



October 2014

Reminder

Groups are encouraged to register at <u>REGTAP.info</u> for upcoming regulatory webinars, including sessions on the transitional reinsurance program.

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Regulatory Updates

A special news series from Independence Administrators

Independence Administrators is here to help you navigate the changes

Regulatory Updates is an online news series designed to help you understand the changes resulting from the Affordable Care Act (ACA) and other regulatory changes and how they may affect your plan and your plan members. We are committed to bringing you current regulatory information to help you make informed decisions.

Transitional reinsurance and file layout

The Center for Consumer Information & Insurance Oversight (CIIO), part of the Centers for Medicare & Medicaid Services (CMS) has created a <u>transitional reinsurance program contributions site</u>.

The reinsurance fee, which will be collected for 2014, 2015, and 2016, is assessed by the Department of Health and Human Services (HHS) on employers or insurers to stabilize premiums in the individual health insurance market. The Centers for Medicare & Medicaid Services recently provided details on the submission process and <u>supporting</u> documentation file layout.

Groups are required to register and provide their enrollment counts through the <u>pay.gov</u> website by **November 15, 2014**, for the 2014 collection. Payment will be made in 2015.

For more information see our earlier *Affordable Care Act Implementation Alert* about the Reinsurance Fee.

Reminder: Medicare Part D; GLBA; WHCRA

We are sending annual reminder notices to AHA medical and Rx clients and their brokers that clients may be required to distribute to their plan members concerning:

- Medicare Part D The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires that employers distribute disclosure notices (<u>Creditable</u>* or <u>Non-Creditable Coverage</u>**) annually to all Medicareeligible individuals who are covered under their group health plans.
- The Gramm-Leach-Bliley Act (GLBA) GLBA protects the privacy of consumers' non-public personal information. The notice explains AHA's restrictions to nonpublic personal information and how we maintain safeguards to protect nonpublic personal information.
- Women's Health and Cancer Rights Act (WHCRA) WHCRA requires that plan enrollees receive annual notification of benefits available for mastectomy-related service as outlined in the WHCRA.

Group health plans must distribute the notices to individuals in time for the annual Medicare Part D open enrollment period, which begins on **October 15**, **2014**.

Out-of-pocket maximum limits

The Out-of-Pocket Maximum (OOPM) is the most a member would pay during a plan year for their in-network services. The deductibles, copayments or coinsurance are included in the OOPM.

The <u>OOPM limit</u> went into effect with plan years on or after January 1, 2014, and does not count premiums and balanced billing amounts for non-network providers, and other out-of-network cost-sharing. OOPM applies to non-grandfathered group plans (self-funded and fully insured).

Here are the OOPM limits for 2014 and 2015:

• 2014 OOPM \$6,350 for an individual; \$12,700 for a family

^{*}Creditable notice (Spanish)

^{**}Non-Creditable notice (Spanish)

2015 OOPM will be **\$6,600** for an individual; **\$13,200** for a family.

For more information

To learn more about how Independence Administrators can support you in complying with the requirements of the Affordable Care Act and other relevant regulations, or to request an analysis, please contact your Independence Administrators account representative.

Independence Administrators does not provide legal or tax advice. The final determination of whether the Plan Sponsor meets the requirements of the Affordable Care Act and other relevant regulations must be made by the Plan Sponsor in consultation with their own legal counsel or tax advisor.

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