Health care reform: Where are we now?

An employers guide to 2014-2016

Presented by:

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Topics for today

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Setting the tage for 2015 and 2016

> Fees

- PCORI Fee
- Reinsurance Fee
- Health Insurer Fee
- Taxes
- Cadillac Tax…..

2015 and 2016: What do employers need to know?

> Shared Responsibility and Exchanges

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Current issues - fees

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Patient Centered Outcomes Research Institute (PCORI) fee

- Effective for policy or plan years that end on or after October 1, 2012 and continue until 2019
- Imposes $1 (later $2) fee per covered life under plan for trust fund
- Usually paid by issuers and employers on the quarterly tax excise tax return – due annually July 31

Reinsurance fee

- Imposes fee on insurers and employers (effective 2014, due in 2015)
- **Fees will help stabilize premiums for coverage in the individual market during the first 3 years of exchange operation**
- **Required contributions will be $5.25 per covered life monthly ($63 annually for the first year; $44 annually in 2015)**

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Current issues - fees

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Health Insurer fee

- ACA Section 9010 – imposes annual fee on health insurance industry starting at $8 billion in 2014 and increasing to $14.3 billion in 2018.
- Excise tax and therefore non-deductible
- Allocated to health insurers based on premium in the previous year.
- Based on marketshare
- Non-profit insurers receive preferential treatment – if they receive more than 80% of premium revenue from Medicare, Medicaid or SCHIP then the are exempt from the fee. Others can exclude 50% of premium revenue from the fee calculation.

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Current issues - Cadillac tax

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40% excise tax on high cost health insurance

- The tax is imposed if an employee is covered under any applicable employer-sponsored plan and there is an “excess benefit”
- Excess benefit amounts will be determined on a monthly basis in 2018
- Excess benefit amounts = any aggregate cost (employer + employer premium cost over 1/12 of the annual limitation for the calendar year)
  - Individual limitation: $10,200
  - All other coverage: $27,500
- Higher limits will apply for retiree coverage and those engaged in high risk professions
- Who pays? Coverage providers
  - Fully Insured: carrier or issuer
  - Self-funded: plan administrator

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Current issues - Cadillac tax

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40% excise tax on high cost health insurance

- The responsibility for reporting the tax liability is on the employer
- **Each employer must determine the tax liability for each period based on the amount of excess and report the amounts to HHS AND each coverage provider**
- **Union plans – the plan sponsor (not employer) is required to make the calculations and provide the notice(s)**
- Includes any group health plan which is excludable from the employee's income under IRC Section 106. It does not include long-term care or any coverage that is not excludable from gross income.
- Vision, dental, accident, disability not included.

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Affordable Care Act
2014 - 2018

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Shared responsibility

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PPACA does not mandate an employer to offer health insurance to employees

- Penalties may apply to a “large” employer: “Large” = at least 50 full-time equivalents (FTEs):
  - Full-time employees (30+ hours per week)
  - Part-time employees (total monthly hours divided by 120)
  - Excluding full-time seasonal employees who work less than 120 days during the year
  - Preceding calendar year (monthly calculation)
- Controlled groups:
  - For purposes of large employer determination, all employees of all entities are counted together. However, penalties will apply on an entity by entity basis.

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Shared responsibility

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Employer penalties apply if:

- No coverage – Minimum essential coverage is NOT offered to at least 95% of full-time employees and at least one full-time employee receives subsidized coverage in an Exchange.
- Coverage – Minimum essential coverage IS offered to full time employees but at least one full-time employee receives subsidized coverage in an Exchange. Employer's offer of coverage must be of a certain value and be affordable for the employee in order to avoid penalties.
- Subsidized coverage (available only to applicable taxpayers)*:
  - Premium Assistance: Available if the employee's contribution to the lowest cost single coverage exceeds 9.5% of the employee's household income
  - Cost-sharing: Available to employees earning 100-400% of the federal poverty level

**If the taxpayer is eligible for Medicaid, the taxpayer is NOT eligible for a subsidy.*

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Shared responsibility: Value

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If there is an offer of coverage, the coverage must be two things:

> **Valuable** – Methods for determining….

- The MV Calculator made available by HHS and the Internal Revenue Service. The calculator and a document on methodology can be found here under "Plan Management" regulations.
- Any safe harbor established by HHS and the Internal Revenue Service.
- A group health plan may seek certification by an actuary to determine MV if the plan contains non-standard features that are not suitable for either of the methods described above. The determination of MV must be made by a member of the American Academy of Actuaries, based on an analysis performed in accordance with generally accepted actuarial principles and methodologies.
- Any plan in the small group market that meets any of the "metal" levels of coverage, satisfies minimum value.

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Shared responsibility: Affordable

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Affordable: Three methods for determining based on the employees required contribution toward the lowest cost single coverage the employer offers:

- W2 Safe Harbor: Employee's portion of the contribution cannot exceed 9.5% of the employee's W2 wages
- Rate of Pay Safe Harbor: Employee's portion for a month cannot exceed 9.5% of the employee's hourly rate of pay x 130 or 9.5% of monthly salary
- Federal Poverty Safe Harbor: Employee's contribution cannot exceed 9.5% of the single federal poverty level for a calendar year divided by 12.
  - » $11,490 x 9.5% = 1091.55/12 = $90.96/month

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Shared responsibility: Affordable

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Affordable:

- HRA Amounts: Amounts made newly available under an HRA that is integrated with an eligible employer-sponsored plan for the current plan year are taken into account only in determining affordability if the employee may either:
  - Use the amounts only for premiums; or
  - Choose to use the amounts for either premiums or cost-sharing.
- Wellness
  - **General**: When considering the **affordability** of a plan whose premium differs among wellness plan participants and non-participants, **affordability** should be tested using **the lowest single contribution for non-participants**.
  - **Tobacco**: When considering the **affordability** of a plan whose premium differs among tobacco and non-tobacco users, affordability should be tested using **the lowest single contribution for non-Tobacco users**. This will help insulate the employer from penalty by basing affordability in the **more affordable** plan, allowing the employer to continue rewarding healthy behavior.

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Employer Penalties and Amounts

- **No coverage** offered: $2,000 per number of full-time employees minus 30
- **Coverage** offered: $3,000 per subsidized full-time employee OR $2,000 per total number of full-time employees minus 30, whichever is less.
- Employers will be notified by the IRS to inform them of potential liability. Contact will not be made for any given calendar year until after employees' individual tax returns are due for that year.
- Employers will be required to file information returns identifying their full-time employees and describing the coverage that was offered, if any.
- Payments will be made to the IRS after a demand for payment is made. Employers will not be required to include the payment on any tax return they file.

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Shared responsibility – final regulations

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Small employers (less than 50 FT and FTEs)

> Not subject to the requirements

> Not subject to any reporting requirements

Mid-size employers (50 – 99 FT and FTEs)

> Delayed application of penalties until 2016

> Must report on FT employees and coverage provided for 2015

> Certification will be required to qualify for the delay

Large employers (100 or more FT and FTEs)

> Effective date remains January 1, 2015

> Transitional guidance for non-calendar plan years

> Phase-in of the offer requirements…70% rather than 90%

> Penalties will apply in 2015 if requirements are not met

> Reporting will be required for all of 2015

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Small employer plans

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- Check eligibility for the small employer tax credit
- Employer Shared Responsibility does not apply
- 2 year extension of non-ACA compliant plans – final decision left to state
  - On March 20, 2014 OCI issued a bulletin allowing insurers to maintain/offer non-ACA compliant plans until 2016-2017

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TRANSITIONAL GUIDANCE (50-99 FTEs)

- Provided for all of 2015 AND for non-calendar years and portion of the plan year that falls in 2016 (automatic non-calendar year relief)
- Relief applies IF:
  - The employer employs on average at least 50 but fewer than 100 FT and FTEs
  - During the period beginning February 9, 2014 and ending December 31, 2014 the employer does not reduce the size of its workforce or overall hours of service of employees unless for a bona fide business reason
  - The employer does not eliminate or materially reduce the health coverage it offered on February 9, 2014 during 2014
    - Employer continues to offer each eligible employee an employer contribution that is at least 95% of the dollar amount offered on February 9, 2014 or is the same percentage of the cost of coverage the employer was offering to contribute on February 9, 2014

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TRANSITIONAL GUIDANCE – 50-99 FTEs

> The employer does not eliminate or materially reduce the health coverage it offered on February 9, 2014 during 2014 (continued)

- If there is a change in benefits under the employee-only coverage, that the coverage provides minimum value after the change
- The employer does not alter the terms of the group coverage to narrow or reduce the class or classes of employees to whom coverage under those plans was offered on February 9, 2014
- Example: If employer was contributing $300 per month for coverage that costs $400 and the employer continues to offer to contribute $300 per month and the cost of coverage increases to $425 for a plan year beginning on July 1, 2014, the increase in cost to the employee would not be treated as an elimination or material reduction of health care coverage offered
- Effective:
  - » Calendar Plan Years: February 9, 2014 – December 31, 2015
  - » Non-Calendar Plan Years: February 9, 2014 – last day of plan year that begins in 2015 (July 1 = June 30, 2016)

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TRANSITIONAL GUIDANCE – 50-99 FTEs

> Certification

- Employers that qualify for this transitional relief must certify that it meets the eligibility requirements
- Certification will most likely accompany the 6056 reporting requirements.

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TRANSITIONAL GUIDANCE 100+ – Non-calendar plan years

- Applicable only IF the employer maintained a non-calendar plan year on December 27, 2012 and did NOT modify the plan year after December 27, 2012
- Three areas of transition guidance applicable for the period from January 1, 2015 – First day of plan year, 2015

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TRANSITIONAL GUIDANCE 100+ – Non-calendar plan years

Pre-2015 eligibility

- Applies to employees who would be eligible for coverage effective the first day of the 2015 plan year under the eligibility terms in effect on February 9, 2014
- If affordable, valuable coverage is offered to these employees by the first day of the 2015 plan year, no penalties will apply for any period prior to the first day of the plan year in 2015
- Example with July 1 renewal date:
  - Employer's eligibility requirements on February 9, 2014 = coverage offered to any employee working 36+ hours per week
  - Employer is exempt from penalties on all 36 hour employees as long as affordable, valuable coverage is offered by to these employees by July 1, 2015

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TRANSITIONAL GUIDANCE 100+ – Non-calendar plan years

Significant percentage – **All employees**

> Test Period: Any day between February 10, 2013 – February 9, 2014

> Employer covered at least ¼ of ALL employees

OR

> Test Period: Most recent open enrollment prior to February 9, 2014

> Employer offered coverage to 1/3 or more of ALL employees

If either test is met, no penalties will apply prior to the first day of the plan year in 2015 IF affordable, valuable coverage is offered to all 30+ hour employees by the first day of the plan year in 2015

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TRANSITIONAL GUIDANCE 100+ – Non-calendar plan years

Significant percentage – all employees

> Example:

- Employer has a September 1 renewal date and 100 total employees.
- On September 15, 2013 the employer has 35 employees covered under the plan
- Employer has more than ¼ or 25% of all employees covered
- Employer offers affordable, valuable coverage to all 30+ hour employees by September 1, 2015
- No penalties can be assessed against the employer from January 1, 2015 – September 1, 2015

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TRANSITIONAL GUIDANCE – Non-calendar plan years

Significant percentage – **Full-time employees**

> Test Period: Any day between February 10, 2013 – February 9, 2014

> Employer covered at least 1/3 of full-time employees

OR

> Test Period: Most recent open enrollment prior to February 9, 2014

> Employer offered coverage to 1/2 or more of full-time employees

If either test is met, no penalties will apply prior to the first day of the plan year in 2015 IF affordable, valuable coverage is offered to all 30+ hour employees by the first day of the plan year in 2015.

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TRANSITIONAL GUIDANCE – Non-calendar plan years

Significant percentage – Full-time employees

> Example:

- Employer has a September 1 renewal date and 1000 employees but only 100 are full-time.
- On September 15, 2013 the employer has 35 full-time employees covered under the plan
- Employer has more than 1/3 or 33.3% of full-time employees covered
- Employer offers affordable, valuable coverage to all 30+ hour employees by September 1, 2015
- No penalties can be assessed against the employer from January 1, 2015 – September 1, 2015

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TRANSITIONAL GUIDANCE 100+ – Non-calendar plan years

Section 6056 Reporting

- Employers who meet the transitional guidance must still report for the entire 2015 calendar year
- Employers may determine full-time employees for reporting purposes for the period of January 1, 2015 until the first day of 2015 plan year by:
  - Using actual service data; OR
  - Using the look back measurement period
- Employers must also determine whether coverage is valuable and the employee portion of the premium for the entire 2015 calendar year even though penalties will not apply for certain months.

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TRANSITIONAL GUIDANCE 100+ – Measurement periods

- Measurement period = 3-12 months; Stability period = must be at least as long as measurement period
- For 2015, employers can adopt a shorter measurement period but keep the longer stability period
- Measurement period must begin before July 1, 2014 AND cannot be less than 6 months
- Examples:
  - Calendar year plan: M = 4/15/2014 – 10/14/2014 (6 months), A = 10/15/14 – 12/31/14, S = 1/1/15 – 12/31/15
  - April 1 plan year: M = 7/1/14 – 12/31/14 (6 months), A = 1/1/15 – 3/31/15, S = 4/1/2015 – 3/31/2016
  - July 1 plan year: M = 6/15/2014 – 4/14/2015 (10 months), A= 4/15/2015 – 6/30/2015, S= 7/1/2015 – 6/30/2016

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TRANSITIONAL GUIDANCE – Large employer determination

- Generally determined by entire previous calendar year
- For 2015, employers may use a period of a least 6 consecutive calendar months in 2014
- The seasonal worker exception is based on the entire calendar year rather than the months chosen under this transitional guidance.
- Seasonal worker exception: If an employee works less than 120 consecutive calendar days, that employee can be disregarded in terms of counting number of employees.

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TRANSITIONAL GUIDANCE – Dependent coverage

- **Proposed regulations**: offer of coverage to dependents not required in 2014 as long as steps were taken to offer in 2015
- **Final regulations**: Relief extended for 2015 plan year IF the plan did not offer dependent coverage, dependent coverage is offered but it does not meet minimum essential coverage requirements or the dependent coverage is offered to some but not all dependents

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TRANSITIONAL GUIDANCE (50+) – Penalty relief

- Employer is treated as making an offer of coverage to FT employees and dependents for a month if it offers coverage to all but 5% or, if greater, five of its FT employees.
- Further relief:
  - For each calendar month during 2015 and any months of the 2015 plan year that fall in 2016, a large employer that offers coverage to at least 70% (or fails to offer to no more than 30%) of FT employees will not be subject to a $2000 penalty, but continue to be subject to a $3000 penalty if coverage is not affordable and valuable.

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Determining 30 hour employees

- On-going employees
  - **Measurement Period:** 3-12 consecutive months counting hours
  - **Stability Period:** At least 6 months and cannot be shorter than measurement period. If someone worked 30+ hours per week on average during measurement period, that person is considered full-time during stability period
  - **Administrative Period:** Optional. Cannot exceed 90 days.
- New Full-Time employees
  - Must be offered valuable, affordable coverage within the first 3 months of employment

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Determining 30 hour employees

> New Variable Hour/Seasonal Employees

- Must assign an initial measurement period between 3-12 months to each new variable hour/seasonal employee to determine if that person works an average of 30+ hours per week
- Initial measurement period is followed by a stability period of at least 6 months and no shorter than measurement period. After the initial periods, the new variable hour/seasonal employee can be treated as an on-going employee

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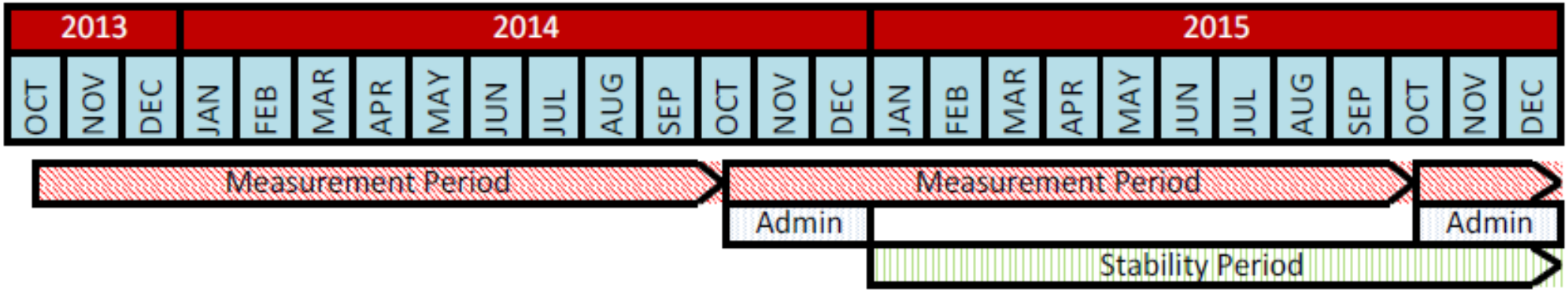
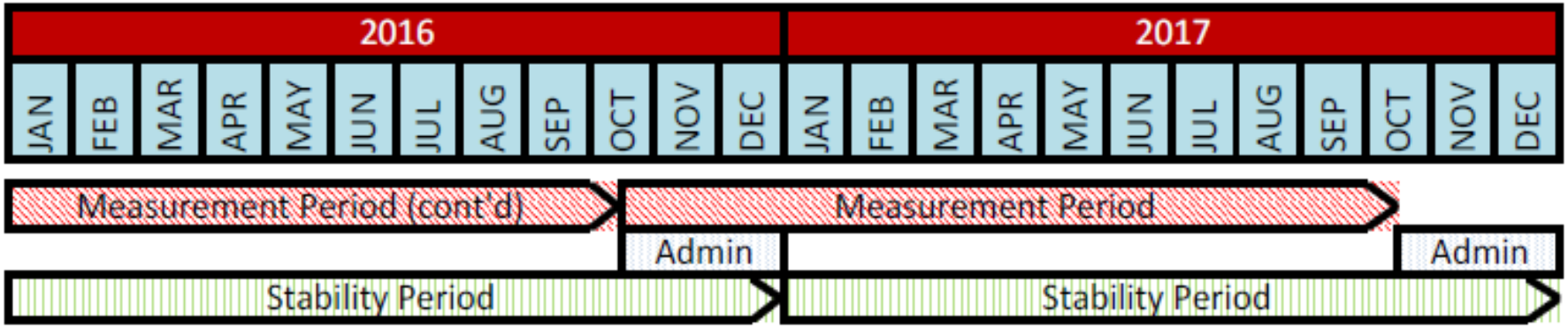
Counting Employees:
12 Month Initial Measurement Period





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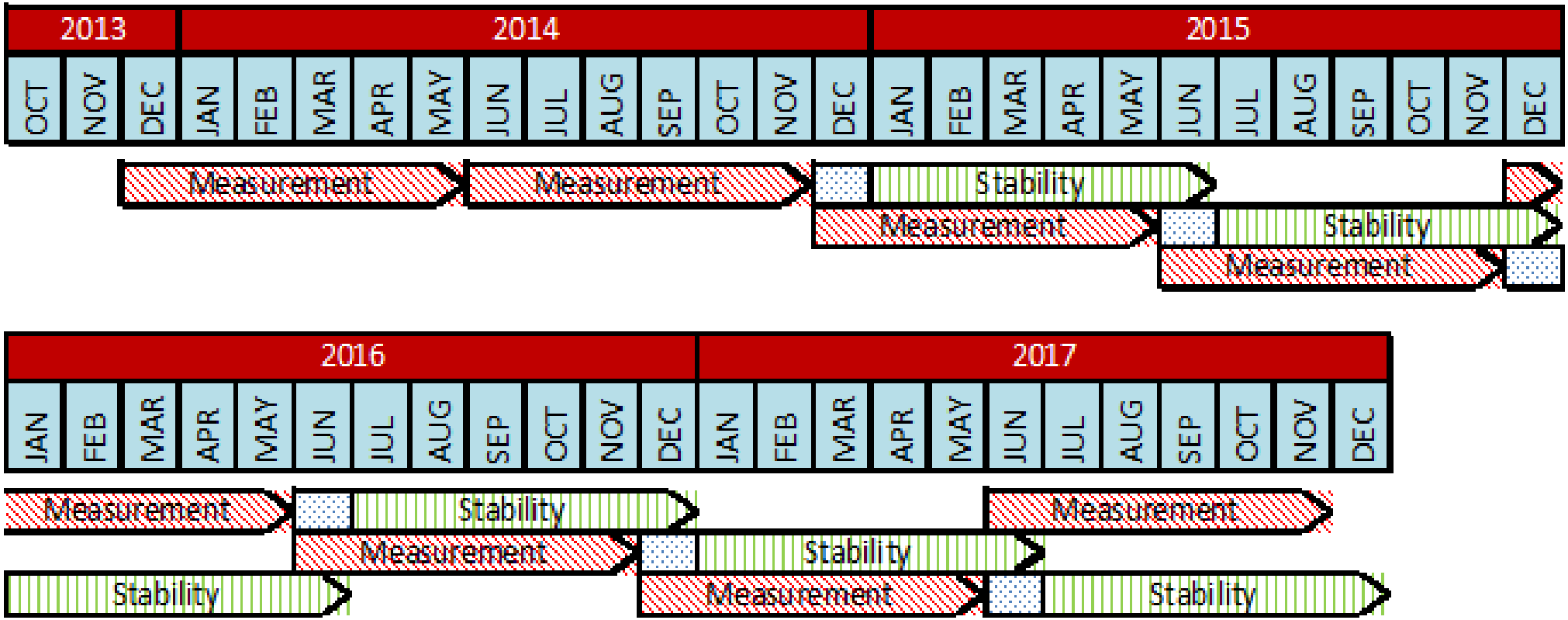
Counting Employees:

6 Month Measurement Period



3 month measurement period

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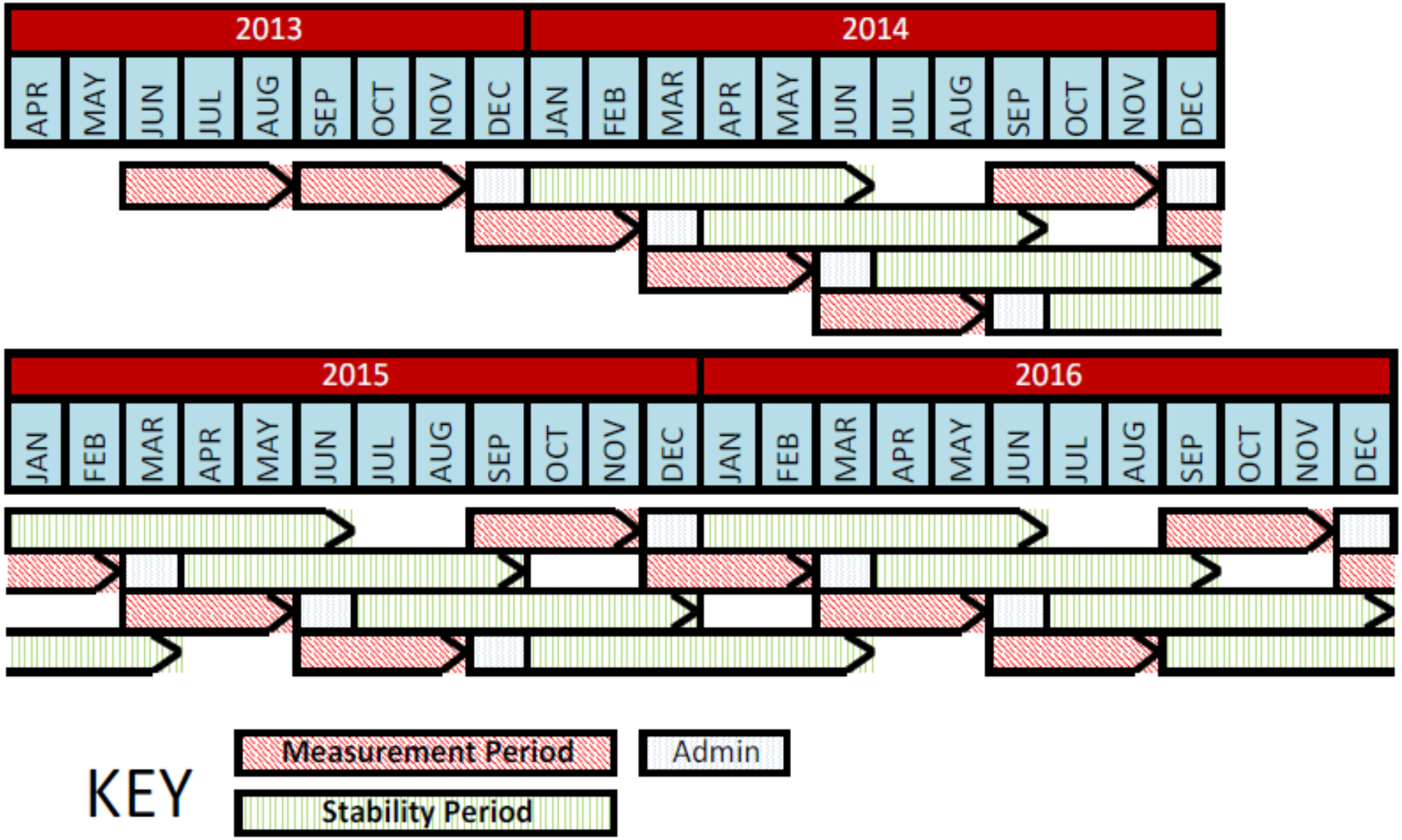

Final regulations – variable Hour/PT/Seasonal

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Initial measurement period between 3 and 12 months

- Initial stability period must be the same length as that of ongoing employees
  - Cannot be more than one month longer than the initial measurement period

- Initial administrative period of up to 90 days (can be split up)
  - The initial measurement period + initial administrative period(s) combined cannot extend beyond the last day of the first calendar month starting on or after the one-year anniversary date of hire (13 months + fractional month)

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The transition to ongoing employee

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- Once a new employee is employed for one full standard measurement period, his or her hours are analyzed under that period
  - Will get concurrent measurement
- Less than 30 hours/wk = locked into initial stability period that can be no longer than remainder of standard measurement period in which it ended
- More than 30 hours/wk = locked into initial stability period that is the same length as ongoing employees

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"No Offer" variable hour employee

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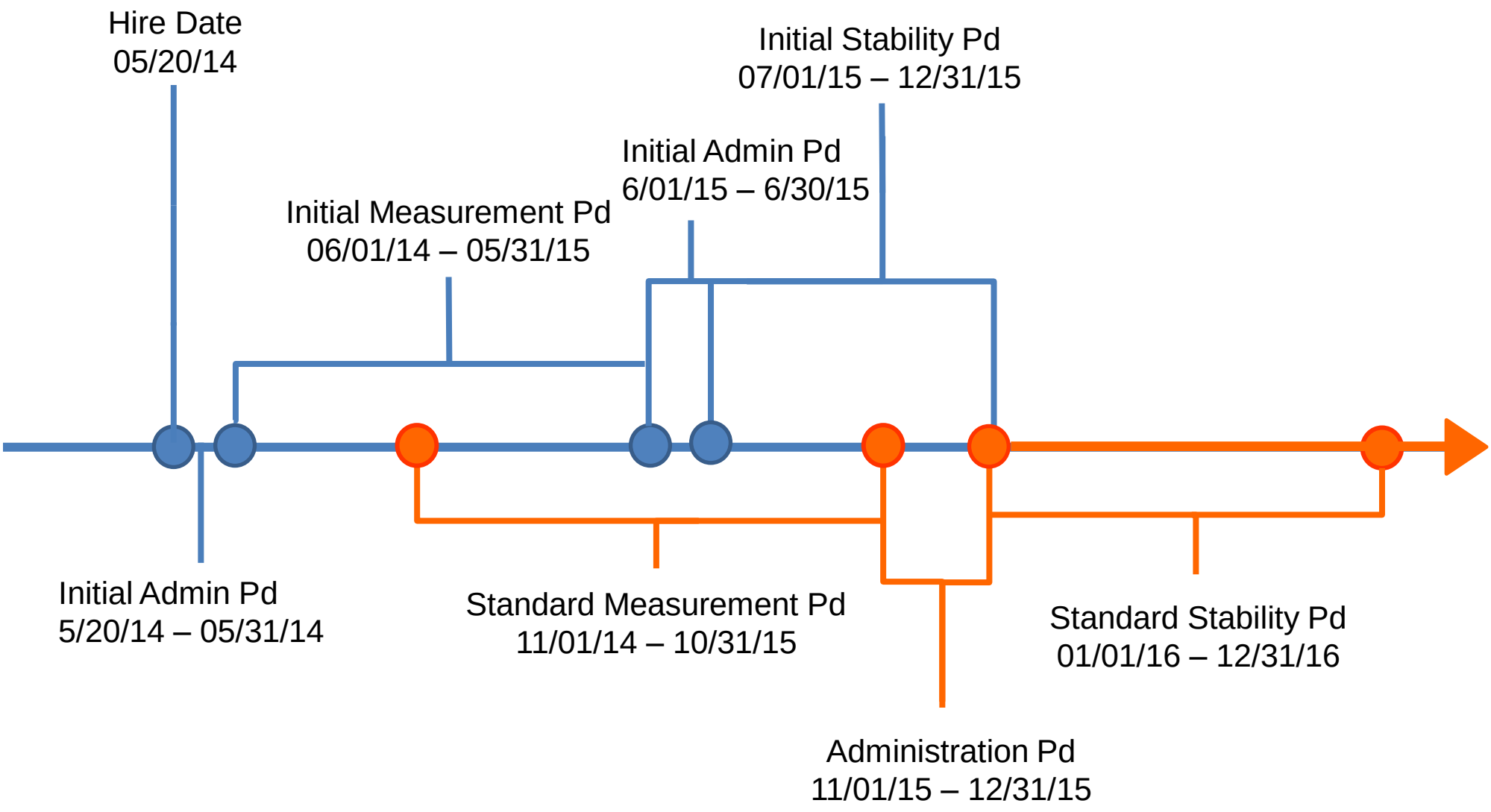

“Offer” variable hour employee

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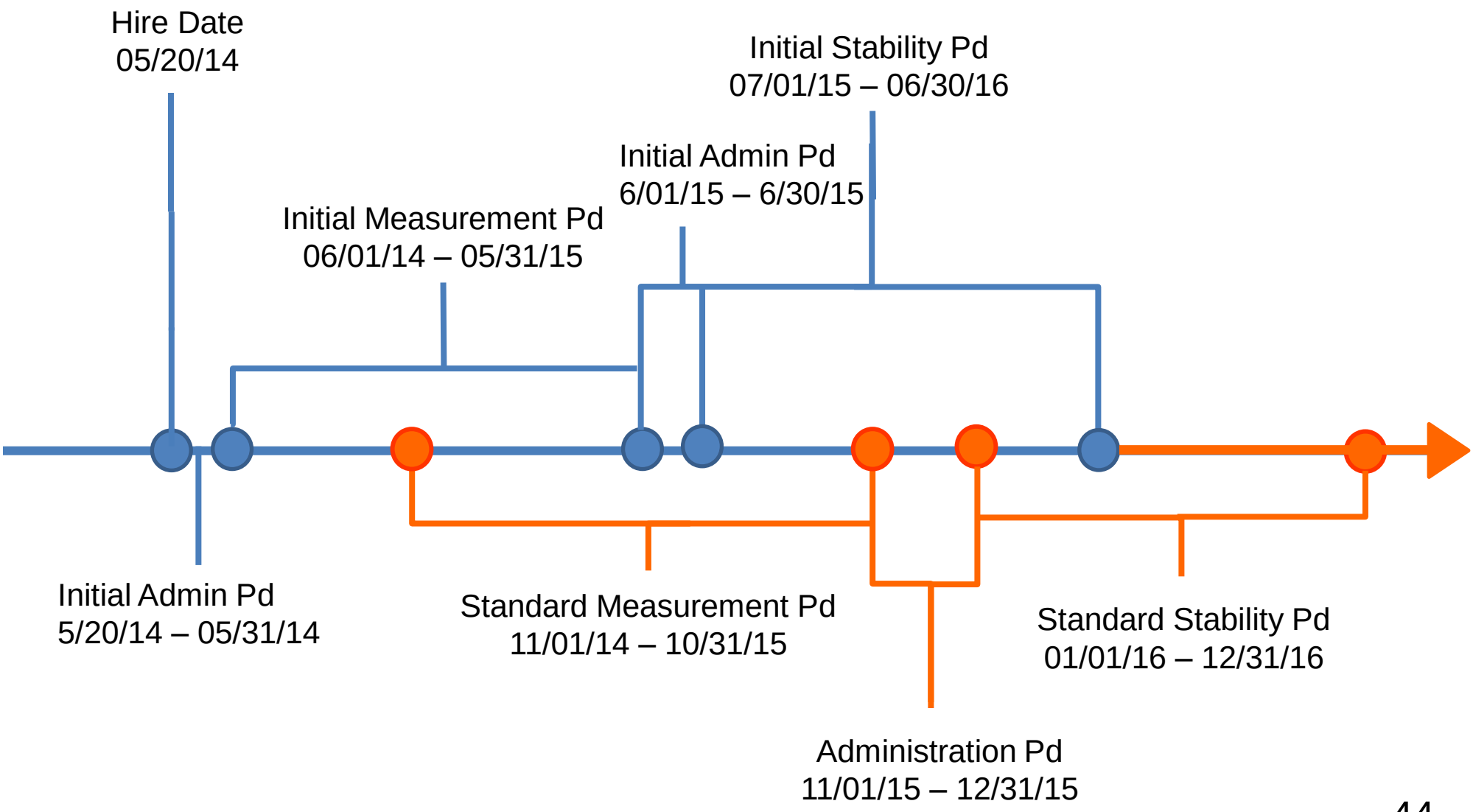

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Determining 30 hour employees

Regulations retain look back measurement, administrative and stability period method. Also refer to a "monthly measurement method."

- If a majority of the employees are full-time (30+ hours per week) with limited variable hour/part-time/seasonal employees, this may be an easier method to apply to identify full-time employees
- Monthly measurement for a fluctuating work force would require employers to make offers of coverage monthly
- Must offer coverage to a FT employee by the first day of the fourth month following hire. Applies only once per period of employment
- Employee must be treated as a continuing employee unless there is a period of at least 13 weeks with no hours of service (26 weeks for an employee of an educational organization
- Special unpaid leave and break period rules do not apply

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Determining full-time status

Monthly measurement (continued)

- Status for a month can be determined by hours of service over 1 week periods
- "Weekly Rule": four or five week periods, the period measured for the month must contain either the week that includes the first day or the last day of the month, but not both
- Four week periods = 120 hours of service
- Five week periods = 150 hours of service

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Employee classification clarifications

> Volunteers: Hours contributed by volunteers for a government or tax exempt entity do not have to be counted

> Educational Employees: Teachers and other educational employees will not be treated as part-time for the year because the school is closed or operating on a limited summer break

> Seasonal Employees: Employees in positions for which the customary annual employment is six months or less will generally not be considered full-time employees

> Student Work Study: Services provided under work study programs will not be counted in determining full-time work status

> Adjunct Faculty: “reasonable” method to determine hours OR allow a credit of 2.25 hours for each hour of teaching or classroom time.

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Shared responsibility – reporting

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Final regulations issued March 2014 on Section 6056

> Reporting elements:

- Name, address, telephone number of contact person, EIN and calendar year of report
- A certification as to whether employer offers FT employees and dependents the opportunity to enroll in minimum essential coverage, by calendar month
- Number of FT employees for each month during calendar year
- For each FT employee, the months during the year for which coverage was available
- For each FT employee, the employee's share of the lowest cost monthly premium for coverage providing minimum value by calendar month
- Name, address and TIN of each FT employee during the calendar year and the months, if any, during which that employee was coverage under the employer sponsored plan

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Shared responsibility – reporting

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Reporting Elements NOT required:

- Length of waiting period
- Monthly premium for lowest cost option in each of the enrollment categories
- Employer's share of the total allowed costs of benefits provided under the plan
- The months, if any, during which the employee's dependents were covered
- Months during which dependents were covered under the plan

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Shared responsibility – reporting

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Indicator codes for the following information:

- Minimum value and offer to spouse
- Total number of employees by month
- Effect of waiting period on date of coverage
- Whether the employer had no employees or otherwise credited hours of service during any particular month
- Whether the employer is a member of a controlled group and the name and EIN of each employer member
- Designated reporting entity for governmental units
- Contribution to a multiemployer plan (union) for each FT employee
- Third Party information, if used.

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Shared responsibility – reporting

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No reporting on measurement/stability/administrative periods

Indicator codes for the following information on each employee:

- Minimum value and offer to employee only or employee/spouse or employee dependents or employee/family
- Coverage not offered and for what reason
- Coverage was offered even if not a FT employee for a particular month
- Employee not covered under the plan
- Affordability test met

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Shared responsibility – reporting

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Employers must provide statements to employees:

> Name and address of employer and phone contact information

> The information required to be shown on the return with respect to that individual

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Shared responsibility – reporting

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How and when?

- Form 1095-C (report) and 1094-C (employee statement): forms not yet available
- Form 1095-C must be filed with the IRS annually no later than February 28 (March 31 if filing electronically) of the year immediately following the calendar year to which the return relates.
- Form 1094-C must be provided to employees by January 31, of the calendar year following. (2015 by February 1, 2016)
- Electronic filing required for employers filing 250 or more returns under section 6056
- Employee statements can be delivered electronically if notice, consent, hardware and software requirements are met based on existing requirements for W2 electronic distribution. Employer MUST obtain the consent from the employee.

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Shared responsibility – reporting

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Optional alternative reporting methods

- Certification of qualifying offers – must use federal poverty level safe harbor for affordability
- 2015 Alternative method - offer must be made to 95% of FT employees
- No separate identification of FT ees - 98% offer of coverage

Fully insured: File only 6056

Self-funded: File both 6055 and 6056, but on same form

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M3 resources

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- Health Care Reform Tracker
  - Monthly updates/Monthly Webinars
  - Fact Sheets
  - “One Stop Shop”
- Employer Impact Modeling Tool
  - Launched Fall 2012
  - Interactive M3 tool to assist clients with the financial impact of the 2014 penalties, including different scenarios based on providing coverage/not providing coverage
- Checklist
- 30 hour employee tool

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Disclosure

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