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Compliance Review Checklist

Mandatory Plan Documentation	
Topic	**Compliance?**
ERISA Exemption Is your organization a church or government unit?	
Wrap Document: Plan Document and Summary Plan Description Does your company or organization have a **Wrap Document** including either a **Plan Document** and separate **Summary Plan Description** ("**SPD**") or an easy single unified **Wrap Document** that meets both of these requirements?	
Is the **Plan Document** and **SPD** in the same document unified to include **Plan Document** and **SPD** requirements?	
There are many requirements for a **Wrap Document**. To check on yours briefly, does your **Wrap Document** include at least these features (not a complete list)? • Fiduciary Responsibility and Roles • Eligibility Requirements for each Benefit Program • Entry Date for each Benefit Program • Identify Plan Year • Identify Plan Administrator and Plan Sponsor • Identify other Employers as part of a Control Group or Affiliated Group • Contract Number for Benefit Program • Identify Source Funding for each Benefit Program • Included the updated Disability Claims Procedure, effective April 2018	
Do newly hired Employees receive the updated **Wrap Document** within 90 days of the date they become Eligible to Participate in your Group Health Plan?	
When you make changes to your Group Health Plan or any other welfare benefit plan or program that requires a change to the **Wrap Document**, you can either update the **Wrap Document** (and **SPD** if separate) or prepare a Plan Amendment and **Summary of Material Modifications** ("**SMM**"). When you make changes to your Group Health or other welfare benefit Plans, do you update the **Wrap Document** and provide the updates to Eligible Employees?	
Summary of Benefits and Coverage ("SBC") Do you obtain an **SBC** and issue it to your Eligible Employees generally during each annual enrollment, by the first day they are eligible to enroll and for insured plans, and if coverage continues automatically for the next year, at least 30 days before the beginning of the new Plan Year?	
Internal Revenue Code Section 125 Cafeteria Plan Do you offer **Pre-Tax Premium (Employee Contribution) Payments**?	

Do you have a written **Internal Revenue Code Section 125 Cafeteria Plan Document** and **SPD**? Do you offer a **Flexible Spending Account Plan**? Do you have a **Flexible Spending Account Plan Document** and **SPD** (may be unified into a single document)? Is your **Flexible Spending Account** limited to $2,700 (for 2019) per year with either the $500 carry-over or two-and-one-half month extended claim period?	
Do you offer a **Dependent Care Assistance Account Plan**? Do you have a **Dependent Care Assistance Account Plan Document** and **SPD** (may be unified into a single document)? Is your **Dependent Care Assistance Account Plan** limited to $2,500 for unmarried persons and $5,000 for married persons per year?	
Do you offer a **Health Savings Account Plan**? Do you document the **Health Savings Account Plan** deductions in an applicable **Cafeteria Plan Document** and **SPD** or other **Plan Document** and **SPD** (may be unified into a single document)? Is your **Health Savings Account** contribution amount limited to $3,500 for an individual and $7,000 for a family (with HSA holders 55 and older eligible for an extra $1,000) per Plan Year for 2019?	
Health Reimbursement Account ("HRA") Does your company or organization sponsor an **HRA Plan**? Does the **HRA Plan** have a **Plan Document** and **SPD**? Is the **HRA Plan** a Limited Scope HRA providing only excepted benefits?	

Required Reporting, Disclosures and Notices

Required Reporting	Compliance?
IRS Form 5500 Filing Exemption Is your organization a church or government unit?	
IRS Form 5500 Filing Reporting How many Eligible Employees are in at least one part of your health and welfare plan, whether that is medical, dental, vision, life (watch this), AD&D, disability or any other component part, at the beginning of the current Plan Year? Do you file **IRS Form 5500** annually?	
Summary of Annual Report ("SAR") Do you have prepared and issue the **Summary of Annual Report** within 9 months following the end of the plan year?	

Required Disclosure and Notices	
• Dependent Coverage Notice Age 26 • Preexisting Condition Exclusion Notice • Grandfathered Plan Status • Lifetime Limitations Notice • Mental Health/Substance Abuse Disorder Parity Notice (NMHPA) • Newborns' and Mothers' Health Protection Act Notice • HIPAA Notice of Privacy Practices and Special Enrollment Rights* • Women's Health and Cancer Rights Act (WHCRA)* • Children's Health Insurance Program (CHIP) Notice* • Wellness Program Disclosure* • Uniform Service Employment and Reemployment Rights (USERRA)-Poster • Genetic Information and Nondiscrimination Act (GINA)-Poster	
Do you have the capacity to process any **Qualified Medical Child Support Orders** ("**QMCSO**") that you receive and include such persons who are eligible in accordance with such order?	
Does the Group Health Plan or its sponsor complete the online disclosure to CMS form to report the creditable coverage status of the prescription drug plan? Does the Group Health Plan provide notice of creditable or non-creditable prescription drug coverage written disclosure notice to all Medicare eligible individuals annually who are covered under its prescription drug plan, prior to October 15 each year and at various times as stated in the regulations, including to a Medicare eligible individual when he/she joins the plan?	
Open Enrollment Communication Review Do you prepare **Open Enrollment Packages** each year?	

Does your Open Enrollment Package include the following documents? • Benefit Overview and/or Summary • General Description of all Medical, Dental, Vision, Life, Accident, Disability and related coverage offerings • **IRS Section 125 Cafeteria Plan** Information • Premium Payment Authorization Forms • Notices Package (Oswald Provides Model Notice Packet*) • Wellness Program Description with **Reasonable Alternative** standard	
Do you maintain a copy of the **Open Enrollment Packages** and document the distribution of the package and it content?	
Do you have an established method or procedure on how and when you distribute the **Open Enrollment** and related **Reports, Disclosure and Notices** to employees, so that you can demonstrate to the DOL on an audit that you are providing this information to Employee Participants?	

Continuing Coverage Requirements (COBRA)

Topic	Compliance?
Consolidated Omnibus Budget Reconciliation Act (COBRA) Is your organization a church?	
Does your organization have more than the 20 employees in the prior year?	
Are **COBRA** rights stated in your **Wrap Document**, **Plan Document** and/or **SPD**?	
Is the **COBRA General Notice** included as part of the **COBRA** language in your **Wrap Document**, **Plan Document** and/or **SPD**, or given out separately within the first 90 days of coverage?	
Do you hire an outside **Third-Party Administrator** ("**TPA**") to administer **COBRA** continuing coverage?	
Does the Employer or its designated **TPA** initiate or notify the Plan within thirty (30) days of a **Qualifying Event** in the event the **Covered Employee** terminates service, dies, becomes entitled to Medicare, or the Employer files for Bankruptcy?	
Does the Employer or its **TPA** have a system for processing a notice from the **Covered Employee**, or the **Qualified Beneficiaries** to notify the **Plan** within thirty (30) days of a **Qualifying Event** of a **Qualified Beneficiary**, including Divorce, Legal Separation, or the loss of a Child's Dependent Status under the Plan?	
Does the **Employer** or its **TPA** issue a **COBRA Election Notice** to the **Covered Employee**, or **Qualified Beneficiary** within fourteen (14) days (after a total of forty-five (45) days from the **Qualifying Event**) that includes the following?	

The Affordable Care Act

Topic	Compliance?
Applicable Large Employer ("ALE") Is your organization an **Applicable Large Employer** ("**ALE**") under **ACA**, with at least fifty (50) Full and Part-Time equivalent employees?	
Grandfathered Status Is your organization's Group Health Plan a **Grandfathered Plan**?	
Is your organization's Group Health Plan offered with an **Employee Contribution** requirement, and if so, is it Affordable, which means that you do not charge more than 9.86% of Household Income?	
Is your organization's Group Health Plan offered to at least ninety-five percent (95%) of all employees who are regularly scheduled to work at least thirty (30) hours or more?	
Does your organization have part-time, seasonal and/or temporary employees? Does your organization have a measurement and stability period to manage part-time, seasonal and/or temporary employee's rights to be offered coverage under your Group Health Plan?	
Is your organization's Group Health Plan offered no later than immediately after a period that is no later than ninety (90) days of employment?	
If your organization's Group Health Plan provides coverage to children, does your Group Health Plan cover a dependent child until **Age 26**, even if eligible for his or her own employer-sponsored coverage?	
If your organization's Group Health Plan does provide coverage to Dependent Spouses, but has certain Limitations on such Coverage, does your **Wrap Document**, **Plan Document** and/or **SPD** state specifically those limitations?	
Does your organization's Group Health Plan ban any **Lifetime Limits**?	
If your organization is subject to the Fair Labor Standards Act have you provided a **Marketplace Exchange Notice** to all employees, regardless of plan eligibility?	
Does your organization's Group Health Plan include the current **Maximum Out of Pocket** ("**MOOP**") amounts of $7,900 for Individuals and $15,800 for Families and provide that the **Individual MOOP** is embed, so that the **Family MOOP** is not applied against any individual?	
Is your organization's Group Health Plan a **High Deductible Health Plan** that has a **Minimum Deductible Amount** of $1,350 for self-only coverage, $2,700 for family coverage? Does your organization's Group Health Plan include a **Health Savings Account** ("**HSA**") limited to $3,500 for self-only coverage and $7,000 for family coverage with a catch-up limit for those age 55 and older of $1,000?	

Wellness Programs Does your organization sponsor a **Wellness Program**?	
Is your **Wellness Program** designed to reduce risk?	
Is your **Wellness Program** designed to promote health?	
Is your **Wellness Program Participation Based**, **Health Contingent Based** or both? **Health Contingent or Both** Do you offer an incentive for your **Wellness Program**? Are participants given **Reasonable Alternatives** for each required component of a Health Contingent Program? Is the **Biometric Outcome** incentive less than 30% of total premium? Is the **Tobacco-Free** incentive less than 50% of the total premium?	
Fully Insured or Self-Insured Is your Group Health Plan Fully Insured or Self-Insured?	
Minimum Value Does your Group Health Plan provide **Minimum Value**?	
PCORI Fee Does your Group Health Plan, or **TPA** or Sponsor pay the **Patient Centered Outcomes Research Institute Fee (PCORI) Fee**?	

IRS Mandate Reporting

Topic	Compliance?
Has your organization filed the required **IRS Forms 1094/1095 Series Forms** to provide the required Reporting?	
Have employee classifications (e.g., full-time, part-time, variable-hour employees) been determined for purposes of identifying the proper code (“code for the offer and coverage”) to include on the IRS forms?	
Is a process in place for reporting and upcoming communications needs including steps to coordinate with third party vendors/payroll vendors, as applicable?	

HIPAA

Topic	Compliance?
Does your organization's Group Health Plan cover more than fifty (50) individuals which makes it a **Covered Entity** under HIPAA?	
Does your organization have **HIPAA Policy and Procedures Manual** and has it been updated and maintained?	
Does your organization's HIPAA Policy and Procedures limit the **Use and Disclosure** of **PHI** and designate **Authorized Persons** that may have access to **Use and Disclose PHI**, as allowed for by the policy?	
Have designated **Authorized Persons** been formally **Trained** regarding the **HIPAA Policy**, the **Use and Disclosure of PHI** and conducted a **Security Assessment** for your Group Health Plan?	
Does your organization have **Business Associate Agreements** ("**BAA**") with any third-party that services the Group Health Plan where that third-party will have the ability to **Use and Disclose PHI** to aid in some aspect of the Group Health Plan operations?	
Does your organization's **HIPAA Policy and Procedures Manual** provide for **Covered Persons** rights to make various inquiries regarding the **Use and Disclosure of PHI** under your Group Health Plan?	
Does your organization issue the required **HIPAA Notices** or have a **TPA** issue the Notices for your organization?	

Family Medical Leave ("FMLA")

Topic	Compliance?
Does your organization have over 50 employees?	
Has your organization taken steps been taken to comply with **FMLA** recordkeeping requirements?	
Does your organization Display the required **FMLA Poster** and provide the required **FMLA General Notice**?	
When Employee initiates request for leave, does your organization provide the **Eligibility Rights and Responsibilities Notice**?	