

THE JEFFERSON HEALTH PLAN UPDATE

Volume 4/Issue 4

WELCOME!

As another way to reach out to current Jefferson Health Plan groups and communicate on issues that directly impact our members, we will be providing updates on what is happening in the consortium.

If you have items that you would like to see in these updates, feel free to let us know!

Temporary Reinsurance Program

The Reinsurance Assessment Fee is applicable to self-funded plans for 2014-2016. This fee will be used to help off-set high dollar claims occurring in the individual market.

The fee is calculated based on the covered lives during the first nine months of 2014. The fee for 2014 is \$63 per covered life. Unlike what was previously communicated by CMS as being a paper invoice, all forms and payments must be made electronically via the Pay.gov portal.

In late August, a Data Verification Form was sent to the contact at each location to make sure that we are reporting each group's EIN and contacts correctly. We will be using this information, along with the covered lives calculation for your plan, to make the submission of required data and payment for your plan. Form submissions must be made for all plans by November 15, 2014, with a one-time payment being issued before January 15, 2015.

Burns Consulting Associates and Gilmore, Jasion and Mahler, Ltd. will be submitting forms and payments on behalf of all the JHP groups prior to these deadlines. Please note that if your group has plans through a separate vendor outside of the Jefferson Health Plan, they will not be included in this filing.



Minimum Essential Coverage Reporting Requirements

As a self-funded plan, your organization will be responsible to report information on Minimum Essential Coverage (MEC) to the Internal Revenue Service (IRS) for individuals covered under your self-funded health plan. This reporting is required by the IRS to administer compliance with the "individual mandate" under the Patient

Protection and Affordable Care Act (PPACA).

While these reporting requirements do not begin until 2016 for coverage in 2015, the IRS is requiring you to start complying with components of the law this year. Because Social Security Numbers (SSNs) and Tax Identification Numbers (TINs) are the main individual identifying data used by the IRS, your organization will be required to make "reasonable attempts" to obtain this sensitive data from those individuals' whose SSNs/TINs you don't have on file.

"Reasonable attempts" are defined as three attempts to obtain the SSN/TIN, and may include electronic, paper, telephonic, etc. outreach. These attempts must be made by certain dates, starting this year. The outreach is only to each employee or subscriber and their dependents whose SSN/TIN you don't have, starting with those enrolling or enrolled in 2015 coverage.

First Attempt:

Current or previous enrollment can satisfy the first attempt, if applications have or had space for each employee and dependent to provide a SSN/TIN. If current or previous enrollment does not solicit SSN/TIN, a separate outreach must be made in 2014 to obtain employees' and dependents' SSNs/TINs.

Second Attempt:

A separate outreach must be made before December 31, 2014. For individuals that enroll in December, 2014, a second attempt must be made by January 31, 2015.

Third Attempt:

A separate outreach must be made before December 31, 2015.

The required MEC Statement must be sent to individuals by January 31, 2016 for 2015 calendar year coverage, and the reporting is required to the IRS by February/March 2016 (depending on mailed/electronic transmittal).

Draft forms 1094 and 1095 have been released by the IRS and will be reviewed in an upcoming training. In the meantime, all plans should be prepared to report who was offered coverage and when was it accepted. Even employers with less than 50 FTEs will be required to comply with information reporting on forms 1094B and 1095B.

Health Plan Identifier

To meet federal requirements large health plans must obtain a national health plan identifier number (HPID) by November 5, 2014. For this requirement, a large self-funded health plan is one with more than \$5 million in claims paid. Small health plans have until November 5, 2015, to obtain an HPID. If you are a large health plan, based on claims paid, your plan was notified and has been sent the instructions on how to obtain a HPID before November 5, 2014.

The Health Plan Identifier (HPID) is intended to simplify routing, review and payment of electronic transactions in an effort to reduce errors. It creates a standard data element for use in HIPAA transactions. Self-funded plans need to obtain their own HPID, as TPAs cannot obtain HPIDs on behalf of plans. Plans will be required to use HPIDs in specified HIPAA standard transactions by November 7, 2016.

Bronze Plan

For those groups wishing to implement the Bronze Plan at their location, the process is simple. Just complete the attached Bronze Implementation Form that has been sent along with this newsletter, and email or fax based on the instructions. If you have any specific questions with regard to the Bronze Plan, please contact Janet Maloy at jmaloy@burnsconsulting.com

Contact Us

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