

End of Year PPACA Employer Checklist

July 25, 2013

- Pay PCORI Fee by July 31, 2013 (deadline for calendar year plans, see discussion below).
- Distribute exchange notices to all employees by October 1, 2013.
 - A model notice is available on the U.S. Department of Labor's ("**DOL**") website, but requires employer customization.
 - Distribute to new hires within 14 days after hire.
- Distribute Summaries of Benefits and Coverage ("**SBCs**") during open enrollment.
 - New model SBC templates are available on the DOL website.
- Amend plan documents and Summary Plan Descriptions ("**SPDs**") to reflect changes effective for the 2014 plan year, including:
 - No pre-existing condition exclusions (all plans);
 - Waiting period no longer than 90 days (all plans);
 - Remove any restricted annual limits on essential health benefits (all plans);
 - Remove exclusion of children eligible for other employer-sponsored coverage (grandfathered plans);
 - Limits on out-of-pocket maximum (apply copays to max) (non-grandfathered plans);
 - Clinical trial coverage (non-grandfathered plans);
 - Nondiscrimination against providers (non-grandfathered plans); and
 - Limits on deductible for small employer plans (non-grandfathered plans).
- Terminate any mini-med or limited medical plans, or stand-alone HRAs that are no longer permitted.
- Although the employer penalty has been delayed until 2015, consider implementing a "trial run" of your "pay or play" strategy:
 - Identify all common-law employees (consider temps, contractors, interns, etc.).
 - Identify any "variable hour" or "seasonal" employees.
 - Implement standard measurement period for ongoing employees and initial measurement period for variable hour/seasonal employees, if desired.
 - Determine if plan provides "minimum value" and is "affordable."
 - Identify required amendments to plan documents/SPDs to reflect changes in eligibility, such as:
 - Inclusion of foster children in definition of dependent; and
 - Measurement and stability periods.

In addition to the items listed above, you should also be aware of the changes to the wellness program rules (especially with respect to the "reasonable alternatives" that must be provided) and recent HIPAA amendments that are effective September 23, 2013.