



## Compliance Corner

February 25, 2014

### ANNOUNCEMENTS

#### **Final Feb. Training Opportunity Tomorrow; Previous Training Sessions Archived**

On Feb. 26, 2014, NFP Benefits Compliance will host the final client webinar for first quarter 2014. The topic is "A Discussion of FSAs, HRAs and HSAs." Dan Taylor with Infinisource will discuss HSAs, as well as new rules surrounding stand-alone HRAs and non-excepted health FSAs. He will also identify the top mistakes made when administering these plans.

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### HEALTH CARE REFORM

#### **Regulations Finalize 90-day Waiting Period Requirement; Identify Last Day to Provide HIPAA Certificates**

For plan years beginning on or after Jan. 1, 2014, health care reform provides that employer group health plans cannot apply any waiting period (for employee coverage) that exceeds 90 days. Under the law, a "waiting period" is defined as the period that must pass before coverage for an employee or dependent who is otherwise eligible to enroll under the terms of a group

### FINAL REMINDER

#### **Deadline Approaching to Submit Medicare Part D Creditable/Non-creditable Coverage Notice to CMS**

The Centers for Medicare & Medicaid Services (CMS) requires that a Medicare Part D Creditable/Non-creditable Coverage notification must be provided to CMS on an annual basis, within 60 days following the start of the plan year. For calendar-year plans, this deadline is March 1, 2014. Note that since March 1 falls on a Saturday this year, many employers will want to ensure submission of the disclosure by Friday, Feb. 28, 2014.

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### FAQ

When are employers

health plan can become effective.

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## Proposed Regulations Issued Related to Orientation Period and Eligibility

On Feb. 20, 2014, the IRS, EBSA and HHS released proposed regulations providing for an orientation period, which may precede the waiting period for new employees. On the same day, the agencies issued final regulations related to the 90-day waiting period limitation. The final regulations provide that a plan's waiting period, which cannot exceed 90 days, begins after an individual is determined to be otherwise eligible for coverage under the terms of the plan.

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health plan eligibility to include all employees who work 30 or more hours per week?

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