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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.

Reminders for 2015

As we approach the end of 2014 and look to 2015, here are some things to consider for the coming year.

- **Grandfathered plans** that took effect on March 23, 2010, as part of the Affordable Care Act (ACA) are still in effect. A group can remain grandfathered as long as it adheres to the grandfathered rules.
- **Preventive services** - Non-grandfathered group health plans (self-funded and fully insured) are required to cover preventive services with no cost sharing, subject to reasonable medical management, when the services are rendered by an in-network provider. The government updated the USPSTF A and B Recommendations list by adding the following:
 - gestational diabetes mellitus screening
 - lung cancer screening
 - tobacco use interventions
 - BRACA Risk Assessment and genetic counseling/testing
 - Breast cancer preventive medications
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For further information, see the [Preventive Services ACA Alert](#).

- **Employer Shared Responsibility** - For 2015, the Employer Shared Responsibility for large employers (with 50 or more full-time equivalents) include a provision that says the employer must offer coverage to at least 70 percent of its full-time employees. See the [Employer Shared Responsibility ACA Alert](#).
- **Reinsurance Fee** – This fee was established in each state to stabilize premiums covered in the individual Health Insurance Marketplace from 2014 through 2016. Registration on pay.gov for the payment has been extended to December 5, 2014. For the 2014 payment, a group could elect one payment of \$63 per covered life to be paid by January 15, 2015, or they could elect to split their payments. The first payment of \$52.50 is paid by January 15, 2015. The second payment of \$10.50 is paid by November 15, 2015.
- **Transitional Relief** – The information reporting requirements are first effective for coverage provided in 2015, and gives employers, insurers, and other entities additional time to adapt their health coverage and reporting systems. Thus, health coverage providers will file information returns with the IRS in 2016, and will furnish statements to individuals in 2016, to report coverage information in calendar year 2015. See the [Transition Relief ACA Alert](#).

Health Plan Identifier Delayed

On October 31, 2014, the Centers for Medicare & Medicaid Services Office of e-Health Standards and Services (a division of the Department of Health and Human Services that is responsible for HIPAA compliance) announced an indefinite delay in enforcement of the regulation related to health plan enumeration and use of a Health Plan Identifier (HPID) in HIPAA transactions. The enforcement delay applies to all HIPAA covered entities, including health care providers, health plans, and clearinghouses.

The [National Committee on Vital and Health Statistics](#) (NCVHS), an advisory body to HHS, recommended in September that HHS rectify through the rulemaking process that all covered entities and their business associates not use the HPID in HIPAA transactions. The enforcement delay is designed to allow HHS to review the NCVHS recommendations.

Out-of-pocket maximum limits for next year

The Out-of-Pocket Maximum (OOPM) for essential health benefits 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.

Question 1, FAQ – Set 18 explains the [OOPM limit](#) which took effect with plan years on or after January 1, 2014. OOPM applies to non-grandfathered group plans (self-funded and fully insured). For plan years on or after January 1, 2015, the group either must have an integrated OOPM with their third party prescription benefits management vendor or they need to split the OOPM between the prescription and the medical.

This will ensure that the following limits are in place for 2015:

- **\$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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