

Health Care Reform Reporting and Disclosure Requirements

Requirement	House	Senate
Automatic Enrollment	Similar to Senate, but only applies to employers with a payroll of more than \$750,000 and would apply to all employees (unless the employer pays a penalty of 8 % of average wages per employee in place of providing coverage).	An employer with more than 200 employees must automatically enroll each new full-time employee and continue such enrollment, unless the employee opts out or changes the coverage. The employer must provide notice of the automatic enrollment and procedures for opting out or changing coverage.
Summary of Benefits and Coverage	<p>The Secretary of Labor must update and harmonize the rules concerning the accurate and timely disclosure to participants by group health plans with the standards established by the Health Choices Commissioner for plans in the Exchange. Additional disclosures would relate to:</p> <ul style="list-style-type: none"> • Plan terms and conditions • Claims payment policies and practices • Periodic financial disclosures • Data on enrollment • Data on disenrollment • Data on the number of claims denials • Data on rating practices • Information on cost-sharing • Payments with respect to any out-of-network coverage 	<p>The Secretary of HHS will develop a standard summary of benefits and coverage that group health plans will need to use to describe benefits. The summary must not exceed four pages, be in 12 point font, be presented in “culturally and linguistically” appropriate language, and include the following:</p> <ul style="list-style-type: none"> • Uniform definitions of standard insurance terms and medical terms • A description of coverage and any cost-sharing (including any deductibles, coinsurance and copayments) • Any exceptions, reductions and limitations on coverage • Renewability and continuation coverage provisions • Coverage facts label illustrating common benefit scenarios, including pregnancy and serious or chronic medical conditions • A statement of whether the plan provides minimum essential coverage and has an actuarial value of at least 60 percent • Contact number to call and an internet address for a copy of the policy (and presumably the SPD for self-funded plans)
COBRA Notice	COBRA coverage would be extended from the current times (18, 29, or 36 months) to the earlier of the date an individual obtains other coverage as defined by COBRA or the date the individual becomes eligible for coverage through the Exchange. Plan sponsors would be required to provide notice of this new provision.	No provision
Explanation of Exchange	No provision	<p>At the time of hire (and no later than March 31, 2013 for current employees), an employer must provide each employee with a notice containing the following:</p> <ul style="list-style-type: none"> • Information about the existence of the Exchange, including a description of the Exchange services and how an employee may contact the Exchange • If the employer contribution is less than 60 percent, that the employee may be eligible for premium tax credits and cost-sharing reductions if purchasing coverage through the Exchange • If the employee purchases coverage through the Exchange, the employee will lose the employer contributions and that employer contributions are excludable from income tax
Notice of Coverage of Minor Child’s Congenital or Developmental Deformities or Disorders	Must provide notice after the effective date (presumably after a model notice is issued) and annually.	No provision
Appeals Process	No provision with respect to employer plans	<p>¹Each group health plan must implement an effective appeals process, which at a minimum must:</p> <ul style="list-style-type: none"> • Provide notice of the process and the availability of assistance from the health care ombudsman • Allow an individual to review his or her file, to present evidence and testimony as part of the appeals process, and receive coverage during the appeals process • Provide an external review process, that includes certain consumer protections

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Reporting of Health Insurance Coverage	<p>An employer who provides acceptable coverage, also must provide the IRS:</p> <ul style="list-style-type: none"> • The name, address, and TIN of the participant and the name of each other beneficiary • The period of coverage <p>An employer must also provide each participant:</p> <ul style="list-style-type: none"> • The name and address of the employer and a phone number of the contact for the information provided to the participant • The information that is required to be on the return to the IRS <p>An employer must provide the Health Choices Commissioner, the Secretary of Labor, the Secretary of Health and Human Services, and the Secretary of Treasury, as applicable with the following:</p> <ul style="list-style-type: none"> • The name, date and the EIN • A certification as to whether the employer offers its full-time employees the opportunity to enroll in a qualified health benefits plan or a current employment-based health plan • If the certification is provided, the employer also must provide the calendar year for which the coverage was available and the monthly premium for the lowest cost option in each enrollment category • The name, address and TIN of each full-time employee during the calendar year during which such employee and any dependents were covered under the plan 	<p>An employer must file a return with the IRS showing:</p> <ul style="list-style-type: none"> • The name, address, TIN of the participant and the name and TIN of each other beneficiary • The date of coverage • The name, address, and employer EIN • The portion of the premium paid by the employer <p>An employer must provide to a participant the following before January 31 of the year following the reporting year:</p> <ul style="list-style-type: none"> • The name and address of the employer and a phone number of the contact for the information provided to the participant • The information that is required to be on the return to the IRS
Records for Employer-Sponsored Plan Audits	The Secretary of Labor has authority to audit employers and group health plans that elect to establish a plan. To facilitate such audits, the Secretary of Labor will establish additional recordkeeping requirements relating to individuals who the employer treated as an employee.	No provision
Excise Tax Determination	No provision	<p>An employer will have to determine whether the following costs for each employee for each year are more than \$8500 (individual)/ \$23,000 (family):</p> <ul style="list-style-type: none"> • Health • Dental • Vision • Employee health FSA • Employer and employee pre-tax HSA contributions, and • HRA contributions <p>If the cost is above the threshold, the employer is required to determine the excess amount and report the excess amounts to the Secretary of Treasury and each third party administrator or insurer, including the excess amounts attributable to each third party administrator or insurer.</p>
W-2 Reporting	No provision	<p>An employer must report the cost of the following on each employee's Form W-2:</p> <ul style="list-style-type: none"> • Health • Dental • Vision • Employer HSA contributions, and • HRA contributions

¹ Only applies to insured plans and self-funded plans established after the date of enactment.