



## PPACA Effective Date Watch List 2017-2020

PPACA was enacted on March 23, 2010, but its provisions become effective within a range that stretches from 2010 to 2020. The charts below provide a quick list of provisions that either begin or are significantly changed in 2017 through 2020. A list of provisions for which the effective date has been delayed or is unclear along with a list of requirements that will apply to plans losing grandfathered status follows the charts.

### Health Plan Provisions Beginning/Changing in 2017

Plans	Effective Date	Provision	Comments
<b>Non-grandfathered health plans</b>	Plan years beginning on or after January 26, 2016 (January 2017 for calendar year plans)	Non-grandfathered health plans must provide without cost sharing coverage for certain routine child immunizations such as influenza, measles, mumps, diphtheria/tetanus/acellular pertussis using a schedule updated on January 26, 2015.	
<b>Non-grandfathered health plans</b>	Plan years beginning on or after September 1, 2016 (January 2017 for calendar year plans)	Non-grandfathered health plans must provide without cost sharing coverage for tobacco use counseling for pregnant women and non-pregnant adults.	

Plans	Effective Date	Provision	Comments
<b>Non-grandfathered health plans</b>	Plan years beginning on or after February 3, 2016 (January 2017 for calendar year plans)	Non-grandfathered health plan must provide without cost sharing coverage for certain immunizations for adults based on a schedule revised on February 3, 2015.	
<b>Non-grandfathered health plans</b>	Plan years beginning on or after March 27, 2016 (January 2017 for calendar year plans)	Non-grandfathered health plans must provide without cost sharing coverage for routine Human Papillomavirus Vaccination for children 11 or 12 years of age to age 26 (female) or age 21 (male) if not previously vaccinated); men who have had sex with men; and immunocompromised men through age 26.	
<b>Non-grandfathered health plans</b>	Plan years beginning on or after October 1, 2016 (January 2017 for calendar year plans)	Non-grandfathered health plans must provide with no cost sharing coverage for screening for abnormal blood glucose as part of a cardiovascular assessment in adults age 40 to 70 who are overweight.	
<b>Non-grandfathered health plans</b>	Plan years beginning on or after October 1, 2016 (January 2017 for calendar year plans)	Non-grandfathered health plans must provide with no cost sharing coverage for high blood pressure screening in adults 18 and older.	
<b>All</b>	January 1, 2017	<b>States Permitted to Open SHOP to Large Employers</b>	

Plans	Effective Date	Provision	Comments
<b>Employers (50 or more full-time or full-time equivalent employees)</b>	January 1, 2017	<p><b><u>Employer Shared Responsibility Mandate Requirement Changes</u></b></p> <p>Penalties apply if at least one full-time employee receives subsidy on public Marketplace:</p> <ul style="list-style-type: none"> <li>\$2,260 (for 2017, will be indexed in future years) penalty for failure to offer minimum essential coverage to at least <b>95%</b> of full-time employees. Applies to all full-time employees except the first <b>30</b>.</li> </ul> <p>\$3,390 (for 2017, will be indexed in future years) penalty if coverage offered either does not provide minimum value or is not affordable. Applies to any full-time employee who receives subsidy.</p>	<p>Employer Shared Responsibility penalties are calculated on a monthly basis. The values shown in the previous column are the annual amounts.</p> <p>Dollar value of penalties to be indexed again for 2018.</p>
<b>Employers subject to Sections 6055 and 6056 reporting</b>	January 1, 2017	<p><b>Penalties for failure to file correct return</b></p> <p>Penalty for failure to file a correct Form 1095-C or 1095-B increases to \$260 per return; “good faith effort to comply” transitional relief for Forms filed relating to coverage provided in 2016 applies.</p>	<p>Provider of coverage responsible for payment of any applicable penalty.</p>
<b>Non-grandfathered health plans</b>	Plan years beginning on/after January 1, 2017	<p><b>Maximum Out-of-pocket Limits (MOOP)</b></p> <ul style="list-style-type: none"> <li>\$7,150/\$14,300 single/family (2017)</li> <li>Embedded \$7,150 individual MOOP required under family contract.</li> </ul>	<p>Dollar amounts to be indexed annually.</p> <p>Must jointly apply maximum on medical and prescription drug.</p>

Plans	Effective Date	Provision	Comments
<b>All</b>	Plan years beginning on or after January 1, 2017	<b>HSA-compatible high deductible health plans</b> <ul style="list-style-type: none"> <li>\$1,300/\$2,600 minimum deductibles</li> <li>\$6,550/\$13,100 maximum out-of-pocket limits</li> </ul> \$3,400/\$6,750 maximum HSA contribution (calendar year)	Additional \$1,000 contribution for eligible individuals 55 and older
<b>All</b>	Plan years beginning on or after January 1, 2017	<b>Employee maximum salary reduction contributions to health FSA</b> \$2,600 for 2017	
<b>All (except self-insured, self-administered plans)</b>	January 17, 2017	<b>Transitional Reinsurance Program</b> Payment deadline for first installment (or combined contribution if remitting entire year's contribution in one payment) of 2016 calendar year fees.	Insurance company pays under insurance plans.
<b>Individual coverage</b>	January 31, 2017	<b>Open enrollment in Marketplace ends</b>	
<b>All plans sponsored by employers who issued 250 or more Forms W-2 in prior year</b>	January 31, 2017	<b>Deadline to provide Form W-2s with value of employer-sponsored health coverage included</b>	Forms W-2 are generally due by January 31 of each year.
<b>Self-insured Employers</b>	March 2, 2017	<b>Coverage Statements Due to Employees (6055)</b> Minimum essential coverage statements must also be provided to all covered individuals.	Can be combined with 6056 statement, when applicable.  <i>Generally due on January 31; delayed for 2017 by IRS Notice.</i>

Plans	Effective Date	Provision	Comments
<b>Employers (50 or more)</b>	March 2, 2017	<b>Coverage Statements Due to Employees (6056)</b> Large employer coverage statement for 2016 calendar year due to full-time employees.	Can be combined with 6055 statement for employers with self-insured plans, when applicable.  <i>Generally due on January 31; delayed for 2017 by IRS Notice.</i>
<b>Self-insured Employers</b>	February 28, 2017 (March 31, 2017 if filed electronically)	<b>Coverage Report Due to IRS (6055)</b> Minimum essential coverage report due for 2016 calendar year.	Will be combined with 6056 reporting, when applicable.  <i>Generally due February 28 (or March 31 for electronic).</i>
<b>Employers (50 or more)</b>	February 28, 2017 (March 31, 2017 if filed electronically)	<b>Coverage Report Due to IRS (6056)</b> Large employer coverage report due for 2016 calendar year.	Will be combined with 6055 reporting for employers with self-insured plans.  <i>Generally due February 28 (or March 31 for electronic).</i>
<b>All</b>	First open enrollment period beginning on or after April 1, 2017	<b>New SBC template to be used</b>	Revisions to the SBC template and other materials effective for plan years beginning on or after April 1, 2017.

Plans	Effective Date	Provision	Comments
<b>All</b>	July 31, 2017	<b>Payment deadline for PCORI Fee</b> \$2.17 for plan years that end after October 1, 2015 and before October 1, 2016. \$2.26 for plan years that end after October 1, 2016 and before October 1, 2017.	
<b>Fully-insured</b>	September 30, 2017	<b>Medical Loss Ratio (“MLR”) rebates due, if applicable.</b>	Rebates should be distributed within three months of receipt.
<b>Non-grandfathered health plans</b>	Plan years beginning on or after September 1, 2017	<b>Non-grandfathered health plans must provide without cost sharing screening for latent tuberculosis infection for adult populations at increased risk.</b>	
<b>Individual Coverage</b>	November 1, 2017	<b>Marketplace open enrollment begins (expected)</b>	Expected date for 2018. Actual date not yet announced.
<b>All</b>	November 15, 2017	<b>Transitional Reinsurance Program</b> Payment deadline for second installment of 2016 calendar year fees.	Insurance company pays under insurance plans.

Plans	Effective Date	Provision	Comments
All “small plans” under HIPAA	November 5, 2015  <i>Delayed Indefinitely</i>	<b>Unique Health Plan Identification Number (“HPID”)</b> <ul style="list-style-type: none"> <li>• Insurer responsible for insured plans</li> <li>• Plan sponsor must obtain for self-insured plans and provide to TPA</li> </ul>	<p>Small plans are those with \$5 million or less in claims.</p> <p><i>Note:</i> November 5, 2015 was originally the deadline for small health plans to obtain an HPID. Large health plans originally had a deadline of November 5, 2014. Guidance issued on October 31, 2014 delayed <i>both</i> of these deadlines until further notice.</p>

## Health Plan Provisions Beginning/Changing in 2018 and Beyond

Plans	Effective Date	Provision	Comments
<b>All</b>	Plan years beginning on/after January 1, 2018	<b>HSA and HDHP Values Change</b> <ul style="list-style-type: none"> <li>• Indexed deductibles</li> <li>• Indexed maximum out-of-pocket limits</li> <li>• Indexed contributions (calendar year)</li> </ul>	IRS expected to announce actual values in May 2017.
<b>Employers (50 or more full-time and equivalent employees)</b>	January 1, 2018	<b>Employer Shared Responsibility Mandate</b> Indexed penalties take effect.	Dollar amount of penalties generally released in November for upcoming year.
<b>Non-grandfathered health plans</b>	Plan years beginning on/after January 1, 2018	<b>Maximum Out-of-pocket Limit</b> Indexed dollar values apply.	Dollar values for upcoming year generally released in November for upcoming year.
<b>All</b>	Plan years beginning on/after January 1, 2018	<b>Employee maximum salary reduction contributions to health FSA</b> Indexed dollar value applies	Dollar value generally released in November for upcoming year.
<b>Individual coverage</b>	January 31, 2018	<b>Marketplace open enrollment ends (expected)</b>	Expected end date. Actual date not yet released.
<b>All plans sponsored by employers who issued 250 or more Form W-2s in prior year</b>	January 31, 2018	<b>Deadline to provide Form W-2s with value of employer-sponsored health coverage included.</b>	



<b>Plans</b>	<b>Effective Date</b>	<b>Provision</b>	<b>Comments</b>
<b>Self-Insured Employers</b>	January 31, 2018	<b>Coverage Statements due to Responsible Party</b> <ul style="list-style-type: none"> <li>Information on all coverage provided</li> <li>Combined with 6056 statement if applicable</li> </ul>	Insurance company provides under insured plans.
<b>Employers (50 or more)</b>	January 31, 2018	<b>Offer of Coverage Statements due to Full-time Employees</b> <ul style="list-style-type: none"> <li>Statements on coverage offered</li> <li>Combined with 6055 statement if applicable</li> </ul>	
<b>Self-Insured Employers</b>	February 28, 2018 April 2, 2018 if filed electronically)	<b>Coverage Report Due to IRS (6055)</b> Minimum essential coverage report for 2016. Combined with 6056 if applicable	Insurance company provides under insured plans.  March 31, 2018 is a Saturday.
<b>Employers (50 or more)</b>	February 28, 2018 (April 2, 2018 if filed electronically)	<b>Offers of Coverage Report Due to IRS (6056)</b> Report of offers of coverage for 2017 to all full-time employees. Combined with 6055 if applicable.	March 31, 2018 is a Saturday.
<b>All</b>	July 31, 2018	<b>Payment deadline for PCORI Fee</b>	Fee indexed each year. Value for upcoming year generally released in November.
<b>Fully-Insured</b>	September 30, 2018	<b>Medical Loss Ratio (“MLR”) rebates due, if applicable.</b>	Rebates should be distributed within three months of receipt.

Plans	Effective Date	Provision	Comments
<b>Individual Coverage</b>	November 1, 2018	<b>Marketplace open enrollment begins (expected)</b>	Expected begin date. Actual date not yet released.
<b>Employers (50 or more full-time and equivalent employees)</b>	January 1, 2019	<b>Employer Shared Responsibility Mandate</b> Indexed penalties take effect.	Dollar amount of penalties generally released in November for upcoming year.
<b>All</b>	Plan years beginning on/after January 1, 2019	<b>Indexed maximum salary reduction contributions to a health FSA</b>	Dollar values for upcoming year generally released in November.
<b>All</b>	Plan years beginning on/after January 1, 2019	<b>HSA and HDHPs</b> Dollar values indexed for: <ul style="list-style-type: none"> <li>• Deductibles</li> <li>• Maximum out-of-pocket limits</li> <li>• Contributions (limits apply on a calendar year basis)</li> </ul>	Dollar values for upcoming year expected to be provided by IRS in May
<b>Non-grandfathered health plans</b>	Plan years beginning on/after January 1, 2019	<b>Maximum Out-of-pocket Limit</b> Indexed dollar values apply.	Dollar values for upcoming year generally released in November for upcoming year.
<b>All plans sponsored by employers who issued 250 or more Form W-2s in prior year</b>	January 31, 2019	<b>Deadline to provide Form W-2s with value of employer-sponsored health coverage included.</b>	

Plans	Effective Date	Provision	Comments
<b>Self-Insured Employers</b>	January 31, 2019	<b>Coverage Statements due to Responsible Party</b> <ul style="list-style-type: none"> <li>Information on all coverage provided</li> <li>Combined with 6056 statement if applicable</li> </ul>	Insurance company provides under insured plans.
<b>Employers (50 or more)</b>	January 31, 2019	<b>Offer of Coverage Statements due to Full-time Employees</b> <ul style="list-style-type: none"> <li>Statements on coverage offered</li> <li>Combined with 6055 statement if applicable</li> </ul>	
<b>Self-Insured Employers</b>	February 28, 2019 (April 1, 2019 if filed electronically)	<b>Coverage Report Due to IRS (6055)</b> Minimum essential coverage report for 2019. Combined with 6056 if applicable	Insurance company provides under insured plans.  March 31, 2019 is a Sunday.
<b>Employers (50 or more)</b>	February 28, 2019 (April 1, 2019 if filed electronically)	<b>Offers of Coverage Report Due to IRS (6056)</b> Report of offers of coverage for 2018 to all full-time employees. Combined with 6055 if applicable.	March 31, 2019 is a Sunday.
<b>All</b>	July 31, 2019	<b>Payment deadline for PCORI Fee</b>	Fee indexed each year. Value for upcoming year generally released in November.
<b>Fully-Insured</b>	September 30, 2019	<b>Medical Loss Ratio (“MLR”) rebates due, if applicable.</b>	Rebates should be distributed within three months of receipt.

Plans	Effective Date	Provision	Comments
Individual Coverage	November 1, 2019	Marketplace open enrollment begins (expected)	Expected date for 2019. Actual date not yet available.
All	January 1, 2020	<b>Cadillac Plan Tax Begins</b> 40% excise tax on “excess” health benefits costing more than \$10,200 (will be indexed) self only or \$27,500 (will be indexed) for all other coverage.	Originally scheduled to take effect on January 1, 2018. Delayed until January 1, 2020.

### **Provisions with Delayed or Unclear Effective Dates**

Certain provisions’ effective dates were unclear as set forth (or not set forth) in the statute, so employers may want to wait for guidance as how to comply:

- Nondiscrimination rules for non-grandfathered fully-insured health plans
- Verification of employer coverage to Marketplaces
- Quality of care reporting by non-grandfathered health plans
- Unique Health Plan Identification Number (“HPID”)
- Cadillac Plan Tax delayed until January 1, 2020

*Note: The automatic health plan enrollment requirement for large employers has been repealed.*

### **Additional Requirements for Plans Losing Grandfathered Status**

Health plans that are just losing grandfathered status will need to comply with additional requirements. The effective date for complying with these additional requirements is based on the date that grandfathered status is lost:

- Coverage for preventive services with no cost sharing.
- Patient protections, including requirements for out-of-network hospital emergency room coverage, patient choice of primary care provider (adult and pediatrician), and direct access to certain OB/GYN care.

- Internal claims review requirements – strengthened requirements for impartial reviews, review for rescissions, and revised model notices.
- External claims requirement – external review process meeting new federal standards required for adverse benefit determinations involving medical judgment.
- Cost-sharing limits – adhere to maximum out-of-pocket limits.
- Coverage for individuals participating in approved clinical trials – must provide coverage for routine patient care (i.e., services typically provided for individuals not enrolled in a clinical trial)

*The intent of this analysis is to provide general information regarding the provisions of current healthcare reform legislation and regulation. It does not necessarily fully address all your organization's specific issues. It should not be construed as, nor is it intended to provide, legal advice. Your organization's general counsel or an attorney who specializes in this practice area should address questions regarding specific issue.*