

COMPLIANCE OVERVIEW

DOL Health Plan Audits: Checklist of Requested Documents

The Department of Labor (DOL) has broad authority to investigate or audit an employee benefit plan's compliance with the Employee Retirement Income Security Act (ERISA). Audits are performed by the DOL's Employee Benefits Security Administration (EBSA).

A DOL audit will generally include a request for a list of plan-related documents. Employers that receive audit letters may be surprised and overwhelmed by the number of documents requested by the DOL auditor. It is important for employers to maintain employee benefit documents in an organized fashion so they can respond to a DOL audit request in the event this occurs.

This Compliance Overview includes a checklist of documents that are commonly requested in a DOL audit.

LINKS AND RESOURCES

- EBSA [webpage](#) on ERISA enforcement
- EBSA [resources for employers](#) on health plan compliance

DOL Audits

- Often focus on violations of ERISA's fiduciary obligations and reporting and disclosure requirements
- May investigate whether a plan complies with ERISA's protections for plan participants
- Can review compliance with the Affordable Care Act (ACA)

Deadlines

- The audit letter will typically request that documents be provided by a specified date.
- Inadequate or late responses could trigger additional document requests, interviews, on-site visits and even DOL enforcement actions.

Provided to you by **Full Spectrum Benefits, Inc.**

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Checklist of Requested Documents

This checklist includes documents that are commonly requested by the DOL during an audit of an employer’s health plan. In addition to maintaining these documents in an easily accessible location, employers should keep records showing that participant notices and other required disclosures are provided in a timely fashion.

As health plan sponsors, employers should ideally confirm that they maintain these documents and records, and should not create them in response to a DOL audit letter. Also, keep in mind that, during an audit, the DOL may request fewer documents or an employer may be subject to a more expansive document request, depending on the scope of the audit.

Plan Documents	
Document	Maintained by Employer
Plan document (or insurance booklet/certificate for an insured plan)	<input type="checkbox"/>
Summary plan description (SPD), including updates or summaries of material modifications (SMMs)	<input type="checkbox"/>
Forms 5500 and attachments, including supporting documentation (if applicable)	<input type="checkbox"/>
Summary annual reports (if required for plan)	<input type="checkbox"/>
List of all plan service providers and related contracts	<input type="checkbox"/>
All contracts with insurance companies	<input type="checkbox"/>
Open enrollment materials, including documents describing cost responsibilities for the employer and employees	<input type="checkbox"/>
Any trust documents relating to plan assets	<input type="checkbox"/>

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Administrative Documents	
Document	Maintained by Employer
Insurance billing invoices, premium schedules, employer and employee contribution schedules, and payroll records of withholdings for benefits	<input type="checkbox"/>
Documents evidencing payroll deductions for employee premiums to the plan	<input type="checkbox"/>
Documents evidencing current outstanding medical claims	<input type="checkbox"/>
List of COBRA participants, including COBRA start date and amount of COBRA payment	<input type="checkbox"/>
Copy of any rebate paid pursuant to the medical loss ratio (MLR) requirements and documentation of what was done with the rebate	<input type="checkbox"/>

Health Plan Compliance Documents	
Document	Maintained by Employer
Newborns' and Mothers' Health Protection Act notice (may be included in the SPD)	<input type="checkbox"/>
Women's Health & Cancer Rights Act notices	<input type="checkbox"/>
Annual Children's Health Insurance Program (CHIP) notice	<input type="checkbox"/>
Materials describing any wellness programs or disease management programs offered by the plan, including rewards based on a health factor	<input type="checkbox"/>

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Documents showing compliance with HIPAA's portability rules, including special enrollment rights	<input type="checkbox"/>
Documents showing compliance with COBRA, including the General Notice, Election Notice, Notice of COBRA Unavailability, Notice of Early Termination and Notice of Insufficient Payment	<input type="checkbox"/>
If the plan has grandfathered status under the ACA, documents that verify the plan's status (such as records documenting the terms of the plan in effect on March 23, 2010, and/or documentation relating to the terms of cost sharing and the contribution rate of the employer or employee organization toward the cost of any tier of coverage) and the Notice of Grandfathered Plan Status	<input type="checkbox"/>
If the plan has rescinded coverage, a list of those participants and dependents whose coverage has been rescinded, the reasons for the rescission and the Notice of Rescission	<input type="checkbox"/>
Plan provisions regarding lifetime and annual limits and the notice describing enrollment opportunities for individuals who previously lost coverage due to a lifetime limit	<input type="checkbox"/>
Summary of Benefits and Coverage and any 60-day advance notice of a midyear material change to the plan	<input type="checkbox"/>
Health Insurance Exchange Notice (Notice of Coverage Options)	<input type="checkbox"/>
For non-grandfathered plans, Notice of Patient Protections and selection of providers	<input type="checkbox"/>
For non-grandfathered plans, information on the plan's claims and appeals procedures, including copies of notice documents and any contracts or agreements with any independent review organization or third-party administrator providing external review	<input type="checkbox"/>
A notice describing enrollment opportunities for children up to age 26 for plans with dependent coverage	<input type="checkbox"/>