

PMHIC NEWS

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Benecon

Mailing Address:

P.O. Box 5406
Lancaster, PA 17606-5406

Street Address:

147 W. Airport Road
Lancaster, PA 17543

P: 888-400-4647

F: 717-735-0133

E: klobley@benecon.com

E: kcochrane@benecon.com

E: domans@benecon.com

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Timing is Everything!

Are dependents of your employees missing out on critical health care coverage?

Newborns **must** be added to your employees' coverage within 30 days of the birth of the child. A HIPAA Life Status Change is an event that allows an employee to make changes to their health plan enrollment. An example would be a birth, death, divorce, loss of other coverage, etc. Employees have a 30-day window to make changes to their coverage. Carriers will cover newborns for the first 31 days, but will terminate the child from coverage if the child is not enrolled within the 30-day period. If this opportunity is missed, the child cannot be added until the next open enrollment period, if the group has one.



Make sure your employees are aware of this regulation and avoid this pitfall!

Health Care Reform - Employer Reporting

Under the Affordable Care Act (ACA), employers who provide health care coverage during a calendar year must report certain information about that coverage to the IRS and to the employees who receive the coverage. There is no requirement to provide this information in 2015. If employees ask you for a statement in connection with 2014 coverage, you are NOT required to report such information. The link below provides guidance from the IRS for your employees.

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Gathering-Your-Health-Coverage-Documentation-for-the-Tax-Filing-Season>

The reporting requirements begin in 2016 for the 2015 coverage period. There are different requirements for large employers (50+) and small employers (under 50). Benecon has provided several webinars about the Employer Reporting requirement. We will continue to provide you with all the necessary information and guidance you need to complete the reporting.

Reinsurance Review

Why Are There Dollar Amounts Listed in the Pending Column of The Performance Report and What Can I Do to Make Them Go Away?

Each group purchases Stop Loss insurance to protect against high-dollar claims. When a member's claims reach the stop loss point, you will receive an email from Kim Cochrane or Danielle Omans at the Benecon office. This email asks a lot of questions about the member whose claims have reached the stop loss limit. Each question must be answered in order for the Stop Loss carrier to consider the claim. If you do not respond the first time, Kim or Danielle will send you 2nd, 3rd and 4th requests. **We cannot close out the plan year and issue surplus checks until all stop loss claims are paid by the carrier.** So, be good to your fellow PMHIC members and respond to Kim or Danielle's email to clear up that pending column.

Health Care Reform - Required Fees

Patient-Centered Outcome Research (PCOR) Institute Fee

HEALTHCARE
REFORM

The payment of the PCOR fee is rapidly approaching. The fee is based on the average number of covered lives ("belly buttons") in the applicable plan year. This number is multiplied by \$2.08 in 2015 and is due by July 31st. As in previous years, the PCOR payment must be submitted using Form 720. **Benecon will provide your enrollment counts to you, but each group is responsible to verify their counts.**

The fee funds The Institute, which is a private, nonprofit corporation established under Health Care Reform to fund research of the clinical effectiveness of medical treatments, procedures, drugs, and other strategies or items that treat, manage, diagnose, or prevent illness or injury. For more detailed information on the PCOR fee as well as other news on Health Care Reform, please click on this link. <http://benecon.com/news-updates/healthcare-reform>

Save the Date!

Benecon's Annual Health Benefit Seminar

**November 19 & 20, 2015
Eden Resort & Suites
Lancaster, PA**



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