

Published On August 22nd, 2014

# Affordable Care Act Checklist for 2015/2016

Laurie Bracelin | Millenium Insurance Group | (717) 354-4774 | lbracelin@millig.com

Topic	Affected Plans	Description	Yes, No or N/A
<b>Grandfathering</b>	Grandfathered medical plans	Employers should revisit grandfathered status requirements and weigh the restrictions of remaining grandfathered against the additional requirements that apply to non-grandfathered plans.	
<b>Cost-sharing Limits</b>	Non-grandfathered medical plans	Effective the first day of the 2014 plan year, group health plans must limit in-network out-of-pocket cost sharing (indexed maximum of \$6,600 self-only/\$13,200 family in 2015). For 2015, the HSA limits provided are \$6,450 for single coverage and \$12,900 for family coverage so an HSA-compatible HDHP must go with the smaller limit.	
<b>Reinsurance Fee</b>	All medical plans	<p>Effective January 1, 2014, an assessment will apply to a contributing entity (carrier for insured plan and employer for self-insured plan) on minimum value plans for a reinsurance program for individual and small group Exchange coverage. For 2014, the annual assessment is \$63 per covered life. The 2014 payment may be made in two installments, with the first due in late 2014 or early 2015. For 2015, the annual assessment is \$44 per covered life.</p> <p>By November 15, 2014, employers of self-insured plans must submit an annual enrollment count of the average number of covered lives of reinsurance contribution enrollees for the applicable benefit year to HHS.</p> <p>Self-insured, self-administered major medical plans will be exempt from the reinsurance fee for 2015 and 2016 (but not 2014).</p>	
<b>PCOR Fee</b>	All medical plans and HRAs	<p>Effective for plan years beginning on or after November 1, 2011, health plans will be assessed an annual fee to fund a Patient-Centered Outcome Research program.</p> <p><b>Insured plans:</b> insurance carriers will pay a fee that equals \$1 in the first year (\$2 in the following years) multiplied by the average number of lives insured under a group health plan policy. This amount will likely be built into the rates.</p> <p><b>Self-insured plans, including HRAs:</b> the employer will pay a fee that equals \$1 in the first year (\$2 in the following years) multiplied by the average number of lives covered by the group health plan.</p> <p>The second payment (third payment for a plan year beginning November, December or January) is due July 31, 2015. The third payment (fourth payment for a plan year beginning November, December or January) is due July 31, 2016.</p>	
<b>Health Plan Identifier</b>	Self-insured health plans	Employers with self-insured health plans must obtain an HPID by November 5, 2014 (November 5, 2015 if the plan has \$5 million or less in annual claim receipts).	
<b>Subsidy verification</b>	Employers	Be prepared to verify eligibility as to any employee who applies for a subsidy.	

Topic	Affected Plans	Description	Yes, No or N/A
<b>Employer penalty</b>	Employers and Large Employers	<p>Determine large employer status (whether the employer has at least 50 full-time employees (“FTEs”) for employer penalty purposes, considering all common law employees in the entire controlled group and counting each part-time employee as a fraction of an FTE).</p> <p>For large employers:</p> <ul style="list-style-type: none"> <li>• Determine whether the monthly measurement period or look back measurement period will be used to determine FTE status.</li> <li>• Determine all FTEs. No exception for employees hired on a temporary basis. Continue to determine FTE status, considering rehire rules, changes in employment status and special rules for certain classes of employees (adjunct faculty, on call, etc.).</li> <li>• Consider the new transitional relief (relief is available as long as the plan year was not changed after February 9, 2014 to begin at a later date).</li> </ul> <p>(a) “No Coverage” Penalty applies if the large employer does not offer at least 95% (70% for 2015) of all FTEs (and their dependents) minimum essential coverage (group health plan coverage) and one FTE receives a subsidy in the Exchange. Penalty is \$2,000 X total number of FTEs in excess of 30 (80 for 2015).</p> <p>(b) “Offer Coverage” Penalty applies if the large employer offers coverage to at least 95% (70% for 2015) of all FTEs (and their dependents), but that coverage is unaffordable or does not provide a minimum value (or as to any excluded FTEs of 5% (30% for 2015) or less of all FTEs) and one FTE receives a subsidy in the Exchange. Penalty is \$3,000 X total number of FTEs who receive a subsidy in the Exchange (maximum penalty is the “No Coverage” penalty).</p> <ul style="list-style-type: none"> <li>• Where offering a full-blown medical plan may be prohibitively expensive consider reducing the value of existing plans. After evaluating the risks, consider offering skinny plans.</li> </ul>	
<b>Offer of coverage</b>	Large Employers	<p>Determine whether all FTEs will be offered minimum value, affordable coverage by the effective date of the employer penalty. May require reducing hours requirement (e.g., from 40 hrs/wk to 30 hrs/wk) and including previously excluded employees.</p> <p>To avoid penalty, large employers must extend coverage through the end of the month in which the dependents attain age 26.</p> <p>Reach out to any staffing firm that places employees with the employer. An offer of coverage to an employee performing services for an employer that is a client of a staffing firm made by the staffing firm on behalf of the client employer is treated as an offer of coverage made by the client employer IF the fee the client employer would pay to the staffing firm for an employee enrolled in health coverage under the plan is higher than the fee the client employer would pay to the staffing firm for the same employee if the employee did not enroll in health coverage under the plan.</p>	

Topic	Affected Plans	Description	Yes, No or N/A
<b>Reporting</b>	Large Employers	<p>There are two reporting requirements required in early 2016:</p> <ul style="list-style-type: none"> <li>(a) A report to the IRS AND to a primary insured reporting which individuals are enrolled in minimum essential coverage for individual mandate purposes ( handled by carriers for insured plans and by employers for self-insured plans);</li> <li>(b) An information return to the IRS AND to all full-time employees that reports the terms and conditions of the employer-sponsored health plan coverage (handled by large employers for employer penalty purposes).</li> </ul> <p>Employers will want to speak to their payroll vendors regarding their ability to gather the requisite information.</p>	
<b>Waiting Period</b>	All medical plans and Large Employers	<p>Waiting periods cannot be longer than 90 days.</p> <p>If a large employer has a waiting period of more than 90 days due to using the special rules (see below), it should reevaluate that waiting period based on employer penalty exposure. State insurance law may require a shorter period for insured plans.</p> <p>Exceptions apply as follows, but may be problematic beginning in 2015 for large employers who have to offer coverage by the first day of the 4th month of employment to avoid penalty:</p> <ul style="list-style-type: none"> <li>(a) Employers can require a number of cumulative hours of service up to 1,200 hours before the 90 days starts.</li> <li>(b) Employers can have a bona fide employment-based orientation period of one month before the 90 days starts.</li> </ul>	
<b>Cadillac Plan Tax</b>	All employers with health plans	Start considering 40% excise tax imposed on high-cost health plans (above \$10,200 for single coverage and \$27,500 for family coverage), effective in 2018.	