

# CHAND Eligibility Guidelines August 2009

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# Application Requirements

<b>Traditional</b>	<b>Age 65 &amp; Over or Disabled</b>	<b>HIPAA</b>	<b>TAARA</b>
<p>Each section of the application must be completed fully and accompanied by premium and <u>evidence to prove eligibility.</u></p> <p>Applicants applying due to reaching the lifetime maximum coverage amount of their most recent health insurance coverage must submit their application within 90 days of the lifetime maximum occurring and be accompanied by premium for coverage retroactive to the date that the lifetime maximum occurred.</p>	<p>Each section of the application must be completed fully and accompanied by premium and <u>evidence to prove eligibility.</u></p> <p>Applicant must be eligible for and enrolled in <u>Medicare</u> A &amp; B by reason of age or disability.</p>	<p>Each section of the application must be completed fully and accompanied by premium and evidence to prove <u>eligibility or document enough information to verify eligibility.</u></p> <p>Applications must be submitted within 63 days of prior coverage terminating.</p>	<p>Each section of the application must be completed fully and accompanied by premium and <u>evidence to prove eligibility.</u></p> <p>Applications must be submitted within 63 days of prior coverage terminating.</p>

## TAARA Applications Only

- If an individual qualifies as a PBGC or TAA individual, HCTC will generate a Candidate Letter for the individual to present at time of application.
- The Candidate Letter is not a guarantee the individual will receive HCTC premium assistance or tax credit.
- The spouse and each dependent of a TAARA qualified individual are required to complete a separate application. Place the TAARA eligible individual's name in section 6 of the application.
- The acceptance of a CHAND TAARA application does not guarantee an individual is or will continue to be eligible for HCTC payments or tax credits.
- The individual is required to secure health care coverage through a HCTC qualified plan.

# COBRA ELIGIBLES

## Traditional – Age 65 & Over or Disabled – TAARA Applicants

- Plans allow enrollment by individuals eligible for COBRA or guaranteed issue.
- A business owner is not eligible for COBRA.

## HIPAA Applicants

**Allows enrollment by individuals eligible for COBRA or guaranteed issue provided written or verbal confirmation the individual has either:**

1. declined continuation coverage offered by his/her employer when it was first available; or
  2. elected continuation coverage through his/her employer and has exhausted the COBRA coverage extension.
- A Certificate of Coverage (COC) confirming a prior coverage end date that is concurrent to the effective date of the CHAND plan is evidence the individual has declined COBRA coverage.
  - COBRA continuation letters submitted with HIPAA applications are not considered a COC.
  - A business owner is not eligible for COBRA.

# Dates on Applications

1) An individual who submits an application with an inaccurate signature date will be contacted by the Lead Carrier to confirm if:

- The premium and application will be returned to the signing agent with a new application required; or,
- If the applicant will be able to use the provided application with a new effective date.

2) When it becomes necessary to change the effective date of the policy:

- The applicant must initial any changes to the effective date shown on the application; or,
- If the applicant is not present, the effective date must be the latter of the original date or the revised date. The Lead Carrier will document the applicant's agreement and attach the correspondence to the application.

## Traditional – Age 65 & Over or Disabled – TAARA Applications

The signature date may not be prior to the date shown on the qualifying document(s) of evidence of eligibility.

## HIPAA Applications

The signature date may not be prior to the date of eligibility.

**EXCEPTION:** An individual who is still covered through qualifying previous coverage may submit an application. The effective date must be following termination of the current coverage but within the 63-days of the expected coverage termination date.

# Dependents

**Any North Dakota resident who is a dependent of an individual who is enrolled as a CHAND Traditional, an Age 65 & Over or Disabled, or a HIPAA subscriber is also eligible for CHAND coverage.**

- Each dependent will need to complete a separate **Traditional** application and provide appropriate premium.
- A 180-day waiting period will apply.
- A certificate of creditable coverage can be used to allow a reduction in waiting period days.
- A representative from the Lead Carrier will confirm eligibility.

**Any North Dakota resident who is a dependent of a CHAND TAARA individual is also eligible for CHAND coverage.**

- Each dependent will need to be named on the Candidate Letter from Health Care Tax Credit.
- Each dependent will need to complete a separate **TAARA** application and provide appropriate premium.
- A representative of the Lead Carrier will confirm eligibility as determined by Health Care Tax Credit certification.

# Effective Dates Options

## Traditional

	On the signature date of application.	On the day following the date shown on the written rejection or refusal if signed less than 180 days following the date shown on the written rejection or refusal.	On the signature date of application if signed at least one day after and less than 180 days following the date shown on the written rejection or refusal.	Any date after the signature date if the selected effective date is at least one day after and less than 180 days following the date shown on the written rejection or refusal.	On the signature date of application if signed on the date or within 180 days following the date of written evidence of restrictive rider/PE or excessive rate, or medical condition.	Any date after the signature date if the selected effective date is at least the date or within 180 days following the date of written evidence of restrictive rider/PE or excessive rate, or medical condition.	On the date the lifetime maximum occurred if the application is submitted within 90 days after the date that the lifetime maximum occurred and the application is accompanied by premium for coverage retroactive to the date that the lifetime maximum occurred.
Rejected or refused similar insurance for health reasons		X	X	X			
Offered coverage with a restrictive rider or PE limit that substantially reduces coverage					X	X	
Offered comparable insurance at a rate exceeding CHAND					X	X	
Existence or history of medical condition on application					X	X	
Resident dependent of a CHAND subscriber	X						
Resident spouse of a CHAND subscriber	X						
Reached lifetime maximum amount on most recent health insurance coverage							X

# Effective Dates Options

## Age 65 and Over or Disabled

	On the signature date of application.	On the day following the date shown on the written rejection or refusal if signed less than 180 days following the date shown on the written rejection or refusal.	On the signature date of application if signed at least one day after and less than 180 days following the date shown on the written rejection or refusal.	Any date after the signature date if the selected effective date is at least one day after and less than 180 days following the date shown on the written rejection or refusal.	On the signature date of application if signed on the date or within 180 days following the date of written evidence of restrictive rider/PE or excessive rate, or medical condition.	Any date after the signature date if the selected effective date is at least the date or within 180 days following the date of written evidence of restrictive rider/PE or excessive rate, or medical condition.
Rejected or refused similar insurance for health reasons		X	X	X		
Offered coverage with a restrictive rider or PE limit that substantially reduces coverage					X	X
Offered comparable insurance at a rate exceeding CHAND					X	X
Existence or history of medical condition on application					X	X
Resident dependent of a CHAND subscriber	X					
Resident spouse of a CHAND subscriber	X					

## HIPAA and TAARA Applicants

	HIPAA	TAARA
The <u>signature date</u> of application if it is within 63 days of termination of the qualifying previous coverage.	X*	X
Any date after the <u>signature date</u> of application if the selected date is within 63 days of termination of the qualifying previous coverage.	X*	X

\* An individual who is still covered through qualifying previous coverage may submit an application. The effective date must follow termination of the current coverage but may not exceed 63-days of the expected coverage termination date.

# Eligibility Requirements

## Traditional Applicants

The Traditional CHAND Applicants must meet the following criteria.

The applicant is eligible to apply for coverage because he/she:

1. Has been a resident of North Dakota for at least 183 days prior to this application and intends to maintain North Dakota residency while a subscriber of CHAND; **and**
2. Meets one of the following:
  - a. Is a:
    - resident dependent of a CHAND subscriber; or
    - resident spouse of a CHAND subscriber.
  - OR**
  - b. Has included written evidence from at least one insurance carrier that within 180 days prior to the signature date of application he/she has been:
    - Rejected of refused by an insurer to issue substantially similar insurance for health reasons;
    - Offered coverage with a restrictive rider or a preexisting condition limitation in place on the policy, the effect of which is to reduce substantially, coverage from that received by an individual considered a standard risk; or
    - Offered a comparable insurance at a rate that exceeds the CHAND rate.
  - OR**
  - c. Has included written evidence from a medical professional of the existence or history of any of the following:
    - AIDS – Alzheimer’s disease – Cirrhosis – COPD/Emphysema – Crohn’s disease – Dementia – End stage renal failure – Hemiplegia/paraplegia if result of CVA – Hemochromatosis – Hemophilia – Multiple sclerosis – Muscular dystrophy – Nursing home resident – Obesity – Polycythemia – Pregnancy – Quadriplegia – Severe osteoarthritis
  - OR**
  - d. Has included within 90 days after the date, written evidence that my lifetime maximum coverage amount was reached on my most recent health insurance coverage. (Premium for coverage retroactive to the date that the lifetime maximum occurred is required to be submitted with the application.)
- and**
3. Is not enrolled in health benefits with the state of North Dakota’s Medical Assistance Program (Medicaid); **and**
4. Is not imprisoned under federal, state or local authority; **and**
5. Does not have health insurance premiums paid for or reimbursed under any government-sponsored program, government agency, health care provider, nonprofit charitable organization or employer; **and**
6. Has not been previously insured through CHAND during the past 12 months. (This does not apply to an applicant who has applied under 2d above.)

# Eligibility Requirements

## HIPAA Applicants

HIPAA CHAND Applicants must meet the following criteria.

The applicant is eligible to apply for coverage because he/she:

1. Is a resident of North Dakota and intends to maintain North Dakota residency while a subscriber of CHAND; **and**
2. Meets the following federally-defined eligibility guidelines:
  - Has had 18 months of qualifying previous coverage\* ; **and**

**\*Qualifying Previous Coverage** – 1) group health benefit plan; 2) health benefit plan; 3) Medicare; 4) Medicaid; 5) TRICARE; 6) Indian Health Services; 7) state risk pool coverage; 8) health plan under §5 U.S.C. 89; 9) public health plan; 10) health benefit plan §5(e) of the Peace Corps Act; and, 11) state children's health insurance.

3.  Has applied for coverage within 63 days of the termination of the qualifying previous coverage; **and**
  - Is not eligible for coverage under Medicare or a group health benefit plan; **and**
  - Does not have any other health insurance coverage; **and**
  - Has not had the most recent qualifying previous coverage terminated for nonpayment of premiums or fraud; **and**
  - If offered the option, has declined continuation coverage under COBRA through his/her employer or under a similar state program and that coverage has been exhausted.**and**
4. Is not enrolled in health benefits with the state of North Dakota's Medical Assistance Program (Medicaid); **and**
5. Does not have health insurance premiums paid for or reimbursed under any government-sponsored program, government agency, health care provider, nonprofit charitable organization or employer.

# Eligibility Requirements

## Age 65 & Over or Disabled Applicants

The Traditional and Age 65 & Over or Disabled (Supplement) CHAND Applicants must meet the following criteria.

The applicant is eligible to apply for coverage because he/she:

1. Is at least 65 years old or disabled and eligible for Medicare; **and**
2. Has been a resident of North Dakota for at least 183 days prior to this application and intend to maintain North Dakota residency while a subscriber of CHAND; **and**
3. Meets one of the following:
  - a. Is a
    - resident dependent of a CHAND subscriber; or
    - resident spouse of a CHAND subscriber.
  - OR**
  - b. Has included written evidence from at least one insurer that within 180 days prior to the signature date of application he/she has been:
    - Rejected of refused by an insurer to issue substantially similar insurance for health reasons;
    - Offered coverage with a restrictive rider or a preexisting condition limitation in place on the policy, the effect of which is to reduce substantially, coverage from that received by an individual considered a standard risk; or
    - Offered a comparable insurance at a rate that exceeds the CHAND rate.
  - OR**
  - c. Has included written evidence from a medical professional of the existence or history of any of the following:
    - AIDS – Alzheimer's disease – Cirrhosis – COPD/Emphysema – Crohn's disease – Dementia – End stage renal failure – Hemiplegia/paraplegia if result of CVA – Hemochromatosis – Hemophilia – Multiple sclerosis – Muscular dystrophy – Nursing home resident – Obesity – Polycythemia – Pregnancy – Quadriplegia – Severe osteoarthritis
- and**
4. Is not enrolled in health benefits with the state of North Dakota's Medical Assistance Program (Medicaid); **and**
5. Is not imprisoned under federal, state or local authority; **and**
6. Does not have health insurance premiums paid for or reimbursed under any government-sponsored program, government agency, health care provider, nonprofit charitable organization or employer; **and**
7. Has not been previously insured through CHAND during the past 12 months.

# Eligibility Requirements

## TAARA Applicants

TAARA CHAND Applicants must meet the following criteria.

The applicant is eligible to apply for coverage because he/she:

1. Has been a resident of North Dakota for at least 183 days prior to this application and intends to maintain North Dakota residency while a subscriber of CHAND; **and**
2. Is a Trade Adjustment Assistance or a Pension Benefit Guarantee Corporation applicant; **and** (*Requires a Candidate Letter from HCTC*)
3. Has had three or more months of qualifying previous health insurance coverage; **and**
4. Has applied for coverage within 63 days of termination of qualifying previous health insurance coverage; **and**
5. Is not imprisoned under federal state or local authority; **and**
6. Is not enrolled in health benefits with the state of North Dakota's Medical Assistance Program (Medicaid); **and**
7. Has not been previously insured through CHAND during the past 12 months; **and**
8. Does not have health insurance coverage through any of the follows:
  - a. His/Her or his/her spouse's employer plan that provides for employer contribution of 50% or more of the cost of coverage for the applicant, his/her spouse and his/her eligible dependents or the coverage is in lieu of an employer's cash or other benefit under a cafeteria plan;
  - b. North Dakota's children's health insurance program (Healthy Steps);
  - c. A government plan;
  - d. Chapter 55 or United States Code Title 10 related to armed forces medical and dental care; or
  - e. Medicare; **and**
9. Coverage under this program may be provided to an applicant who is eligible for health insurance coverage through: COBRA [Pub.L. 99-272]; a spouse's employer program in which the employer contribution is less than 50%; or the individual marketplace, including continuation or guaranteed issue, but who elects to obtain this coverage.

# Eligibility Requirements Grid

**Eligibility is based on an individual's ability to meet the requirements shown on the right.**

**("X" indicates that an individual must satisfy all the requirements to be eligible to apply.)**

	Resident of ND for at least 183 days prior to application.	Currently a resident of ND— no specified number of residency days	Is at least 65 years old or disabled and eligible for Medicare	Is a Trade Adjustment Assistance or a Pension Benefit Guarantee Applicant	Is the resident dependent or spouse of an individual enrolled in CHAND.	Rejected or refused similar insurance for health reasons.	Offered coverage with a restricted rider or PE limit that reduces coverage.	Offered comparable insurance at a rate exceeding CHAND.	Existence or history of medical condition. *	Has applied for coverage within 90 days of reaching LTM.	Has had 18 months of qualifying previous coverage. **	Has applied within 63 days of termination of qualifying previous coverage.	Is not eligible for Medicare, a group health plan, or any other health insurance coverage.	Most recent coverage was not terminated for nonpayment or fraud	If offered the option, has declined continuation coverage under COBRA or under a similar state program and that coverage has been exhausted.	Has had three or more months of qualifying previous health insurance.	Does not have health insurance coverage through any of the follows: a) His/Her or his/her spouse's employer plan that provides for employer contribution of 50% or more of the cost of coverage for the applicant, his/her spouse and his/her eligible dependents or the coverage is in lieu of an employer's cash or other benefit under a cafeteria plan; b) North Dakota's children's health insurance program (Healthy Steps); c) A government plan; d) Chapter 55 or United States Code Title 10 related to armed forces medical and dental care; or Medicare.	Coverage under this program may be provided to an applicant who is eligible for health insurance coverage through: COBRA [Pub.L. 99-272]; a spouse's employer program in which the employer contribution is less than 50%; or the individual marketplace, including continuation or guaranteed issue, but who elects to obtain this coverage.	Is not enrolled in health benefits with ND's Medicaid.	Is not imprisoned under federal, state or local authority.	Has not been previously insured through CHAND in the past 12 months.	Health insurance premiums are not paid for or reimbursed by any government-sponsored program, government agency, health care provider, non-profit charitable organization or employer.		
Traditional –Dependent or Spouse	X				X															X	X	X	X	
Traditional – Rejection or Refusal	X					X															X	X	X	X
Traditional – Restrictive Rider or PE	X						X														X	X	X	X
Traditional – Rate exceeds CHAND	X							X													X	X	X	X
Traditional – Medical Condition	X								X												X	X	X	X
Traditional – Lifetime Maximum Met	X									X											X	X		X
HIPAA		X									X	X	X	X							X			X
TAARA	X			X								X				X		X			X	X	X	
Supplement –Dependent or Spouse	X		X		X																X	X	X	X
Supplement – Rejection or Refusal	X		X			X															X	X	X	X
Supplement – Restrictive Rider or PE	X		X				X														X	X	X	X
Supplement – Rate exceeds CHAND	X		X					X													X	X	X	X
Supplement – Medical Condition	X		X						X												X	X	X	X

# Evidence of Eligibility

## Traditional and Age 65 & Over or Disabled Applicants

If the application is submitted without written evidence of eligibility, the application will not be accepted.

- The Lead Carrier will disapprove the application and return the premium with a copy of the application.
- The reason for disapproval will be provided in writing to the applicant and/or agent.
- The applicant will need to provide a new application.

**Exception:** An individual applying as a dependent or spouse of CHAND subscriber. Reference Spouse or Dependent sections.

# Written Evidence of Eligibility – *Continued*

## Traditional Applicants and Age 65 & Over or Disabled Applicants

Select the appropriate written evidence of eligibility to identify the specific requirement:

**1) Letter of rejection or refusal from an insurer to issue insurance for health reasons.**

- A letter from the insurance carrier's home office on the carrier's letterhead that states the applicant has been denied coverage from their company due to health reasons is required.
- The date on the letter may be no more than 180 days prior to the signature date on the CHAND application.
- Letters signed by agents representing an insurance company cannot be accepted.
- A rejection or refusal by an insurer offering only stop loss, excess of loss, or reinsurance coverage is not sufficient evidence to qualify as a rejection or refusal.
- A conversion letter may be accepted as a rejection letter.

**2) Letter from an insurer indicating that a restrictive rider or a preexisting condition limitation, the effect of which is to reduce substantially, coverage from that received by an individual considered standard risk, is in place on the policy the insurer is willing to offer.**

- A letter from the insurance carrier's home office on the carrier's letterhead that states the applicant has been offered restrictive coverage is required.
- The date on the letter may be no more than 180 days prior to the signature date on the CHAND application.
- Letters signed by agents representing an insurance company cannot be accepted.
- A restrictive rider is a modification to an existing benefit plan that applies to a specific individual and restricts benefits that are normally offered to others having the same benefit plan. A restrictive rider is not a limited benefit plan, which allows a limit of benefits for some condition(s) that applies to all members of the benefit plan.
- A preexisting condition period is a limit that has been placed on an individual's policy, not a general limitation that applies to all members of the benefit plan. A policy with a standard waiting limit of 12 months does not qualify the individual for CHAND.

NOTE: Individuals who are covered under a limited benefit plan versus having a restrictive rider or preexisting condition limitation, need to get a rejection letter to be eligible for CHAND coverage as a Traditional applicant.

**3) Letter from an insurer offering comparable insurance at a rate exceeding the CHAND rate.**

- Written documentation from the insurance carrier's computer system or a comparison printed on the company's letterhead and signed by a representative or licensed agent is required.
- The date on the letter may be no more than 180 days prior to the signature date on the CHAND application.

**4) Letters from a health care professional certifying an individual is applying due to the existence or history of any of the medical condition(s) shown on the application.**

- The written confirmation must be on the letterhead of the health care professional who is certifying the condition.
- The condition must be listed on the CHAND application.
- The date on the letter may be no more than 180 days prior to the signature date on the CHAND application.

**5) Document from an insurance carrier that shows the lifetime maximum coverage benefit has been reached and the date that the coverage terminated. \*\*\*This does not apply to an Age 65 and Over or Disabled applicant.\*\*\***

# Evidence of Eligibility

## HIPAA Applicants

**If the application is submitted with the first page completed, but the applicant fails to complete the second page or does not provide any type of evidence of eligibility, the application is not considered complete.**

- The Lead carrier will contact the applicant to request some type of acceptable evidence.
- If the applicant provides the information to the Lead Carrier prior to 30 days from receipt of the application, the Lead Carrier will process the application and if approved, honor the original application dates.
- If the applicant does NOT provide the information to the Lead Carrier prior to 30 days from receipt of the application, the Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.
- The 63-day HIPAA time period will not stop until this evidence is received.

**If an application is submitted with the first and second pages completed, but the applicant fails to provide some type of evidence of eligibility, the application will be accepted if it provides enough information for the Lead Carrier to verify the applicant's eligibility.**

- The 63-day HIPAA time period will stop upon receipt by the Lead Carrier.
- Verification of eligibility may require the Lead Carrier to telephonically contact the applicant's former insurer or employer to verify previous coverage.
- If the applicant provides the information within the timeframe, the Lead Carrier will process the application and if approved, honor the original application dates.
- If the applicant does NOT provide the information within the timeframe, the Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

# Evidence of Eligibility

## TAARA Applicants

**If the application is submitted without evidence of eligibility, the application will not be accepted.**

- The Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

**The acceptance of a TAARA application does not guarantee the individual is or will continue to be eligible for HCTC payments or credits. Additionally, the HCTC Candidate Letter does not guarantee an individual is eligible for CHAND TAARA coverage.**

# Written Evidence of Eligibility

## TAARA Applicants

- A Federal Health Care Tax Credit (HCTC) Candidate Letter to certify the applicant meets the requirements of the Trade Adjustment Assistance or Pension Benefit Guarantee Corporation guidelines will be required to apply as a TAARA applicant.
- A Certificate of Coverage or other documentation from the prior carrier to show previous coverage and its termination date is also required.

# **Imprisoned Individual**

## **Traditional – Age 65 & Over or Disabled - TAARA**

- An individual who is imprisoned under federal, state, or local authority is not eligible to enroll as a CHAND subscriber.

## **HIPAA**

There are no imprisonment restrictions applied to an individual who is applying to CHAND as a HIPAA applicant.

# Invalid Applications

## Applies to all CHAND Applications

If an application is submitted without premium or signatures, the application will not be accepted.

- The Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

# Reapplication following an Invalid Application – (Link to Reapplication Section)

## Applies to all CHAND Applications

- The applicant will need to complete and submit a new CHAND application.
- Provide a new signature.
- Accept a new effective date. The effective date assigned to the successive application(s) will not be retroactive to the signature date on the original application.

# Exception to Reapplication

## Traditional Applicants and Age 65 & Over or Disabled Applicants

- An individual who has been rejected or refused insurance coverage may have an effective date on the day following the date of the rejection or refusal notices.
- The successive application signature date must be within 180 days following the date on the written evidence of eligibility.
- An individuals who is applying to Traditional coverage due to reaching the lifetime maximum on their previous coverage must include premium for coverage retroactive to the date coverage was lost at the time of application.

# Invalid Applications - Continued

## Traditional – Age 65 & Over or Disabled – TAARA Applicants

**1) If the application is submitted with the premium and written evidence of eligibility but is missing other information, the application will be accepted.**

- The Lead Carrier will contact the applicant to request the missing information.
- The applicant will be given a specific period of time to fulfill the request.
- If the applicant provides the information within the timeframe, the Lead Carrier will process the application and if approved, honor the original application dates.
- If the applicant does NOT provide the information within the timeframe, the Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

**2) If the application is submitted with the premium but does not have written evidence of eligibility, the application will not be accepted.**

- The Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

**3) Applications with a signature date prior to the date of the rejection letter or other qualifying written evidence, will not be accepted.**

- The Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

## Traditional – Age 65 & Over or Disabled Applicants

**Applications with a signature date that is more than 180 days following the date on the qualifying written evidence, will not be accepted.**

- The Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

# Invalid Applications - Continued

## TAARA – HIPAA Applicants

**If an application is submitted with a signature date that is more than 63 days following the termination date of the applicant's qualifying previous coverage, the application will not be accepted.**

- The Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to submit a Traditional application and provide written evidence of eligibility.

## HIPAA Applicants

**1) If the application is submitted with the premium and the first page completed, but the applicant fails to complete the second page or does not provide any type of evidence of eligibility, the application is not considered complete.**

- The Lead carrier will contact the applicant to request some type of acceptable evidence.
- The 63-day time period will stop upon receipt by the Lead Carrier but the application will not be processed until this evidence is received.
- If the applicant provides the information within the timeframe, the Lead Carrier will process the application and if approved, honor the original application dates.
- If the applicant does NOT provide the information within the timeframe, the Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

**2) If an application is submitted with the premium and the first and second pages are completed, but the applicant fails to provide some type of evidence of eligibility, the application will be accepted if it provides enough information for the Lead Carrier to verify the applicant's eligibility.**

- The 63-day time period will stop upon receipt by the Lead Carrier.
- Verification of eligibility may require the Lead Carrier to telephonically contact the applicant's former insurer or employer to verify previous coverage.
- If the applicant provides the information within the timeframe, the Lead Carrier will process the application and if approved, honor the original application dates.
- If the applicant does NOT provide the information within the timeframe, the Lead Carrier will disapprove the application and refund the premium.
- The reason for disapproval will be provided to the applicant and/or agent in writing.
- The applicant will need to provide a new application.

## Lifetime Maximum Benefit

- Any individual who has received benefits of one million dollars through the CHAND program is not eligible to obtain new coverage through the program.
- The Lead Carrier records membership and accumulator data. The Lead Carrier, as a component of the application review process, determines eligibility and benefit limits prior to approving the application.
- The Lead Carrier's program administrator will notify CHAND subscribers when their benefit dollars paid nears the lifetime maximum and assist in determining alternative options for health care coverage.

# Medicaid

- An applicant who is enrolled in health benefits with the state's medical assistance program (Medicaid) is not eligible to enroll as a CHAND subscriber.
- To clarify, if an individual is active within the Medicaid system, the individual is enrolled in Medicaid. Enrollment with Medicaid, regardless of an individual's eligibility for benefits on a month-to-month basis, disqualifies an individual from CHAND.
- Medicaid coverage, once terminated, has the status equivalent to other insurance plans and therefore is considered qualifying previous coverage.
- An applicant may not sign a CHAND application while enrolled with Medicaid.
- Written certification from the state's Medicaid program, which certifies that the individual is no longer enrolled or eligible for Medicaid benefits, is required at the time the CHAND application is signed.

# Medicare

## Applies to all CHAND Applicants

- CHAND's prescription drug coverage is creditable. A Creditable Coverage Disclosure Notice (CCDN) is provided for the Traditional subscribers on a yearly basis and posted to the CMS website.
- An individual who becomes eligible for Medicare due to age or disability cannot be forced to move to a CHAND supplement. These individual may maintain their coverage through CHAND with a Traditional policy.
- A CHAND enrollee who terminates CHAND coverage to enroll in a Medicare Advantage plan may be allowed to re-apply to CHAND within 12 months of switching to a Medicare Advantage plan. The 12-month break in CHAND coverage does not apply in this situation.
- CHAND considers Medicare A & B coverage as qualifying previous coverage.

## Traditional Applicants

- An applicant who is eligible or enrolled in Medicare A & B, due to age or disability, may be eligible to enroll as a Traditional CHAND subscriber.
- An applicant who is eligible or enrolled in Medicare A & B, due to age or disability, AND has a commercial Medicare Supplement policy may be eligible to enroll as a Traditional CHAND while maintaining the commercial Medicare Supplement policy.

## Age 65 & Over or Disabled Applicants (Basic and Standard Supplements)

- An applicant who is eligible or enrolled in Medicare A & B may be eligible to enroll as an Age 65 & Over or Disabled CHAND subscriber.
- Although CHAND is not a Medicare Supplement policy, a CHAND Age 65 and Older or Disabled supplement policy may not be sold to an individual who is already covered by a commercial Medicare Supplement Policy.
- An individual who purchase's CHAND's Age 65 and Older or Disabled Supplement policy does not need to complete a Medicare Supplement Replacement form.

## HIPAA and TAARA Applicants

An applicant who is eligible or enrolled in Medicare A & B is not eligible to enroll as a HIPAA or TAARA CHAND subscriber.

# Moving between CHAND Plans

The 12-month lapse in coverage requirement does not apply to CHAND subscribers who have continuous CHAND coverage and are moving between CHAND plans.

## Traditional – HIPAA – TAARA Enrollees

- 1) A subscriber may change their chiropractic option annually on anniversary. (September 1)
  - A written request is required.
  - An application is not required.
- 2) A subscriber with a \$500 deductible may move to a \$1000 deductible at anytime.
  - A written request is required.
  - An application is not required.
- 3) A subscriber with a \$1000 deductible may move to a \$500 deductible on anniversary. (September 1)
  - A written request is required.
  - An application is not required.

## Traditional Enrollees

- 1) An individual on a Traditional CHAND plan who becomes eligible for Medicare due to age will be notified of their ability to move to a supplement plan with a commercial carrier of their choice without medically qualifying if they do so within six months of becoming eligible for Medicare. If the Traditional subscriber fails to move to a commercial carrier's supplement within the six- month window of becoming eligible due to age the subscriber may move to a CHAND Supplement plan at any time.
  - An application is required but the individual does not need to provide new evidence of eligibility.
  - No waiting period is applied.
- 2) A Traditional CHAND individual, who is or becomes eligible for Medicare due to a disability, may move to a Basic or Standard supplement plan at any time.
  - An application is required but the individual does not need to provide new evidence of eligibility.
  - No waiting period is applied.
- 3) A Traditional CHAND Subscriber, who is or becomes eligible for Medicare due to age or disability, may remain on a Traditional policy.
  - No additional action is necessary.

# Moving between CHAND Plans

## HIPAA and TAARA Enrollees

**1) A HIPAA or TAARA subscriber who becomes eligible for Medicare due to age will be notified that they are ineligible to remain on CHAND as a HIPAA or TAARA subscriber but able to move to a supplement plan with a commercial carrier of their choice without medically qualifying if they do so within six months of becoming eligible for Medicare due to age. If the HIPAA or TAARA subscriber fails to move to a commercial carrier's supplement within the six-month window of becoming Medicare eligible due to age the subscriber must move to a CHAND Traditional or Supplement plan to maintain eligibility with CHAND.**

- The Lead Carrier will contact the subscriber through a "Nearing Age 65" letter to determine what option the subscriber would like to move to.
- If a HIPAA or TAARA individual who qualifies for Medicare.
- An application is required if the HIPAA or TAARA subscriber is transferring to a Traditional or Supplement plan but the individual does not need to provide new evidence of eligibility.
- No waiting period is applied.
- Membership to complete the transfer.

If a HIPAA or TAARA individual who qualifies for Medicare due to age requests to be moved to a Traditional policy, the transfer will occur at the end of the month that the Lead Carrier is notified. If the HIPAA or TAARA individual who qualifies for Medicare due to age requests to

**2) A HIPAA or TAARA CHAND individual who becomes eligible for Medicare due to disability must move to a CHAND Traditional or Supplement plan to maintain eligibility with CHAND.**

- A HIPAA or TAARA individual who qualifies for Medicare due to a disability will transfer at the end of the month that CHAND becomes aware of the Medicare eligibility.
- If the notification is made verbally through the CHAND Service Center, the representative will inform the subscriber of their option to transfer to a Traditional or Supplement CHAND plan and document the outcome in correspondence control.
- An application is required if the HIPAA or TAARA subscriber is transferring to a Traditional or Supplement plan so the CHAND Service Center representative will provide website information to the subscriber or send a request through the IBC process to ensure an agent contacts the subscriber.
- This individual does not need to provide new evidence of eligibility with the new application.
- Correspondence will be sent to membership to terminate the coverage at the end of the month and complete the transfer.
- No waiting period is applied.

# Moving between CHAND Plans

## Age 65 & Over or Disabled (Basic and Standard Supplement Enrollees)

**1) A Standard Supplement subscriber may move to a Basic Supplement at anytime.**

- A written request is required.
- An application is not required.

**2) A Basic Supplement subscriber may move to a Standard Supplement only on anniversary. (January 1)**

- A written request is required.
- An application is not required.

**3) A Standard or Basic Supplement subscriber may move to Traditional CHAND coverage on the Supplement anniversary. (January 1)**

- An application is required.
- Traditional plan must have a concurrent effective date.
- Medicare A & B and Medicare Supplement are qualifying previous coverage so no waiting period will apply.

**4) An individual on a Supplement CHAND plan who is eligible for Medicare due to a disability then becomes eligible for Medicare due to age will be notified of their ability to move to a supplement plan with a commercial carrier of their choice without medically qualifying if they do so within six months of becoming eligible for Medicare.**

If the Supplement subscriber fails to move to a commercial carrier's supplement within the six-month window of becoming Medicare eligible due to age the subscriber will remain on a CHAND Supplement plan until CHAND is notified of any change.

**5) A Supplement subscriber who is no longer eligible for Medicare must move to a Traditional plan.**

- Change will take place at the end of the month in which CHAND becomes aware of the Medicare eligibility.
- An application is required but the individual does not need to provide new evidence of eligibility.
- Waiting periods do not apply.

# Newborns

**A newly born child without health insurance coverage is covered through the mother's association benefit plan for the first 31 days following birth. This includes a child who is adopted from the date of adoption through the first 31 days following birth.**

- The newborn will not be automatically added to the mother's policy.
- A representative from the Lead Carrier will confirm:
  - a) if other coverage is available for the newborn, and, if not
  - b) if the CHAND subscriber wants the newborn covered under her policy for the first 31 days of life.
- Any claims, deductibles and coinsurance amounts incurred for the newborn through the Mother's policy are accumulated toward the Mother's lifetime maximum and annual out of pocket maximum.
- Waiting periods do not apply.
- CHAND will not pay as a secondary payer under the mother's policy during the first 31 days if other coverage is available.

**A Newly born child may not be added to the father's policy.**

## Traditional Plan Only

**1) A child that will remain on CHAND after the 31 days of coverage through the mother's policy may move to a Traditional Plan policy of their own by completing a Traditional plan application and provide the appropriate premium within the 31 days following birth.**

- The dollars paid under the mother's CHAND plan will not be moved to the newborn's accumulator.
- Waiting periods do not apply.
- A newborn will not be required to submit a certification of eligibility.

**2) A newborn or child, who meets the eligibility requirements for a Traditional Plan and has not been covered through the mother's CHAND policy, may apply for coverage through CHAND.**

- Effective Date will be the date of signature.
- CHAND will always be the payer of last resort.
- Waiting periods will apply.

## Other Coverage

	CHAND is the payer of last resort.	An individual may only have one CHAND policy.	CHAND subscriber may have additional health insurance coverage, other than Medicaid.	CHAND subscriber may have Medicare A & B coverage.	CHAND subscriber may have Medicare A & B and a Medicare Supplement plan with a commercial carrier.	CHAND subscriber may have Medicare A & B and a major medical plan with a commercial carrier.
Traditional –Dependent or Spouse	X	X	X	X	X	
Traditional – Rejection or Refusal	X	X	X	X	X	
Traditional – Restrictive Rider or PE	X	X	X	X	X	
Traditional – Rate exceeds CHAND	X	X	X	X	X	
Traditional – Medical Condition	X	X	X	X	X	
Traditional – Lifetime Maximum Met	X	X	X			
HIPAA ***	X	X				
TAARA	X	X				
Supplement –Dependent or Spouse	X	X	X	X		X
Supplement – Rejection or Refusal	X	X	X	X		X
Supplement – Restrictive Rider or PE	X	X	X	X		X
Supplement – Rate exceeds CHAND	X	X	X	X		X
Supplement – Medical Condition	X	X	X	X		X

# Preexisting Conditions and Waiting Periods

## HIPAA and TAARA Applicants

HIPAA and TAARA individuals are exempt from preexisting condition limitations and waiting period restrictions.

## Traditional Applicants

- A waiting period of 180 consecutive days beginning on the effective date of this benefit plan must be fulfilled before benefits will be available for any services, supplies or charges for the treatment of any condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 180 days immediately preceding the signature date of application.
- The waiting period does not apply to nonelective treatment for congenital conditions or genetic diseases.
- The waiting period does not apply to an applicant who has obtained coverage due to reaching the lifetime maximum coverage amount on their most recent health insurance coverage.
- A waiting period of 270 consecutive days beginning on the effective date of this benefit plan must be fulfilled before benefits will be available for maternity services. EXCEPTION: The waiting period of a subscriber who qualifies for coverage due to a catastrophic condition or major illness who is also pregnant at the time of application for coverage will be eligible for maternity benefit after completing a waiting period of 180 consecutive date beginning on the effective date of this benefit plan.
- Waiting Periods are not applied to a newly born child moving from the mother's CHAND coverage.
- Waiting Periods are applied to a newborn or child entering CHAND without first being covered through the mother's CHAND coverage.
- Waiting Periods are applied to the spouse of an individual who is enrolled in CHAND.
- Waiting Periods are applied to a dependent of an individual who is enrolled in CHAND.
- A reduction in waiting period days by the aggregate period of qualifying previous coverage to the extent made available by the previous coverage is allowed provided the CHAND application was signed and the effective date is within 63 days of termination of the qualifying previous coverage and a significant break (63 days or more) in the previous coverage has not occurred.

# Preexisting Conditions and Waiting Periods

## Age 65 & Over or Disabled Applicants

- A waiting period of 180 consecutive days beginning on the effective date of this benefit plan must be fulfilled before benefits will be available for any services, supplies or charges for the treatment of any condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 180 days immediately preceding the signature date of application.
- The waiting period does not apply to nonelective treatment for congenital conditions or genetic diseases.
- A waiting period of 270 consecutive days beginning on the effective date of this benefit plan must be fulfilled before benefits will be available for maternity services. **EXCEPTION:** The waiting period of a subscriber who qualifies for coverage due to a catastrophic condition or major illness who is also pregnant at the time of application for coverage will be eligible for maternity benefit after completing a waiting period of 180 consecutive date beginning on the effective date of this benefit plan.
- Waiting Periods are not applied to a newly born child moving from the mother's CHAND coverage.
- Waiting Periods are applied to a newborn or child entering CHAND without first being covered through the mother's CHAND coverage.
- Waiting Periods are applied to the spouse of an individual who is enrolled in CHAND.
- Waiting Periods are applied to a dependent of an individual who is enrolled in CHAND.
- A reduction in waiting period days by the aggregate period of qualifying previous coverage to the extent made available by the previous coverage is allowed provided the CHAND application was signed and the effective date is within 63 days of termination of the qualifying previous coverage and a significant break (63 days or more) in the previous coverage has not occurred.

## Exemption Requests and Appeals

- The CHAND Board of Directors, by a two-thirds majority vote, can exempt an applicant from the waiting period and preexisting condition provisions when "required under emergency circumstances to allow the applicant access to medical procedures determined to be necessary to preserve life".
- The Lead Carrier's CHAND Administrator coordinates waiver of waiting period requests based on the approved policy for this process. Requests are reviewed by a committee of Lead Carrier personnel prior to research and consultation with the Commissioner of Insurance. If it is determined that the individual has been refused medical services or treatment in addition to requiring an emergency life saving service, an emergency meeting of the Board of Directors will be called.
- A medical facility or provider requiring an individual to make payment arrangements prior to receiving services is not a refusal to provide treatment.

# Preexisting Conditions and Waiting Periods Grid

Applicable waiting periods and preexisting limitations vary by CHAND product.  ("X" indicates waiting periods and preexisting conditions by plan.)	Exempt from preexisting condition limitations and waiting period restrictions.	180 day waiting period from effective date for services, supplies or charges for the treatment of any condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 180 days immediately preceding the signature date of the application.	Exemption for nonelective treatment for congenital conditions or genetic diseases.	270 day waiting period from effective date of this benefit plan for maternity services.	Reduction of 270 day maternity waiting period to 180 days if the subscriber qualified for CHAND due to a catastrophic condition or major illness at the time of application.	Exemption of waiting period for a newly born child moving from the mother's CHAND coverage.	180 day waiting period applies to a newborn or child entering CHAND without first being covered through the mother's CHAND coverage.	Reduction in waiting period days by the aggregate period of qualifying previous coverage to the extent made available by the previous coverage provided the CHAND application is signed and the effective date is within 63 days of termination of the qualifying previous coverage and a significant break (more than 63 days) in the qualifying previous coverage has NOT occurred.
Traditional – Dependent or Spouse		X	X	X	X	X	X	X
Traditional – Rejection or Refusal		X	X	X	X	X	X	X
Traditional – Restrictive Rider or PE		X	X	X	X	X	X	X
Traditional – Rate exceeds CHAND		X	X	X	X	X	X	X
Traditional – Medical Condition		X	X	X	X	X	X	X
Traditional – Lifetime Maximum Met	X					X		
HIPAA ***	X					X		
TAARA	X					X		
Supplement – Dependent or Spouse		X	X	X	X	X	X	X
Supplement – Rejection or Refusal		X	X	X	X	X	X	X
Supplement – Restrictive Rider or PE		X	X	X	X	X	X	X
Supplement – Rate exceeds CHAND		X	X	X	X	X	X	X
Supplement – Medical Condition		X	X	X	X	X	X	X
<b>EXEMPTION TO: WAITING PERIODS AND PREEXISTING CONDITIONS</b>  Applicable exemptions vary by CHAND product. ("X" indicates plans that may be eligible for exemptions.)			<p>CHAND Board can exempt an applicant from the waiting period and preexisting condition provision <b>when required under emergency circumstances to allow the applicant access to medical procedures</b> determined to be necessary to preserve life."</p> <p><b>NOTE: A written request is required and should be mailed to the CHAND Administrator.</b></p>					
Traditional and Age 65 or Disabled – Dependent or Spouse			X					
Traditional and Age 65 or Disabled – Rejection or Refusal			X					
Traditional and Age 65 or Disabled – Restrictive Rider or PE			X					
Traditional and Age 65 or Disabled – Rate exceeds CHAND			X					
Traditional and Age 65 or Disabled – Medical Condition			X					

# Premiums - Payment

Premiums that are submitted with applications should be in the form of a personal check or money order. The premium will be held until the application is accepted or denied.

## Traditional – Age 65 & Over or Disabled - HIPAA

- Premium payments may be made through electronic funds transfer (EFT Banking) or subscribers may choose to be billed directly.
- Premiums may be paid on a monthly, quarterly, semi-annually, or yearly basis.

## TAARA

- Premium payments may be made through the payment-processing center established under the Federal Trade Adjustment Assistance Reform Act of 2002.
- Subscribers can also use electronic funds transfer (EFT Banking) or choose to be billed directly and be reimbursed from the federal program.

# Premiums - Third Party Payment or Reimbursement

Government-sponsored program, government agency, health care provider, nonprofit charitable organization or employer includes but is not limited to: pharmaceutical companies, Medicaid, Indian Health Services, and disease specific entities.

## Traditional – Age 65 & Over or Disabled - HIPAA

An individual is not eligible for enrollment in CHAND if their premiums are paid for or reimbursed under a government-sponsored program, government agency, health care provider, nonprofit charitable organization or employer.

## TAARA

- The premiums of a TAARA CHAND subscriber may be paid for or reimbursed through a program established under the Federal Trade Adjustment Assistance Reform Act of 2002.
- A TAARA CHAND subscriber is not eligible for enrollment if their premiums are paid for or reimbursed under any other government-sponsored program, government agency, health care provider, nonprofit charitable organization or employer.

# Premiums - Third Party Payment or Reimbursement Grid

	Premium payment <b>may not be made</b> by a government-sponsored program, government agency, health care provider, nonprofit charitable organization or employer.	Premium may be paid for or reimbursed through a program established under the Federal Trade Adjustment Assistance Reform Act of 2002.	Premium will be accepted from owner or president of a company <b>if the owner or president is NOT paying premium for other employees</b> and the CHAND premium is for: <ul style="list-style-type: none"> <li>• his/her premium;</li> <li>• his/her spouse's or ex-spouse's premium if the individual is not also considered an employee; or</li> <li>• his/her minor child(ren) or adult dependent child(ren) including dependents stipulated through a court order if the dependent is not also considered an employee.</li> </ul>
Traditional –Dependent or Spouse	X		X
Traditional – Rejection or Refusal	X		X
Traditional – Restrictive Rider or PE	X		X
Traditional – Rate exceeds CHAND	X		X
Traditional – Medical Condition	X		X
Traditional – Lifetime Maximum Met	X		X
HIPAA ***	X		
TAARA	X	X	
Supplement –Dependent or Spouse	X		X
Supplement – Rejection or Refusal	X		X
Supplement – Restrictive Rider or PE	X		X
Supplement – Rate exceeds CHAND	X		X
Supplement – Medical Condition	X		X

# Premiums - Exceptions to Employer Paid Premiums

## HIPAA and TAARA

There are no exceptions to employer paid premium guidelines for HIPAA and TAARA subscribers due to eligibility requirements.

### Traditional – Age 65 & Over or Disabled

1) CHAND may accept premiums from an owner/president if the owner/president is NOT paying premium for other employees and the CHAND premium is for:

- his/her CHAND premium;
- his/her spouse's or ex-spouse's CHAND premium if the individual is not also considered to be an employee; or
- his/her minor child(ren) or adult dependent child(ren) including dependents stipulated through a court order if the individual is not also considered to be an employee

2) CHAND may NOT accept premiums from an owner/president for any of the above described circumstances if the owner/president is paying premium for other employees.

# Prior CHAND Coverage

## Traditional – Age 65 & Over or Disabled - TAARA

- An individual who has previously terminated their CHAND coverage is not eligible to apply for coverage through CHAND unless twelve months have passed since the last termination of CHAND coverage.
- This provision does not apply to an individual who has maintained continuous CHAND coverage and is moving between CHAND plans.

## HIPAA

**A minimum lapse between termination and re-application is not applied to HIPAA applicants.**

- To reapply for CHAND as a HIPAA subscriber, the lapse may not exceed 63 days.
- All other applicable HIPAA requirements apply.

# **Prior Termination for Nonpayment of Health Insurance Premiums**

## **Traditional – Age 65 & Over or Disabled - TAARA**

**An individual who owes premium to CHAND may not reapply to CHAND until the past premium has been paid.**

## **HIPAA**

**An individual who has had prior coverage terminated for nonpayment of premiums or fraud is not eligible to enroll as a HIPAA applicant.**

## **Reapplication following an Invalid Application Applies to All CHAND Applications**

- The applicant will need to complete and submit a new CHAND application.
- Provide a new signature.
- Accept a new effective date. The effective date assigned to the successive application(s) will not be retroactive to the signature date on the original application.

## **Exception to Reapplication Traditional Applicants and Age 65 & Over or Disabled Applicants**

- An individual who has been rejected or refused insurance coverage may have an effective date on the day following the date of the rejection or refusal notices.
- The successive application signature date must be within 180 days following the date on the written evidence of eligibility.

# Residency - Requirements

## Traditional – Age 65 & Over or Disabled - TAARA

Requires that an applicant is currently a legal resident of ND and has been a resident of the state for at least 183 days prior to application. (Reference NDCC 54-01-26.)

## HIPAA

Requires that an applicant currently is a legal resident of ND. The minimum length of residency requirement does not apply.

### NDCC 54-01-26

**Residence - Rules for determining. Every person has in law a residence. In determining the place of residence, the following rules must be observed:**

1. It is the place where one remains when not called elsewhere for labor or other special or temporary purpose and to which the person returns in seasons of repose.
2. There can be only one residence.
3. A residence cannot be lost until another is gained.
4. The residence of the supporting parent during the supporting parent's life, and after the supporting parent's death, the residence of the other parent is the residence of the unmarried minor children.
5. An individual's residence does not automatically change upon marriage, but changes in accordance with subsection 7. The residence of either party to a marriage is not presumptive evidence of the other party's residence.
6. The residence of an unmarried minor who has a parent living cannot be changed by either that minor's own act or that of that minor's guardian.
7. The residence can be changed only by the union of act and intent.

# Residency - Exceptions

- **An individual may purchase coverage through CHAND until they are eligible to obtain residency in a new state (up to the residency requirement of the new state) as all individuals must be a resident of some state as long as they are not able to be a resident of a different state, they are technically ND residents and therefore remain eligible for CHAND.**
- **The board may waive the residency requirement upon a showing of good cause.**
- **Minor or Dependent Children – Provided the following can be verified, the minor or dependent child may remain on CHAND:**
  - 1) The parents or guardians are North Dakota residents and remain North Dakota residents;
  - 2) The CHAND subscriber is a North Dakota resident and remains a North Dakota resident;
  - 3) The CHAND subscriber is out of state on a temporary basis and intends to return to North Dakota;
  - 4) The parents, guardians and/or CHAND subscriber have taken no steps to acquire residence in another state, such as voting in the other state or claiming residency for the purpose of obtaining in-state tuition, etc.; and in addition,
  - 5) The CHAND subscriber is a minor or dependent:
    - a) whose parent or guardian is transferred out of state on a temporary basis for a job or assignment;
    - b) whose parent or guardian is called to military duty so the CHAND subscriber is placed out of state;
    - c) who is placed with a guardian who lives out of state for an undetermined period of time; or,
    - d) who is attending college out of state for nine months out of a year.
- **Other - Provided the following can be verified, the individual may remain on CHAND:**
  - 1) The CHAND subscriber is out of state on a temporary basis and intends to return to ND;
  - 2) The CHAND subscriber has taken no steps to acquire residence in another state, such as voting in the other state or claiming residency for the purpose of obtaining in-state tuition, etc.; and in addition,
  - 3) The CHAND subscriber:
    - a) is no longer able to live independently due to medical reasons and moves out of state to live with a relative for an undetermined time;
    - b) has a medical condition and is living out of state for treatment;
    - c) lives out of state during the winter months; or,
    - d) lives out of state but maintains a residence in ND.

# Review and Processing of Applications

CHAND applications must either be rejected for failing to comply with the necessary requirements or accepted for coverage within 30 days of receipt of the application with notice of acceptance or denial provided to the individual.

# Spouses

## Traditional, Age 65 & Over or Disabled, or HIPAA

**Any North Dakota resident who is the spouse of an individual who is enrolled with CHAND Traditional, Age 65 & Over or Disabled, or HIPAA coverage is also eligible for CHAND coverage.**

- The spouse will need to complete a separate **Traditional** application and provide appropriate premium.
- A 180-day waiting period will apply unless a certificate of creditable coverage can be provided.
- A representative from the Lead Carrier will complete confirmation of eligibility.

## TAARA

**Any North Dakota resident who is the spouse of a CHAND individual is also eligible for CHAND coverage.**

- The spouse will need to be named on the Candidate Letter provided by Health Care Tax Credit.
- The spouse will need to complete a separate **TAARA** application and provide appropriate premium.
- A representative of the Lead Carrier will complete confirmation of eligibility as determined by Health Care Tax Credit certification.

# Termination Guidelines

<b>Coverage terminates at the end of the month for which the necessary premiums have been paid if the Subscriber:</b>	Traditional	Age 65 & Over or Disabled	HIPAA	TAARA
Becomes enrolled in health benefits with the state's medical assistance ( <u>Medicaid</u> ).	Yes.	Yes.	Yes.	Yes.
Is no longer a legal <u>resident</u> of the state, except a subscriber who is absent for a verifiable medical or other reason as determined by the Board.	Yes.	Yes.	Yes.	Yes.
Fails to respond to an inquiry from the Lead Carrier regarding eligibility or residency within 31 days from the inquiry date.	Yes.	Yes.	Yes.	Yes.
Is <u>imprisoned</u> under federal, state, or local authority.	Yes.	Yes.	No.	Yes.
Has <u>premiums paid for or reimbursed</u> under any government sponsored program, government agency, health care provider, nonprofit charitable organization or employer.	Yes.	Yes.	Yes.	Yes. Unless HCTC
<b>Coverage will terminate with a written request from the subscriber:</b>	Traditional	Age 65 & Over or Disabled	HIPAA	TAARA
Coverage will be cancelled at the end of the month for which premiums have been paid.	Yes.	Yes.	Yes.	Yes.
<b>Coverage will be terminated on any date during a given month:</b>	Traditional	Age 65 & Over or Disabled	HIPAA	TAARA
If this occurs prior to the 16 <sup>th</sup> of the month, one-half months premiums will be refunded.				
<ul style="list-style-type: none"> <li>• When benefits paid to an individual reach the lifetime maximum of \$1,000,000.</li> <li>• Due to death.</li> <li>• Due to divorce.</li> <li>• Transferring to other coverage.</li> </ul>	Yes.	Yes.	Yes.	Yes.
<b>Coverage will be terminated at the end of the month of the 31-day grace period if:</b>	Traditional	Age 65 & Over or Disabled	HIPAA	TAARA
The subscriber fails to pay the require premium. However, upon proof of concurrent coverage, the CHAND plan will be cancelled back to the end of the month for which premiums have been paid. Paid CHAND claims will be reprocessed as denied and submitted to the concurrent insurance carrier.	Yes.	Yes.	Yes.	Yes.

# Time Limitations to Apply

## Traditional and Age 65 and Over or Disabled

- An individual may apply for CHAND coverage at any time by meeting eligibility requirements.
- An individual is not required to have prior coverage to be eligible for CHAND coverage, however if the application is made within 63 days of termination of qualifying previous coverage, the applicant may be eligible to reduce waiting period days.

## HIPAA

- An individual with qualifying previous coverage who meets the eligibility requirements may apply if application is made less than 64 days following termination of qualifying previous coverage.
- The individuals must have had at least 18 months of qualifying previous coverage, the most recent of which is coverage under a group health plan, a governmental plan, Medicaid, or church plan.

## TAARA

- An individual who meets the eligibility requirements may apply if application is made less than 64 days following termination of qualifying coverage.
- The individual must have had at least three (3) months of previous health insurance coverage at the time of application.