

# Calendar Year Compliance Checklist

## 2024 Small Group (Less than 50)

### Compliance Deadlines for Fully and Self-Insured Groups

All deadline dates below are based off a Calendar Year Plan, some reporting deadlines may vary for plans that have a plan start date other than January 1st.

Deadline	Document/Obligation	Applicability	Description	Penalty
Jan. 1st	Section 105(h) Nondiscrimination testing	Employers with Self-Funded/Level-Funded health plans	<p>This rule prohibits group health plans from discriminating in favor of highly compensated individuals with respect to both eligibility and benefits offered under the plan.</p> <p>Employers should review their plans and ensure plans are still within compliance and not discriminating against non-Highly Compensated Individuals (HCIs).</p>	HCIs must include the excess benefits provided to them in gross income. Plan sponsor may also face an excise tax or penalty of up to \$100 per day per individual discriminated against.
Jan. 1st	TIC: Machine-Readable Files	Employers with Self-Funded/Level-Funded health plans	<p>Plan is ultimately responsible for updating three machine readable files (MRFs) disclosing: in-network rates, OON allowed amounts, billed charges, negotiated rates and historical net prices for Rx drugs.</p> <p>Employers should collaborate with a third-party administrator to ensure the plan is administered in accordance with the TIC rules at each renewal.</p>	Subject to \$100 per day per participant for non-compliance.
Jan 31st	Individual Mandate Reporting for Employers with Employees in specific cities or states	Employers with 6 or more employees that reside in the state of Massachusetts	Provide Form MA 1099-HC to all MA resident employees	Subject to a \$50 penalty per individual, going up to a maximum of \$50,000.
Feb. 28th	Section 6055 Reporting (paper filing deadline)	Employers that are not ALEs and offer Self-Insured / Limited Premium Plans.	<p>Must report to the IRS each year using the 1094-B and 1095-B. The deadline for filing paper versions is 2/28/24 and electronic is 3/31/24.</p> <p><b>In 2024 any employer filing more than 10 forms will be required to file electronically (Including W-2s and 1099s)</b></p>	A separate \$280 per form penalty may be imposed for failing to file an accurate Form 1094-B and Form 1095-B with the IRS.
Mar. 1st	Medicare Part D Disclosure to CMS	Group health plans that provide Rx coverage to individuals who are eligible for Medicare Part D	<p>Must disclose to CMS whether Prescription coverage is creditable or non-creditable within 60 days after the beginning of the plan year using <a href="#">CMS's Online Disclosure Form</a>.</p> <p>In general, to be creditable the Plans Rx actuarial value must be equal or more than Medicare Part D's actuarial value for coverage.</p>	No enforcement penalties or sanctions for failing to timely file.

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Mar. 1st	M-1 Filing	Multiple Employer Welfare Arrangement (MEWAs) (Regardless of size)	The <a href="#">Form M-1</a> is an annual report that must be filed by MEWAs no later than March 1st following any calendar year in which the MEWA operates. MEWAs do not include plans determined by the Secretary of Labor to be collectively bargained.	Up to \$1,881 per day for late filing. No delinquent filer program available
Mar. 1st	Section 6055/6056 Individual Statements	Employers that are not ALEs and offer Self-Insured / Limited Premium Plans.	The code requires ALEs that sponsor health plans, and non-ALEs that offer self-insured or limited premium plans to report information about the coverage to covered employees each year using Form 1095-B. This is an extension from the Jan 31st deadline.	Up to \$280 per form for failing to furnish an accurate Form 1095-B to an employee
Mar. 31st (Due Next Business Day on Apr. 1st)	Section 6055/6056 Reporting (electronic filing deadline)	Employers that are not ALEs and offer Self-Insured / Limited Premium Plans.	Must report to the IRS each year using Form 1094-B and 1095-B. The deadline for filing paper versions is 2/28/24 and electronic is 3/31/24.  <b>In 2024 any employer filing more than 10 forms will be required to file electronically (Including W-2s and 1099s)</b>	A separate \$280 per form penalty may be imposed for failing to file an accurate Form 1094-B and Form 1095-B with the IRS.
Mar. 31st (Due Next Business Day on Apr. 1st)	Individual Mandate Reporting for Employers with Employees in specific cities or states	Employers with Employees in CA, NJ, and RI	Employers must provide IRS Forms 1095-B/1095-Cs to the state's Franchise Tax Board or Division of Taxation	CA: Subject to a \$50 penalty per individual NJ: Subject to a \$50 penalty per individual, going up to a maximum of \$50,000. RI: No Penalty listed
Apr. 30th	Individual Mandate Reporting for Employers with Employees in specific cities or states	Employers with Employees in District of Columbia and San Francisco	DC: Employers must provide IRS Forms 1095-B/1095-Cs to DC's OTR.  San Francisco: Complete the Annual Reporting Form for the San Francisco Health Care Security Ordinance	DC: No penalty listed  SF: Subject to a penalty of \$500 per quarter
Jun. 1st (Due Next Business Day on Jun. 3rd)	Prescription Drug Reporting (RxDC)	Group health plans and health insurance issuers	Requires employer-sponsored health plans and insurers to report information about Rx and healthcare spending to <a href="#">CMS annually</a> .  Most employers will rely on third parties, such as Carriers, TPAs or PBMs to prepare and submit on behalf of the Plan/ Employer but should get guarantees in writing.	No official guidance on penalties have been released as of the creation of this document.

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Jul. 31st	PCOR Fee	Employers with self-insured health plans or offer an HRA along with a fully insured health plan	<p>Employers with self-insured health plans must pay an annual fee to fund the Patient Centered Outcomes Research Institute. HRAs offered with self-insured group medical plans are not subject to separate PCOR fees if the HRA and medical plan have the same plan sponsor that year.</p> <p>Employers use IRS <a href="#">Form 720</a> (v. 2024) to report and pay PCOR fees which are due by July 31st of the year following the last day of the plan year. If the plan is not exempt, a Form 5500 must be filed by the last day of the seventh month following the end of the plan year.</p>	<p>5% of the excise tax due for each month the return is late, up to 25% of the unpaid tax.</p> <p>0.5% of the unpaid excise tax for each month the tax remains unpaid, up to 25% of the unpaid tax.</p> <p>On top of penalties, interest can be charged on unpaid excise taxes</p>
Jul. 31st	Form 5500	ERISA-covered group health plans that do not qualify for the small plan exemption and MEWAs	<p>Small health plans (fewer than 100 participants) that are fully insured, unfunded or a combination of insured/ unfunded are generally exempt from the Form 5500 filing requirement.</p> <p>If the plan is not exempt, a Form 5500 must be filed by the last day of the seventh month following the end of the plan year.</p> <p>Fee Schedule:  Plan Years Ending on January 31, 2023 - September 30, 2023 is \$3.00 per covered life per year</p> <p>Plan Years Ending on October 31, 2023 - December 31st, 2023 is \$3.22 per covered life per year</p>	<p>Up to \$2,586 per day for late filing.</p> <p>Delinquent Filer Voluntary Compliance (DFVC) program could allow for reduced penalties</p>
Sep. 30th	Medical Loss Ratio (MLR) Rebates	Employers with fully insured health plans that receive MLR rebates	Employers that receive rebates should consider their legal options for using the rebate. Any rebate amount must be used for the exclusive benefit of the plan's participants and beneficiaries within 3 months of receiving the rebate to avoid ERISA trust requirements.	Penalty for each violation is \$100 per entity, per day, per individual affected by the violation.

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Sep. 30th	Summary Annual Report (SAR)	Group health plans that are subject to the Form 5500 filing and have not extended the deadline via a Form 5558	Plans that are exempt from the annual 5500 filing requirement (addressed above) are not required to provide a Summary Annual Report (SAR).  Employers that are required to file a Form 5500 must provide participants with a summary of the information in the Form 5500, called a summary annual report (SAR) within nine months of the close of the plan year.	No monetary penalty for failure to timely distribute, however Up to \$110/day if not provided to participant within 30 days of request
Oct. 15th	Medicare Part D Notices	Group health plans that provide Rx coverage to Individuals eligible for Medicare Part D	Employers must notify Medicare Part D-eligible individuals by Oct. 15th of each year about whether the Rx coverage is creditable or non-creditable as discussed above.	No specific penalty for employers. Potential penalty for individuals who do not maintain creditable coverage.
Between Nov. 15th and Dec. 16th	Individual Mandate Reporting for Employers with Employees in specific cities or states	Employers with 6 or more employees that reside in the state of Massachusetts	Provide a complete HIRD form for MA resident employees.	There are no fines or penalties related to a completed HIRD Form.
Dec. 1st	Employer Penalty: Identify application and method of compliance	All Employers	Determine ALE Status (i.e., whether the employer has at least 50 full-time employees (FTEs) each calendar year, considering all common law employees in the entire controlled group and counting each part-time employee as a fraction of the FTE). Determine full-time status using monthly measurement method or look-back measurement method. Offer coverage to FTEs and dependent children.  Evaluate minimum value, affordability and elect a safe harbor. Ensure that all plan language accurately reflects the selections.	“A” Penalty Adjusted for inflation: \$2,970 for 2024 times total number of FTEs after the first 30 are removed for relief.  “B” Penalty Adjusted for inflation: \$4,460 for 2024 times the total number of ACA FTEs who receive the subsidy in the Marketplace (max penalty is capped at the “A” penalty)

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Dec. 31st	Prohibition on Gag Clauses	All group medical plans	<p>Plans and carriers may not enter into an agreement with a provider, network, TPA or other service provider offering access to a network of providers that restricts the plan from: providing provider-specific cost or quality of care data, electronically access de-identified claim and encounter data for each participant or beneficiary and sharing such information, consistent with applicable privacy regulations. An <a href="#">attestation of compliance</a> must be filed electronically with CMS each year to attest for the previous plan year.</p> <p>Employers should coordinate in writing with their Carrier, TPAs or other service providers to verify who will be submitting the attestation and will be meeting with the requirement. Employers are ultimately responsible in completing this task.</p>	No official guidance on penalties have been released as of the creation of this document.



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