

HEALTH CARE REFORM - HIPAA CERTIFICATION

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	CaliforniaChoice®	Chinese Community Health Plan	Cigna + Oscar	E.D.I.S.	Health Net	Kaiser Permanente*
Will you voluntarily issue a coverage verification document to all members who cease their coverage?	<i>We are not producing HIPAA statements. Member Services can provide an eligibility letter.</i>	<i>Small group enrollment and billing can provide a letter of eligibility when requested for any member who ceases their coverage.</i>	<i>The "Coverage of Cancel Notice" is issued automatically when an employee is terminated.</i>	<i>Anthem Blue Cross of CA will send a Certificate of Credible Coverage to all members after coverage has ceased if requested. They cannot be sent prior to the coverage termination date.</i>	<i>CaliforniaChoice will automatically send out term certs.</i>	<i>Proof of creditable coverage is issued automatically when an employee is terminated.</i>	<i>No</i>	<i>E.D.I.S. will send a Certificate of Credible Coverage to all members after coverage has ceased if requested.</i>	<i>Health Net will issue a document confirming the close of coverage for a member.</i>	<i>Yes - Refer to KP Administrative Handbook.</i>
Will a verification of coverage document be available upon request? If so, please provide contact information.	<i>Member Services can provide an eligibility letter.</i>	<i>Yes, a letter of eligibility is available upon request from the group, broker and member.</i>	<i>Yes, send the request to small.group@blueshieldca.com.</i>	<i>Yes, they can be requested after the coverage termination date by calling Anthem at 888-209-7847.</i>	<i>Yes, through the Customer Service Department at 800-558-8003.</i>	<i>Yes Member Services office: 888-775-7888</i>	<i>Yes. Member should reach out to Member Service (855-672-2788). Broker should call the Broker Support Team (855-672-2713).</i>	<i>Yes, please contact Member Services at 888-886-7973.</i>	<i>Yes, please contact Member Services at 800-361-3366. Number is also located on the back of the Health Net ID card.</i>	<i>Yes, members with an active membership status are also entitled to receive a HIPAA certificate of creditable coverage within a reasonable time following submission of their request to Member Services. For more information, call 800-464-4000.</i>
What type of documentation, if any, will you be requiring when you receive off-anniversary enrollment due to loss of coverage?	<i>Aetna does not require documentation. Form should note that add is due to a loss of coverage.</i>	<i>The best form to use for enrollments due to loss of coverage and/or qualified event would be the employee change forms. The employee change form allows the employee to outline their qualified event and no additional information is required as long as section B is completed. The combined medical and specialty employee application is really more for a new enrollment as opposed to outlining the employee/dependents qualifying event.</i>	<i>The coverage of cancel notice.</i>	<i>The member must complete the Employee Enrollment Form and note the termination date of the previous coverage.</i>	<i>Any one of the below: HIPAA Certificates, Certificates of group health plan coverage, letters from a carrier, letters from a verified TPA, COBRA Election document, or letter from member stating when the loss of coverage occurred and that it was beyond their control, along with "old" membership ID.</i>	<i>Proof of last coverage showing the last effective date.</i>	<i>Proof of loss of coverage, including a letter from the previous carrier and an employer or COBRA letter as applicable.</i>	<i>Proof of last coverage showing the last effective date.</i>	<i>Varies. Please review the Special Enrollment Guide.</i>	<i>Standard enrollment forms. Refer to KP Administrative Handbook.</i>

* Please note Kaiser Permanente summary information is contained herein but Kaiser Permanente has not reviewed the information contained within this guide and Word & Brown therefore cannot guarantee its accuracy. Please contact your Word & Brown sales representative in the event of any discrepancies. The information provided in this guide is not intended to describe all of the benefits included in each plan, nor is it designed to serve as the "Evidence of Coverage" or "Certificate of Insurance." The KFHP Evidence of Coverage and the KPIC Certificate of Insurance contain a complete explanation of benefits, exclusions, and limitations.

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	MediExcel Health Plan	National General	Oscar	Sharp Health Plan	SIMNSA Health Plan	Sutter Health Plus	Total Benefit Solutions	UnitedHealthcare	Western Health Advantage
Will you voluntarily issue a coverage verification document to all members who cease their coverage?	Available upon request.	Yes	No	Yes	Available upon request	Yes	We can issue coverage verification documents upon request.	CA 1-99 Fully Insured Groups: Yes, notification is sent automatically upon termination.	Available on request
Will a verification of coverage document be available upon request? If so, please provide contact information.	Please email: applications@medixel.com	Yes	Yes. Member should reach out to Member Service (855-672-2788). Broker should call the Broker Support Team (855-672-2713).	Yes, please contact Customer Care to request - 800-359-2002.	Please email: enrollment@simnsa.com	Yes. Members can reach out to Member Services at 855-315-5800.	Yes, by contacting member services at: 800-231-7729	CA 1-99 Fully Insured Groups: Yes, notification is sent automatically upon termination.	Yes, email request to eligibility@westernhealth.com .
What type of documentation, if any, will you be requiring when you receive off-anniversary enrollment due to loss of coverage?	Proof of loss of coverage, along with a completed enrollment form.	Proof of loss of coverage, along with a completed enrollment form.	Proof of loss of coverage, including a letter from the previous carrier and an employer or COBRA letter as applicable	Sharp will require proof that previous insurance coverage was termed.	We will require a loss coverage certification from the previous carrier.	Standard enrollment form.	The plan sponsor tells us and decides who is eligible for health coverage. Other than an enrollment change form, no additional documentation is required.	None	WHA can either use a loss of coverage certificate from their previous carrier or the group can verify the loss.