CHOICE ARRANGEMENTS / FORMERLY ICHRA

CHOICE Arrangements Employer Discovery Worksheet

12 questions plus an intake evidence map for a responsible first conversation

WHAT THIS WORKBOOK DOES

Use this worksheet to define the employer's real problem, organize the facts needed for a neutral comparison, and assign the qualified people who will validate design, affordability, tax-credit, notice, privacy, and operating questions.

Privacy rule
Do not enter employee names, dates of birth, Social Security numbers, medical information, individual coverage details, census data, or other sensitive records. Keep any required census or household data in an approved secure system.

VERSION	SOURCE REVIEW	FORMAT
1.0	August 14, 2026	Printable PDF / blank planning aid

Open the live guide

Education and planning only. This workbook does not provide legal, tax, compliance, licensing, employment, or financial advice and does not guarantee a license, appointment, job, enrollment, or income. Verify every step with the responsible official source and organization.

Naming update / September 9, 2026
CMS now calls Individual Coverage Health Reimbursement Arrangements (ICHRAs) CHOICE Arrangements. Historical documents, course titles, and URLs may retain ICHRA. This name update does not establish a change in underlying requirements. The policy-source review remains August 14, 2026.

CMS: CHOICE Arrangements - a guide for employers

PART 1 / BUSINESS PROBLEM

Questions 1-4: define the decision before discussing a solution

Write only organization-level notes. A discovery call should produce decision criteria, not a predetermined CHOICE Arrangement recommendation.

[ ] **1. Problem to solve.** What specific issue must the next benefit strategy address? How will leadership measure success?

[ ] **2. Current coverage.** What is offered today, to whom, at what employer contribution, and with what renewal, participation, service, COBRA, or continuation issues?

[ ] **3. Nonnegotiables.** What budget ceiling, provider or prescription needs, recruitment commitments, employee contribution targets, timing, or bargaining terms cannot be compromised?

[ ] **4. Neutral comparison set.** Which current-plan, alternative group, CHOICE Arrangement, QSEHRA, or other supported options will be evaluated using the same criteria?

PART 2 / WORKFORCE AND MARKET

Questions 5-8: understand who must be served

Request only the minimum data needed for the next analysis, and agree on a secure transfer method before sensitive files are exchanged.

[ ] **5. Locations.** Where do eligible employees work and live at the level needed to check rating areas, plan availability, networks, and state rules?

[ ] **6. Eligibility facts.** Which full-time, part-time, seasonal, salaried, hourly, union, temporary-staffing, waiting-period, or other groups are involved? Do not assume these labels automatically form permitted classes.

[ ] **7. Individual-market reality.** For the actual employee locations, what current premiums, carriers, networks, metal levels, plan designs, service areas, and enrollment paths must be checked?

[ ] **8. Specialist questions.** Which Medicare, premium tax credit, dependent-coverage, midyear-enrollment, provider, prescription, or household questions need qualified review?

PART 3 / DESIGN AND OPERATIONS

Questions 9-12: test whether the arrangement can work responsibly

[ ] **9. Contribution.** What contribution can the employer sustain, how might age or dependent variation be considered, and who will evaluate affordability and future increases?

[ ] **10. Class and eligibility review.** Who will validate permitted classes, same-class terms, minimum-class-size rules when applicable, nondiscrimination, waiting periods, and interaction with other offers?

[ ] **11. Implementation ownership.** Who owns plan documents, required notices, employee education, enrollment support, opt-outs, substantiation, reimbursements, payroll, privacy, records, and escalations?

[ ] **12. Ongoing service.** Who handles eligibility changes, qualifying events, failed substantiation, reimbursement timing, annual re-enrollment, contribution review, and renewal decisions?

EVIDENCE MAP

Turn answers into a controlled request list

Mark only what has a named owner and a secure collection method. Do not attach sensitive records to this worksheet.

INPUT	REQUEST SECURELY	WHAT IT HELPS VALIDATE	OWN
Current benefit baseline	Renewal and summary materials; contribution schedule; eligibility; participation; service issues	Baseline cost, coverage, and experience	[ ]
Workforce analysis	Locations, eligibility groups, coverage tiers, and only essential demographic inputs	Market availability, modeling, class questions	[ ]
Employer structure	Related entities, counts, full-time equivalents, current offers, bargaining facts	Employer duties, QSEHRA eligibility, controlled-group review	[ ]
Decision criteria	Budget range, employee outcomes, network and prescription priorities, timing, approvals	A neutral comparison against the actual problem	[ ]
Operating model	Administrator, broker, legal, tax, payroll, communication, and service owners	Ability to launch and sustain the arrangement	[ ]

Decision record

[ ] The employer problem and measurable decision criteria are documented.

[ ] The census and market inputs are current enough for a location-specific comparison.

[ ] A qualified reviewer is assigned for class, affordability, tax-credit, notice, and other compliance questions.

[ ] Implementation and ongoing service owners are named.

[ ] We will compare supported options before recommending a direction.

Questions or missing evidence that must be resolved before analysis:

NEXT-STEP GUARDRAILS

What discovery can and cannot establish

DISCOVERY SIGNAL	RESPONSIBLE NEXT STEP	DO NOT ASSUME
Distributed workforce	Check current plan availability, rates, networks, enrollment paths, and producer authority by location	Geographic spread automatically makes a CHOICE Arrangement better
Large group renewal increase	Compare the full renewal with current individual-market outcomes and sustainable contributions	Employer savings equal employee savings
Different terms for worker groups	Validate permitted classes and minimum class size when applicable	Any business label is a permitted class
Employees receive premium tax credits	Model current affordability and tax-credit effects with current official guidance	Employees can accept a CHOICE Arrangement and keep the same credit
Compressed launch request	Build a notice, enrollment, substantiation, reimbursement, payroll, and support timeline	A vendor signup and contribution amount finish implementation

Pause when evidence is weak
Stop the analysis when the census is incomplete, a recommendation is predetermined, responsibilities are unassigned, employee impacts cannot be compared, or qualified review is unavailable.

OFFICIAL SOURCES

Primary references

1. CMS: CHOICE Arrangements naming (checked September 9, 2026)
Open official source

2. CMS: Health Reimbursement Arrangements and employer resources
Open official source

3. IRS: Questions and Answers on the Premium Tax Credit
Open official source

4. U.S. Department of Labor: FAQs on New Health Coverage Options
Open official source

5. U.S. Department of Labor: Individual Coverage HRA Model Notice
Open official source

6. U.S. Department of Labor: Individual Coverage HRA Model Attestations
Open official source

Learn the CHOICE Arrangement conversation

Use the regulator checklist beside NHP University's supplemental uPPo education; the course page may retain ICHRA. Official agencies and qualified advisers control legal, tax, and compliance conclusions.

Explore uPPo education