Benefits BUZZ

Benefits tips brought to you by
Rose Street Advisors

September 2015

DID YOU KNOW?

On Aug. 7, 2015, the Internal Revenue Service (IRS) released 2015 draft instructions for reporting under Code Sections 6055 and 6056, the Affordable Care Act's health coverage reporting requirements.

The draft instructions include proposed 30-day extensions for filing information with the IRS and for furnishing statements to individuals. They also propose a waiver from the requirement for electronic filing, as well as provide additional reporting details for employers that contribute to multiemployer plans.

The 2015 instructions are not finalized and should not be relied upon for filing. Reporting is first required in 2016 for 2015 coverage.

Final Rule on Religious Exemptions to Contraceptive Coverage

On July 10, 2015, final regulations on the Affordable Care Act's (ACA) women's preventive care coverage requirement were released. The ACA requires non-grandfathered health plans to provide coverage for preventive health services for women, including contraceptives, without imposing cost-sharing requirements.

The final rule finalizes an accommodation for eligible nonprofit organizations and for-profit businesses that have religious objections to providing contraceptive coverage to female employees.

Organizations that are eligible for the accommodation will not be directly involved in providing contraceptive coverage to female employees. Instead, contraceptive services will be paid for directly by an independent third party, such as an insurance company or third-party administrator (TPA).

Organizations and employers seeking exemption from the contraceptive coverage requirement must either self-certify that they meet the eligibility criteria or notify HHS in writing of their religious objection to providing contraceptive coverage (instead of providing the self-certification to the plan's issuer or TPA).

The final rules define the for-profit businesses that are eligible for the accommodation based on ownership structure, and they outline the documentation that must be adopted to qualify for the exemption. The rules also require for-profit businesses to make their self-certification or notice of objection available for examination upon request.

The final rules also contain clarifications on several topics, including the scope of recommended preventive services, the treatment of office visits, the services delivered by out-of-network providers, the permitted reasonable medical management techniques, the cost-sharing for other services and the timing of changes to guidelines.

PCORI Fee FAQs

The IRS recently issued FAQs on the Patient-Centered Outcomes Research Institute Trust Fund fee (PCORI fee). These FAQs provide basic information on the PCORI fee, including what the fee is for, when it is effective and which plans and issuers are subject to the fee. The FAQs also explain how the fee is calculated and provide applicable dollar amounts for each year the fee is effective.

The PCORI fee is based on the average number of lives covered during the year. The FAQs provide detail on how the average number of lives is determined. They also provide clarification on fees for self-insured plans with short plan years.

Since the ACA requires health insurance issuers and sponsors of self-insured health plans to pay the PCORI fee, the FAQs also provide information on how to do so using Form 720 and how to correct previously filed Forms 720 if an error was made (including an overpayment).

RoseStreet ADVISORS
BENEFITS | INSURANCE | INVESTMENTS