

## 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 Cross Blue Shield complies with HIPAA regulations by offering to all HIPAA eligible applicants the PreferredBlue Individual Preferred-Provider Program. This HIPAA product waives the pre-existing conditions clause.

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

### **HIGHMARK BLUE CROSS BLUE SHIELD AUTHORIZED AGENTS 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 29-county geographical area of western Pennsylvania served by Highmark Blue Cross 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- Applicant's most recent health care coverage is no longer in effect and ended within the last 63 days.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 HIPAA Application. Or, applicant has demonstrated prior creditable coverage in one of the following ways:

1) Applicant submits a signed written statement regarding their prior coverage. That statement should include the name(s) of the plan(s) that provided applicant’s last eighteen (18) months of coverage, including the beginning and end date(s) of all such coverage. Applicant must also attach copies of any documents they may have evidencing that they had coverage during those periods, such as a copy of an identification card, an explanation of benefits (EOB), premium invoices or pay stubs evidencing payroll deductions for health coverage, etc. Applicant must also cooperate with Highmark Blue Cross Blue Shield efforts to verify that coverage. Applicant’s cooperation includes signing Section B of the HIPAA Prior Coverage Disclosure and Authorization Form, which gives Highmark Blue Cross Blue Shield authorization to request a certification or other coverage information directly from previous plan(s) or insurer(s) on the applicant’s behalf.

- OR -

(2) Applicant may complete and submit the *HIPAA Prior Coverage Disclosure and Authorization Form* instead of a written statement. Prior credible coverage may also be established through means other than documentation, such as telephone verification. Applicant should be sure to provide as much information as possible and sign the form authorizing Highmark Blue Cross Blue Shield to contact their previous plan(s) to verify prior coverage.

*Any questions regarding this product should be directed to the Highmark Blue Cross Blue Shield Authorized Agent Hotline at 1-866-602-1248.*

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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