Coverage</b> is provided.</p> <p>Information is reported on <b>Forms 1094-B and 1095-B</b>.</p> <p>Large, self-insured employers may combine this information under Section 6056 reporting.</p>	AP	<p>Feb. 28 (March 31 for electronic filers) to IRS</p> <p>Jan. 31 to individuals</p>	<p>No Action Required.</p> <p>Insurer responsibility.</p>	<ol style="list-style-type: none"> <li>1. Review information required for report to IRS and individuals.</li> <li>2. Determine whether TINs are available for each covered person.</li> <li>3. Determine reporting methods for IRS and individuals.</li> <li>4. Coordinate with Sec. 6056 reporting where possible.</li> </ol>	
<p><b>Sec. 6056</b> reporting for employers subject to the <b>Shared Responsibility</b> requirements must report the terms and conditions of the health care coverage provided to its full-time employees and furnish related statements to employees.</p> <p>Information reported on <b>Forms 1094-C and 1095-C</b>.</p>	AP	<p>Feb. 28 (March 31 for electronic filers) to IRS</p> <p>Jan. 31 to individuals</p>	<ol style="list-style-type: none"> <li>1. Review information required for report to IRS and individuals.</li> <li>2. Determine whether TINs are available for each employee.</li> <li>3. Determine reporting methods for IRS and individuals and review alternative reporting options/certifications to determine if applicable.</li> <li>4. Coordinate with Sec. 6055 reporting where possible.</li> </ol>		

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## COMPLIANCE FORECAST: Awaiting Further Guidance

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<b>Quality of Care Reporting</b> that discloses health care benefits and reimbursement structures.	NGP	Awaiting Regulations	Employers should await further guidance.		
Employers with more than 200 full-time employees must <b>Automatically Enroll New Full-Time Employees</b> in one of the employer's health benefits plans (subject to any waiting period authorized by law), and continue the enrollment of current employees in a health benefits plan. In addition, employees must be given adequate notice and the opportunity to opt-out of any coverage.  <b>Repealed effective November 2, 2015</b>	AP	Awaiting Additional Guidance  <b>Repealed effective November 2, 2015</b>	Employers should await further guidance.  <b>Repealed effective November 2, 2015</b>		
Fully-Insured Plans must comply with IRC Section 105(h) <b>Nondiscrimination Rules</b> that previously only applied to self-funded plans, including rules that prohibit discrimination in favor of highly- compensated individuals in relation to eligibility to participate and benefits provided.	NGP	Awaiting Additional Guidance	Employers should analyze fully insured plans in relation to requirements and prepare for changes when required under further guidance.	Employers should already be in full compliance.	
<b>CDC Assistance with Employer-Based Wellness Programs</b> , providing technical assistance, consultation, tools, and other resources in evaluating employer- based wellness programs.	NGP	Awaiting Additional Guidance	Employers should await further guidance.		
<b>Transparency in coverage reporting and cost sharing disclosures</b> made of the government, public, and individuals.	AP	Technically effective in 2010-2011, although enforcement unlikely until Exchanges are effective and further guidance is issued.	Employers should await further guidance.		