



November 2014

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*[Previous alert topics on the
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Other Resources

www.ibxtpa.com
www.healthcare.gov
www.dol.gov
www.hhs.gov
www.treasury.gov
www.cms.gov/ccii

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.

Remember to obtain HPID by November 5, 2014

The Administrative Simplification provision of the Affordable Care Act of 2010 (ACA), references HIPAA (Health Insurance Portability and Accountability Act of 1996) and includes a requirement to obtain a standard, unique Health Plan Identifier (HPID). The HPID is intended to increase standardization within HIPAA transactions.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services, **recently provided further HPID clarification through a series of [FAQs](#) about HPIDs**. The answers provide additional information about the requirements for obtaining a HPID.

Most health plans must obtain a HPID to help identify a health plan in certain HIPAA “standard transactions” by **November 5, 2014 or 2015** (depending on the size of the plan). A health plan is defined as a plan that provides or pays the cost of medical care. The HPID is a 10-digit unique identifier for each health plan. There is no charge to obtain a HPID, and it can be obtained through the [CMS Enterprise Portal](#).

For additional information on obtaining an HPID by **November 5, 2014**, please see our earlier [HPID Affordable Care Act Implementation Alert](#) on this topic.

Register by November 15, 2014, for Transitional Reinsurance Fee

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.

Groups must register and provide their enrollment counts through the pay.gov website by **November 15, 2014**, for the 2014 collection. Payments will be made in 2015.

For additional information, see our [Transitional Reinsurance Fee Affordable Care Act Implementation Alert](#) about the IRS Sections and Codes.

Reporting requirements for Sections 6055 and 6056

The Affordable Care Act added sections 6055 and 6056 to the Internal Revenue Code.

- **Section 6055** provides that every provider of minimum essential coverage will report coverage information by filing an information return with the IRS and furnishing a statement to individuals.
- **Section 6056** requires that all applicable large employers file information returns with the IRS and provide statements to their full-time employees about the health insurance coverage the employer offers.

Information reporting under sections 6055 and 6056 is voluntary for 2014. Reporting is required in 2016 for the 2015 calendar year. The IRS has provided further information on reporting of offers of health insurance coverage by health care providers ([Section 6055](#)) and employers ([Section 6056](#)).

In addition, the IRS recently released updated draft copies of Form 1095-B and 1095-C that show what coverage they offer employees, as required by the Affordable Care Act (ACA).

- **Form 1095-B** is for reporting 6055 information for small, self-insured employers.
- **Form 1094-C** is for transmitting of employer-provided health insurance offer and coverage returns to the IRS. Form 1095-C includes information about the health coverage offered by the employer.

- [Form 1095-C](#), Part II, includes information about the coverage, if any, the employer offers.

These are for information purposes only. Do not use the draft versions for filing purposes. Additional information will be provided by the IRS.

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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