

DATA REQUEST CHECKLIST



GENERAL INFORMATION

Corporate Organizational Chart

- *Describe legal entity(s), purpose and ownership*

Lists of all named insureds or subsidiary organizations

If any subsidiaries, are they part of the same benefit programs?

Payroll Service Provider and Payroll Frequency

Benefit Administration System/HRIS

ELIGIBILITY/COMMUNICATIONS

Employee Communications (new hires and open enrollment)

- *Copy of guide and any key open enrollment/new hire collaterals.*
- *Any recent employee surveys and results*

Benefit Administration policy/process and relevant documents (electronic or paper forms?)

Eligibility requirements by plan (If not otherwise included in plan documents)

Employee Advocacy Services

- *Claims Issues*
- *Rx Questions/Issues*
- *Enrollment Assistance (understanding the plans)*
- *Open Enrollment*
- *Assistance with EOBs*
- *Provider network assistance*
- *Care Coordination*
- *Cost Comparison Options*
- *Prescription Research*

Employee Census with Enrollment

- *Need gender, date of birth, home zip code, salary, occupation/title, class information (if applicable) and benefit election to determine employer/employee annual cost share.*
(This is needed for benefit/cost analysis as well as for wellness opportunities.)

DATA REQUEST CHECKLIST



COMPLIANCE

ACA Compliance

- *Measurement, Administrative and Stability period documentation*
- *Exchange Notice*
- *Notice of qualified and affordable benefits*
- *1094-1095 Reporting – how is this currently completed*

5500 filing (Most recent year available, if required)

Summary Annual Report (Most recent year available) Will forward?

Wrap Document (Summary Plan Description)

Signed Business Associate Agreement

Electronic Consent Form

Medicare Notice to employees and CMS

Section 125 Document

Section 125 latest Non-Discrimination Testing Report

COBRA Services

- *Outsourced Vendor and what services provided?*

Federal and State Notices – Posted Electronically | In writing

FMLA Administration – outsourced or internal tracking

MEDICAL PLANS | SELF FUNDED

Medical Summary Plan Document (SPD)

Medical Benefit Summary/Summary of Benefits & Coverage (SBC)

Current Funding Rates (COBRA premium)

Employer and Employee contributions by plan and tier (Do rates vary for tobacco users?)

Copy of last two renewals work-ups

DATA REQUEST CHECKLIST



MEDICAL PLANS | SELF FUNDED (CONTINUED)

Stop Loss Contract

ASO Agreement and Fees (Including language regarding run-out claims)

The following claim reports for prior two years (as of the most recent end of the quarter):

- *Lag triangle report for incurred and paid*
- *Monthly paid claim reports*
- *Monthly employee and membership counts by plan by tier*
- *Claims by category (inpatient, outpatient, labs, Rx and other)*
- *Prescription drug utilization reports*
- *Claims paid by member by tier (\$1,000, \$1,000-\$10,000, \$10,000-\$25,000, etc.)*

Large claims listing on a plan year paid (booked) basis, regardless of service date, for the last three full years as well as large claimant listing on a rolling 12 month basis for all paid claims exceeding \$25,000 during the prior two plan years

Telemedicine – with Medical provider or stand alone? Services included

MEDICAL PLANS | FULLY INSURED

Medical Summary Plan Document (SPD)

Medical Benefit Summary/Summary of Benefits & Coverage (SBC) Where do employees access this?

Current Monthly Rates for each plan along with prior rates (last renewal)

Employer and Employee contributions by plan and tier (EE Only, ES, EC, EF)

When was the last time you benchmarked your benefit program?

Copy of most recent BVI Report from Florida Blue (include sample)

Telemedicine – with Medical provider or stand alone? Services included

If available:

- *Monthly paid claim vs. premium report*
- *Claims by category (inpatient, outpatient, labs, Rx and other)*
- *Prescription drug utilization report*
- *Large claims over \$25k for current and previous plan period*

DATA REQUEST CHECKLIST



DENTAL PLAN, IF APPLICABLE

Dental SPD

Fully Insured or Self-funded?

Dental Benefit Summary

Current Rates (premium)

Employer and Employee contributions (premium)

Paid claims vs premiums by month, if available

VISION INSURANCE, IF APPLICABLE

Vision SPD

Fully Insured or Self-funded?

Benefit Summary

Current Rates (premium)

BASIC AND VOLUNTARY LIFE INSURANCE, IF APPLICABLE

Basic and Voluntary Life SPD

Voluntary Life Benefit Summary

Current Rates (premium)

Paid claims vs premiums by month

SHORT-TERM DISABILITY INSURANCE, IF APPLICABLE

STD SPD

Fully insured or Self-funded/ASO?

Benefit Summary

Current Rates (premium)

Paid claims vs premiums by month

Maternity policy, if applicable

DATA REQUEST CHECKLIST



LONG-TERM DISABILITY INSURANCE, IF APPLICABLE

LTD SPD

Benefit Summary

Current Rates (premium)

Paid claims vs premiums by month

WORKSITE COVERAGES, IF APPLICABLE

Employee Communications

Benefit Summary

Current Rates (premium)

SDP if Group Contract

WELLNESS

Current Wellness Initiatives

Wellness Committee

Employee Wellbeing Surveys

Budget

Wellness dollars provided by carrier

Carrier provided services utilized

Do you provide financial wellness education

Do you have wellness | Non wellness premiums

Do you provide any incentives for age gender appropriate screenings

Do you perform onsite biometrics? If so, what actions are taken from the summary report?

Do you have smoker/non-smoker rates?