

2024 Educational Webcast Calendar

Professional education opportunities offered by the Baldwin Professional Education Connection (BPEC) are detailed in the following 2024 annual broadcast calendar. BPEC courses are typically broadcast live on the ***last Wednesday of each month at 1:00 pm eastern, 10:00 am pacific***. Program participants who attend a live BPEC webcast presentation are ***eligible to apply for HRCI or SHRM professional continuing education credits***. The BPEC's educational opportunities are offered as a core service for the benefit of clients, prospective clients, and colleagues of Baldwin Risk Partners and its affiliate partnerships located throughout the United States. BPEC programming is developed in-house by the subject matter experts at the Baldwin Regulatory Compliance Collaborative. To the extent a program is supplemented with additional course materials, these items will be distributed to participants via email following the broadcast of the program, and an archive of previously broadcast presentations is available for viewing and downloading.

Interested individuals are encouraged to register early for the BPEC's educational webcasts. The annual broadcast schedule is published in January of each year, detailing course dates, monthly program topics, and our scheduled speakers for the full calendar year.

ACA 102:

Understanding and Administering the ACA Annual Employer Information Reporting Requirements

January 31, 2024

[Register Here](#)

Speakers: Stephanie Hall & Jason Sheffield
Moderator: Marie Smith

Consistent with the requirements of the Employer Shared Responsibility provisions of the Affordable Care Act, employer plan sponsors of health insurance must annually report both offers of qualifying coverage and coverage obtained by employees, dependents, and spouses. The annual information reporting forms enable the IRS to ensure that employers are complying with the employer mandate.

All ALEs are obligated to file Forms 1094-C and 1095-C detailing health coverage offered from year to year. Each year, employers are expected to complete these forms with information on healthcare coverage occurring the calendar year prior to the year in which the data is submitted, as well to provide copies to their employees.

Join us for this informative and essential review of the ACA's employer information reporting requirements, a nuts and bolts breakdown of the requirements, the forms, and the underlying processes.

USERRA 101:

Understanding & Administering the Employer's USERRA Obligations

February 28, 2024

[Register Here](#)

Speakers: Bill Freeman & Marie Smith
Moderator: Jason Sheffield

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects service members' reemployment rights when returning from a period of service in the uniformed services, including those called up from the reserves or National Guard, and prohibits employer discrimination based on military service or obligation. The U.S. Department of Labor's (DOL) Veterans' Employment and Training Service (VETS) administers USERRA.

This presentation describes the basic provisions and requirements of reemployment rights and veterans' preference afforded persons who perform duty, voluntarily or involuntarily, in the uniformed services, which include the Army, Navy, Marine Corps, Air Force, Coast Guard, National Guard, and Public Health Service commissioned corps, as well as the reserve components of each of these services. Employer compliance responsibilities surrounding the general requirements, service member reemployment eligibility and protections will be outlined and explained.

HIPAA 105:**HIPAA Nondiscrimination for Employer Sponsored Wellness and Wellbeing Programs****March 27, 2024**[Register Here](#)*Speakers: Natasha Wright & Jason Sheffield**Moderator: Marie Smith*

Amid increasing healthcare costs, employee retention concerns, and the wrapping up of a national health epidemic, employers throughout the country are implementing wellness programs intended to reflect positively physical health, all the while reducing costs.

Join us in this educational webinar where participants will explore the substantive requirements wellness and wellbeing plans are subject to due to HIPAA and the affordable Care Act non-discrimination rules.

In this discussion participants will learn to understand and apply governing HIPAA regulations and ACA requirements to amend and expand their workplace wellness initiatives to create compliant and meaningful participant focused wellness programming.

Attendees will explore topics such as:

- Participatory v. Health Contingent Programs;
- Nondiscrimination Rules, Exceptions; and,
- ACA changes to HIPAA rules on wellness programs.

Transparency 101:**The Transparency Roundup for 2024****April 24, 2024**[Register Here](#)*Speakers: Nicole Fender & Paul Van Brunt**Moderator: Marie Smith*

The Consolidated Appropriations Act, 2021 (CAA), which was signed into law on Dec. 27, 2020, includes many benefits and tax provisions affecting employers, group health plan sponsors, health benefits brokers and health insurance issuers. Some provisions are currently effective, while others launch on future dates. The provisions related to health plan coverage apply to both insured and self-insured group health plans.

Additionally, on October 29, 2020, the Departments of Labor, Health and Human Services and the Treasury issued a Final Rule on Health Care Transparency that imposes transparency requirements on group health plans and health insurers in the individual and group markets. These provisions apply to non-grandfathered coverage, including both insured and self-insured group health plans.

In this webinar, we will discuss the employee benefits provisions related to surprise medical billing, health plan transparency and mental health under the Consolidated Appropriations Act and the Final Rule on Health Care Transparency, including, but not limited to:

- Ban on Surprise Medical Bills under the CAA
 - Air Ambulance
 - Emergency Services
 - IDR
- Healthcare Transparency under the CAA
 - Removal of Gag Clauses
 - Disclosure of Broker Compensation
 - Consumer Price Comparison Tool (CPTT)
 - Advanced Explanation of Benefits
 - Continuity of Care
 - Provider Directory
 - Machine Readable Files
 - Reporting on Pharmacy Benefits and Drug Cost
 - Mental Health Parity – NQTL
- Health Care Transparency under the Final Rule on Health Care Transparency (TiC)
 - Price and cost-sharing information to participants
 - In-network provider negotiated rates & out-of-network allowed amounts on website

MHPAEA 103:**The Employer's Mental Health Parity Update for 2024****May 29, 2024**[Register Here](#)*Speakers: Bill Freeman & Jason Sheffield**Moderator: Marie Smith*

This discussion will review the requirements group medical benefit plans must meet to satisfy the provisions of the Mental Health Parity and Addiction Equity Act (MHPAEA). The presentation will also describe the recent (July 2023) Proposed Rule and Technical Release issued by the Departments of Labor, Treasury and Health and Human Services.

The 2013 MHPAEA final rule provides that if a plan provides MH/SUD benefits in one of the MHPAEA benefit classifications, it must provide MH/SUD benefits in all MHPAEA benefit classifications. How this Proposed Rule would amend and expand this requirement to require that a plan provide "meaningful benefits" in each classification compared to M/S benefits will be explained.

A discussion of how the Proposed Rule reorganizes and expands on the 5 elements of a complete NQTL Analysis will include a demonstration of the requirements including: (1) the identification of NQTLs and the MH/SUD and Med/Surg benefits the NQTLs apply to; (2) the factors used to determine application of the NQTLs; (3) the evidentiary standards used to develop the factors; (4) an analysis of processes, strategies, evidentiary standards, and factors demonstrating comparability; and (5) specific findings and conclusions.

Round Up 102:**Annual mid-year roundup****June 26, 2024**[Register Here](#)*Speakers: Nicole Fender & Dan Finnegan**Moderator: Marie Smith*

During this timely session, participants will learn aspects of the most significant employee benefit-related events occurring in 2023 and throughout the first half of 2024.

This session is designed as a clearing house for legal and legislative highlights from the most-recent 18-month period. Attendees should expect a fast-paced, summarized digest of benefits-related news and happenings.

Although individual coverage of topics presented in this learning module will be summarized into a digest form, supplemental program materials will provide attendees with additional information and further commentary respecting many of the substantive updates offered during the program.

Medicare 101:**Understanding the Basics of Medicare Requirements for Employee Benefits****July 31, 2024**[Register Here](#)*Speakers: Bill Freeman & Paul Van Brunt**Moderator: Marie Smith*

Medicare is a federal program that pays for covered health care services of qualified beneficiaries. It was established in 1965 under Title XVIII of the Social Security Act to provide health insurance to individuals 65 and older and has been expanded over the years to include permanently disabled individuals under the age of 65.

This presentation will discuss individual eligibility for Medicare, as well as the practicalities of individual enrollment. We will explore the four types of Medicare (A, B, C and D) and the benefits offered under each, as well as examine the outcomes associated with an individual's election to delay or defer Medicare enrollment and participation. Medicare's interactions with HSA eligibility and privately sponsored employer group health plans will also be detailed, rounding out our one-hour initial survey of the practicalities of Medicare from the individual perspective.

M&A 101:**An Introduction to the Concepts and Requirements for Mergers & Acquisitions in Employee Benefits****August 28, 2024**[Register Here](#)

*Speakers: Nicole Fender & Keri Shepherd
Moderator: Marie Smith*

The requirements of employee benefits plans can easily be overlooked or altogether disregarded during a merger or acquisition (M&A) transaction, to the peril of an unsuspecting buyer or seller. This could result in the parties' failure to comply with a bevy of laws and regulations governing employee benefit plans. These exposures can be incredibly costly, time consuming to investigate and correct, and may even make a transaction regrettable.

In this webinar, we will discuss the high level components of benefits compliance issues that may arise during an M&A, including:

- Why does it matter if the M&A transaction is a stock or an asset transaction?
- How do the terms of the purchase agreement effect the transition of benefits to the buyer?
- What are the pros and cons of merging benefits plans?
- What steps are necessary to avoid forming a MEWA?
- What are the advantages and disadvantages of terminating a seller's Health FSA?
- What are the approaches to continuing a seller's Health FSA?
- Who is responsible for sending COBRA Election Notices to the seller's employees?
- Who will be responsible for the benefit plan reporting for Form 5500s, Form M-1s, ACA Employer Information Reporting, and other post-transaction closing?

ERISA 107:**Making the Switch from Fully Insured to Self-funded****September 25, 2024**[Register Here](#)

*Speakers: Jason Sheffield & Natasha Wright
Moderator: Marie Smith*

Employers are under an ever-increasing strain to offer competitive benefit packages designed to both attract and retain employees, all the while prudently managing the outlay of the employer's financial assets to further the total compensation philosophy of the organization. However, the cost of total rewards offerings are ever-increasing, and oftentimes, employers seeking alternatives to the fully-insured equation look to level and/or self-funding as a calculated gamble.

Employers should consider a variety of factors when selecting a funding approach for their health plan, including the compliance requirements for each option. In this hour-long presentation, we will examine some of the major differences of government regulation regarding insured and self-insured plans and the challenges those regulatory differences create, such as the following:

- Self-funded regulatory and legal compliance mandates arising under HIPAA, MHPAEA, the ACA, COBRA, and others;
- Comparison and contrasting of stop-loss benefits, requirements, and limits;
- The interplay of state-level insurance regulation into the equation of plan-level funding, and others.

ERISA 108:**Spouses, Dependents, and Adult Dependents – Age and Relationship Considerations in Employee Benefits****October 30, 2024**[Register Here](#)

*Speakers: Keri Shepherd & Dan Finnegan
Moderator: Marie Smith*

Age and relationship considerations in employee benefits can be tricky and detail-oriented concepts to master for the employee benefits practitioner. In this webinar, we will discuss various considerations related to spousal, children, dependents, and adult dependents in the context of administration of employee benefits. Specifically, we will explore:

- Who is a "spouse" for plan eligibility purposes and tax-qualified benefit plans and programs;
- Implementation and administration of spousal surcharges and eligibility restrictions;
- Required coverage for dependent students consistent with the provisions of Michelle's Law;
- ACA required coverage for adult dependents to age 26;
- Understanding the difference between the term "dependents" for health plan purposes and for cafeteria plan purposes;
- Defining a dependent for purposes of a dependent care FSA;

- Understanding the definition of dependent which should be used in the HRA context;
- Defining a tax dependent for purposes of HSA reimbursements;
- An overview of qualified medical child support orders (QMCSOs); and others.

PEO 101:

Understanding the dynamics of PEO Offerings and Employer Lessons Learned from PEO Exits

November 27, 2024

[Register Here](#)

*Speakers: Nicole Fender & Dan Finnegan
Moderator by Marie Smith*

Engaging a Professional Employer Organization (PEO) is an important business strategy for small and mid-sized employers. PEOs take the burden off many day-to-day tasks a company must handle in the human resources and employee benefits areas.

In this webinar, we will discuss how PEOs work, the benefits they offer, and the contractual relationship between employers and PEOs. Additionally, we will discuss common reasons why employers decide to leave a PEO, such as cost, service issues, and dissatisfaction with benefits plans.

We will review best practices for employers who are looking to exit a PEO, including how to manage the transition, what factors to consider when selecting a new provider, and what regulatory employee benefits compliance requirements must be addressed and met. Overall, this webinar provides valuable insights for employers considering leaving a PEO, including guidance on regulatory employee benefits compliance.

Captives 101:

An Introduction to Captives in the Employee Benefits Arena

December 18, 2024

[Register Here](#)

*Speakers: Nick Getz
Moderator by Marie Smith*

Captives are a popular strategy for organizations that are looking to optimize cost-savings, coverage, and other benefits.

In this program, employers learn the basics of the captive vehicle for insurance, including operational basics and potential impacts associated with a captive strategy. We will define and explain the concept of captives, which are self-funded insurance plans maintained by a group member or organization for the purpose of covering some or all of the risk associated with employee benefits plans. Attendees will learn about how captives can be organized and managed, including their types, structures, and underlying funding methodologies.

Insights related to utilization of captives to address and reduce risk in employee benefits plans will be introduced and attendees will learn how captives can be employed to manage cost fluctuations, mitigate risk, and fill gaps in coverage.

We will also discuss the potential downsides of captives, such as the complexity of setting them up and managing them, as well as the long-term commitment that they require.

Join us for this informative webinar offering helpful insights for organizations and professionals interested in exploring captives as an option for managing risk and optimizing benefits programs.