

# Client Compliance Risk Assessment Survey

This comprehensive survey tool helps attorneys, HR professionals, and benefit consultants evaluate potential Medicare compliance risks within their client organizations and determine when Aevitas support may be necessary. The assessment examines key risk areas including employee demographics, recent workforce changes, COBRA administration practices, Medicare education protocols, and regulatory audit history.

This survey is intended for use by attorneys, HR professionals, or benefit consultants to determine whether a client may need Aevitas support.

- How many employees does the organization currently have?
- Does the organization have employees over age 65 currently enrolled in the group plan?
- Has the organization completed a layoff, RIF, or closure in the last 12 months?
- Is COBRA administration handled internally or through a vendor?
- Are Medicare-eligible employees educated on the risks of delaying Part B?
- Have you had any CMS data match reviews or audits?
- Has the organization issued Part D notices to eligible employees each year?
- Do exit packets currently include HSA/Medicare coordination guidance?
- Does the organization have multiple EINs that affect Medicare thresholds?
- Would you like Aevitas to provide a free compliance review?

## Understanding Medicare Compliance Risks and Mitigation Strategies

Medicare compliance represents a significant but often overlooked area of regulatory risk for organizations of all sizes. The interplay between employer-sponsored health plans and Medicare involves complex regulations that, when mishandled, can result in substantial penalties, employee harm, and potential liability. This assessment tool provides a structured approach to identifying critical risk factors and determining appropriate follow-up actions.

## Key Risk Indicators

The survey focuses on several fundamental compliance areas that commonly trigger issues. Organization size is a primary consideration as Medicare Secondary Payer (MSP) rules apply differently based on employee count. The presence of employees over 65 enrolled in group plans creates immediate compliance obligations. Recent workforce reductions often generate time-sensitive notice requirements that, if missed, create immediate liability. The handling of COBRA administration—whether internal or outsourced—affects responsibility allocation but not ultimate liability for compliance failures.

## High Risk Scenarios

- Recent layoffs or closures (within 30 days)
- Delayed or missed COBRA notices for Medicare-eligible employees
- Improper guidance to 65+ employees about group coverage
- Recent CMS audit or data match inquiries

These scenarios require immediate attention as they represent active compliance failures that could result in penalties, participant harm, or escalated regulatory scrutiny. Organizations facing these issues should seek expert guidance without delay.

## Moderate Risk Scenarios

- Incomplete documentation for COBRA and Part D notices
- Lack of formal education protocols for age 65+ employees
- Multiple EINs without regular MSP threshold reviews

These situations indicate structural compliance weaknesses that, while not creating immediate liability, represent significant vulnerabilities. A scheduled consultation with compliance experts can help develop remediation strategies before problems develop into regulatory issues.

# Preventive Measures and Best Practices

Even organizations with strong compliance programs benefit from periodic external reviews. The low-risk category identifies situations where preventive measures are appropriate: documentation reviews for otherwise compliant organizations, recently modified COBRA or exit processes, or transitions in HR personnel handling compliance responsibilities. These scenarios present opportunities for proactive compliance enhancements.



### Documentation Protocols

Establish systems to document all Medicare-related notices, educational materials, and employee acknowledgments. Maintain these records for at least seven years to support defense against potential audits or claims.



### Regular Compliance Reviews

Schedule annual reviews of Medicare compliance procedures, especially following any organizational changes, benefits modifications, or staffing transitions in compliance-related positions.



### Cross-Functional Coordination

Ensure HR, benefits, and legal teams coordinate on Medicare compliance matters, particularly during workforce reductions or organizational restructuring when timing requirements become critical.

The assessment process concludes with an invitation for a free compliance review from Aevitas, providing organizations an opportunity to address identified vulnerabilities with expert guidance. This preventive approach aligns with best practices for regulatory compliance management and helps organizations reduce potential liability exposure while ensuring employees receive appropriate benefits information.