

Hamilton Headlines

November 9, 2015



Bipartisan Budget Act of 2015

On November 3, 2015, President Barack Obama signed H.R. 1314, the "Bipartisan Budget Act of 2015 (the "Act"), it contains several important benefit provisions, explained below:

Maintaining 2016 Medicare Part B Premium and Deductible Levels Consistent With Actuarially Fair Rates

In 2015, the monthly Part B premium rate is \$104.90. Without Congressional action, the estimated monthly Part B premium in 2016 for beneficiaries not held harmless would be \$159.30. This policy would maintain the hold harmless provision in current law and prevent a dramatic premium increase on beneficiaries not held harmless. This policy accomplishes this by setting a new 2016 basic Part B premium for the beneficiaries not held harmless at \$120, which is the amount the Part B premium would otherwise be for all beneficiaries in 2016 if the hold harmless provision in current law did not apply. To effectuate this policy, in 2016, there would be a loan of general revenue from the Federal Treasury to the Supplemental Medical Insurance (SMI) Trust Fund. To repay the loan, starting in 2016, beneficiaries not subject to the hold harmless would pay an additional \$3 in their monthly Part B premium until the loan is repaid. Medicare beneficiaries who currently pay higher income--related premiums would pay higher than \$3, the amount of which would increase for beneficiaries in each higher--income bracket in proportion to income--related premiums under current law. If there is no cost of living adjustment increase for 2017, this provision would apply again.

[More Information](#)

Employers Plagued by ACA Administrative

Health Care Reform Updates

Companies that are considered "applicable large employers" (ALEs)-generally those with at least 50 full-time employees, including full-time equivalent employees-are subject to the "pay or play" provisions of the Affordable Care Act (ACA). Under these provisions, an ALE may either offer affordable minimum essential coverage that provides minimum value to its full-time employees and their dependents, or potentially pay a penalty to the IRS.

The IRS is reminding ALEs of the following key terms to help them understand these requirements:

- Affordable coverage: If the lowest cost self-only health plan is 9.5 percent or less of a full-time employee's household income, then the coverage is considered affordable.
 - Because employers generally will not know their employees' household incomes, employers can determine whether they offered affordable coverage using one or more of the three affordability safe harbors based on information available to the employer.

[More](#)

EEOC to Clarify Wellness Incentive Rules Under GINA

The Equal Opportunity Employment Commission is issuing a proposed rule today, aiming to clarify how wellness incentives apply to the health information of a spouse participating in an employer-sponsored wellness program.

The proposed rule will amend regulations related to Title II of the Genetic Information Nondiscrimination Act, allowing employers who offer wellness programs as part of a group health plan to provide incentives in exchange for an employee's spouse providing information about his or her current or past health status.

In the past, there was confusion about whether employees' spouses could take advantage of incentives offered as part of employers' wellness programs and still remain compliant with GINA, says Debbie Harrison, assistant director, public policy at the National Business Group on Health.

[Full Article](#)

Burdens

As employers face growing challenges trying to balance employees' well-being with containing benefits-related company costs, many are seeking guidance on how to manage the administrative and compliance requirements of the Affordable Care Act.

And as the health care law continues to evolve, be it through Congressional bills or Supreme Court rulings, employers are battling a number of reforms and regulations, and 60% of employer say they need help managing the ACA landscape, according to the Guardian Workplace Benefits

Study.

[More Information](#)

CMS to Pay for End-of-Life Care, Adding Advanced Planning Service

The Centers for Medicare and Medicaid Services will pay for end-of-life services, bringing to a close a debate that started with false "death panel" claims during negotiations over the Affordable Care Act and is ending with coverage for families so they can discuss the care patients receive when they are dying.

CMS on Friday said Medicare would reimburse for services tied to advanced care planning, breaking them off into two categories. The first is during a patient's "Welcome to Medicare" visit, which is scheduled when patients first enroll. This had already existed, but CMS found that many patients really didn't need advanced care planning when they first enrolled. Now, CMS has added an optional advanced planning service during any wellness visit.

[More Information](#)

A Myth of ACA Reporting

I can wait and decide later this year how I'm going to meet the reporting requirements.

Two cautions:

1) Data must be reported for each month of the 2015 calendar year. If you don't have accurate historical records of all changes you will not be able to do accurate monthly reporting.

Pittsburgh Paid Sick Days Act Effective 2016, Notices Available

The Pittsburgh Paid Sick Days Act ("Ordinance") requires all employers of employees within the Pittsburgh city limits to provide paid sick leave to all full- and part-time employees. The Ordinance is effective January 11, 2016.

workplace noticesThe Pittsburgh City's Controller has issued required and additional information relating to the Ordinance. Employers with operations in Pittsburgh must review existing policies to determine whether they comply with the Ordinance.

[Keep reading](#)

DID YOU KNOW?

Top Headlines of the Week

-- On Oct. 22, South Carolina's CO-OP, Consumers' Choice Health Insurance Company, announced it is closing down at the end of the year. Since this summer, nine CO-OPs have closed for good, with four announcing their closure in the last two weeks and possibly one more expected to announce its closure before Nov. 1, when 2016 open enrollment on the public exchanges begins.

-- FDA warns AbbVie's Hepatitis C drug could harm liver. The U.S. health regulators on Thursday issued a warning of potential risk of serious liver injury for certain patients using AbbVie's hepatitis C treatments.

See How the PACE Act affect your service area:

-- Maryland - On October 8, 2015, the Maryland Insurance Administration issued Bulletin 15-27 stating that the definition of small employer is NOT expanding to 100 lives on or after January 1, 2016.

-- Washington, DC - Department of Insurance, Securities and Banking issued Bulletin 15-IB-07 on October 20, 2015 stating that the definition of small employer is NOT expanding to 100 lives on or after January 1, 2016.

-- Virginia - At this time, the definition set by Virginia legislation will remain at 1-100 employees in 2016.

Reminders

-- [Medicare's 2016 Open Enrollment](#) starts Oct. 15, 2016 and ends on December 7, 2016.

-- [ACA Reinsurance Fee](#)
November 16, 2015 is the annual deadline to report enrollment count.

The entire 2015 benefit year contribution in one payment is due no later than January 15, 2016 reflecting \$44.00 per covered life; or

In two separate payments for the 2015 benefit year, with the first remittance due by January 15, 2016 reflecting \$33.00 per covered life, and the second remittance due by November 15, 2016 reflecting

2) Many vendors are increasing their implementation fees to address compression issues with last-minute decisions and trying to recreate historical data.

\$11.00 per covered life.

-- Marketplace/Exchange Open Enrollment starts on November 1, 2015 and ends on January 31, 2015.

-- ACA Reporting

Forms 1094-C and 1095-C to be filed with the IRS by February 29, 2016 or March 31, 2016, if filing electronically.

Forms 1095-C are due to employees by February 1, 2016.

Questions About Compliance?

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