

Hamilton Headlines

JULY 27, 2015



ACA Deadline **PCORI Fees Are Due July 31st**

New research trust fund fees are due July 31 from health insurers and the plan sponsors of self-insured plans. The fee is paid annually using Form 720, Quarterly Federal Excise Tax Return. The payment, paid through the Electronic Federal Tax Payment System (EFTPS), should be applied to the second quarter (in EFTPS, select Q2 for the Quarter under Tax Period on the "Business Tax Payment" page).

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EEOC Revises Pregnancy Discrimination Guidance

On June 25, the EEOC updated its Enforcement Guidance on Pregnancy Discrimination in response to the Supreme Court's recent decision in *Young v. UPS*. The revised guidance reflects the

Health Reform and Employer Reporting: Another Mountain to Climb

Most employers subject to the Affordable Care Act's employer mandate have focused on identifying full-time employees and ensuring they receive offers of adequate coverage. But the vast majority of employers are not prepared to meet - and some remain simply unaware of - the employer mandate's complex reporting obligations.

Whether your company has already reached the summit or just started climbing the mountain, here's what you need to know:

To enforce the employer mandate, the IRS requires information for each of an employer's full-time employees regarding coverage (if any) offered to the employee, price of coverage, whether the employee was enrolled and other data. The IRS also wants to know which employees, full-time or not, had coverage under an employer-based health plan.

Meeting these requirements is no easy task.

Employers need to collect and collate a tremendous volume of information from payroll and benefit administration systems, and report it - to both employees and the IRS - on up to four separate forms.

And time is running out; the first reporting deadlines arrive in early 2016.

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Comprehensive Care

Court's view that women may be able to prove pregnancy discrimination if an employer's light duty policy accommodated a large percentage of non-pregnant workers but did not accommodate a large percentage of pregnant workers with similar work restrictions. Employers will want to review their leave and light duty policies and factor the new guidance into decisions on accommodating pregnant workers.

Background

Title VII of the Civil Rights Act of 1964 bars employment discrimination on the basis of race, color, religion, sex or national origin. The Pregnancy Discrimination Act (PDA) amended Title VII to extend its prohibition against sex discrimination to discrimination based on pregnancy, childbirth or related medical conditions. The PDA requires employers to treat "women affected by pregnancy" the same as other non-pregnant employees "similar in their ability or inability to work."

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Maryland Revamps Its In Vitro Coverage Mandate To Accommodate Same-Sex Couples

Maryland same-sex couples who wanted to take advantage of a state law that requires insurers to cover pricey in vitro fertilization treatments used to face insurmountable obstacles. The law generally mandated that couples demonstrate a history of infertility of at least two years' duration, and insurers often interpreted that to mean having

for Joint Replacement

Hip and knee replacements are the most common inpatient surgery for Medicare beneficiaries and can require lengthy recovery and rehabilitation periods. In 2013, there were more than 400,000 inpatient primary procedures costing more than \$7 billion for hospitalization alone.

While some incentives exist for hospitals to avoid post-surgery complications that can result in pain, readmissions to the hospital, or protracted rehabilitative care, the quality and cost of care for these hip and knee replacement surgeries still varies greatly. For instance, the rate of complications like infections or implant failures after surgery can be more than three times higher at some facilities than others, which can lead to hospital readmissions and prolonged recoveries. And the average Medicare expenditure for surgery, hospitalization, and recovery ranges from \$16,500 to \$33,000 across geographic areas.

This variation is due partly to the way Medicare beneficiaries receive care. Incentives to coordinate the whole episode of care - from surgery to recovery - are not strong enough, and a patient's health may suffer as a result. When approaching care without seeing the big picture, there is a risk of missing crucial information or not coordinating across different care settings. This approach leads to more post-surgery complications, high readmission rates, and inconsistent costs. These are not the health outcomes patients want.

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DID YOU KNOW? Top Headlines of the Week

-- In its latest annual survey of what's in and what's out in the world of employee perks, the Society of Human Resource Management found that wellness benefits are only increasing in prevalence. For years, companies have been doing things like offering smoking cessation programs and rewarding employees with discounts for taking health assessments. But Evren Esen, director of survey programs for SHRM, said this year's data show that a greater range of benefits are quickly "becoming more integrated into the organizational fabric of companies."

intercourse during that time without conceiving. What's more, by law, coverage would be permitted only for infertility treatments that used the husband's sperm.

This month, however, those restrictions were eliminated for married same-sex couples under a new law. It also prohibits insurers - when they cover other types of fertility treatments - from applying those conditions to same-sex couples. The law doesn't change the IVF coverage rules for married, heterosexual couples.

Maryland requires insurers to cover only in vitro fertilization, not other forms of infertility treatment. The procedure involves fertilizing an egg with sperm outside the woman's body and then implanting it in her uterus.

[Full article](#)

Employer Ordered to Reimburse Employee for Medical Expenses Incurred During FMLA Leave

The employee in this case sued her former employer after her employment and her health insurance were terminated while she was absent from work for a surgical procedure. A jury concluded that the employer had interfered with her rights under the FMLA, and awarded her backpay. The employee then asked the court for additional relief, including penalties for failure to provide a timely COBRA election notice, and reimbursement of unpaid medical expenses. The employer argued that the employee had been "laid off" before her surgery and was not entitled to any relief under the FMLA.

-- Federal health care regulators on Thursday proposed cutting Medicare payments to hospitals with high rates of complications for hip or knee replacements. The proposed rule, announced by the Centers for Medicare and Medicaid Services, will affect more than 800 hospitals in both large and small cities.

-- The Food and Drug Administration is giving restaurants and other food purveyors an additional year to comply with new rules that require calorie counts on menus, a response to concerns by some food establishments that the requirements are confusing and broad.

-- Federal health regulators are bolstering warning labels for popular pain relievers, adding information about the risk of heart attack and stroke in the short term. The changes announced Thursday apply to prescription non-steroidal anti-inflammatory drugs, or NSAIDs, including arthritis treatments like Celebrex. The agency said it plans similar changes to over-the-counter drugs in the same class, such as Advil and Motrin.

-- Federal data by the American Dental Association shows dental ER visits doubled from 1.1 million in 2000 to 2.2 million in 2012, or one visit every 15 seconds. ADA officials, as well as many dentists across the nation, say the problem persists today despite health reform.

-- Kaiser Permanente of the Mid-Atlantic States has entered into an agreement with Anne Arundel Medical Center that augments our award-winning care delivery system for those living in the surrounding areas. On July 1, Permanente hospitalists began providing 24/7 coverage at Anne Arundel Medical Center, ensuring high-quality, hands-on care for Kaiser Permanente members who need medically necessary inpatient care - of course, coordinated with the outpatient care provided at Kaiser Permanente facilities.

-- The U.S. Department of Labor recently issued its long-awaited Notice of Proposed Rulemaking setting forth potential changes to the regulations governing the overtime exemptions for executive, administrative, and professional employees under the Fair Labor Standards Act. Among other things, the Department has proposed more than doubling the minimum salary needed to qualify for these exemptions, from a present level of \$455 a week (or \$23,660 a year) to \$970 a week (or \$50,440 a year), with annual increases thereafter.

-- Beginning July 1, California employers will be required to provide nearly all employees with three paid sick days per year. Massachusetts employers will have to provide employees with five days of sick leave per year, paid or unpaid depending on the

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employer's size. Employers should ensure that they are familiar with the new requirements and update their policies and procedures to ensure compliance with an ever-growing patchwork of federal, state and local leave laws.

-- Aetna recently announced they have agreed to acquire Humana, one of the country's leading managed health care companies. This transaction, which is expected to give Aetna over 14 million new members and create the company serving the most seniors in the Medicare Advantage program and the second largest U.S. managed care company, will provide additional opportunities for our broker community. Together, we will have even more resources to invest in new, competitively priced offerings and services for our customers.

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