

HIPAA ELIGIBILITY CHECKLIST

Specific provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) were designed to provide access to individual health insurance coverage for certain eligible individuals who previously had coverage through a group, government or church health plan. Highmark Blue Shield complies with HIPAA regulations by offering to all HIPAA-eligible applicants the ClassicBlue Comprehensive Major Medical program of health care coverage. This HIPAA product waives the pre-existing conditions clause.

By law, you must make applicants aware of the HIP AA product option available to them. Applicants have 63 days from the date on which their prior coverage ended to apply for the Highmark Blue Shield HIP AA product.

HIGHMARK BLUE SHIELD PRODUCERS MUST ASK ALL INDIVIDUAL PROGRAM APPLICANTS THE FOLLOWING QUESTIONS TO DETERMINE HIPAA ELIGIBILITY

ALL MUST BE CHECKED TO QUALIFY!

- Applicant is a resident of the 21-county geographical area of central Pennsylvania and the Lehigh Valley served by Highmark Blue Shield.
- Applicant is not eligible for or enrolled under Medicare, Medicaid or any group health insurance plan.
- Applicant does not have any other health insurance coverage (group or individual).
- Applicant has used up all COBRA or similar state-required continuation of coverage benefits available through his/her former employer or group benefits plan.
- Applicant has had a minimum of 18 months of health care coverage (without any breaks in coverage of more than 63 days) prior to applying for this new coverage.
- Applicant's most recent health care coverage is no longer in effect and ended within the last 63 days.
- Applicant's most recent health care coverage was provided through a group, government or church plan, i.e., not an individual plan.
- Applicant's most recent health insurance coverage was not terminated due to their non-payment of premium (including employee contributions) or fraud.

-Be sure to complete reverse side-

[] Applicant has a copy of his/her "Certificate of Prior Creditable Coverage" form which should be attached to the ClassicBlue program application. Or, applicant has produced evidence of prior coverage and has affirmed his/her eligibility.*

* If a Certificate of Prior Creditable Coverage is *not* available and applicant feels they are HIPAA eligible, they may demonstrate prior coverage by submitting a statement in the space below describing that coverage, including the name of the plan(s) and the time during which they were covered, and submit additional evidence of that coverage, such as copies of identification cards, explanation of benefits (EOB) forms, etc.

Any questions regarding this product should be directed to the Highmark Blue Shield Producer Hotline at 1-866-306-1056.

I certify that the information contained herein is true and correct to the best of my knowledge, information or belief.

Applicant's Signature: _____ Date: _____

Producer's Name: _____

Agency Name: _____

**ATTACH THIS CHECKLIST TO THE INDIVIDUAL COVERAGE APPLICATION.
NO APPLICATION WILL BE PROCESSED WITHOUT THIS CHECKLIST.**