

Hamilton Headlines

JUNE 29, 2015



Join Us for a Complimentary Webinar

**Instructions & Reporting
Requirements For Forms
1094-C and 1095-C**

**Thursday, July 9th
2PM - 3PM E.S.T**

*Presented by
Larry Grudzien
ERISA Attorney*

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Biggest Health Insurers to Get Even Bigger Under ACA

(Bloomberg) - America's biggest health insurers are about to get even bigger, driven into a wave of consolidation by the Affordable Care Act's new regulations and markets.

Anthem's disclosure Saturday that it's offered about \$47 billion for Cigna Corp. is the first public confirmation the deal-making is in full swing. Cigna rejected the offer on Sunday, despite Anthem's attempt to pressure Cigna's board by taking the offer public. Anthem, Aetna and UnitedHealth Group all are poised to emerge as buyers or sellers when the dust settles.

Driving the consolidation is the 2010 health law that put tougher rules on the industry, demanding more covered services, better care and a ceiling on profits. It funded coverage for the uninsured, and companies are racing to capture the more than 20 million customers who will buy coverage through the ACA's markets.

"The industry is far more regulated under Obamacare and so companies need to do a better job at negotiating better unit costs and contracts," says Ana Gupte, an analyst with Leerink Partners. "Market share helps. The larger you are, the stronger standing you have."

Gupta predicts that the "big five" insurers will merge into a "big three," likely composed of Aetna, Anthem and UnitedHealth.

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IRS Issues Draft ACA

Assurant Prepares to Exit Health Insurance

The Affordable Care Act euthanized old school underwriting and introduced subsidies and risk sharing, too much and not enough for an insurer that succeeded in the old market.

New York-based insurer Assurant is leaving the health insurance market to double down on the profitable property and speciality protection businesses. While a buyer has emerged for Assurant's supplemental and self-funded group business, more than half-a-million individual and small business customers will have to find new health plans and more than 1,500 employees will have to find new jobs.

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Summary of Benefits and Coverage and Uniform Glossary Final Rule Fact Sheet

Improvements to the regulations regarding the summary of benefits and coverage (SBC) and uniform glossary for group health plans and health insurance coverage in the group and individual markets are being released today by the Departments of Health and Human Services, Labor, and the Treasury (collectively, the Departments). Today's final regulations amend the final regulations published on February 14, 2012 (2012 final

Forms

IRS has issued drafts of the Affordable Care Act forms required for employer shared-responsibility (ESR) and minimum essential coverage (MEC) reporting for 2015. It's expected that issuers of health insurance and certain employers will use Form 1094-B and Form 1095-B for MEC reporting, while large employers will use Form 1095-C and Form 1094-C for ESR reporting and, in some cases, MEC reporting for 2015. Draft instructions for the forms are not available yet. A link to the forms is provided below:

Form 1094-B, Transmittal of Health Coverage Information Return: <http://www.irs.gov/pub/irs-dft/f1094b--dft.pdf>

Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Return: <http://www.irs.gov/pub/irs-dft/f1094c--dft.pdf>

Form 1095-A, Health Insurance Marketplace Statement: <http://www.irs.gov/pub/irs-dft/f1095a--dft.pdf>

Form 1095-B, Health Coverage: <http://www.irs.gov/pub/irs-dft/f1095b--dft.pdf>

Form 1095-C, Employer Provided Health Insurance Offer and Coverage: <http://www.irs.gov/pub/irs-dft/f1095c--dft.pdf>

DID YOU KNOW? Top Headlines of the Week

-- The California agency that governs the state's Affordable Care Act marketplace issued landmark rules recently that will limit the amount anyone enrolled in one of those plans can be charged each month for high-end medicine. Starting in 2016, most people will pay a maximum of \$150 or \$250 per prescription, per month. These caps are for Covered California's so-called silver and platinum plans. Bronze plans will have caps of \$500.

-- Department of Health and Human Services (HHS) has granted conditional approval to Delaware, Arkansas and Pennsylvania to establish state-based health insurance marketplaces.

-- Federal officials charged 243 people with Medicare fraud Thursday, the most defendants representing the largest financial losses ever to the

regulations). The amendments to the 2012 final regulations are finalized based on public comments received on the proposed rules published on December 30, 2014 (the December 2014 proposed rules). These final regulations are designed to improve consumers' access to important plan information so they can make informed choices when shopping for and renewing coverage, as well as to provide clarifications that will make it easier for health insurance issuers and group health plans to comply with the requirement to provide this information.

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program. A "strike force" including the Justice Department, FBI and Department of Health and Human Services and local officials brought cases in 17 districts, including the fraud hot spots of Miami and New York City. The cases include 46 doctors, nurses and other licensed medical professionals such as physical and occupational therapists. The schemes involved more than \$700 million in false billings.

-- Ending the Cadillac tax, simplifying the reporting process and eliminating the automatic enrollment requirement are a few of the legislative recommendations the American Benefits Council is urging Congress to act on.

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Hamilton Insurance, a top ranked independent broker in the Washington DC/Metropolitan Area and the nation, has over 35 years of experience in providing insurance brokerage, risk management and employee benefit solutions. It represents a full suite of commercial, health & welfare, and personal insurance solutions, supported by risk compliance and group benefit administrative services.

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