

January

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Summary

- **January 31**
 - W-2s issued
 - 6055/6056 statements must be mailed to individuals*
- **February 28**
 - 6055/6056 filing to IRS (if applicable and filing on paper)
- **March 1**
 - HHS Breach Reporting
 - M-1 filing (if applicable)
- **March 31**
 - 6055/6056 filing to IRS (if applicable and filing electronically)
- **June 1**
 - Prescription Drug Data Collection (RxDC) reporting due
- **July 31**
 - PCORI fee due to IRS
- **October 15**
 - Annual Medicare Part D notices to participants
- **December 31**
 - Gag clause attestation due
- **14 days** after qualifying event: COBRA Election Notice
- **Within 60 days** after the first day of the plan year: annual Medicare Part D filing to CMS by **November 30**
- **Within 60 days** of discovery of event: individual breach notice sent
- **End of plan year**
 - 210 days after the plan year ends: SMM issued to participants by **April 27**
 - Seven months after the plan year ends: 5500 filed by **April 30**
 - Nine months after the plan year ends: SAR to participants by **June 30**
- **Every three years**
 - HIPAA Notice of Privacy Practices

April

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November

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December

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Additional notice/filing requirements exist and are based on plan-specific information. Plans are encouraged to identify the appropriate due dates for each and circle them above.

Annually or at open enrollment

- **Annually**
 - Women's Health and Cancer Rights (WHCRA)
 - Children's Health Insurance Program Reauthorization Act (CHIPRA) if applicable
 - Wellness (if applicable)
- **At open enrollment**
 - Summary of Benefits and Coverage (SBC)

Upon hire or enrollment in the plan

- **14 days** after date of hire: employer marketplace notice to new hire
- **Upon offer of plan coverage:** HIPAA Notice of Special Enrollment Rights to participant
- **Within 90 days** of date of coverage:
 - Summary plan description (SPD) to participant
 - Initial COBRA notice
- **Upon enrollment in the plan**
 - SBC
 - SPD
 - Medicare Part D notice
 - Privacy notice
 - WHCRA
 - CHIPRA (if applicable)

*Employers are no longer required to send Forms 1095-B and 1095-C to individuals, unless a form is requested.

Compliance assistance available from Meritain Health®

Compliance Requirement	Deadline to Request	Fee Charged	Assistance Offered
W-2 Reporting	Upon request	Free of charge	Clients will receive a W-2 report for their employees using the COBRA applicable premium reporting method, which captures necessary information for an employee's W-2 form.
6055	Upon request	Free of charge	Clients receive a 6055 report to be used to complete IRS form 1095, which includes member and dependent information, if we have this information in our systems. Employers are no longer required to send Forms 1095-B and 1095-C to individuals, unless a form is requested.
SPD Production	___ days before renewal*	Varies	We'll prepare this document at your request within the stated deadline.
SPD Restatement	___ days before renewal*	Varies	We'll prepare this document at your request within the stated deadline.
Summary of Material Modification	___ days before renewal*	Varies	We'll prepare this document at your request within the stated deadline.
SBC Production	___ days before renewal*	Varies	We'll prepare this document at your request within the stated deadline.
Privacy Notice	Upon request	Nominal fee	Meritain Health sends the Notice of Privacy Practices to your members if you elect this service.
Prescription Drug Data Collection (RxDC)	Not applicable	Free of charge	Meritain Health will file the P2 and aggregated D1 and D2 files for all clients for whom we provided claims administrative services during the applicable reporting period. Please note our ability to complete the D1 file is dependent on you providing us the necessary information that we do not have in our system. We will also submit your D3-D8 files if you use Meritain Pharmacy Solutions. Our support includes the narrative response.
PCORI	Upon request	Free of charge	Clients will receive the PCORI report to be used in completing the IRS Form 720. The information provided will use the snapshot method based on the dates entered by the report requestor.

***Please contact your Meritain Health representative for more information on submitting your request to meet the deadline for these items.**

High-level summary for notice/filing requirements

Compliance Requirement	Frequency/Deadline	Intended Recipient	Summary
Grandfathered Plan Status	Annual	Participant	<p>Notice to participants and beneficiaries advising of the plan's grandfathered status and that all ACA requirements may not be within plan document.</p> <p>This requirement is applicable to grandfathered plans only.</p> <p>The Department of Labor (DOL) has a model notice to be used to satisfy this requirement which can be found here: https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-health-plans-model-notice.doc</p>
WHCRA	Annual and upon enrollment	Participant	<p>Notice to participants and beneficiaries describing the plan's coverage of mastectomy-related services, including reconstructive surgery, prosthesis and lymphedema.</p> <p>The DOL has a model notice and can be found here: https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-c.pdf</p>
Wellness	Annual	Participant	<p>Notice to participants of wellness programs describing what information will be collected as part of the program, how it is used, who is receiving it and what will be done to keep it confidential.</p> <p>The EEOC has a model notice to be used to satisfy this requirement which can be found here: https://www.eeoc.gov/laws/regulations/ada-wellness-notice.cfm</p>
CHIPRA	Annual and upon enrollment	Employee	<p>Notice to employees of employers that maintain a group health plan in a state that provides premium assistance under Medicaid, or CHIP, advising of the potential opportunities for premium assistance for health coverage of the employee or their dependents currently available in the state (in which the employee resides).</p> <p>This requirement is not applicable if the state does not provide premium assistance under Medicaid, or CHIP.</p> <p>The DOL has a model notice which can be found here: https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.doc</p>

Summary of Benefits and Coverage (SBC)	Annual, upon request, upon material modification	Participant	<p>Notice to plan participants to provide standard information to compare plans and to make informed decisions regarding plan offerings.</p> <p>The DOL has Model Notices which can be found here: https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-template-final.pdf</p>
W-2 Reporting	January 31	Employee	<p>Notice to the employee on their W-2 report that indicates the value of health care coverage information to be placed on employee W-2 in box 12DD.</p> <p>This requirement does have exclusions whereby not all employers must comply. Please see our detailed summary regarding this requirement.</p>
6055/6056	Deadlines vary; please refer to the calendar on page one.	Government and employee	<p>Notice to the government and employee regarding their insurance coverage for the prior calendar year. The information is captured on IRS forms 1094 and 1095.</p>
HHS Annual HIPAA Breach Reporting	March 1	Government	<p>Notice to the government submitted by covered entities or business associates who experience a breach of unsecured PHI during the calendar year which impacted less than 500 individuals.</p> <p>This report may be submitted electronically at the following link: https://ocrportal.hhs.gov/ocr/breach/wizard_breach.jsf</p>
M-1 Filings for MEWAs	March 1	Government	<p>Notice is applicable for MEWAs only.</p> <p>The administrator of a plan that provides benefits through a MEWA that is subject to ERISA is responsible for this filing to report information concerning a MEWA and any entity claiming exception (ECE).</p> <p>The form to complete this filing requirement may be found here: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/forms</p>
PCORI	July 31	Government	<p>This is a temporary fee designed to fund research regarding the quality and relevance of evidence-based medicine.</p> <p>Employers with applicable health plans will report and pay this fee to the IRS using Form 720.</p> <p>This requirement does have exclusions whereby not all health plans must comply. See our detailed summary regarding this requirement.</p>

Medicare Part D Notice of Creditable or Non-Creditable Coverage	October 15	Participant	<p>Notice to the participant of group health plans that provide prescription drug coverage and are required to disclose to individuals eligible for Medicare Part D whether their coverage is creditable or actuarially equivalent to Medicare Part D coverage.</p> <p>The CMS model notices can be found here: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters.html </p>
Gag Clause Prohibition Compliance Attestation	December 31	Government	<p>Group health plans are prohibited from entering into agreements where the plan is restricted from accessing and sharing certain information.</p> <p>Plan Sponsors must submit their attestation of compliance with this requirement through the Centers for Medicare and Medicaid (CMS) web form.</p> <p>Additional information regarding this requirement can be found here: https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/gag-clause-prohibition-compliance</p>
Medicare Part D Notice of Creditable or Non-Creditable Coverage	60 days after the first day of the plan year; November 30	Government	<p>Notice to CMS to confirm that the plan provides prescription drug coverage to individuals eligible for Medicare Part D.</p> <p>This notice may be filed electronically to CMS at the following link: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html </p>
HIPAA Notice of Privacy Practices	Once every three years	Participant	<p>Notice to participants on how the group health plan intends to handle the participant's personal health information, as well as the privacy practices of the plan.</p> <p>The HHS model notices can be found here: http://www.hhs.gov/ocr/privacy/hipaa/modelnotices.html </p>
Employer Marketplace Notice	Within 14 days of hire	Employee	<p>Notice to employees regarding the existence of the marketplace as well as premium assistance to obtain coverage.</p> <p>The DOL Model Notice can be found here: https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf </p>

5500 Reporting	Seventh month after the plan ends; April 30	Government	<p>Plans that are subject to ERISA, which can include pension and welfare benefit plans that provide medical and dental coverage, must file the Form 5500 with the IRS to ensure that plans are operating in accordance with set standards.</p> <p>The form to complete this reporting requirement may be found here: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500</p>
SPD Distribution	<p>Within 90 days of coverage</p> <p>Must be updated every five years</p>	Participant	<p>Distribution of the SPD informs participants and beneficiaries about their plan and how it operates.</p> <p>The plan must be written for an average participant and be sufficiently comprehensive to apprise covered persons of their benefits, rights, and obligations under the plan.</p>
Summary of Material Modifications (SMM)	Not later than 210 days after the end of the plan year which the change is adopted; April 27	Participant	Notice to the plan participant which describes any material modifications to a plan and changes in the information required to be in the SPD.
Summary Annual Report (SAR)	Ninth month after the plan ends; June 30	Participant	<p>Notice to plan participants and beneficiaries of the plan to confirm that the plan is operating in accordance with set standards.</p> <p>This report is required of plans responsible for filing a 5500 report.</p>
HIPAA Individual Breach Notices	60 days from date of discovery of event	Employee	Notice to individual plan participants regarding a breach of Protected Health Information shall be provided to the individual affected by first class mail advising the participant of the information that was involved in the breach, the steps to take to protect themselves from potential harm, a brief description of the investigation of breach, mitigation and steps taken to prevent further breaches.

HIPAA Special Enrollment Rights	Upon offer of coverage	Employee	<p>Notice to employees describing circumstances that will allow mid-year enrollment within the health plan. The notification must include a description of the special enrollment events and enrollment procedures.</p> <p>The DOL model notice may be found here: https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-c.pdf</p>
Initial COBRA Notice	Within 90 days of coverage	Participant	<p>Notice to plan participants describing their rights and responsibilities under COBRA.</p> <p>The DOL model notice that can be found here: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra</p>
COBRA Election Notice	Within 14 days of qualifying event	Participant	<p>Notice to <i>qualified beneficiaries</i> of their right to elect COBRA coverage upon occurrence of qualifying event, as well as information about other coverage options available, such as through the marketplace.</p> <p>The DOL Model notice can be found here: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra</p>

This material is being provided as an informational tool. It is recommended that plans consult with their own experts or counsel to review all applicable federal and state legal requirements that may apply to their group health plan. By providing this publication and any attachments, Meritain Health is not exercising discretionary authority over the plan and is not assuming a plan fiduciary role, nor is Meritain Health providing legal advice.