

AFFORDABLE CARE ACT (ACA) EMPLOYER REQUIREMENTS

As the ACA continues down an implementation path there are changes and delays that have taken place. By now you are probably aware of the many facets of the law. As a reminder please note the following three aspects which require employer reporting now or in the near future.

Exchange/Marketplace Notice: **No later than October 1, 2013** all employers subject to the Fair Labor Standards Act must provide every full and part time employee with notice of the exchanges. **Employers covered by the FLSA include those that have at least \$500,000 in annual dollar volume of business, based on their gross receipts from sales over a 12-month period.** This notice must also be provided to all new employees at the time of hiring beginning October 1, 2013. You may use the model notices created by the Department of Labor found at:

<http://www.dol.gov/ebsa/pdf/flsawithplans.pdf>

You can use your own notice as long it covers the same information outlined in the Dept. of Labor version.

W-2 Health Care Value Reporting:

January 2014 (for 2013 W-2 Forms and each year thereafter annual reporting is required for the cost of employer-sponsored health coverage. The cost is the total premium, not just the portion the employer pays (if there is an employee contribution). **Employers filing fewer than 250 W-2 Forms are not subject to the requirement until further guidance is issued.**

Patient-Centered Outcomes Research Institute (PCORI) Fee on Plan:

The fees are effective for each plan year ending on or before October 1, 2019. The amount of the PCORI fee is equal to the average number of lives covered during the policy year or plan year multiplied by the applicable dollar amount for the year. For policy and plan years ending after Sept. 30, 2012, and before Oct. 1, 2013, the applicable dollar amount is \$1. For policy and plan years ending after Sept. 30, 2013, and before Oct. 1, 2014, the applicable dollar amount is \$2. For policy and plan years beginning on or after Oct. 1, 2014, and before Oct. 1, 2019, the applicable dollar amount is further adjusted to reflect inflation in National Health Expenditures, as determined by the Secretary of Health and Human Services. **For plan years ending in 2013 prior to October 1st the first reporting would be due by July of 2014.** The fees are paid on Form 720 submitted by and signed by the employer. UGP will assist in the employer in completing this form.

Transitional Reinsurance Program Assessment Fee:

Established to help stabilize premiums for coverage in the individual market during calendar years 2014 through 2016. All health insurance issuers and third-party administrators on behalf of self-insured plans must pay into program. **The cost is estimated at \$63 per individual enrolled and will be due by January 15, 2015.** UGP will handle sending required data to either a state or federal agency (to be determined) and will pass on the billed amount to self-insured plans through a claim check register.