



Helping you get the most from your benefit plan

The Small Group Benefit Experts - for groups of two or more

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Employer Benefit Adviser

December 2023

Self-Service Site

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Member Resources



What to Know This Month

Here's a sneak peek at the highlights in this issue:

1. Telehealth Costs to be Reimbursed Starting in 2024
2. We Have You Covered on Compliance Requirements
3. Cost-Effective Solutions for Employer Waiting Periods
4. Winter Holiday Hours

Telehealth Costs to be Reimbursed Starting in 2024

Beginning Jan. 1, 2024, you will be reimbursed for eligible telehealth charges from any provider. The change will be effective Jan. 1, 2024, and you no longer will be directed to use Cura as your primary telehealth provider.



To get reimbursed for your telehealth visit, you should provide the following information to clientservices@alliednational.com:

- Receipt or invoice showing the service rendered and dollar amount paid for telehealth services.
- Full name of the person who received services as shown on the visit receipt.
- Member ID of the person who received services.
- Date of service of the telehealth visit.

Reimbursement is subject to plan benefits. If you have an HSA plan, reimbursement may be subject to your deductible.

Click on the button for more information or call Allied Client Services at 800-825-7531.

We Have You Covered on Compliance Requirements

Self-funded and level-funded health plans come with compliance reporting obligations. As a member of one of Allied National's level-funded Funding Advantage health plans, you don't need to worry about these issues. We provide support and help our clients to meet each of these obligations as they arise.



We understand that as an employer it is a struggle to understand and ensure you are meeting all of the deadlines and requirements. That's why we are here to help! Allied will keep you informed of each compliance obligation as they are due and exactly what you need to do through our monthly newsletters. If you would like to mark your calendars now, check out the list below of the current compliance requirements and when they are due.

New Attestation – Due December 31, 2023

Allied will be submitting paperwork on behalf of our employers to keep you in compliance with the new Consolidated Appropriations Act (CAA) Gag Clause Prohibition Compliance Attestation annual requirement.

All plans and insurers – including self- and level-funded employers – must submit an attestation by Dec. 31, 2023, that they will not enter into an agreement with insurance plans, insurance issuers or providers that would restrict a plan or issuer from sharing cost and care information. The CAA's gag clause prohibition was designed to ensure that patients have access to the information they need to make informed decisions about their costs and care.

1095-B – Due February 28, 2024

All employers who self-fund major medical plans or who are Applicable Large Employers (ALE) must fill out and send 1095 forms to employees and to the Internal Revenue Service (IRS). The IRS uses the information from the forms to determine whether employees were offered insurance.

Allied will send you 1095-B forms for each employee who has been covered under your health plan during the prior year so you can share the information with each employee. You also can find these forms on your Self-Service Site at www.alliednational.com. These forms must be filed with the IRS using a 1094-B cover sheet. We start sending you information and instructions on this requirement in your January newsletters.

5500 & PCORI Forms – Due July 31, 2024

Allied mails you your 5500 Filing Information Worksheet to help with your annual federal 5500 filings and payment of the Patient-Centered Outcomes Research Institute (PCORI) fee established under the Affordable Care Act.

Form 5500 must be filed electronically with the Internal Revenue Service (IRS) by the last day of the seventh month following the end of the plan year, unless an extension has been granted. Although Allied sends out the data and the information necessary to file the 5500 report, you are required to do this filing yourself. Small employers generally can file the 5500-SF (short form) version. This filing information also is available on the Allied Self-Service Site. We start sending you information and instructions on this requirement in your June newsletters.

Medicare Part D Notices – Due October 15, 2024

During the first part of October, Allied will provide notices to anyone in your company age 64 or over (along with a copy for you the employer). The letter informs you and your employees if their prescription drug plan is considered credible coverage or non-credible coverage and the consequences of employees' decisions on Part D coverage. All you have to do is complete an online report with CMS indicating whether or not you have credible coverage. A link to the "Disclosure to CMS form," is provided. We start sending you information and instructions on this requirement in your September newsletters.

Allied National will be doing a filing as it relates to our health plans. If you have any contracts with providers, then you will need to file your own attestation for your contracts.

Cost-Effective Solutions for Employer Waiting Periods

Employers that offer a group health plan to employees have up to 90 days to start a new team member on a company health insurance plan. Some employers offer coverage right away, and some delay coverage start dates to

the allowable 90 days for financial or administrative reasons. But even if a new employee doesn't have health insurance through the company, you want them to remain healthy and financially viable while orienting to their new job. COBRA is not feasible for a majority of the working population, however there is an economical option to keep employees from going uninsured.



Pivot Health short-term medical insurance policies are available year-round and start at just 30 days of coverage, up to three years of coverage in many states for team members who do not qualify for the group health plan. Short-term medical plans are portable as well, so employees can take their insurance coverage with them if they move on to another job during the company's probationary period. Benefits include preventive office visits, emergency room coverage, childhood immunizations paid at 100%, joint, neck, and spine injury coverage, an all-access open doctor network, plus free and unlimited non-insurance virtual doctor visits 365/24/7.

If your employees are in a health insurance waiting period and cannot afford COBRA, consider educating your employees about short-term medical insurance as

an option to get coverage for accidents and illnesses instead of remaining uninsured. With insurance coverage, your employees can be healthier, miss fewer days of work due to sickness, and have additional financial protection should the unexpected arise.

Contact your insurance broker about Pivot Health short-term medical plan options that your employees can take advantage of.



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