



LOEP (LIMITED OPEN ENROLLMENT PERIOD) REQUIRED DOCUMENTATION

MAY 19, 2020

For all enrollment changes, either an 834, Change Form OR application is required (see chart). Additional documentation may also be required (refer to slides 3-12)

MARYLAND

ACA On Exchange

- Enrollment is received via 834 from the Exchange

ACA Off Exchange

- Change Form should be sent for administrative changes
- Application should be sent for plan changes

Non-ACA/Grandfathered

- Non-ACA Change Form should be sent for administrative changes
- Application should be sent for plan changes

VIRGINIA

ACA On Exchange

- Enrollment is received via 834 from the Exchange

ACA Off Exchange

- Change Form should be sent for administrative changes
- Application should be sent for plan changes

Non-ACA/Grandfathered

- Non-ACA Change Form should be sent for administrative changes
- Application should be sent for plan changes

DISTRICT OF COLUMBIA

ACA On Exchange

- Enrollment is received Via 834 from the Exchange

Non-ACA/Grandfathered

- Non-ACA Change Form should be sent for administrative changes
- Application should be sent for plan changes

Additional Documentation Requirements

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #1	VA #1	Marriage	Copy of marriage certificate	60 Day from the event	Based on first day of the following month. (Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)	
MD #1	VA #1	Domestic Partnership	Proof of residency (documentation is the same as current state)	60 Day from the event	Based on first day of the following month. (Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)	
MD #1	VA #1	Birth	Copy of birth certificate OR vital statistic submission letter on hospital letterhead	60 Day from the event	**Based on date of birth of newborn	May elect an effective date of the first of the following month
MD #1	N/A	Adoption, or being granted court appointed testamentary, child support order of a child or court order of a child or qualified dependent.	Appropriate legal documentation	60 Day from the event	**Based on date of Adoption /Grant of Court / Testamentary	May elect an effective date of the first of the following month

Additional Documentation Requirements

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
N/A	VA #1	Adopted or been granted court-appointed testamentary of a child or qualified dependent.	Appropriate legal documentation	60 Day from the event	**Based on date of Adoption /Grant of Court / Testamentary	May elect an effective date of the first of the following month.
MD #1	N/A	You had a child placed with you as a foster child by an accredited foster child agency. NOTE: The foster child is not eligible for coverage.	Court or agency documentation with the child's name and date of placement	60 Day from the event	**Based on date of placement. Member can request the first of the following month.	May elect an effective date of the first of the following month.
MD #2	VA #2	You experienced an error in enrollment by the Health Insurance Marketplace in Virginia/Maryland Health Connection or by the Department of Health and Human Services?	Documentation from the appropriate Exchange that member is eligible due to this reason.	60 Days from the event	Date of the event that triggered the LOEP as defined in the documentation.	Note: Consult with management if there are questions about the appropriate effective date. Management will consult with Legal as needed.
MD #2	VA #2	You enrolled in a qualified health plan in which the plan substantially violated a material provision of its contract.	Statement on letterhead from appropriate carrier	60 Days from the event	Date of the event that triggered the LOEP as defined in the documentation.	Note: Consult with management if there are questions about the appropriate effective date. Management will consult with Legal as needed.

Additional Documentation Requirements



Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #2	VA #2	You or your dependents become newly eligible or ineligible for subsidies	Notice or other statement from relevant Exchange	60 Days from the event	***Based on 20th of the month	
MD #8	VA #8	You gained access to new Qualified Health Plans as a result of a permanent move, or you were residing outside of the United States	<p>Proof of old and new residency (leases or mortgages, utility bills, driver's licenses, bank statements, other government documents)</p> <p>(Copies of passport are not considered government documents)</p>	60 Days prior to event and 60 days post event	<p>Base on the 1st of the month after the triggering event has occurred and when completed application and supporting documentation has been received.</p> <p>(Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)</p>	<p>Note: For children going on a child-only policy, needed documentation can be a school record, a learner's permit, a school ID or anything that shows where the child was and the new school that she will be going to.</p> <p>If a member is moving within the CF service area, look at the QHPs available for purchase based on the old and new address. If the available QHPs are exactly the same at both addresses, then the member does not qualify for an LOEP on the basis of the move.</p>

Additional Documentation Requirements

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #2	VA #2	You have been released from a prison term resulting from a criminal conviction	Official prison release notice on letterhead	60 Days from the event	***Based on the 20th of the month	
MD #2	VA #2	You lost a dependent, or are no longer considered a dependent, due to divorce, legal separation or death	<p>If an existing CareFirst member - copy of divorce decree</p> <p>If coming from another carrier - official termination letter from previous carrier or employer on letterhead, or copy of divorce decree</p> <p>OR</p> <p>Copy of a death certificate</p>	60 Days prior to event and 60 days post event	Based on first day of the following month. (Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)	

Additional Documentation Requirements

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #3	VA #3	An individual or family has been covered under a non-calendar year group health plan or individual health insurance policy and are you within 60 days prior to or within 60 days after your policy renewal date	Member renewal notice or other statement from carrier on company letterhead	60 Days prior to event and 60 days post event	Base on the 1 st of the month after the triggering event has occurred and when completed application and supporting documentation has been received.(Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)	
MD #4	VA #4	Your coverage through an employer-sponsored or has your coverage through an employer-sponsored plan has been: discontinued, no longer provide minimum value (plan covers less than 60% actuarial value), or is unaffordable (employee contribution to plan premium of self-only coverage exceeds 9.5% of employee's household income)?	Had to have happened after the purchase - became unaffordable. Documentation includes a letter from their employer on letterhead with the employee annual premium contribution AND a letter from the employee with their annual household income. EAB will mail member templates for both letters.	60 days prior or 60 days post event (event being the day the subscriber's responsible amount changes)	Base on the 1 st of the month after the triggering event has occurred and when completed application and supporting documentation has been received. (Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)	

Additional Documentation Requirements

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #5	VA #5	You terminated employment and refused COBRA coverage, or have you completed the full term of your COBRA coverage?	Official termination notice from applicable insurance program or employer on letterhead, including reason for termination	60 Days prior to event and 60 days post event	Base on the 1 st of the month after the triggering event has occurred and when completed application and supporting documentation has been received. (Example: both received 1st through 30th/31st then effective date will be 1st of the following month.)	
MD #6	VA #6	You will lose or have lost minimum essential coverage Not including failure to pay premiums or rescissions.	Official termination notice from applicable insurance program or employer on letterhead, including reason for loss of coverage	60 Days prior to event and 60 days post event	Base on the 1 st of the month after the triggering event has occurred and when completed application and supporting documentation has been received. (Example: both received 1st through 30th/31st then effective date will be 1st of the following month.)	Dependents aging off of Tricare at age 23 can also use this category for a LOEP. The application for Identification Card/Deers Enrollment serves as proof for the LOEP.
MD #5	VA #5	You terminated employment and refused COBRA coverage, or have you completed the full term of your COBRA coverage?	Official termination notice from applicable insurance program or employer on letterhead, including reason for termination	60 Days prior to event and 60 days post event	Base on the 1 st of the month after the triggering event has occurred and when completed application and supporting documentation has been received. (Example: both received 1st through 30th/31st then effective date will be 1st of the following month.)	

Additional Documentation Requirements



Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #6	VA #6	You will lose or have lost minimum essential coverage Not including failure to pay premiums or rescissions.	Official termination notice from applicable insurance program or employer on letterhead, including reason for loss of coverage	60 Days prior to event and 60 days post event	Base on the 1 st of the month after the triggering event has occurred and when completed application and supporting documentation has been received. (Example: both received 1st through 30th/31st then effective date will be 1st of the following month.)	Dependents aging off of Tricare at age 23 can also use this category for a LOEP. The application for Identification Card/Deers Enrollment serves as proof for the LOEP.
MD #6	N/A	You will lose or have lost your state-sponsored pregnancy or medically needy coverage through Medicaid.	Official termination notice of state sponsored pregnancy or medically needy coverage from the entity that had provided the coverage.	60 Days prior to event and 60 days post event	Base on the 1 st of the month after the triggering event has occurred and when completed application and supporting documentation has been received. (Example: both received 1st through 30th/31st then effective date will be 1st of the following month.)	
MD #7	VA #7	You experienced an error in enrollment or subsidy eligibility due to the misconduct of a non-Exchange entity. Misconduct includes failure to comply with applicable standards under state or federal law.	Documentation from the appropriate Exchange that member is eligible due to this reason.	60 Days from the event	Date of the event that triggered the LOEP as defined in the documentation.	Note: Consult with Legal if there are questions about the appropriate effective date.

Additional Documentation Requirements

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #9	VA #9	You have been the victim of domestic abuse or spousal abandonment and you are currently enrolled in other minimal essential coverage through the perpetrator of the abuse or abandonment.	None - self attestation	60 Days from the event	***Based on 20th of the month	There should be no spouse on the application.
MD #10	N/A	You applied for a Qualified Health Plan through the MD Health Connection during the annual OEP or due to a qualifying life event and were told that you potentially qualified for Medicaid or CHIP coverage, but were later determined ineligible for Medicaid or CHIP coverage after your applicable Qualified Health Plan enrollment period had ended. Or did you apply for Medicaid or CHIP coverage through a state agency during the annual Qualified Health Plan OEP but were later determined ineligible for Medicaid or CHIP coverage after the Qualified Health Plan OEP had ended.	Official notification that you are ineligible for Medicaid or CHIP coverage	60 Days from the event	Date of the event that triggered the LOEP as defined in the documentation.	Note: Consult with Legal if there are questions about the appropriate effective date.

Additional Documentation Requirements

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
MD #11	N/A	You or your dependent(s) had a pregnancy confirmed by a health care practitioner.	Official confirmation on letterhead from health care practitioner, including the confirmation date of pregnancy.	90 days from the confirmation date of pregnancy	First of the month of the confirmed date of pregnancy. (i.e., if the pregnancy was confirmed on 2/21, the effective date would be 2/1).	If no confirmation date of pregnancy is included in the letter, the date of the letter can be used . If the letter is not dated and there is no confirmation date of pregnancy, a confirmation date must be requested.

For all enrollment changes, either an 834, Change Form OR application is required (see chart). Additional documentation may also be required (refer to slides 3-12)

MARYLAND

Grandfathered On Exchange

- Member must go back to the Maryland Health Connection

Grandfathered Off Exchange

- Membership Change Form should be sent for administrative changes
- Application should be sent for plan changes

VIRGINIA

Grandfathered On Exchange

- Members must go back to healthcare.gov

Grandfathered Off Exchange

- Application should be sent for plan and administrative changes

DISTRICT OF COLUMBIA

Grandfathered Off Exchange

- Membership Change Form should be sent for administrative changes
- Application should be sent for plan changes

Additional Documentation Requirements for Split Policies

Application Question		Qualifying Event	Required Documentation	Documentation Must Be Received Within	Base the Effective Date On	Additional Information
SPLITTING POLICIES USE OF LOSS OF MEC WHEN MAKING AN ACTIVE CHANGE THROUGH A LOEP						
MD #6	VA #7	In the case of a subscriber or spouse moving to Medicare, this can be used as a qualifying LOEP event for the remaining family members on the policy. The qualifying event will fall under Loss of Minimum Essential Coverage. This LOEP is only applicable to existing CareFirst members.	Documentation that shows the subscriber or spouse is now eligible for Medicare - letter from CMS or copy of Medicare card	60 Days prior to event and 60 days post event	Based on first day of the following month. (Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)	Subscriber moving to Medicare is business as usual. Subscriber/remaining family members receiving an LOEP if the spouse moves to Medicare is a courtesy CareFirst is extending to existing customers.
MD #6	VA #7	In the case of the subscriber only moving to group coverage, this can be used as a qualifying LOEP event for the remaining members on the policy. The qualifying event will fall under Loss of Minimum Essential Coverage. This applies to existing CareFirst members and new-to-CareFirst applicants.	Documentation showing the subscriber now has group coverage.	60 Days from the event	Based on the first day of the following month. (Example: both application and supporting documents received 1st through 30th/31st then effective date will be 1st of the following month.)	Policy will be split the end of the month that the documentation is received - business as usual.

- We must receive the application and documentation in order to determine effective date for all Qualifying Event listed.**

*** When basing the effective date on the 20th of the month - both the application and documentation must be received the 1st through the 20th of the month, then the effective date will be the 1st of the following month. If the application and documentation are received the 21st of the month or after, the effective date will be the 1st of the second month. Example: If both the application and documentation are received 5/8 effective date will be 6/1. If both received by 5/27 effective date will be 7/1.

** If you are adding a child to an existing policy (subsequent) due to birth, adoption, Grant of Court, Testamentary a as a Subsequent request, the effective date of the addition will be the date of birth or date of legal appointment due to adoption, grant of court or testamentary. (Current process- keeping the original effective date the same)

** If the LOEP is the result uninsured Parent(s) or Family having a new born, adopting, grant of court or testamentary (NEW enrollment), the effective date of the policy will be based on the date of birth, date of legal appointment due to adoption, grant of court or testamentary. This is due to the Parent(s) or entire Family becoming eligible to obtain coverage. Example: when we receive both the application and the required documentation: if date of birth, or date of adoption, grant of court or testamentary is June 18th, the effective date of the policy will be 6/18.