



## ComplianceConnection

December 1st, 2014



*We Hope You Had a  
Safe and Happy  
Thanksgiving  
Holiday!*

### Benefit Limitations for 2015

- The annual dollar limit on employee contributions to employer-sponsored healthcare flexible spending arrangements (FSA) is increased to \$2,550.
- The amount for the adoption credit or the amount excluded for adoption assistance allowed for an adoption of a child with special needs is \$13,400.

## Coming Medicaid Plan Rules Will Set New Access Standards

CMS officials say they're on track for a January 2015 release of sweeping new Medicaid managed-care regulations intended to ensure that beneficiaries get timely access to care and better integration of services.

HHS' inspector general's office, meanwhile, is preparing a follow-up to a September report that criticized the CMS and the states for not doing enough to make sure Medicaid plans offer adequate provider networks, according to CMS officials who addressed members of the Medicaid Health Plans of America at a conference Tuesday.

While CMS officials offered limited details on what plans could expect from the agency's new rules, James Golden, director of CMS' division of managed-care plans, said the rules would focus on how to better integrate Medicaid plans, Medicare Advantage plans and insurance exchange plans to reduce disruption caused by members churning from one to another.

There also will be additional guidelines for states on how to set rates for plans, which will be in addition to some recent guidance from the agency. On top of that, there will be stronger beneficiary protection language, Golden said.

-- The dollar amount for employee health Insurance expense of small employers is \$25,480.

-- The monthly limitation for qualified transportation fringe benefit regarding the aggregate fringe benefit exclusion amount for transportation in a commuter highway vehicle and any transit pass is \$130. The monthly limitation regarding the fringe benefit exclusion amount for qualified parking is \$250.

[More ...](#)

## Recognizing the ACA Challenges Posed by Three-Party Employment Arrangements

Applicable large employers faced with the prospect of complying with the Affordable Care Act's employer shared responsibility rules must grapple with and understand what it means to make an offer of minimum essential coverage under an eligible employer-sponsored [group health] plan to their full-time employees.

Final regulations implementing these rules determine an individual's status as an "employee" by applying the "common law" standard. Identifying an employer's common law employees in a two-party arrangement is a simple matter. But this is not always the case in three-party arrangements (i.e., those in which workers are hired from or through commercial staffing firms or professional employer

The recent OIG investigations will lead to stronger standards for network adequacy, including guidelines for how quickly a member should be able to get a physician appointment, Golden said. State officials, however, say they are concerned about tougher federal access standards when there is a shortage of doctors in many areas of the country who are available or willing to contract with Medicaid plans.

[Keep reading ...](#)

## Interim Final Rule Makes Form 5500 Changes for Multiple-Employer Plans

**Informational Copies of Forms Expected to Be Published Soon**

The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has published an interim final rule to implement Form 5500 annual reporting changes for multiple-employer plans required by the Cooperative and Small Employer Charity Pension Flexibility Act (CSEC Act).

### Background

The Employee Retirement Income Security Act (ERISA) and related regulations impose annual reporting and filing obligations on pension and welfare benefit plans, including multiple-employer plans. These annual reporting obligations are generally satisfied by the filing of the Form 5500 Annual Return/Report of Employee Benefit Plan or Form 5500-SF Annual Return/Report of Small Employee Benefit Plan (including any required schedules and attachments) in accordance with instructions and related regulations.

The CSEC Act established additional annual reporting requirements for multiple-employer plans for plan years beginning after December 31, 2013. Specifically, the annual report of a multiple-employer plan must include a list of participating employers and a good faith estimate of the percentage of total contributions made by each participating employer during the plan year. These new requirements created an immediate need for

organizations). Three-party arrangements invite the question-whose employee is it? Where the Act's employer shared responsibility rules are concerned, the answer to that question tells us which entity must make the requisite offer of coverage when assessing exposure for assessable payments.

[Full article ...](#)

changes to the Form 5500 and Form 5500-SF.

[Continue ...](#)

Hamilton Insurance Agency  
4100 Monument Corner Drive  
Suite 500  
Fairfax, Virginia 22030

p) 800.275.6087  
e) [compliance@hamiltoninsurance.com](mailto:compliance@hamiltoninsurance.com)  
[www.hamiltoninsurance.com](http://www.hamiltoninsurance.com)

*Please note that Hamilton Insurance does not provide legal advice, and this not constitute advice of any kind for any particular situation. Instead, this is intended as non-comprehensive general information serving as a starting point for further discussion. Please contact your tax and/or legal advisors for information about how these issues affect you.*



**[Forward this email](#)**



This email was sent to [jmoyer@hamiltoninsurance.com](mailto:jmoyer@hamiltoninsurance.com) by [compliance@hamiltoninsurance.com](mailto:compliance@hamiltoninsurance.com) | [Update Profile/Email Address](#) | Rapid removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).



Hamilton Insurance Agency | 4100 Monument Corner Drive | Suite 500 | Fairfax | VA | 22030