

Compliance Checklist

Medical Associates Health Plans (MAHP) suggests you use this as an opportunity to review your processes to ensure your plan remains compliant. The following checklist will identify notices and reporting requirements related to the group health plan offered to your employees.

These notices are required upon enrollment and often provided with annual open enrollment material or Summary Plan Description.

Notice	Frequency	Responsible Entity	Additional Information
Subscriber Agreement and Schedule of Benefits		МАНР	
Medicare Part D disclosure to CMS	Annually at the start of each plan year	Employer	
<u>Children's Health</u> <u>Insurance Program</u> <u>Notice (CHIP)</u>	Annually at the start of each plan year	Employer	
<u>Women's Health and</u> Cancer Rights Act	At enrollment and annually	Employer	Located in the Subscriber Agreement. **If a separate notice is required, see Appendix C.
Notice of Privacy Practices or a statement describing the availability of the notice and where members can access it	Upon enrollment in a health plan and once every three years or upon amendment	МАНР	
SBC (Summary of Benefits Coverage)	Open enrollment and upon hire	Employer	SBC is created by MAHP.
Notice of Marketplace	October 1, 2013 and for new hires after Oct 1, 2013	Employer	
Newborns and Mothers Protection Act	At enrollment and annually	Employer	Located in the Subscriber Agreement. **If a separate notice is required, see Appendix C.
Notice of HIPAA Special Open Enrollment Rights	New employees	Employer	Located in the Subscriber Agreement. **If a separate notice is required, see Appendix C.
Extension of Benefits – General Notice (COBRA)	Upon hire	Employer	
Medicare Part D Creditable Coverage Notice	Annually	МАНР	
Section 1557 Nondiscrimination Notice	Annually	МАНР	MAHP also handles the grievance procedure.

** <u>Appendix C</u> under the DOL has model notices created for Women's Health and Cancer Act, Newborn Mother's and Protection Act and Special Enrollment Rights.

Health Plan Compliance Checklist

Notice	Description	Responsible Entity
Extension of Benefits –	Given when an employee loses	Employer (may delegate to COBRA
Election Notice (COBRA)	coverage.	Administrator).
Notice of Early Termination	Used when coverage will terminate prior to maximum period - usually from lack of COBRA payment.	Employer (may delegate to COBRA Administrator).
Summary of Material Modification	Created and distributed in the event of a change in plan design, carrier, etc. outside of the plan year.	Employer & MAHP.

Other Notices

Notice	Description	Responsible Entity	Additional Information
FMLA DOL Poster	For employers with 50 or more employees.	Employer	The notice must be posted in the workplace and can also be mailed to employees.
Qualified Medical Child Support Order Procedures	Applicable to National Medical Support Notices.	Employer	Located in the Subscriber Agreement.
Uniformed Services Employment and Reemployment Rights	Must be posted in the workplace and can also be mailed to employees.	Employer	Located in the Subscriber Agreement.
<u>Wellness Program</u> <u>Disclosure</u>	Needed if individual is required to meet a standard related to a health factor in order to obtain a reward under a wellness program.	Employer	

Other Compliance Items

Notice	Description	Responsible Entity	Additional Information
Non-discrimination tests	Run non-discrimination tests at the beginning and end of the plan year as applicable.	Employer	
Form 5500 Reports	File applicable 5500 reports.	Employer	
Lifetime/annual dollar limits on essential health benefits	Essential health benefits cannot have annual or lifetime limits. Visit limits are allowed.	МАНР	
PCORI	Filing is due July 31 of each year for the prior plan year.	Employer	Applies if the employer has a buy-down arrangement. Last payment due 7/31/2029.
Employer Shared Responsibility Reporting (6055/6056)	Create Forms 1095-C and mail to employees; Create Forms 1094-C and file with the IRS.	Employer/ Employer's vendor	

Notice	Description	Responsible Entity	Additional Information
Preventive services	USPSTF preventive services must be covered with no cost-sharing to the member.	МАНР	MAHP follows the USPSTF for preventive services.
Parity with mental health and substance abuse services	Mental health and substance abuse benefits must have parity with physical/surgical benefits.	МАНР	MAHP conducts testing of the benefits to ensure parity.
Genetic information (Genetic Information Nondiscrimination Act (GINA)).	Cannot discriminate against a member because of genetic information.	Employer & MAHP	
HIPAA Privacy and Security	Ensure HIPAA policies are in place and followed.	МАНР	
Michelle's Law	Coverage of students with medical conditions over age 26.	Employer & MAHP	ACA requires coverage of dependents to age 26 so this law is satisfied under the ACA provisions.
External Review	External review required on adverse determinations.	МАНР	Located in the Subscriber Agreement.
State regulations	Review state laws applicable to employers such as extension of benefit notices.	Employer	

See also: <u>Reporting and Disclosure Guide for Employee Benefit Plans</u>

If you have questions about these notices, please contact your Account Executive at 800-747-8900.