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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 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 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 *Affordable Care Act Implementation Alert* about the <u>Reinsurance Fee</u>. Information and training is available through the Centers for Medicare & Medicaid Services (CMS), <u>Registration for Technical Assistance (REGTAP) Portal</u>. In addition, REGTAP is conducting a webinar about the transitional reinsurance program on **August 6** at 2 p.m. EDT. To register visit the <u>REGTAP Portal</u>.

Update on 90-day waiting period limitation

The 90-day waiting period rule was updated on June 25, 2014, to allow a *bona fide orientation period* of no longer than one month. The one month is determined by adding one calendar month and subtracting one calendar day from the employee's start date in a position that is otherwise eligible for coverage.

It applies to group health plan years that begin on or after January 1, 2015.

You can find further information on the $\underline{90\text{-day waiting period update}}$ at the U.S. GPO's website.

Supreme Court: Certain closely held for-profit companies can opt out of contraceptive coverage; FAQ issued

The U.S. Supreme Court, in a 5-4 decision, ruled on the case of Burwell vs. Hobby Lobby. The ruling relates to closely held for profit companies being able to opt out of providing contraceptive coverage under the Affordable Care Act, based on religious grounds. For additional information see the Supreme Court ruling.

The Departments of Labor (DOL), Health and Human Services (HHS) and Treasury (the agencies) recently issued a joint FAQ (FAQs About Affordable Care Act Implementation (Part XX) on disclosure if a Hobby Lobby-type employer stops providing contraceptive coverage.

HHS is working on further guidance. You can find further information on the \underline{FAQ} at the DOL's web site.

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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