

# Qualifying Events (QE)

## for Health Insurance Special Enrollment Period (SEP)

Beginning in 2014, an individual who lives or resides in the service area and is a California Resident who lives in the state an aggregate of not less than 180 days per year, may apply for coverage due to a **Qualifying Event (QE)**.

## Check List

Effective 01/01/2014

This is referred to as a **Special Enrollment Period (SEP)**. Documentation supporting eligibility under one of the Qualifying Events listed below is required and must be submitted to Blue Shield at the time of application. This job aid is meant to be used as a guide/worksheet for assisting applicants seeking enrollment under a QE.

**IMPORTANT:** To be considered eligible, the request for a SEP (application) must occur **within 60 days** of the Qualifying Event (QE).

The specific QE may apply to the entire family or only to the person affected. For example, a family with a newborn infant may enroll the child as an individual effective the child's DOB, OR, the family may be enrolled effective the DOB. A QE affects the coverage needs of the family, as well as the individual affected.

**Please be aware that the effective date differs based on the QE.** A SEP applies to new contracts & additions to existing contracts due to a QE.

<p style="font-size: 48pt; text-align: center;">1</p>	<p><b>Gains a Dependent or Becomes a Dependent through Birth or Adoption.</b></p> <p>Effective date is the date of birth or the date the parent(s) have control of the health care of the child being adopted (most times prior to the adoption being final).</p>	<p><b>BIRTH</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate of the child (Hospital, County, or Government issued only)</li> </ul> <p><b>ADOPTION &amp;/or Placement for Adoption:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Authorization Form</li> <li><input type="checkbox"/> Evidence of the enrollee's right to control the health care of the child</li> <li><input type="checkbox"/> Relinquishment Form</li> </ul>
<p style="font-size: 48pt; text-align: center;">2</p>	<p><b>Gains a Dependent or Becomes a Dependent through Marriage or Domestic Partnership.</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage Certificate</li> <li><input type="checkbox"/> Partnership Agreement</li> </ul>

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<b>3</b>	<p><b>The dependent is mandated to be covered pursuant to a valid state or federal court order.</b></p> <p>Effective date: Postmarked or received between the 1st &amp; 15th = the 1st day of the next month. If postmarked or received between the 16th &amp; end of the month = 1st day of the 2nd following month.</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Qualified Medical Child Support Order (QMCSO)</li><li><input type="checkbox"/> Valid state or federal court order that dependent is mandated to be covered</li></ul>
<b>4</b>	<p><b>The applicant or dependent lost minimum essential coverage due to termination, or change, in employment status or reduction in hours of individual providing coverage to the dependent.</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> COBRA, FMLA, or Cal-Cobra Election Form</li><li><input type="checkbox"/> HIPAA Certificate or Certificate of Creditable Coverage</li><li><input type="checkbox"/> Letter from employer on business letter-head confirming loss of coverage or reduction of hours of employment to less than the number of hours required for eligibility.</li></ul>
<b>5</b>	<p><b>The applicant or dependent lost minimum essential coverage due to cessation of an employer's contribution toward an employee or dependent's coverage.</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> COBRA, FMLA, or Cal-Cobra Election Form</li><li><input type="checkbox"/> HIPAA Certificate or Certificate of Creditable Coverage</li><li><input type="checkbox"/> Letter from employer on business letter-head confirming loss of coverage</li></ul>
<b>6</b>	<p><b>Death of the person through whom the applicant was covered as a dependent.</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Certified death certificate (facsimile OK)</li><li><input type="checkbox"/> COBRA, FMLA, or Cal-Cobra Election Form</li><li><input type="checkbox"/> Letter from employer on business letter-head confirming loss of coverage</li><li><input type="checkbox"/> Obituary (newspaper copy &amp;/or mortuary notice OK)</li></ul>

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<p style="font-size: 48pt; text-align: center;">7</p>	<p><b>Entitlement of benefits of the subscriber under Title XVIII of the Social Security Act (Medicare), resulting in loss of coverage to the dependent(s).</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Medicare Card</li> <li><input type="checkbox"/> Approval letter of entitlement from Social Security Office</li> </ul>
<p style="font-size: 48pt; text-align: center;">8</p>	<p><b>Dependent child's loss of dependent status under the applicable requirements of the health plan contract (such as reaching age 26).</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from employer on business letter-head confirming loss of coverage</li> <li><input type="checkbox"/> HIPAA Certificate or Certificate of Creditable Coverage</li> <li><input type="checkbox"/> Copy of letter from the carrier explaining reason for dependent cancellation</li> </ul>
<p style="font-size: 48pt; text-align: center;">9</p>	<p><b>Legal separation or divorce (through whom the applicant was covered as a dependent).</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> COBRA, FMLA, or Cal-Cobra Election Form</li> <li><input type="checkbox"/> HIPAA Certificate or Certificate of Creditable Coverage</li> <li><input type="checkbox"/> Letter from employer on business letter-head confirming loss of coverage</li> </ul> <p><b>and one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Divorce Decree</li> <li><input type="checkbox"/> Notice of Termination of Domestic Partnership (Notarized)</li> <li><input type="checkbox"/> Other documentation supporting divorce or dissolution of Domestic Partnership</li> </ul>

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<p style="font-size: 2em; font-weight: bold; text-align: center;">10</p>	<p><b>Loss of coverage under the Access for Infants and Mother’s Program, or the Medicaid Program. Includes Medi-Cal &amp; Medicaid share of costs program.</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notification of loss of CHIP or Medicaid coverage from state program</li> </ul>
<p style="font-size: 2em; font-weight: bold; text-align: center;">11</p>	<p><b>Loss of HMO coverage benefits as the individual no longer resides, lives, or works in the HMO service area.</b></p> <p>Effective date is the 1st day of the month after the carrier (BSC) receives the request for enrollment. Example: Request (application) received Feb. 20th, coverage is effective March 1st.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> HIPAA Certificate or Certificate of Creditable Coverage</li> </ul> <p><i>and at least one of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Current</u> utility billing statement confirming the California address</li> <li><input type="checkbox"/> Lease or renter’s agreement</li> <li><input type="checkbox"/> Monthly mortgage statement</li> </ul>
<p style="font-size: 2em; font-weight: bold; text-align: center;">12</p>	<p><b>The applicant became a permanent resident of California during a month outside of the Open Enrollment period and/or gains access to new health benefit plans as a result of a permanent move.</b></p> <p>Effective date: Postmarked or received between the 1st &amp; 15th = the 1st day of the next month.</p> <p>If postmarked or received between the 16th &amp; end of the month = 1st day of the 2nd following month.</p>	<p><b>INFANTS &amp; DEPENDENT CHILDREN (applying solo):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate of the child (Hospital, County, or Government issued only) OR Supportive documentation confirming the adoption or legal guardian status (as applicable)</li> </ul> <p><b>SCHOOL AGED CHILDREN (applying solo):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> School Enrollment Record from the former state</li> <li><input type="checkbox"/> California School Enrollment Record (school aged child)</li> </ul> <p><b>ADULT APPLICANTS &amp; FAMILIES:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verification of recent address change, such as a utility billing statement, rental agreement, or mortgage statement from the previous residence</li> </ul> <p><i>and at least one of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Current</u> utility billing statement confirming the California address</li> <li><input type="checkbox"/> Lease or renter's agreement</li> <li><input type="checkbox"/> Monthly mortgage statement</li> </ul>

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13	<p><b>Return from Active Military Service.</b></p> <p>Effective date: Postmarked or received between the 1st &amp; 15th = the 1st day of the next month.</p> <p>If postmarked or received between the 16th &amp; end of the month = 1st day of the 2nd following month.</p>	<ul style="list-style-type: none"><li>☐ Certificate of Release or Discharge from Active Duty</li></ul>
14	<p><b>Other Qualifying Events may apply, such as:</b></p>	<ul style="list-style-type: none"><li>• Loss of minimum essential coverage (see footnote*)</li><li>• Release from incarceration</li><li>• Loss of coverage due to Employer Chapter 11 activity</li><li>• His or her health benefit plan substantially violated a material provision of the contract</li><li>• Advance Premium Tax Credit (APTC) or Cost Sharing eligibility change</li><li>• Completion of covered services when contracting provider is no longer participating</li><li>• Enrollment/non enrollment in QHP unintentional, inadvertent, or erroneous</li></ul> <p>*Does NOT include termination or loss due to failure to pay premiums on a timely basis (including COBRA premiums) or situations allowing for a rescission.</p>
15	<p><b>Qualifying Events that must be referred to Covered California (Blue Shield cannot enroll off HIX):</b></p>	<ul style="list-style-type: none"><li>• American Indian status (may be entitled to monthly SEP)</li><li>• New United States citizen (citizenship newly obtained)</li><li>• Foster child status (does not include adoption)</li><li>• Other Exceptional Circumstance (circumstance must be validated by Covered California)</li></ul>