2016 HCW PRESENTATION TOPICS

Hill, Chesson & Woody is pleased to provide the following list of topics for presentation to your organization and/or association. Each presentation can be tailored to your time requirements. Speakers are the subject matter experts of HCW. Bios are available upon request and confirmation of topic selection.

All presentations listed below are accredited for one (1) hour of General recertification credit through HRCI.

Hill, Chesson & Woody is recognized by SHRM to offer Professional Development Credits (PDCs) for the SHRM-CP℠ or SHRM-SCP℠. All presentations listed below are pending one (1) hour PDC approval.

1. AGENCY ENFORCEMENT AND INVESTIGATIONS: How To Prepare for the DOL, IRS, and HHS

For years you’ve been hearing about the ever-changing multitude of laws that govern health and welfare benefit plans. The Department of Labor is stepping up its employee benefit plan audits, and with the implementation of healthcare reform, ACA compliance is coming under the microscope.

The IRS will begin enforcing the Employer Mandate, resulting in a new set of best practices in recordkeeping necessary to respond to an assessment of penalties. It is more important than ever that employers are prepared to respond to inquiries by federal agencies, whether in an audit, investigation, or penalty assessment process. Do you know if your plan is compliant with today’s regulations? Are you prepared to respond to an agency investigation?

This presentation will help prepare attendees for a DOL audit and inform them as to what information they will need to have on hand. Attendees will also learn the differences between applicable state and federal laws, self-auditing procedures to ensure compliance, and possible penalties associated with non-compliance. We will also review current information regarding IRS enforcement of the Employer Mandate, including penalty assessment processes and appeals procedures. Finally, we will briefly address enforcement activities of other agencies, including investigations of HIPAA breaches and actions by the EEOC to promote wellness program compliance with the ADA and GINA.

Intended for human resource and benefit managers, this presentation is designed at the intermediate level, with some familiarity with the employee benefits field recommended.

2. CASE STUDIES ON HOW TO SUCCESSFULLY IMPACT THE COST OF YOUR HEALTH PLAN

This program will explore common benefit challenges and solutions through a series of case studies. Join us to learn from real life examples and take away practical solutions.

Attendees will gain an understanding of the challenges that other employers are facing, and how they have implemented solutions. We will review six common tactical approaches employers use to improve their health plan performance such as rationing benefits, negotiating renewals, financing their health plan differently, increasing the
cost-effectiveness of their platform, enabling individuals to be better health care consumers and improving the overall health of covered members. We will highlight unique situations and illustrate the outcomes within each of these approaches.

3. **THE ESSENTIAL INGREDIENTS FOR A COMPLIANT WELLNESS PROGRAM**

   As more employers look to targeted wellness programs to improve the health of their employee populations, the legal requirements for a compliant program continue to evolve. HIPAA provided compliance guidelines in 2013, and more recently the EEOC has spoken on how a wellness program must comply with the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act. The new guidelines address voluntariness, incentive limitations and the inclusion of spouses in wellness programs, among other things.

   Join HCW’s compliance and consultant team members as they review how an employer can offer a wellness program that is designed to improve health, while at the same time stays within the boundaries of these complex compliance rules. The program will focus on the compliance obligations under HIPAA, the ADA and GINA. The program will also review relevant provisions or ERISA and the Internal Revenue Code.

4. **HOW TO BUILD A SUCCESSFUL BENEFIT STRATEGY**

   How do you define success in your health and welfare program? What does a successful plan help you accomplish?

   This course is intended to help the participants develop and adopt a benefit strategy that meets the needs of their business. Participants will learn how to do an organizational assessment through questions designed to make them think about their companies approach to offering benefits. It will show them how to build a benefit strategy.

   The presentation will review the four key perspectives, the historical perspective, the employee perspective, leadership perspective and the marketplace perspective of their plan. It will discuss how to document and incorporate these four perspectives. It will discuss how to report and gain buy in on the strategy and ultimately then execute on the initiatives that have been established.

   The presentation will delve into gap analysis and initiatives and steps to achieve the desired performance. Additionally, it will share how to refine the strategy as business needs change.

   As cost control remains a key objective, the range of options employers are considering has been broadened. The presentation will also educate employers on how new products in the market could impact their current strategy and how to evaluate them against their corporate culture.

5. **HR TECHNOLOGY: Finding a Practical Application to Fit Your Organizational Needs**

   HR Technology is not a one-size fits all. This program will help you determine your HR technology needs, how to prioritize those needs, and how to narrow down the flooded marketplace. We will provide best practices around writing an HR technology RFP. We will discuss the difference between “best in class” and “single source solutions.” We will also focus on the important attributes to consider when selecting an HR technology vendor.

   In addition, this presentation will review the important steps needed to ensure a successful implementation. Your HR technology needs today may not be your HR technology needs tomorrow. We will discuss the processes you should have in place to maintain and continuously improve your HR technology.
6. **PAY OR PLAY: Managing the Employer Mandate**

What strategies are employers implementing to manage the employer “pay or play” mandate? This presentation will cover a number of different strategies for offering a benefit program designed to reduce or eliminate risk of penalties for non-compliance, while taking into consideration employer budgetary concerns and varying employee populations. There is no “one size fits all” approach. From consumer-driven plans to middle and skinny plans, the employer’s bottom line, risk tolerance and workforce composition will dictate the best strategy for each employer.

The presenters will walk through various employer situations and the potential solutions to maintain compliance and mitigate their financial risk. This will be an interactive presentation focusing on compliance considerations and benefits strategy.

7. **FINANCING YOUR HEALTH PLAN: Variable Funding Considerations**

As employers seek solutions to the rising cost of healthcare, it is imperative, now more than ever, to look at the alternate funding options available in the market. While various funding options have been available, the ACA has accelerated the need to further evaluate other solutions and determine if they are viable.

During this presentation we will explore different funding arrangements and trends in the industry. Participants will gain a better understanding, including the advantages, disadvantages and other considerations necessary to evaluate possible options for their organization.

8. **EVOLUTION OF THE MODERN DAY HEALTHCARE PAYMENT SYSTEMS**

Do you know how your healthcare is financed? This presentation will list and explain the varieties of provider payment systems currently being implemented, including the distinction between fee-for-service (FFS) and non-FFS payment structures. Beginning with the most prevalent FFS payment structure based on provider networks and negotiated discounts, the presentation will go through each payment structure’s design, advantages, disadvantages and trends. Other payment structures explored will include:

- Reference-based pricing
- Capitation
- Bundled Payment
- Shared Savings, and
- Shared Risk

This presentation will begin with educating attendees of the payment structures currently governing their health plans, and it will gradually move to newer, more experimental payment structures to prepare attendees for possible reforms.

9. **BEST PRACTICES FOR INTERNATIONAL BENEFIT MANAGEMENT**

Managing a Global Benefit Program is not so different than managing a domestic program, but you have to have an understanding of the rules of the road in all the countries in which you have employees. This presentation will review Global Benefit strategic planning in additional to focusing on the four key elements of international benefit offerings:

- Social Security Requirements
- Mandatory Requirements
- How to view Existing Benefits
• Competitive, Prevailing & New Market Practices.

We’ll review terminology common to international benefits in addition to discussing common employee status: Local National, Third-Country Nationals, Expatriates and the different needs, expectations and differing regulations.

Finally, a review of administrative best practices, compliance monitoring and cost savings approaches including multinational pooling.

10. LOOKING GOOD THROUGH A MUTUAL RELATIONSHIP BETWEEN YOUR CONSULTANT AND YOUR BENEFIT PLAN

As the management of your Employer Sponsored benefit plans become more complex, the need for expert advice and guidance becomes more important. This presentation will focus on the criteria employers need to evaluate when selecting their trusted advisor and outline the different tools and resources available in the market.

Ultimately, business leaders should rely on their Consultant to help them build a benefits strategy that encompasses:

• Their current business climate, and corporate goals and challenges
• Assessment of their plan offerings (past, present, and future)
• Multiple perspectives within the organization
• Best practices in communication
• Risk management and actuarial tools to maximize your benefit dollars
• Health management strategies to reduce utilization and manage expenses
• Regulatory compliance assistance to keep you safe
• Administration offerings that save you time and money

This presentation will conclude with tips and strategies for a successful evaluation and selection of your consultant partner.

11. THE ROLE OF THE SMALL EMPLOYER IN THE AFFORDABLE CARE ACT

This presentation will focus on the impact of the Healthcare Reform on small employers and the resulting changes in the marketplace. We will discuss the new requirements of group health plans and the effect this has on rates and employees. Additionally, will give an overview of risk pool options that allow small employers to avoid the Community Rating.

The program will review the small group definition as outlined in the Affordable Care Act and the changes that came with the Protecting Affordable Coverage for Employees Act (PACE). We will present a brief overview of how this impacts the market and key considerations for employers.

Participants will gain an understanding of these changes through an interactive presentation and case studies

12. CHECKUP FOR APPLICABLE LARGE EMPLOYERS: Healthcare Reform Overview

With the first year of the Employer Mandate behind us, it is time for a compliance checkup. Now that many transition relief rules have been phased out, employers should review the compliance requirements that remain, and how to minimize penalty risk moving forward. This presentation will briefly review the requirements that apply to Applicable Large Employers (ALE). Then, we will shift our focus to strategies for offering a benefit program designed to reduce or eliminate risk of penalties for non-compliance, while taking into consideration employer budgetary concerns and varying employee populations. There is no “one size fits all” approach. From consumer-driven plans to MVP and skinny plans, the employer’s bottom line, risk tolerance and workforce composition will dictate the best strategy for each employer.
The presenters will walk through various employer situations and the potential solutions to maintain compliance and mitigate their financial risk. This will be an interactive presentation focusing on compliance considerations and benefits strategy.

13. **COVERING THE RIGHT EMPLOYEES: Measurement Methods**

In order to accurately determine your risk under healthcare reform’s employer mandate, you need to know which employees you have to cover. Offering coverage to the right employees is critical to avoiding significant penalties. We will address how an employer can determine who is a full-time employee using either the Monthly or the Lookback Measurement Method.

We will discuss how employees in various categories must be measured under each of these methods, including the special rules for changes in employment status, special unpaid leaves, and breaks in employment. Once we have reviewed the measurement method rules, we will walk through real world examples to illustrate the application of these rules.

Finally, we will close with a discussion of considerations to keep in mind while administering your measurement methods. This presentation is designed for participants who have an existing knowledge of the basic measurement method requirements of the Employer Mandate.

14. **MANAGING MEDICAL CHILD SUPPORT ORDERS**

ERISA requires employment-based group health plans to extend health care coverage to the children of a parent-employee who is divorced, separated, or never married when ordered to do so by state authorities. A state court or agency generally issues a medical child support order to begin the process. It is the group health plan’s responsibility to determine if the order is qualified, carefully follow the order’s instructions, ensure compliance with the order does not violate wage withholding limits, be mindful of HIPAA privacy issues, and comply with the Section 125 mid-year election change rules.

We will walk through what to expect with medical child support orders. This presentation is designed to help group health plan sponsors and administrators understand the rights and obligations of those involved in child support proceedings and those responsible for administering group health plans. We will conclude with best practices for an efficient and reliable medical child support order process.

15. **MITIGATING THE IMPACT OF HEALTHCARE REFORM FEES AND TAXES**

Healthcare reform contains several fees and taxes that apply to both fully insured and self-funded group health plans. In this webinar, we will provide a broad overview of these fees and taxes, including:

- The Patient Centered Outcomes Research Institute (PCORI) fee
- The Transitional Reinsurance fee
- The Health Insurance Sector fee, also known as the Health Insurance Tax (HIT)
- The tax on high-cost health coverage, also known as the Cadillac Tax

Participants will learn which plans are subject to these fees and taxes, how they are calculated, including the fee amounts for current and upcoming years, and the payment procedures for each. We will conclude with a discussion about the effect of these fees and taxes on health plan costs and strategies employers might consider to mitigate the impact healthcare reform fees and taxes will have on their plans.

16. **CAFETERIA PLAN SCENARIOS AND SOLUTIONS**

An employee comes to you mid-plan year with a request to change their benefit elections. What do you do? To help participants answer this question, we will provide a brief overview of the IRS rules that govern changing pre-tax benefit elections outside of open enrollment, including the plan document requirement, permitted election change
events and new election change events permitted by healthcare reform. After reviewing the IRS rules, we will work through several common examples of election change requests and address how they should be handled.

17. ELECTRONIC DISCLOSURE REQUIREMENTS FOR EMPLOYER-SPONSORED BENEFIT PLANS

Compliance with the Department of Labor’s electronic disclosure safe harbor is no simply task. Compliance with the requirements for affirmative consent to electronic disclosure is even more complex. Keeping on top of these rules and those that apply to electronic disclosure of SBCs and 1095-Cs can seem like an impossible task.

This presentation is designed to provide the benefit administrator with everything they need to know to move as many of the required notices and disclosures related to the employer-sponsored benefit plan away from paper and snail mail towards permissible modes of electronic communication. We will conclude with common pitfalls and best practices.

18. COVERAGE OPTIONS FOR ACTIVE EMPLOYEES’ TRANSITION TO RETIREMENT

With health insurance available from a variety of sources, employees often have questions about which option is best for them, from enrolling in employer-sponsored coverage or coverage through the Marketplace, to becoming eligible for Medicare.

This presentation will address common scenarios and benefit questions employers may encounter when active employees transition to retirement, both before and after the age of 65. We will discuss new compliance requirements for retiree benefits as a result of the ACA as well as tips for educating employees about the transition and coverage options. The webinar will conclude with an overview strategies employers might use to offer benefits to retirees.

19. ACA Reporting: Lessons Learned and Preparing for Year Two

Now that Applicable Large Employers (ALEs) have a year of reporting under their belts, it is time to take a look back at the lessons learned from the first ACA reporting cycle so ALEs can prepare for the second year of reporting. What vendor limitations were encountered, and how were those limitations overcome? Which reporting questions from 2015 have been answered, and which questions still remain?

This presentation will provide a brief overview of the ACA reporting requirements and discuss the answers to these questions, focusing on the practical problems many ALEs encountered in 2016 and how to solve them. In addition, we will discuss what will change for the 2016 filing cycle, what the 2016 Forms 1094 and 1095 might look like, and the steps ALEs can take now to ensure the next filing cycle proceeds as smoothly as possible.

20. RECORD RETENTION AND DOCUMENTATION BEST PRACTICES

When administering employee benefit plans, it can be difficult to determine which records must be stored and how long you should store them, versus documentation that is helpful to have in the event of employee questions or an audit or investigation. ERISA, HIPAA, and the Cafeteria Plan rules under Internal Revenue Code Section 125 all contain record retention requirements.

We will begin the presentation with an overview of the existing record retention requirements under ERISA, HIPAA and Code Section 125. In light of the additional layer of complexity under the ACA for Applicable Large Employers, we will also address documentation best practices for tracking hours of service and compliance with the new reporting requirements under Code Sections 6055 and 6056.

We will conclude with a discussion of practical tips for employers, including issues to consider when choosing or moving between vendors and going through business reorganizations. This presentation is designed for attendees with a basic knowledge of the laws referenced above as they apply to employee benefit plans.