Health Care Reform Checklist

COMPLIANCE UPDATES: Current & Upcoming Requirements or Provisions (2013 and Beyond)

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
Summary of Benefits and Coverage (SBC) and a uniform glossary of commonly used health insurance and medical terms must be provided to all applicants.	AP	Generally effective for plan years beginning on or after 9/23/12, although dates may vary according to circumstances.	1. Insurers are responsible for preparing the SBC. 2. Verify with the Insurer how the SBC will be distributed to eligible employees. 3. Review distribution requirements and effective dates. 4. Use updated templates for second year of applicability and note that it must include a statement of whether plan provides "minimum essential coverage."	1. Plan sponsor must prepare and distribute the SBC. 2. Review distribution requirements and effective dates. 3. Use updated templates for second year of applicability and note that it must include a statement of whether plan provides "minimum essential coverage."	
Modifications made to the plan that are not reflected in the current SBC must be issued in a **Notice of Plan Modifications**, if the change occurs other than in connection with a renewal.	AP	60 days prior to the date the change becomes effective	1. Insurers are responsible for preparing the Notice of Plan Modifications. 2. Employer should verify with the Insurer how the SBC will be distributed to eligible employees.	Plan sponsor must prepare and distribute the Notice of Plan Modifications.	
New HIPAA Electronic Transaction and Operating Rules 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).		

IMPORTANT: This checklist is intended only as an overview. Other requirements, exceptions or special rules may apply. It is not legal advice and should not be construed as legal advice. Employers should seek the services of a competent legal or tax professional to determine their or their health plan's obligations under the Affordable Care Act.

COMPLIANCE UPDATES: Current & Upcoming Requirements or Provisions (2013 and Beyond)

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
Obtain **Health Plan ID (HPID)**. 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.	
Health FSA: Lower Annual Cap and $500 Carryover for FSA plans offered under cafeteria plans. Implemented an initial Cap of $2500 in 2013, which is indexed for inflation annually thereafter (2015 limit is $2,550). Employer non-elective contributions (sometimes called flex credits) are not included under the Cap; however, if an employer provides flex credits that employees may elect to receive as cash or as a taxable benefit, those flex credits are	AP	The first day of the plan year on or after Jan. 1, 2013	Plans that do not currently reflect the Cap must be amended by 12/31/14 (retroactively). To implement the carryover (up to $500 from one plan year to the next), amend the plan for 2013 plan years, on or before the last day of the plan year that begins in 2014. Otherwise, amend the plan on or before the last day of the plan year from which amounts can be carried over. Note that a health FSA plan that incorporates this carryover provision may not also provide for a grace period in the plan year to which unused amounts may be carried over.		
Patient-Centered Outcomes Research Institute (PCORI) fee, used to fund effectiveness research. For plan or policy years between 10/1/12 and 10/1/13 the fee is $1 multiplied by the average number of covered lives. It increases to $2 between 10/1/13 and 10/1/2014 and is indexed for increases in per capita national health expenditures thereafter.	AP	Reports and payments are due no later than July 31 of the year following the last day of the plan year	No Action Required. The fee is paid by the insurer.	1. The plan sponsor is responsible for filing Form 720 and paying the fee. 2. Self-insured plans have three options for calculating the number of covered lives and must decide which one to use.	
Retiree Drug Subsidy Deduction is eliminated by requiring the amount the employer could previously take as an allowable deduction to be reduced by the amount of the excludable subsidy payments received.	AP	Jan. 1, 2013	Employers providing retiree prescription drug coverage should analyze the increased future tax liability and the current accounting charges necessary to retain retiree prescription drug coverage.		

COMPLIANCE UPDATES: Current & Upcoming Requirements or Provisions (2013 and Beyond)

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
Notice of Coverage Options (Exchange Notice) must be provided to new hires and current employees that also includes the consequences of dropping employer provided coverage.	AP	October 1, 2013	Employers subject to the FLSA must provide the notice to employees prior to the effective date, and within 14 days to new hires thereafter. Model notices are available.		
Whistle Blower Protection 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.		
Prohibition of Annual Dollar Limits on Essential Heath 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	1. Verify that the Insurer has modified the plan accordingly. 2. Review HRA plan designs to ensure they do not violate the annual limits prohibition.	1. Plan sponsors should modify the plan accordingly. 2. Review HRA plan designs to ensure they do not violate the annual limits prohibition.	
Group health plan **Waiting Periods Cannot Exceed 90 Days** 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.	
Prohibition of Preexisting Conditions Exclusion 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 **Incentives up to 30%** of the cost of coverage to participate in **Wellness Programs**.	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.		

COMPLIANCE UPDATES: Current & Upcoming Requirements or Provisions (2013 and Beyond)

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
Group health plans must provide (and may not limit) coverage for individuals participating in **Clinical Trials**, 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 **Nondiscrimination in Health Care Providers** 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 **Cost Sharing Limitations** that limit deductibles. **Repealed effective April 1, 2014.**	NGP	Originally effective for plan years beginning Jan. 1, 2014. **Repealed effective April 1, 2014.**	These deductible limits were eliminated effective April 1, 2014 as part of the Protecting Access to Medicare Act of 2014. **Repealed effective April 1, 2014.**	No Action Required. Does not apply to self- insured plans. **Repealed effective April 1, 2014.**	
Insurance issuers in the small group market must provide **Essential Health Benefits Coverage**, 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.	
Grandfathered Plans must Provide Dependent Coverage for children under age 26 eligible for coverage under another employer's plan (previously exempted).	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 **Cost Sharing Limitations** 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. **Plan limts for plan years beginning:** 2014: $6,350 (self); $12,700 (family) 2015: $6,600 (self); $13,200 (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. Plans with multiple service providers imposing separate OOP maximums may be eligible for transitional relief in 2014, although this will not apply to separate mental health and substance abuse disorder benefits.	

IMPORTANT: This checklist is intended only as an overview. Other requirements, exceptions or special rules may apply. It is not legal advice and should not be construed as legal advice. Employers should seek the services of a competent legal or tax professional to determine their or their health plan's obligations under the Affordable Care Act.

COMPLIANCE UPDATES: Current & Upcoming Requirements or Provisions (2013 and Beyond)

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
Guaranteed Availability and Renewability of Coverage 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.	
Contributions to Support Reinsurance Payments to plans of individual market insurers that cover high-cost individuals. Report company information and enrollment data on pay.gov.	GP	Report enrollment data on Nov. 15. Delayed until Dec. 5 for 2014 only	No Action Required. Insurer responsibility.	2014 plan year: **Payment (per Covered Life)** » $63.00 (One Payment) » $52.50 (Two Payments) » Due 1/15/15 » $10.50 (2nd of Two Payments) » Due 11/15/15 The plan's TPA may report payment and pay fee on behalf of the self-funded group health plan.	
Employers with 50 or more full-time equivalent employees are liable for a **Shared Responsibility payment (Play or Pay Penalty)** 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.	AP	2015 Transition relief available for employers with 50- 100 FTEs.	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).		

IMPORTANT: This checklist is intended only as an overview. Other requirements, exceptions or special rules may apply. It is not legal advice and should not be construed as legal advice. Employers should seek the services of a competent legal or tax professional to determine their or their health plan's obligations under the Affordable Care Act.

COMPLIANCE UPDATES: Current & Upcoming Requirements or Provisions (2013 and Beyond)

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
Section 6055 reporting information to the IRS and to each individual for whom **Minimum Essential Coverage** is provided. Information is reported on **Forms 1094-B and 1095-B**. Large, self-insured employers may combine this information under Section 6056 reporting.	AP	Feb. 28 (March 31 for electronic filers) to IRS Jan. 31 to individuals Transition relief available to report in 2016 for 2015 plan year	No Action Required Insurer responsibility	1. Review information required for report to IRS and individuals 2. Determine whether TINs are available for each covered person 3. Determine reporting methods for IRS and indivduals 4. Coordinate with Sec. 6056 reporting where possible	
Sec. 6056 reporting for employers subject to the **Shared Responsibility** requirements must report the terms and conditions of the health care coverage provided to its full-time employees and furnish related statements to employees. Transition relief available for employers with at least 50 but fewer than 100 FTEs. Information reported on **Forms 1094-C and 1095-C**.	AP	Feb. 28 (March 31 for electronic filers) to IRS Jan. 31 to individuals Transition relief available to report in 2016 for 2015 plan year	1. Review information required for report to IRS and individuals 2. Determine whether TINs are available for each employee 3. Determine reporting methods for IRS and indivduals and review alternative reporting options/certifications to determine if applicable 4. Coordinate with Sec. 6055 reporting where possible		
Employers must pay a 40% excise tax **(Cadillac Tax)** on the value of health plans that exceed $10,200 for an individual and $27,500 for a family indexed for inflation.	AP	2018	Employers should prepare to estimate plan costs and/or await further guidance.		

IMPORTANT: This checklist is intended only as an overview. Other requirements, exceptions or special rules may apply. It is not legal advice and should not be construed as legal advice. Employers should seek the services of a competent legal or tax professional to determine their or their health plan's obligations under the Affordable Care Act.

COMPLIANCE FORECAST: Awaiting Further Guidance

REQUIREMENT OR PROVISION	PLAN	EFFECTIVE DATE	FULLY INSURED PLAN RECOMMENDATIONS	SELF-INSURED PLAN RECOMMENDATIONS	DATE COMPLETED/ COMPLETED BY
Quality of Care Reporting 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 **Automatically Enroll New Full-Time Employees** 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.	AP	Awaiting Additional Guidance	Employers should await further guidance.		
Fully-Insured Plans must comply with IRC Section 105(h) **Nondiscrimination Rules** 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.	
CDC Assistance with Employer-Based Wellness Programs, providing technical assistance, consultation, tools, and other resources in evaluating employer- based wellness programs.	NGP	Awaiting Additional Guidance	Employers should await further guidance.		
Transparency in coverage reporting and cost sharing disclosures 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.		

IMPORTANT: This checklist is intended only as an overview. Other requirements, exceptions or special rules may apply. It is not legal advice and should not be construed as legal advice. Employers should seek the services of a competent legal or tax professional to determine their or their health plan's obligations under the Affordable Care Act.