



# Willis Towers Watson Compliance Academy

2019 Master catalogue of course descriptions

# ACA 101

## Regulatory Risk Reduction for Administration of the Affordable Care Act's Employer Mandate

1 hour

The Patient Protection and Affordable Care Act ("ACA") introduced a variety of complex regulatory requirements for employers. Ranging from new reporting obligations to heightened employee and vendor contracting and communication requirements, successful navigation of these obligations requires development of a strategic compliance perspective. Utilizing real life examples, this program introduces employers to many of the compliance pitfalls associated with ACA administration and offers a variety of suggested best practices to mitigate risk in this regulatory area.

Program participants will:

- Review the purpose and scope of ACA's employer mandate;
- Understand the various considerations for development of a "partial play" compliance strategy;
- Understand the necessity for affirmative open enrollment and annual collection of signed coverage waivers within the eligible employee population;
- Understand compliance with the offer of coverage exceptions related to seasonal workers and academic interns;
- Understand ACA compliance requirements for leased and temporary staffing workers and develop a best practices strategy for successful vendor contract negotiations;
- Understand cooperative utilization of the federal waiting and orientation periods;
- Review the purpose and scope of ACA's information reporting requirements;
- Develop a compliance strategy for collection of critical data required for preparation of annual ACA information returns; and,
- Understand compliance requirements and scenarios for successful vendor contract negotiation with respect to measurement of hours for variable hour workers, timely and accurate responses to subsidization notices from the public exchanges, and preparation and filing of ACA information requirements.

# ACA 102

## Understanding and Administering Employer Reporting Obligations under ACA

2 hours

Providers of minimum essential coverage, including plan sponsors of self-insured health plans, are required to file an information return with the IRS and furnish a statement to individuals. In addition, Applicable Large Employers ("ALEs" in ACA-speak) are required to file information returns with the IRS and furnish statements to full-time employees documenting offers of affordable, minimum value coverage to their full-time employees and dependents. Referred to as the Code Section 6055 and 6056 reporting requirements (in reference to the underlying sections of the Internal Revenue Code). Remember, reporting preparation occurs long before the 6055 and 6056 due dates come to fruition because the reporting forms require information gleaned over an entire calendar year. In practical terms, this means employers should always be tracking certain individual-based data such as:

- Hourly service tracking for variable and part-time workers;
- Length of service for seasonal workers;
- Length of service and composition of compensation structure for academic interns;
- Compliance with maximum waiting and federal orientation periods for full-time workers;
- Availability of coverage for natural born and adoptive children of eligible employees;
- Collection of social security numbers for enrolling spouses and dependent children;
- Collection of voluntarily signed waivers demonstrating individual declinations upon offers of coverage;
- Documenting employee wages for affordability determinations; and,
- Review and respond to IRS letter 226J, the initial letter issued to Applicable Large Employers (ALEs) to notify them that they may be liable for an Employer Shared Responsibility Payment (ESRP).

This program outlines these obligations in functional terms, translating the data equivalents of the requirements into the actual reporting forms. In this way, the program guides employers through the process of evaluating and collecting relevant data and drafting the employee forms and IRS transmittals.

# ACA 103

## The Changing Face of Human Capital: Understanding and Administering an Intergenerational Approach to Total Rewards

1 hour

The Patient Protection and Affordable Care Act (“ACA”) introduced a vast array of compliance mandates for employer-sponsored benefit plans. This evolving compliance landscape complicates the development of total rewards and succession planning, as additional obligations realign and emphasize tension between and among employers, employees and regulatory agencies. Today, the traditional workforce model has migrated to an evolving experiment in generational workforce expectations. Simply, workers of different ages and different generations have significantly different expectations of the total rewards formula. While the ACA may have set some ground rules, there are many methods employers can use to attract, incentivize and retain top talent; respecting the needs and requirements of various generational groups. In this program, participants will learn to:

- Identify group plan mandates imposed by ACA and ERISA related to employer-sponsored group health plans;
- Understand the Medicare basics, including eligibility, enrollment and coordination issues;
- Review specific rules governing implementation and administration of account-based plan features, such as HSAs, HRAs, and FSAs;
- Utilization of account-based features to augment and enhance traditional employer-sponsored group health plans;
- Utilization of voluntary benefits to combat a volatile market; and,
- Strategic options for enhancement of the total rewards platform to acknowledge and respond to the unique demands of a multigenerational workforce.

# ERISA 101

## Introduction to ERISA Reporting and Plan Document Requirements

Benefit plans subject to ERISA must operate under a formal plan document that controls the funding and administration of the plan as well as the authority of the plan sponsor. ERISA also requires the production and distribution of an easy-to-read-and-understand Summary Plan Description (“SPD”) describing the specifics of what benefits are offered and the conditions related to their utilization. Summary Plan Descriptions must be distributed to covered individuals in a prescribed manner, and plan sponsors may face audits regarding the sufficiency of the legal plan document and the Summary Plan Description. Plan sponsors must also report to the government on an annual basis through the Form 5500. This annual requirement, provides basic information to the government about what types of benefits are sponsored and the number of participants in the plan as well as the funding nature of the benefit plan. In addition, a summary annual report (“SAR”), an annual statement summarizing the Form 5500, must be provided to plan participants.

In this session, participants will learn to:

- Understand the ERISA requirements and liabilities related to establishing employer-sponsored welfare plans;
- Identify which benefits are subject to ERISA
- Identify the specific requirements for establishing an ERISA welfare plan;
- Identify the necessary content and associated disclosure requirements for ERISA plan documents, summary plan descriptions (“SPDs”), summary of material modifications (“SMMs”), summaries of benefits and coverage (“SBCs”), and summary annual reports (“SARs”);
- Understand the benefits and burdens associated with utilization of a wrap (or “wrapper”) document for welfare benefit plans; and,
- Learn the basics of preparing and filing the Annual Form 5500.

# ERISA 102

## Federal Agencies on the Prowl: Defending Federal Audit Activities

1 hour

Several federal agencies are investigating employer plans and their compliance with ERISA, ACA and more. Many employers have received agency communications from the Departments of Labor, Treasury, and HHS' Office for Civil Rights (OCR) initiating compliance reviews of their welfare benefit plans. Employers should take the time to review their plan documentation and operational procedures to assure they are up-to-date and compliant.

During this session participants will:

- Learn about the most prevalent types of compliance audits;
- Learn to spot and address common compliance pitfalls that HR professionals may have to deal with day-to-day, including ERISA, COBRA, ACA, MHPAEA and HIPAA;
- Gain an understanding of the documentation required to prepare and submit during a compliance audit;
- Learn techniques for internal audit protocols;
- Learn to distinguish and identify various penalties and agency assessments associated with the various audit outcomes; and,
- Learn about the practical and implementation effects of OCR's Phased HIPAA Compliance Audit Program on employer plan sponsors.

# ERISA 103

## Understanding and Resolving Worker Misclassification Conflicts (1099 versus W-2)

1 hour

Worker misclassification is a growing epidemic in the United States, resulting in staggering losses of at least \$1.6 billion in Social Security taxes alone. Over the last decade, the U.S. Departments of Labor and Treasury have steadily increased audit activity related to identification and penalization for misclassification of U.S. workers. To date, the DOL has hired hundreds of new wage and hour investigators to address the problem, and the IRS frequently cautions employers of the Agency's robust misclassification audit activities. Add health care reform to this already charged environment, and federal and state agencies are supported by a regulatory mandate that promotes the charge against worker misclassification.

During this session, program participants will:

- Review the regulatory and organizational rationales for appropriate worker classification;
- Learn how worker misclassification impacts implementation of ACA mandates;
- Learn current standards for employee and independent contractor classification;
- Learn to identify potential worker misclassification across the geographic and functional lines of an organization;
- Receive specific guidance on techniques for voluntarily correcting misclassifications prior to an agency audit;
- Receive specific guidance on handling a federal or state-level worker misclassification audit;
- Receive specific guidance for managing parallel audits (e.g., federal/federal; federal/state) and subsequently-initiated state-level audits; and
- Learn the organizational costs of compliance versus non-compliance with federal and state worker classification standards.

# ERISA 104

## The Employer's Guide to Understanding Cafeteria Plan Administration

1 hour

Cafeteria plans are one of the most widely offered employee benefit plans. Through Section 125 of the Internal Revenue Code ("Section 125"), cafeteria plans are the means by which employers may offer employees an election between nontaxable and taxable (i.e., cash) benefits. They provide employees with a methodology to pay certain qualified expenses on a pre-tax basis, thereby reducing their total taxable income. In order to reap the benefits of a cafeteria plan, employers must comply with numerous requirements under Section 125. Failure to comply with these requirements could result in disqualification of the cafeteria plan.

Recognizing the complexity of cafeteria plan compliance and administration, this program covers the legal requirements that apply to cafeteria plans and addresses many practical administration, compliance and plan design issues.

Specifically, in this program, participants will:

- Learn to identify the cafeteria plan qualified benefits;
- Learn the cafeteria plan document requirements;
- Explore the cafeteria plan eligibility requirements;
- Explore the cafeteria plan election and enrollment rules;
- Review the cafeteria plan permitted election changes; and,
- Learn the Section 125 nondiscrimination rules.

# ERISA 105

## Understanding the Implications of Employee Benefits in Mergers & Acquisitions

1 hour

Employers who have been involved in mergers and acquisitions understand that employee benefit plans are often a significant source of pre and post transaction anxiety. While unexpected problems will always arise, spending time early in the deal process understanding the benefit plans involved and considering future benefit plan integration issues may prevent significant headaches after closing. This program is intended to highlight common issues in mergers and acquisitions with respect to health and welfare benefit plans, and provide employers with a general checklist to use as a starting point in performing due diligence.

In this program, participants will learn:

- Tips to conducting effective due diligence;
- The effects of transactional structure on the deal (i.e., stock or asset purchase);
- To identify areas of possible liability based on the transactional structure;
- Strategies for implementing and integrating benefit plans after closing; and,
- To identify common representations and warranties.

## ERISA 106

### Value-Added Benefits: Route to Smooth Sailing with Telemedicine, On-Site Clinics, and Well-Being Program Compliance

1 hour

Increasingly, employers are looking for ways to add value to their total rewards strategy outside of the traditional menu of employee benefits. With that has come a surge in the prevalence of benefit offerings such as telemedicine, on-site clinics, employee assistance programs, wellness programs, specified illness coverage, and gap insurance. While these programs provide significant opportunities for low cost additions to the total reward strategy and employee engagement, they can also be fraught with significant compliance risk if the proper steps are not taken to ensure compliance with federal laws such as ACA, COBRA, ERISA, and IRS regulations. This program is intended to highlight common legal pitfalls employers may encounter when implementing and administering value-added benefit programs.

During this session, program participants will learn:

- Different types of benefit programs to add value to your total rewards strategy;
- How to determine whether your program is subject to health care reform mandates;
- What COBRA obligations and risks apply to value-added benefits;
- How to effectively coordinate value-added benefits with consumer driven health plans; and,
- Identification of plans that must comply with ERISA reporting, disclosure, and fiduciary requirements.

## ERISA 107

### Special Circumstances & Compliance Hurdles for Minor Children and Adult Dependents Participating in Tax-qualified Health & Welfare Plans

1 hour

Employers and administrators trying to master compliance with regulatory expectations, when assisting plan participants in tax-qualified health and welfare plans, face many difficult tasks. However, this becomes a herculean task when this advice involves forecasting and assessing issues arising from adult children and minor dependents participating in tax-qualified health and welfare plans. Employers and administrators are faced with differing definitions for the terms “child,” “dependent” and “adult dependent” that vary depending upon which agency regulation (IRS, DOL, or CMS) or state law happens to apply. For example, did you know the IRS requires satisfaction of four different tests in the Internal Revenue Code (IRC) when determining the definition of a “child?” There are also numerous special circumstances under ACA, IRC Section 125 (cafeteria plan regulations), COBRA and HIPAA that give rise to special requirements or accommodations to be made for, or in the cases of, minor children and adult dependents. How can an employer or administrator determine the various definitions, special circumstances and disqualifying events or compliance hurdles facing these complex and often overlying participant categories?

In this program participants will learn:

- How to define a minor child and an adult dependent under current IRS, DOL, CMS and state law rules; including specific tests, where applicable.
- Learn what circumstances will disqualify participation from tax-qualified health and welfare plans for minor children and adult dependents.
- Explain special circumstances under the ACA and other laws regarding qualifying offers of coverage to natural born, adopted, step and custodial children and where coverage of one of these individuals involves a dependent with a dependent(s).
- Outline special requirements arising from the marriage, divorce, legal separation, death, or subsequent or same employment for the adult dependent of an eligible employee.
- Identify cafeteria plan eligibility, common qualified life events, aging off the plan, dependent's child or marriage under the cafeteria plan.
- Define circumstances under COBRA that relate to aging off the plan, or elections (child-only, different elections per child or child elections for voluntary plans); and
- Identify HIPAA special enrollment events that would disqualify dependents from common qualified life events, and other special circumstances such as a child with a child, or in cases of divorce.

## ERISA 108

### Duties & Liabilities of the ERISA Fiduciary

#### 1 hour

The Employee Retirement Income Security Act (ERISA) dictates that ERISA plan fiduciaries conduct themselves in a very particularized and diligent manner with respect to the governance of ERISA-subject plans. Of late, plan sponsors have seen a renewed interest in participant claims and litigation in this arena, as well as heightened agency scrutiny. Consequently, this timely program, designed with the welfare benefits plan sponsor in mind, details the expected and dutiful performance of an ERISA plan sponsor's fiduciary obligations. In addition, this program outlines the special classes of prohibited transaction? rules to which a plan's fiduciary must adhere.

In particular, program participants will have the opportunity to explore a welfare-plan specific course of instruction related to:

- Introduction to the Fiduciary Duty as it relates to the scope of ERISA regulation;
- Understanding the scope of ERISA regulation;
- Distinctions among settlor and fiduciary functions;
- The obligations and expectations of ERISA fiduciaries; and,
- Liability to the plan and personal fiduciary responsibility.

# FMLA 101

## Understanding the Interplay Between the FMLA & the ADA

**1 hour**

Both the Family and Medical Leave Act (FMLA) and the Americans with Disabilities Act (ADA) often apply to employees who are seriously ill or injured. When this happens, employers may be required to grant leave and to accommodate the employee under both the FMLA and the ADA.

The legal requirements of the FMLA and the ADA are similar in some regards; at times an employer may find that the requirements of one law contradict the other, and the employer cannot comply with both laws. In these cases, it is important to know which law takes precedence, or “trumps,” the other.

This session will highlight the similarities and differences between the FMLA and the ADA; explanations of the basic statutory obligations of the two laws will be addressed. In addition, guidance is needed on which law should be followed when the laws contradict each other.

During this session, program participants will:

- Learn to identify criteria for FMLA eligibility;
- Learn to identify criteria for ADA eligibility;
- Learn the basics of notice and administration for FMLA and ADA benefits;
- Learn to distinguish the differences between administration of the FMLA and the ADA.

# FMLA 102

## Navigating the Leave of Absence Maze: California Edition – Let’s Talk About FMLA, CFRA and PDL

**1 hour**

Between notice requirements, intermittent leaves, medical certifications, light duty obligations, and reasonable accommodations specified by the Americans with Disabilities Act, just thinking about the Family and Medical Leave Act can make your head spin. But wait...you have employees in California, too?

This session will specifically address how the Family and Medical Leave Act, the California Family Rights Act and California’s Pregnancy Disability Leave interact. During this session, leave scenarios will help you understand how much time a California employee may take as protected leave. Did you know that an eligible pregnant employee in California may take 7 months of protected leave in a 12-month period?

During this session, participants will:

- Learn the similarities and differences of the FMLA, PDL and CFRA;
- Understand the interplay between the FMLA, PDL and CFRA;
- Learn what notice requirements and forms are required for California leave administration.

## FMLA 103

### Navigating the Leave of Absence Maze – State Law Edition

1 hour

Did you know that almost all states have enacted laws providing for leave in certain “family,” “medical” and “military-related” situations? They usually do so to provide greater protections to employees than those provided by federal law. For example, a state may provide the same protections under the FMLA but make them applicable to every employer, even if there is only one employee. Alternatively, a state may require leave to be paid by the employer. HR professionals must always go to the second level of applicable laws – the state level – to determine which rules apply to a particular leave of absence situation. To complicate matters, municipalities have started regulating workplace leave; assuring employment-related rights to local residents greater than those available under federal and state law.

It is important for HR professionals to be familiar with leave regulations. State laws tend to change even more frequently than federal laws. Therefore, HR professionals faced with leave of absence situations must be up-to-date on the status of applicable state laws.

In this this session, participant will:

- Review high-level differences between the FMLA and state leave laws;
- Understand differentiation of the different statutory leave provisions;
- Review the basic statutory obligations of leave laws ; and,
- Receive best practice guidance regarding which law should be followed when laws and ordinances appear to operationally conflict

## FMLA 104

### Understanding Military Leave Requests and How to Manage Them

1 hour

Organizations play an important role in the defense and security of the United States. That’s because a large number of our country’s military ranks are filled by National Guard and reserve units, and some of those dedicated service members are our employees.

Employers can be challenged with leave requests during catastrophic events. Because military leave requests are not requested as often as medical leave or family leave, HR professionals are tasked to quickly understand their employees’ military leave rights. Although the FMLA provides time off and protections for employees to take time off for a covered family member’s service in the armed forces, the protected time off is not for the employee’s own military service or deployment. Such protections would be covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

During this session, program participants will:

- Identify the requirements of the federal military leave law;
- Understand the rights and responsibilities of employees and the organization under the law; and,
- Identify states that have specific military leave laws.

## FMLA 105

### Balancing Acts – The Evolution of Workplace Leave Laws in America

1 hour

The Family and Medical Leave Act (FMLA) is often hailed as one of the most-successful workplace welfare policy elections in the United States. However, the FMLA was only passed in 1993 and took nine years in the making. Today, there is a renewed focus on family well-being in the workplace and leave advocates throughout the U.S. are advocating an expansion of the rights espoused under the FMLA. In fact, discontent with the speed at which the federal Congress has acted on such demands, an increasing number of state and local jurisdictions have acted to implement their own family and sick leave laws and ordinances in order to fill this perceived regulation gap in America. For many actors, this local and state-level regulatory action has created a unique quagmire of regulation; forcing U.S. based employers to constantly evaluate the local, state and federal laws and regulations existing in the jurisdictions in which they employ workers and do business. Oftentimes, the legal landscape is evolving so quickly in this arena, so as to place unwary employers at risk of violating statutes they never even had the time to know existed in their specific jurisdictions.

This program will introduce participants to a brief history of the evolution of workplace leave laws in America, focusing on three specific eras: (1) the pre-FMLA period; (2) the FMLA period; and, (3) the post-FMLA period.

- Specifically, participants will explore:
- The history of workplace leave laws as a federal matter;
- The advent of state-level workplace leave regulation;
- Recent developments in local jurisdictional-level leave ordinance making; and
- Forecasting the future of workplace leave laws in America.

## FMLA 106

### From Perk to Prerequisite: How to Ensure Paid Leave Compliance and Remain Competitive

1 hour

Legally mandated local/state paid sick and parental leave is a growing trend as America remains one of few countries not requiring such on a country-wide basis. In addition to mandated requirements placed upon employers, more and more companies are choosing to add policies providing paid leaves for parental or family care needs to enrich their benefits package and help attract top talent.

During this session, we will take an insightful look at the evolution and demand for such benefits and how companies can comply with a plethora of new time off laws as well as offer family-assistance benefits that meet the needs of an evolving, multi-generational workforce.

#### *Learning Objectives*

This session will provide insight regarding:

1. Prevalence and current trends in paid leave and family-assistance related benefits
2. How to ensure compliance with mandated paid leave laws and regulations
3. Policy and design considerations related to family-friendly benefits

# HIPAA 101

## Understanding HIPAA – Fundamentals of the Privacy Rule

**1 hour**

The Privacy and Security Rules outlined in the Health Insurance Portability and Accountability Act (“HIPAA”) offer a variety of practical compliance challenges for employer plan sponsors. While HIPAA has been around for years, enhanced auditing activity from federal agencies subject employers to the possibility of a HIPAA audit at any time. In preparation, employers must educate their workforce on the intricacies of dealing with protected health information and distinguishing this information from employment-related data and records.

This program is designed to give privacy and security officers and designated individuals, a more robust understanding of the legal and regulatory requirements of HIPAA’s Privacy Rule.

In particular, participants will:

- Learn about HIPAA’s four significant rules in a rule refresher;
- Understand the specific application of the Privacy Rule in the HIPAA context;
- Learn to define Protected Health Information;
- Understand principles of uses and disclosures in the content preservation of the integrity of PHI;
- Learn the requirements related to mandated notices and other individual rights;
- Understand HIPAA’s administrative requirements; and,
- Explore HIPAA’s enforcement expectations and review recent settlement data from the Office for Civil Rights (OCR).

# HIPAA 102

## Understanding HIPAA – Fundamentals of the Security Rule

**1 hour**

The Privacy and Security Rules outlined in the Health Insurance Portability and Accountability Act (“HIPAA”) offer a variety of practical compliance challenges for employer plan sponsors. While HIPAA has been around for years, enhanced auditing activity from federal agencies subject employers to the possibility of a HIPAA audit at any time. To prepare for this certainty, employers must educate their workforce on the intricacies of dealing with protected health information and distinguishing this information from employment-related data and records.

This program is designed to give privacy and security officers and designated individuals, a more robust understanding of the legal and regulatory requirements of HIPAA’s Security Rule.

In particular, participants will:

- Learn about HIPAA’s four significant rules in a rule refresher;
- Understand general application of the Security Rule;
- Understand the principles of risk analysis and risk management in the Security Rule context;
- Understand HIPAA’s Security Rule administrative requirements;
- Learn the concepts of physical, technical, and administrative HIPAA safeguards; and,
- Understand HIPAA’s general administrative requirements under the Security Rule.

# HIPAA 103

## Understanding HIPAA – Fundamentals of the Breach Notification Rule and the HITECH Amendments

**1 hour**

The Privacy, Security, and Breach Notification Rules outlined in the Health Insurance Portability and Accountability Act (“HIPAA”) offer a variety of practical compliance challenges for employer plan sponsors. While HIPAA has been around for years, enhanced auditing activity from federal agencies subject employers to the possibility of a HIPAA audit at any time. To prepare for this certainty, employers must educate their workforce on the intricacies of dealing with protected health information and distinguishing this information from employment-related data and records.

This program is designed to give privacy and security officers, and designated individuals, a more robust understanding of the legal and regulatory requirements of HIPAA’s Breach Notification Rule.

In particular, participants will:

- Learn about HIPAA’s four significant rules in a rule refresher;
- Understand how to define a HIPAA breach;
- Understand HIPAA’s Breach Notification Requirements;
- Understand HIPAA’s Breach Notification administrative requirements; and,
- Learn HIPAA’s burden of proof requirements related to the Breach Notification Rule;
- Understand the employer’s privacy and security obligations arising in connection with the implementation of the Genetic Information Nondiscrimination Act (GINA) and the Americans with Disabilities Act (ADA) enforcement guidelines;
- Understand the employer’s privacy and security obligations arising in connection with the implementation of the Health Information Technology for Economic and Clinical Health Act (HITECH);
- Receive specific guidance on the identification and treatment of business associates and subcontractors with respect to privacy and security considerations arising in the employer’s plan context;
- Understand the tiered breach scheme for HIPAA privacy and security breaches;
- Understand the scope of investigative authority reserved to HHS’ Office for Civil Rights (OCR) in the case of HIPAA enforcement; and,
- Understand the Civil Monetary Penalty (CMP) structure enforced by OCR and factors mitigating certain penalties.

# HIPAA 104

## Incentivizing a Healthy Workforce: Implementing a HIPAA, GINA and ADA Compliant Wellness Program

1 hour

Over the course of the last several years, the Department of Health and Human Services (HHS) and the Equal Employment Opportunity Commission (EEOC) (within the Department of Labor or DOL) issued comprehensive regulations governing the implementation and administration of wellness programs. The HIPAA non-discrimination rules outline the appropriate utilization of wellness exceptions for outcomes-based wellness programs. This program introduces the various types of wellness programs; with particular attention placed upon implementation and administration of health outcomes features subject to HIPAA's non-discrimination requirements.

Program participants will learn to:

- Identify the types of wellness programs available for use in connection with employer-sponsored welfare plans;
- Understand the connection between health outcomes and wellness programs;
- Understand identification and standards for treatment of similarly situated individuals;
- Implement and administer a compliant health outcomes program under the HIPAA non-discrimination standards;
- Implement and administer a compliant wellness program under the EEOC enforcement standards for the Genetic Information Nondiscrimination Act (GINA) and the Americans with Disabilities Act (ADA);
- Identify and understand the utilization of the reasonable alternative standard ("RAS");
- Identify common missteps in health outcomes implementation and administration through specific client practice examples; and,
- Explore the AARP's legal challenge to the final GINA and ADA wellness plan rules and the lawsuit's anticipated regulatory impact.

# HIPAA 105

## Identifying & Responding to a Ransomware Attack According to HIPAA Best Practices

1 hour

On almost a daily basis, employers are faced with the never-ending onslaught of attacks against their information security systems by malware (malicious software) and other clandestine, intrusive operations. Perhaps most prolific and most dangerous of all malware is ransomware. Ransomware is a type of malware (malicious software) distinct from other malware; its defining characteristic is that it attempts to deny access to a user's own data, usually by encrypting the data with a key known only to the hacker who deployed the malware, until a ransom is paid. After the user's data is encrypted, the ransomware directs the user to pay the ransom to the hacker (usually in a cryptocurrency, such as Bitcoin) in order to receive a decryption key. However, hackers may deploy ransomware that also destroys or exfiltrates data, or ransomware in conjunction with other malware that does so. In this timely program, learn best practices for HIPAA security defense, while exploring the intricacies of a HIPAA response to a ransomware attack.

In particular, participants will:

- Review HIPAA's Privacy, Security, Breach Notification and Enforcement Rules;
- Define ransomware and understand HIPAA as a defense against ransomware attacks;
- Learn to detect ransomware attacks;
- Understand the HIPAA required response in the event of a ransomware attack;
- Review a case study in a ransomware attack; and,
- Learn the Office for Civil Rights' Quick Response Checklist for HIPAA Security Attacks.

# MHPAEA 101

## An Introduction to the Mental Health Parity & Addiction Equity Act

1 hour

The Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into law in 2008 and the final rules became effective for plan years beginning on or after July 1, 2014. MHPAEA generally prevents group health plans and insurance issuers that provide mental health and/or substance abuse benefits from imposing more restrictions on those benefits than they do with respect to medical/surgical benefits. However, identifying these restrictions is often more complex than it may initially appear.

One of the main provisions of MHPAEA requires plans to identify quantitative treatment limits (such as copays, deductibles, and coinsurance amounts) and non-quantitative treatment limits (such as preauthorization, visit limits, etc.) that differ between mental health/substance abuse and medical/surgical benefits and eliminate the discrepancies.

Demonstrating its commitment to MHPAEA compliance, the Department of Labor (DOL) has increased its oversight and enforcement of MHPAEA, and issued a significant amount of MHPAEA guidance, including a series of FAQs. Plan sponsors need to understand their obligations under MHPAEA to stand ready for an audit by the DOL.

Additionally, private MHPAEA litigation on behalf of individuals and advocacy groups is increasing, adding additional scrutiny for plans subject to these provisions.

In this program, participants will learn to:

- Identify the origins and the purpose of MHPAEA;
- Discuss the increased enforcement effort and regulatory guidance by the DOL;
- Understand the restrictions on quantitative treatment limits and the permitted classifications of benefits;
- Understand the restrictions on non-quantitative treatment limits;
- Recognize the disclosure obligations of plan sponsors; and,
- Detect common impermissible restrictions on mental health/substance abuse benefits.

# SFO101

## The Risk is High if You Fail to Comply – Compliance Legislation and Mandates Employers with Employees in San Francisco Cannot Ignore

1 hour

Compliance is an ongoing issue that employers of all sizes have to stay on top of and closely manage to avoid risk and penalty. This is especially true for employers nationally who have employees working in San Francisco who are impacted by specific San Francisco Bay Area mandates. Now is the time for employers to start thinking about what legislation is new and effective in 2018.

Did you know self-funded employers, in particular, need to revise their calculation methods to determine the required expenditure amounts under the San Francisco Health Care Security Ordinance in 2018?

During the webcast, you will have the opportunity to learn about:

### **Bay Area Health Benefit Mandates:**

- San Francisco Health Care Security Ordinance
- San Francisco Accountability Ordinance

### **Commuter Benefit Mandates:**

- Richmond, Berkeley, Bay Area, and Francisco and SFO

### **Bay Area Leave Mandates**

- Paid Sick Leave Ordinance
- Paid Parental Leave Ordinance
- Family Friendly Workplace Ordinance

### **Other Mandates**

- Minimum Wage Ordinance
- Considerations of Salary History
- Fair Chance Ordinance
- Formula Retail Employee Rights Ordinance
- Lactation in the Workplace

Employers who are fully informed of the business impact associated with having employees in the San Francisco Bay Area will be better prepared to avoid government penalties and litigation risk by joining this session.



## About Willis Towers Watson

Willis Towers Watson (NASDAQ: WLTW) is a leading global advisory, broking and solutions company that helps clients around the world turn risk into a path for growth. With roots dating to 1828, Willis Towers Watson has over 40,000 employees serving more than 140 countries. We design and deliver solutions that manage risk, optimize benefits, cultivate talent, and expand the power of capital to protect and strengthen institutions and individuals. Our unique perspective allows us to see the critical intersections between talent, assets and ideas — the dynamic formula that drives business performance. Together, we unlock potential. Learn more at [willistowerswatson.com](http://willistowerswatson.com).



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