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## Compliance Corner

August 12, 2014

### HEALTH CARE REFORM

#### CMS Provides New FAQ Guidance on Reinsurance Contributions

On Aug. 7, 2014, CMS provided additional guidance – in the form of FAQs – on PPACA's reinsurance contribution requirements. As background, group health plans are required to report enrollment calculations to CMS annually from 2014 through 2016. The first report is due by Nov. 15, 2014, and will be completed through [www.pay.gov](http://www.pay.gov).

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#### CMS Releases Electronic Opt-out Guidance for Self-insured, Non-federal Governmental Plans

On July 21, 2014, CMS issued a bulletin and user manual relating to electronic opt-out procedures for self-insured non-federal governmental entities. As background, prior to PPACA, self-insured, non-federal governmental plans could elect to opt out of certain HIPAA portability and Public Health Services Act (PHSA) requirements.

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#### IRS Regulations Address Health

### ANNOUNCEMENTS

#### August Training Opportunities — Register Now

NFP Benefits Compliance is hosting a series of webinars in August. Training dates are Aug. 13 and 20 at 3 p.m. ET. Topics are "COBRA Compliance" and "Legislative Update." NFP Benefits Compliance reserves the right to change training topics in the event of significant legislative, judicial or regulatory developments.

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#### Medical Loss Ratio Rebates: It's That Time Again!

On July 24, 2014, [HHS announced](#) that issuers would distribute just over \$330 million in medical loss ratio (MLR) rebates to individual and group policyholders by Aug. 1, 2014. [\(Here is a list of the](#)

## Insurance Premium Tax Credits, Cap Fines for Individuals

On July 24, 2014, the IRS released three separate revenue procedures, proposed regulations, and final and temporary regulations addressing a number of factors affecting premium tax credits available to individuals through the health insurance marketplace.

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## CMS Issues FAQs Relating to Medicare and the Marketplace

On Aug. 1, 2014, CMS published a document containing several FAQs relating to the interaction of Medicare and marketplace coverage. The FAQs do not contain additional requirements for employers, but may be of general interest, particularly for employers with Medicare-eligible employees and employers that are purchasing coverage through SHOPS.

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## REGTAP Continues Educational Efforts Related to Reinsurance Contributions

As reported in the last edition of *Compliance Corner*, CMS recently issued guidance related to the reinsurance contributions that are first payable Jan. 15, 2015. Plan sponsors of self-insured plans must report the average enrollment count by Nov. 15, 2014, unless they have an agreement with a TPA or administrative services carrier to do so on their behalf.

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## IRS to Host Webinar for Large Employers Regarding Section 6056 Reporting

In 2016, applicable large employers with 50 or more full-time-equivalent employees must file new reporting forms with the IRS, as required by IRC Section 6056. Employers will need to report employer-sponsored coverage that was offered to full-time employees during 2015. The purpose of the reporting is to

**rebates** by state and market for 2013.) We have resources available to assist you in properly processing any rebate you receive. Contact your advisor for a copy of "Medical Loss Ratio Rebates: A Guide for Employers" or "Medical Loss Ratio: PPACA's Rules on Rebates."

### FAQ

Do controlled group rules apply for purposes of the employer mandate? Is one subsidiary responsible for the employer mandate penalty if another subsidiary does not offer affordable minimum value coverage?

[Read the answer »](#)

### STATE UPDATES

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administer and enforce the employer mandate, also known as employer shared responsibility.

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## FEDERAL UPDATES

### Second Circuit: Terms of Collective Bargaining Agreement Do Not Constitute a Plan Document

On Aug. 1, 2014, the U.S. Court of Appeals for the Second Circuit held that the terms of a collective bargaining agreement (CBA) are not governing plan documents for purposes of ERISA.

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