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together

Affordable Care Act Tasks:
Health Plan Identifier (HPID)
and
Transitional Reinsurance Program (TRIP)

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Today's Material

- HPID
 - HPID basics
 - A delay—hooray!
- TRIP
 - TRIP basics
 - TRIP signup
 - TRIP due dates

HPID

HPID

- Long-standing HIPAA administrative simplification standards include EDI rules intended to standardize electronic health transactions
 - Mishmash of competing and inconsistent standards before HIPAA
 - Covered entities and business associates have to conduct certain “covered transactions” in specified formats
 - *Rules date back to 2000*
- ACA expanded EDI rules and applies them to health plans

HPID

- ACA expansion of rules for specific transactions staggered from 2013 to 2016
- ACA rules require:
 - **Unique HPID for controlling health plans**
 - *Required EVEN IF a plan does not conduct any covered transactions subject to HIPAA EDI rules!*
 - *HPID required for large plans by 11.5.2014 (today)!*
 - *Subhealth plans not required to obtain an HPID but could voluntarily*
 - *Obtained through “HPOES” at <https://portal.cms.gov>*

HPID

- What is a controlling health plan?
 - Evolving standard, apparently due to both pressure from employers and CMS's lack of familiarity with group health plans
 - Lead to release of 9.29.2014 FAQs stating that FSAs, HSAs, and cafeteria plans did not need HPIDs; HRAs might; wrap plans may only need a single HPID
 - Eventually all collapsed on 10.31.2014 with the following from CMS:

HPID

- “CMS...announces a delay, until further notice, in enforcement of 45 CFR 162, Subpart E, the regulations pertaining to health plan enumeration and use of the Health Plan Identifier (HPID) in HIPAA transactions adopted in the HPID final rule (CMS-0040-F). This enforcement delay applies to all HIPAA covered entities, including healthcare providers, health plans, and healthcare clearinghouses.”
- NCVHS recommended “that all covered entities (health plans, healthcare providers and clearinghouses, and their business associates) not use the HPID in the HIPAA transactions.”

HPID

- What happens next?
 - If you have an HPID, sit tight
 - If you don't yet have one, don't bother to get one now
 - Monitor CMS releases for future requirements

TRIP

TRIP

- ACA established a TRIP to stabilize premiums in the individual market inside and outside of the marketplaces
 - Essentially, guarantees that insurers do not lose too much money due to ACA rules and requirements
 - Funded by contributing entities to fund reinsurance payments
 - Health insurance issuers, certain self-insured group health plans offering major medical coverage
 - Runs for 2014, 2015, and 2016 benefit years

TRIP

- Currently \$63 per covered life for 2014
- Key dates:
 - October 24: ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form Available on Pay.gov
 - By November 15: Contributing Entities Submit Annual Enrollment Count
 - By January 15, 2015: Combined \$63 or \$52.50 and balance (\$10.50) by November 15, 2015

TRIP

- What is a contributing entity?
 - A health insurance issuer
 - A self-insured group health plan
 - A group health plan with a self-insured coverage option and an insured coverage option
 - Multiple group health plans, including an insured plan, that are maintained by the same plan sponsor and collectively provide major medical coverage for the same covered lives simultaneously

TRIP

- What is a contributing entity?
 - Multiple group health plans, NOT including an insured plan, that are maintained by the same plan sponsor and collectively provide major medical coverage for the same covered lives simultaneously
- Note focus on “major medical”
 - Unless both insured and self-insured, objective is to only count a covered life once and only for major coverage
 - *Exemptions:*
 - An HRA that is integrated with a self-insured group health plan or health insurance coverage

TRIP

- HSA
- FSA
- EAP
- Disease management program
- Wellness program that does not provide major medical coverage
- Stop loss coverage
- Drug-only coverage
- Expat coverage
- Retiree coverage that is secondary to Medicare
- Self-insured/self-administered plan (2015 and 2016 only)
- *Does not exempt COBRA coverage*

TRIP

- How to count covered lives?
 - Self-insured:
 - *Actual count*
 - *Snapshot count*
 - *Snapshot factor*
 - *Form 5500*
- Note that “covered lives” includes spouses and children

TRIP

- Where to find Annual Enrollment and Contributions Submission Form:
 - <https://www.pay.gov/public/form/start/64510311>

Questions?

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