COMPLIANCE RISK ASSESSMENT TOOLKIT

2017
Anticipate, Integrate & Adapt to Change

TOOLKIT COMPONENTS

Section I: Written Plan Documents & Recordkeeping
- Summary Plan Description (SPD)
- Summary of Material Modifications (SMM)
- Summary of Benefits and Coverage (SBC): 4 Page Uniform Summary -- ACA’s “Mini-SPD”
- Section 125 Cafeteria Plan Document
- IRS Form 5500 Reporting & Summary of Annual Report (SAR)

Section II: COBRA
- Initial COBRA Notices
- COBRA Election Notice -- Revised due to Exchange Availability
- Unavailability of COBRA Continuation Coverage Notice
- Early Termination of COBRA Coverage

Section III: USERRA, HEART, GINA, FMLA
- Uniformed Services Employment and Reemployment Rights Act (USERRA) -- Poster Notice
- Heroes Earnings Assistance & Relief Tax Act (HEART) – Optional Benefit & Enrollment Notice
- Genetic Information Nondiscrimination Act (GINA) – Poster & Revised Regulations
- Family Medical Leave Act (FMLA) – Poster Notice & Initial Hire Handbook Notice

Section IV: HIPAA
- Health Insurance Portability & Accountability Act (HIPAA) Privacy & Security Procedures (Manuals & Breach Notification)
- HIPAA Notice of Privacy Practices & Special Enrollment Rights
- HIPAA Notice of Wellness Program Disclosure
- HIPAA Requirement: Business Associate Agreements (BAAs)

Section V: Medicare Part D Notice & Reporting Requirements
- Creditable/Non Creditable RX Coverage Notice
- Creditable/Non Creditable RX Coverage Disclosure to the Centers of Medicaid & Medicare Services (CMS)

Section VI: General ERISA Notice & Reporting Requirements
- Women’s Health and Cancer Rights Act (WHCRA)
- Newborns’ and Mothers’ Health Protection Act (NMHPA)
- Mental Health Parity and Addiction Equity Act (MHPAEA) – Notice to Opt-out, if Applicable
- Employer Medicaid and Children's Health Insurance Program (CHIP) Eligibility Notice
- Qualified Medical Child Support Order (QMCSO)
- Annual Medicare Part D Notice to Eligible Active Employees & Retirees of Creditable or Non-Creditable RX Coverage
- Annual Disclosure to the Centers for Medicare & Medicaid Services (CMS) of Creditable or Non-Creditable RX Coverage

Section VII: The Affordable Care Act (ACA)

- Ban on Pre-Existing Condition Exclusions
- Dependent Coverage Extension to Age 26 -- Regardless of Alternative Coverage Eligibility
- 90 Day Waiting Period Limitation
- Ban on Annual Dollar Limits for Essential Health Benefits
- Limits to Out-of-Pocket (OOP) Maximums
- Form W-2 Reporting Requirements
- No Cost Sharing for Preventive Care
- Section 125 Plans -- Two New Plan Amendment Options
- IRS Code 105(h) Nondiscrimination Rules -- Delayed Indefinitely
- Automatic Enrollment > 200 Employees -- Repealed
- Health Plan Identifier Number (HPID) – Delayed Indefinitely
- FSA Annual Limit for Employee Salary Reduction Increases from $2,500 to $2,550
- FSA “Use-it-or-Lose-it” Option -- Annual $500 Rollover
- COBRA Notice -- Exchange Options, i.e., Guaranteed Issue Coverage for Beneficiaries & Pre-65 Retirees
- Patient-Centered Outcomes Research Institute Fee
  - Effective for 6 years: $1 Per Member in 2012; $2 Per Member in 2013; then Adjusted for Inflation
- Transitional Reinsurance Fee
  - Effective for 3 Years: $63 Per Covered Life in 2014; $44 Per Covered Life in 2015; $27 Per Covered Life in 2016
- Employer Coverage Mandate & Penalty Risk Exposure Employer ACA Reporting Requirements
- - IRS Forms 1094-C & 1095-C
- - 1094-B & 1094-B by Funding & Group Size
- 40% Excise Tax on High-Value Benefit Plans (2020)

2017 ACA Implementation Strategic Checklist & Evaluation
- Employee Demographic & Eligibility Analysis
- Employer Coverage Mandate & Penalty Exposure “Shared Responsibility” Checklist & Analysis
- IRS Reporting Requirements & Preparation Analysis
- Cadillac Tax Requirements & Preparation Analysis
- Spousal & Dependent Coverage Analysis

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