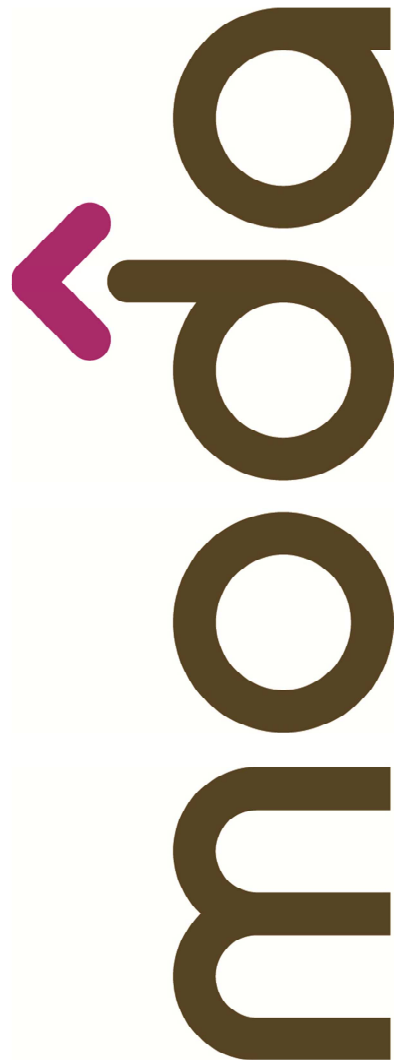


Alaska Group Admin Guide



Welcome

Moda Health is dedicated to providing superior service to our customers. Part of superior customer service is providing an easy reference tool to assist group administrators in managing their employees' (also referred to as subscriber) health benefits. This guide is intended to help you do just that.

This guide explains our administrative procedures, your billing statements and forms commonly used by Moda Health. By illustrating common administrative functions, including enrollment and billing as well as eligibility rules and responsibilities, we hope you find this guide will be a helpful tool.

In explaining some of our administrative procedures, we've included some provisions included in Moda Health standard contracts. If any provisions printed in this guide differ from those in your contract, the provisions in your contract or member handbook will apply.

All information is subject to change without notice. However, Moda Health will make every effort to provide advance notice where appropriate. The Moda Health website www.modahealth.com is your best resource for the most current information.

The partnership between you, as the group administrator and the Moda Health Billing and Eligibility Specialist is crucial to accurately and efficiently administer your employees' health benefits. Your Billing and Eligibility Specialist will be able to walk you through any part of the process and answer questions related to enrolling members, billing and payment questions.

At Moda Health, our goal is to make healthcare easier. One of the best ways to do that is to listen to our group administrators. We welcome your feedback regarding our processes and look forward to working with you.

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Web Resources

Moda Health provides a wide range of web resources for you and our members. You can reach any of the below online resources by accessing our website at modahealth.com.

Moda Health Website

You and your employees can obtain the following:

- > Member handbooks
- > Provider directories
- > Enrollment forms
- > Claim forms
- > Customer Service telephone numbers
- > Overview of medical, dental, pharmacy and vision plans
- > Plan administration information

Employer Online Services – For Group Administrators

Employer Online Services (EOS) allows you direct access to the Moda Health eligibility system. You can access EOS via the Moda Health website through the “I’m an employer” selection. The EOS system sends updates real-time to our core system. This service is easy to use, available seven days a week, 24 hours a day, and is available at no additional charge. By accessing Employer Online Services, you can:

- > Enroll members
- > Order ID cards
- > Update address and personal information
- > Update primary care physician
- > Terminate coverage
- > View eligibility
- > Access reporting for large groups
- > View current group and plan information, such as provider network information, dependent/student stop ages, probationary periods and much more.

Utilizing this valuable resource makes all of our jobs easier. To get more information on this service, contact our web administrator at enroll@modahealth.com or by dialing 503-265-5691, toll-free at 877-277-7075.

Web Resources Available to Moda Health Members

myModa

myModa is a customized member website, designed with the member in mind. It allows members to get current, accurate and easy-to-understand information about their Moda Health plan. Members can access myModa via the Moda Health website through the “I’m a member” selection. By accessing myModa members can:

- > View claims status and payment information
- > View current eligibility for themselves and family members
- > View detailed benefit information specific to their plan
- > Download the member handbook
- > Order ID Cards or print an eCard
- > Search for participating providers
- > Change their address
- > Print Explanation of Benefits (EOB)
- > E-mail customer service
- > Formulary lookup (Prescription Information)

Be Better tools

Moda Health Be Better tools are designed to offer personalized support to help members get well sooner and live well longer. Included as part of all Moda Health medical plans, the Be Better tools are available through myModa, and include:

eDoc

This service helps your covered employees understand their symptoms and make informed health decisions. Email a specialized health professional at any time of day to get the answers you need. eDoc gives you access to:

- > Board-certified physicians
- > Licensed psychologists
- > Pharmacists
- > Dentists
- > Dietitians
- > Fitness experts
- > eDocVoice - leave a message for a provider and you'll get a phone response within 24 hours

Registered Nurse Advice Line

The Registered Nurse Advice Line allows you to get answers and information about your health over the phone, day or night. Nurses can help you with basic health situations, such as:

- > Understanding symptoms
- > Treatment for minor injuries and burns
- > Home cold and flu remedies
- > When it's time to make a doctor's appointment
- > Whether you should go to urgent care or the emergency room

Condition management and health coaching

Moda Health offers in-depth support programs for those dealing with chronic health conditions. You have access to tools and resources that help you maintain a healthy lifestyle. Individual health coaches provide you with one-on-one support. These specialized programs include:

- > Cardiac Care
- > Depression Care
- > Diabetes Care
- > Lifestyle Coaching
- > Women's Health & Maternity Care
- > Respiratory Care
- > Spine & Joint Care

Care coordination

If you are dealing with a serious illness or recovering from an accident, you have access to case managers who can help you navigate the complexities of the healthcare system. A Moda Health case manager can help:

- > Communicate with providers
- > Explain treatment options
- > Arrange for in-home caregivers
- > Order medical equipment

Online tracking tools

Moda Health provides secure, online health education tools and information to help you better manage your health. Keep track of your progress by using the following tools:

- > Health and symptom evaluation
- > Medical library
- > Health helpers (tools such as health trackers, calculators and more)
- > Pharmacy costs and research
- > My health files
- > News, forums and communication

** Not all plans have access to all tools and resources. Please check your member handbook for your plan-specific tools and resources.*

Employee Assistance Program (EAP)

If you, or your eligible family members, are experiencing life's ups and downs that are affecting you personally and professionally, the Employee Assistance Program can help. This free and completely confidential counseling benefit can assist you with a variety of concerns you may have, including:

- > Relationship problems
- > Depression or anxiety
- > Stress management
- > Alcohol or drug abuse
- > Community resources
- > Identity theft

Eligibility

We recognize knowing and understanding eligibility rules is an important part of providing health benefits to our members. As the group administrator for your organization, administering eligibility means applying all the eligibility rules required per your groups contract to enroll members on the plan. Several resources are available for your reference in applying the eligibility rules including your medical and dental handbook, the Moda Health website, modahealth.com, and your Billing and Eligibility Specialist for specific questions.

The Moda Health Billing and Eligibility Specialist's role is to assist with managing your members' enrollment within the Moda Health system. At times, it may be necessary for us to contact you to clarify dates or to obtain additional information in order to process your requests accurately. The partnership and open communication between you and your Moda Health Billing and Eligibility Specialist is critical to effectively manage your enrollment needs.

Who is Eligible?

Employees

Qualified employees are eligible for the employer sponsored insurance-based policy. Each employee must satisfy any required waiting period and must work the minimum number of hours per week required by your group contract. Please see your Member Handbook for waiting period and minimum hour requirements.

Spouse

If an employee is married, his/her legal spouse may be eligible for insurance. A valid marriage certificate must accompany the enrollment form when requesting special enrollment for a newly acquired spouse.

Domestic Partners

If your organization has chosen, they may offer domestic partnership coverage through an Affidavit of Domestic Partnership. Your organization can use their own form or a form can be found on our website, modahealth.com, in the Employer and Member sections.

Dependent Children

Children may be eligible if they are under the maximum child age for your policy. Children over the maximum child age may be eligible for coverage if they are incapable of self-support due to a disability. The following are considered dependent children:

- > An employee's natural child

- > The child or adopted child of the employees' spouse or domestic partner
- > Children placed for adoption with the employee (adoption paperwork must be provided)
- > A newborn child of an enrolled dependent
- > Children related to the employee by blood or marriage for which the employee is the legal guardian (the employee will need to provide a court order showing legal guardianship)
- > A foster child (if the plan covers foster children)
- > A child for whom an employee or employee's spouse or domestic partner is required to provide coverage by a legal qualified medical child support order (QMCSO)

Dependents with Disabilities

If a subscriber has a child who has sustained a disability rendering him or her physically or mentally incapable of self-support at even a sedentary level, may be eligible for coverage even though he or she is over the dependent maximum age. To be eligible, the child must be unmarried and principally dependent on the subscriber for support, and have had continuous health coverage. The incapacity must have arisen, and the required substantiating information must be received, before the child attains the dependent maximum age. Social Security Disability status does not guarantee coverage under this provision. Moda Health will determine eligibility based on commonly accepted guidelines and documentation of the child's medical condition. Periodic review by Moda Health will be required on an ongoing basis except in cases where the disability is certified to be permanent.

Declining Coverage

If, at the time of initial eligibility, an employee declines coverage for themselves and/or for any eligible dependent, enrollment will not be accepted until the next open enrollment (unless they have special enrollment rights as outlined below). In most cases, open enrollment occurs once a year at renewal. It is important that all employees and their eligible dependents complete their enrollment forms within 31 days of eligibility.

Employees and their dependents may be eligible for a special enrollment, which would allow them to enroll in the plan outside of the open enrollment period. The following are considered special enrollment events: Refer to the group member handbook for specific rules.

- > Marriage (a valid marriage certificate is required upon enrollment).

- > Entering into a domestic partnership (a valid Domestic Partnership Affidavit or a Certificate of Registered Domestic Partnership is required upon enrollment).
- > Birth
- > Adoption (adoption paperwork required upon enrollment) or placement for adoption.
- > Loss of other coverage or becoming eligible for a premium assistance subsidy.
- > A person's coverage under Medicaid, Medicare, Tricare, Indian Health Service, eligibility for premium subsidy or a publicly sponsored or subsidized health plan has been involuntarily terminated within 90 days prior to applying for coverage in a group health benefit plan;

Employee's wishing to enroll due to a special enrollment right must enroll within 31 days of the event. If the employee does not enroll within the 31 days, they will not be eligible to enroll until the next open enrollment period, except newborns and those covered under Medicaid or CHIP who lose coverage or become eligible for a premium assistance subsidy have up to 60 days.

Enrollment

Moda Health makes the submission of enrollment data for each specific group as convenient as possible. You can either submit paper enrollment forms or use Employer Online Services (EOS), a web-based enrollment application that is easy to use and secure. For large groups, Moda Health can receive eligibility electronically. Moda Health's method of receiving electronic eligibility is the HIPAA 834 format. Please contact your Billing & Eligibility Specialist if you wish to submit eligibility electronically.

Application Process

Moda Health will provide you with the necessary enrollment forms for your employees. Completion of all information on the form is critical to properly enroll your employees.

Moda Health must receive a signed, dated and fully completed enrollment form within the 31 day window for a qualifying employee to be covered. For specific assistance with eligibility requirements, please see the "Eligibility" section of this guide.

In order to administer the contractual agreement between Moda Health and your organization, it is important that we receive complete and accurate enrollment information on all members.

Checklist

- Have employee complete a Moda Health enrollment application.
- Mail the completed enrollment application and any required documentation to Moda Health.

Note: Application must be signed and dated within the 31 days dependent on your group contract of becoming eligible.

Moda Health is unable to enroll a member if any of the following **required information is missing:**

- > First and last name of employee and all dependents enrolling in coverage
- > Social Security Number of all enrollees
- > Birth dates of all enrollees
- > Dependent's relationship such as child, spouse, grandchild, ward, etc.
- > Gender of all enrollees
- > Address
- > Type of coverage
- > Group name, group ID, subgroup and class

- > Qualifying event, accompanied by required supporting documents;
- > Dated signature of the employee
- > Date of hire

Failure to complete enrollment forms correctly or in a timely manner may cause a delay in enrolling a new employee or dependent; we may not be able to enroll the new employee or dependent until the next open enrollment period. Enrollment forms are available online at modahealth.com or you may contact your Moda Health Billing and Eligibility Specialist for a supply of forms.

Your Moda Health Billing and Eligibility Specialist may contact you regarding incomplete information or clarification of information provided. Enrollment will not be completed until all requested information is received.

Using Employer Online Services (EOS)

You have direct access to the Moda Health eligibility system. Enrollments such as new member additions, terminations and changes can be made 24 hours a day, seven days a week by group administrators. You can access EOS by going to the Moda Health website modahealth.com.

When using EOS, employers must retain all enrollment materials, such as enrollment forms and special enrollment right documentation, for a seven year period and provide Moda Health with reasonable access to such material. If you do not wish to retain the enrollment material, you may submit it to Moda Health for retention.

Checklist

- Complete a Moda Health enrollment form.
- Log on to EOS.
- Update Employer Online Services with the enrollment information.
- Mail or fax the completed enrollment form and any required documentation to Moda Health or retain the documentation of the enrollment for seven years.

Note: Application must be signed and dated within the 31 days of becoming eligible.

Enrollment for Newly Acquired Dependents

Employees must enroll their eligible dependents for coverage within 31 days of their eligibility. The employee's premium may increase with this enrollment change.

Newly acquired dependents that are eligible for the plan are as follows:

New spouse

The employee must complete an enrollment form within 31 days of the date of marriage when adding a spouse. A copy of the valid marriage certificate or license is required upon enrollment. Coverage becomes effective on the date specified in the member handbook.

Domestic Partner

If your plan offers Domestic Partnership through an affidavit, the employee must complete an enrollment form and submit an Affidavit of Domestic Partnership within 31 days of when the employee and his/her partner have signed the affidavit. Coverage becomes effective on the date specified in the member handbook.

Note: Refer to your member handbook to determine if your plan covers domestic partners through an affidavit.

Spouse's or Domestic Partner's children

The employee must complete an enrollment application within 31 days of the date of marriage or signing of the Affidavit of Domestic Partnership when adding a new spouse's or domestic partner's children. Coverage becomes effective on the date specified in the member handbook.

Newborn children

Newborn children are automatically eligible for 31 days after birth. Moda Health will enroll for 31 days upon receipt of a claim or other notification.

If the addition of the child will have an impact on the premium, the employee must complete and sign an enrollment application and submit payment within 60 days of the date of birth listing the new child as a dependent to continue coverage.

If the addition of the child has no premium impact, the provider (via a claim) or the employee will have up to 1 year from the date of birth to notify Moda Health. Moda Health will not require an enrollment form for insured plans and will enroll the child when notified where there is no premium impact. Please reference your member handbook for specific details.

Adopted children

Adopted children are eligible for coverage from the date of the adoption decree. However, if a child is placed in the home pending the completion of adoption proceedings, the child will be eligible on the date of placement. If the addition of the child will have an impact on the premium, the employee must complete and sign an enrollment form and submit payment within 31 days of the date of adoption or placement of adoption listing the new child as a dependent to continue coverage.

Checklist

Once you become aware of a newly acquired dependent, you must:

- Provide enrollment packet to employee and explain the information in the packet.
- Ask employee to complete an enrollment application and return it to you for review.
- Ask employee to provide any required documentation supporting the qualifying event such as a Certificate of Creditable Coverage from previous insurance carrier or Marriage Certificate, if applicable.
- Forward completed enrollment application and all required documentation to your Moda Health Billing and Eligibility Specialist.

Special Enrollment

If coverage is declined for an eligible employee or any dependent(s) when initially eligible because of other health coverage, they may enroll in the Plan outside of the open enrollment period if the other coverage is terminated as a result of involuntary loss of eligibility. Refer to the member handbook for specific criteria that must be met in order to be eligible.

Identification Cards (ID Cards)

ID cards automatically generate for new employees enrolling in coverage or those making any changes to their coverage that affects their ID card.

Members may download ID Cards onto their iPhone or Android Smartphone. In addition, a PDF eCard version can be obtained through myModa.

If additional ID cards are needed, you may access Employer Online Services or call your Moda Health Billing and Eligibility Specialist. Members may access myModa or call our customer service department to request additional ID cards. ID cards should be mailed within 3 business days.

Exclusion Period

The period (beginning on the member's enrollment date with Moda Health) during which the plan does not cover certain expenses. The length of the exclusion period can be reduced or eliminated if proof of prior creditable coverage is provided to Moda Health. An exclusion period may not apply to all health plans.

Proof of Creditable Coverage

The exclusion period will be reduced for insured individuals who show proof of creditable coverage. For new or reinstating enrollees, documentation from the previous health plan should be sent along with the enrollment form to Moda Health. Documentation may be a letter from the prior medical insurance company that verifies a member was covered for a specific period of time. New groups, as well as groups adding medical coverage, are asked to submit the final bill from their prior medical carrier as proof of prior coverage.

Making Changes

As employee's lives and work situations change, their eligibility for coverage under your company's Moda Health plan may change. This section of your manual guides you through the process of maintaining proper records. It also serves as a reference tool enabling you to guide your employee when completing necessary forms. Your assistance ensures that the benefit coverage made available by your company remains in force and accurate throughout an employee's relationship with your company and Moda Health.

It is important that you keep Moda Health apprised of such changes and keep employees informed of the effect the changes may have on their coverage. Moda Health requests notification if one of the following relevant changes occurs in an employee's status.

- > Employee has a name change
- > Experiences a family status change (new enrollment or terminating dependents). This may be due to events such as a birth, death, divorce or adoption
- > New address

Such activity may require:

- > Enrolling a new member
- > Terminating, converting or transferring coverage
- > Changing a home address and contact information
- > Issuing a new ID card

You may make the following activity changes by accessing Employer Online Services, having the employee complete, sign and date a new enrollment form or by sending your Moda Health Billing & Eligibility Specialist the appropriate paperwork.

- > Name changes
- > Address changes
- > Employee and/or member additions
- > Terminate coverage for an employee and/or member

You may terminate coverage through EOS or by listing the employee and dependent's name on the group billing change form, refer to the Billing section for a sample of the form. This form is included with your monthly bill.

Please remit the total amount billed, all adjustments will be reflected on your next monthly billing.

If the change is processed using Employer Online Services please ensure that the exact date of termination, (last day of employment) is used.

This will ensure the correct termination is reflected in the Moda Health system.

Your employees may make the following changes by accessing myModa or by calling the Moda Health Customer Service Department.

- > Name changes
- > Address changes

Retroactive Eligibility

Retroactive eligibility refers to an eligibility event (which may include a new enrollment, reinstatement or termination) with an effective date prior to the current date. Moda Health monitors retroactivity on all groups, regardless of contract type or eligibility administration responsibility.

Retroactive time limits are typically 90 days. Time limitations refer to the amount of time you have to submit eligibility changes to Moda Health. All eligibility rules regarding signature dates, qualifying events and documentation apply. See your member handbook for eligibility guidelines. Moda Health encourages processing terminations as soon as possible in order to stop claims payment. However, Moda Health will typically allow retroactivity up to 90 days.

The Patient Protection and Affordable Health Care Act (PPACA) also known as Health Care Reform, prohibits retroactive termination of medical, vision, and Pharmacy plans in certain circumstances.

To keep consistent eligibility, Moda Health will apply the same termination rules to all lines of coverage for any member with medical (including dental services that may be reimbursed under the medical), vision, pharmacy and dental coverage. Except, if a member has dental only coverage with Moda Health, these rules will not apply.

Under the standards for rescission (which define rescission as a cancellation or discontinuation that is retroactive), plans and issuers cannot rescind coverage retroactively except in the following situations:

- > Premium or ASO administrative services payments not paid timely
- > Employee contribution not paid timely
- > Fraud or intentional misrepresentation of material fact

A termination requested by the subscriber that is processed retroactively is still permissible under the law since the subscriber originated the request.

A retroactive termination is not allowed if it does not meet the above criteria.

An example of a situation that cannot be processed retroactively: if an employee loses eligibility due to a reduction in hours, but the employer, in error, continues to collect any employee contribution and pays the carrier, once the error is discovered, the termination can be processed only prospectively.

Because only employers know the specifics surrounding the termination (e.g. if payment of an employee contribution was made or if the termination was requested by the subscriber), Moda Health will accept

retroactive termination requests from groups, with the mutual understanding that the group is only submitting requests that are consistent with the regulations.

It is important to make sure your employees are aware of life events that require timely updates to their employer. As a group, it is important to regularly review the Moda Health bill and/or membership lists to make sure our records match yours.

New Enrollment/Reinstatements

Employees must sign, date and submit enrollment forms to you within the time frame in your group's contract, generally 31 days from the eligibility date. You are responsible for forwarding that information to Moda Health via an enrollment form upon receipt. The retroactive time limitations apply. Moda Health must receive the enrollment form within 90 days. This allows for cases of delays/errors by you with a qualifying event and if all other eligibility rules are met. Otherwise, a late enrollee must wait for a new qualifying event or open enrollment.

Premium Impact

If the retroactive addition(s) or reinstatement(s) increase the premium/administration fee, the group will owe an additional amount for month(s) that were not previously billed. Retroactive premiums will appear on the first bill to print following the date the eligibility event was entered in the Moda Health system.

If retroactive terminations decrease premium/administration fees, the billing will be adjusted to reflect a credit for the extra premium/administration fee paid. Retroactive credits will appear on the first bill to print following the date the eligibility event was entered in the Moda Health system. Any claims paid during this time will be reprocessed.

PCP Changes

On applicable contracts, PCP changes are effective the first of the month following notification to Moda Health.

When Coverage Ends

When an employee or dependent loses coverage, you must notify Moda Health no later than 31 days after the date they lose their coverage. Coverage for enrolled dependents ends at the same time the employee's coverage ends.

Coverage ends when one or more of the following occurs:

- > Group plan termination
- > Death
- > Loss of eligibility
- > Termination, lay-off or reduction in hours of employment (including a strike, or lockout).
- > Divorce, termination of domestic partnership

Checklist

- Advise employee of cancellation effective date.
- Advise employee of options to continue benefits.
- Notify Moda Health of termination and reason of coverage ending for the employee.
- Delete employee and/or members from billing statement.

Group Plan Termination

If the plan is terminated, insurance ends for the employee and any insured dependents on the date the Plan ends.

Death

If an employee becomes deceased, coverage for their insured dependents ends on the last day of the month in which the employee's death occurred. However, surviving dependents may extend their insurance for up to three years if they meet the requirements listed in the "Continuation of Coverage" section of this guide. Remember to notify the surviving dependents of their rights to continue coverage. If they choose to continue coverage, you will need to notify your Moda Health Billing and Eligibility Specialist.

Loss of Eligibility

If employment terminates, it is your responsibility to notify the terminated employee of their rights to continue coverage through continuation of coverage.

Insurance will normally end for the employee and all insured dependents on the last day of the month in which termination occurred.

Lay-off or Reduction in Hours

In the case of a loss of coverage due to lay-off or reduction in hours of employment, coverage ends for the employee and their insured dependents on the last day of the month in which the lay-off or reduction of hours occurred. However, if the employee is laid-off and returns to active work within six months, they and any previously enrolled dependents may re-enroll in the group plan on the date they are rehired. Coverage will begin on the date of rehire. If you experience a reduction in hours and within six months hours increase and qualify for benefits, the employee and any previously enrolled dependents may re-enroll in the group plan on the date they qualify. You must notify Moda Health that you have an employee who has been rehired following a lay-off or that their hours have increased, and the necessary premiums for the coverage must be paid.

Divorce or Legal Separation

Insurance ends on the last day of the month in which the divorce decree is final or date of Legal Separation. Please remember to notify the spouse or domestic partner losing coverage of his/her rights to continue coverage.

When Dependent Children Lose Eligibility

Coverage ends for a covered child on the last day of the month in which the child is no longer eligible due to the following reasons:

- > Upon reaching the dependent maximum child age as specified in your policy;
- > The employee is no longer legally required to provide health insurance for the child.

Note: Remember to notify terminated members of their rights to continue coverage through Continuation of Coverage or COBRA plans.

Notification Guidelines

It is your employee's responsibility to notify you of any change in dependent's eligibility status. To avoid retroactive adjustments on your billing statement, you will need to notify your Moda Health Billing and Eligibility Specialist of the termination via fax, e-mail, enrollment form or by filling out the billing change form. You may also access EOS to terminate coverage. Any claims paid on retroactive eligibility changes will be reprocessed.

Continuation of Coverage

Employees may be eligible for other coverage through a COBRA if applicable. The circumstance that causes individuals to lose coverage is called a “qualifying event”. Such events might include the following:

- > Covered employee’s termination of employment (including retirement)
- > Covered employee’s reduction of hours (including a layoff, strike, etc.)
- > Death of the covered employee
- > Divorce or legal separation of the covered employee from his or her spouse
- > Employee drops the spouse in anticipation of a divorce or legal separation
- > The covered employee becomes eligible for Medicare
- > A dependent child ceases to be a dependent child under the terms of the plan
- > Employer bankruptcy (this only relates to retiree plans)

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 and later amendments is a federal law that requires employer group health plans of 20 or more employees (except religious groups) to continue coverage through a COBRA plan. Length of coverage depends on the qualifying event.

Qualifying events, maximum of 18 months of COBRA coverage:

Applies to employee, spouse and children

- > Covered employee’s termination of employment; or
- > Covered employee’s reduction in hours.

Qualifying events, maximum of 36 months of COBRA coverage:

Applies to spouse and covered children

- > Death of the covered employee;
- > Divorce or legal separation of the covered employee from his or her spouse;
- > The covered employee becomes eligible for Medicare; or
- > A dependent child ceases to be a dependent child under the terms of the plan

Retirees whose former employer files Chapter 11 bankruptcy may be eligible for benefits for life.

COBRA laws are specific regarding the process for applying for benefits and payment of the premiums. You are responsible for providing COBRA election notice to your employees within 14 days of the date you receive

a qualifying event notice from an employee or within 44 days of the employee's termination of employment, reduction in hours, death or becoming entitled to Medicare or the Group's filing for Chapter 11 reorganization. In addition, you are responsible for notifying Moda Health within 60 days of the qualifying event and collecting premium from your employee within 45 days after the qualified beneficiary elects COBRA.

Eligible employees and their dependents that elect COBRA will need to pay their monthly premiums directly to you, their employer group. Members must pay their premiums within 45 days of the date they elect COBRA and 30 days thereafter for each month's due date, or coverage will terminate without the option to reinstate.

Your Moda Health Billing and Eligibility Specialist will work with you to enroll your qualified employees and their dependents under the COBRA coverage.

COBRA premiums are based on the premiums charged to plan participants who are not on COBRA. However, you may require the COBRA beneficiary to pay the full cost of the premium (no employer contributions) plus an administrative fee of two percent.

Checklist

- Notify member of COBRA eligibility.
- Notify Moda Health of triggering event.
- Collect premium from your COBRA member.
- Notify Moda Health if payment is not received.
- Notify Moda Health when member terminates coverage.

Premiums may also be increased due to a disability extension. COBRA beneficiaries who are receiving 29 months of coverage due to a disability extension may be charged 150 percent of the premium for the 11 months beyond the first 18 months. You are responsible for providing disability extension notice from a qualified beneficiary within 60 days of receipt. The information shall include name, and social security number of the qualified beneficiary, date of initial qualifying event and date the disability began as indicated in the Social Security Administrations disability determination. Moda Health will have no obligation to provide extended coverage if this information is not timely and complete.

Employees and/or dependents may be eligible to convert from COBRA coverage to an individual Conversion plan (ACHIA). Groups should be

prepared to provide information on Conversion plans to their employees upon request.

The Group is responsible for notifying members of the availability, terms and conditions of the conversion plan within 15 days of a member's termination. Moda Health must receive an application for the conversion plan within 31 days of the date of termination of a member's coverage. However, if the Group terminates its policy or replaces coverage under the Plan with another carrier, members are not eligible for a conversion plan. Benefits and premiums of a conversion plan are different from those in the Plan offered by the Group.

NOTE: If a member enrolled in a conversion plan at the end of coverage under a group health plan or at the end of COBRA, the member may give up some protections under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This may include the ability to qualify as a HIPAA eligible individual. To retain this guarantee, most recent coverage must have been group health plan coverage.

Billing

Moda Health strives to make the billing and premium payment process as convenient and easy as possible. Examples of these documents can be found on the following pages. You may receive paper invoices or choose to be paperless by utilizing Moda Health eBill. Through Moda Health's electronic billing (eBill) services, you can save time, streamline billing tasks and reduce paper waste by accessing your account information in just a few clicks.

With eBill, you will simplify your Moda Health billing process, making it easier to manage your accounts and the ever-growing burden on physical file systems.

eBill allows you to:

- > Setup email notifications when each bill is ready.
- > Setup email notifications before bills are due.
- > Ability to set up payment methods.
- > View your billing statements electronically, paperless invoices

What You Will Receive

Billing Statement

The billing statement will list all active employees, including COBRA participants covered under the plan. If a TPA is handling the COBRA premiums the COBRA participants will not be included on the billing statement remitted to the employer. Any new enrollment and terminations that Moda Health received prior to your bill generating will also be reflected. You will see each covered employee listed for the current month's coverage as well as any other retroactive months of coverage that apply.

Billing Summary

The billing summary provides the premium breakdown by subgroup. The amount due to Moda Health is listed in the column labeled "Total Due." This is your total premium payment. You will receive two copies of the summary. One copy is to be sent in with the premium payment, the other is for you to retain for your records. We encourage you to pay as billed. Changes will be reflected in subsequent month's bills.

Billing Change Form

The Billing Change Form is a method for you to report to Moda Health any employee changes such as new enrollment, terminations, changes in subgroups, etc. This allows your Moda Health Billing and Eligibility Specialist to process the requested changes. The changes will be reflected on the next month's billing statement. While you can

complete a billing change form and return it to us with your payment, we prefer you send changes to us as you receive them to enable Moda Health to generate an accurate monthly bill.

Checklist

- Review Moda Health billing statement.
- Complete the billing change form for new enrollments, terminations and changes.
- Pay total due shown on billing summary.



601 SW Second Ave.
 Portland, OR 97204
 (503) 228-6554, toll-free 877-337-0647

Billing Statement Totals

Group/Subgroup: 1000####/ 000#
 XYZ Company, Inc.

Bill Print Date	For Coverage Beginning
MM/DD/20CC	MM/DD/20CC

Due Date : MM/DD/20CC

Benefit Type	Subscriber Count	Subscriber Premium	Dependent Count	Dependent Premium		
Dental Medical	###	\$\$\$.\$	##	\$\$\$.\$	Total this bill	\$\$\$.\$
					Outstanding Balance	\$\$\$.\$
					Please Pay This Amount	\$\$\$.\$

SAMPLE

BLPR
 0000010206G000





Billing Statement

Group/Subgroup: 1000####/ 000#

601 SW Second Ave.
Portland, OR 97204
(503) 228-6554, toll-free 877-337-0647

XYZ Company, Inc.

Bill Print Date	For Coverage Beginning
MM/DD/20CC	MM/DD/20CC

Due Date : MM/DD/20CC

Description: Active

Subscriber ID #	Subscriber SSN	Employee Name	Coverage Date	Dental				Total
								





Group ID: 1000####							Group Name: XYZ Company, Inc							Subgroup ID: 000#							Subgroup Name: Active										
Billing Change Form for Month of _____																															
Adds (New enrollments, dependent adds, and adding coverage) - Applications Required for Adds																															
Subgroup				Effective Date				Subscriber Name				Subscriber ID / SSN				Description of Change				Adjustment Amount				Comment							
Total for Adds																															
Terms (Termination of subscribers, dependents or coverage)																															
Subgroup				Termination Date				Subscriber Name				Subscriber ID / SSN				Description of Change				Adjustment Amount				Comment							
Total for Terminations																															
Changes (Changes in eligibility, benefits, or subgroup)																															
Subgroup				Change Effective Date				Subscriber Name				Subscriber ID / SSN				Description of Change				Adjustment Amount				Comment							
Total for Changes																															

Instructions: Please total changes by subgroup and transfer the amounts to the Moda Health Billing Summary form. Return Billing Change Forms and the Moda Health Billing Summary form with your payment. If you have more changes than this form can accommodate, please copy this form.

Billing and Eligibility Contact: Contact Name Here, 503-###-#### Ext: ####



Premium Payment Information

Payment Due Dates

Since your benefit plan is a prepaid health plan, it is important to remember that your payment is due to Moda Health by the first of each month for that month's eligibility period. If payment is not received by the first of the month, your next month's billing statement will not generate and delinquency may take effect.

Example: *Payment for June eligibility is due by June 1. If payment is not received within the 15 day grace period, the contract is subject to termination. Please see the Delinquency section below for more detailed information.*

Delinquency

Premium is due on the first day of each month. If premium is not received by the first day of the month, the employer group is considered delinquent and coverage may be terminated back to the last day of the month in which premiums were received. Standard contracts have a 15-day grace period.

- If premium is not received by Moda Health by the end of the grace period, Moda Health may terminate coverage.
- When a group is delinquent in premium payment, any claims that are submitted for reimbursement may not be paid. Once premiums are received and the account is current, previously unpaid claims will be identified and processed subject to plan provisions.

Final Bills

Upon termination of coverage, Moda Health will provide a final bill indicating the ending balance. If there are outstanding premiums owed to Moda Health, you will have 30 days to remit payment. If money is owed to your group, a refund check will be requested and mailed within 30 days of the termination with Moda Health.

Payment Options

Automated Clearing House (ACH)

Moda Health provides ACH services to you, and it is simple to setup. ACH enables Moda Health to debit your organization's bank account and receive the payment for services and/or claims automatically on the first working day of each month. Please contact your Moda Health Billing and Eligibility Specialist for more information.

Check

Moda Health will include a return envelope with each month's bill for your convenience. Please remit your premium payment to the following address:

Attn: Accounting
Moda Health
601 SW 2nd Ave
Portland, Oregon 97204-3199

Reports

Moda Health provides several reports to ensure your eligibility records are consistent with our records.

Overage Dependent Report

The Overage Dependent report is generated monthly. This report identifies all dependents that will reach the maximum child age within the next 60 days. This report also provides an anticipated termination date, if the dependent will reach the student maximum age or if the appropriate dependent certification is not received.

Dependent will end on the date specified in your contract, typically 26. An overage dependent with a disability, who on their behalf has had the proper physician certification supplied and has been approved by Moda Health, will not be included in the Overage Dependent report.

Checklist

- Review overage dependent list.
- Follow up with employees to ensure they return the letter to Moda Health.



Sample Overage Report
As of 02/28/2013

MESB_021
Date: 03/01/2013
Time: 8:27 am
Page 7 of 910

Group: 10111111 ABC Company
Subgroup: 0001 Active

Class: 0002 Non Bargaining Active

Subscriber ID	Subscriber SSN	Relation	Member Name	Date of Birth	Student	Termination Date	M
#####	534649112	C	Smith, Tom	02/23/1987		02/28/2013	Y
#####	540623868	C	Jones, Suzie	04/11/1987		04/30/2013	Y

M=Medical

Billing and Eligibility Specialist: {name}

Subscriber Member Report

The Subscriber Member Report lists eligible members in the Moda Health system. This report is helpful to use for auditing purposes to ensure your eligibility records and Moda Health's eligibility records match. You can request this report from your Moda Health Billing and Eligibility Specialist.

Subscriber ID Numbers

In an effort to protect the privacy of our members, Moda Health will assign a non-Social Security Number ID to each subscriber. The new subscriber ID will be alpha numeric. Example: A12345678.

Moda Health will continue to receive and retain the SSN for all new and existing subscribers. The SSN will be suppressed on all external communications with the exception of your Moda Health billing statement. Your billing statement now has the option of listing Social Security Numbers and/or non-Social Security Numbers. Please inform your Billing and Eligibility Specialist which option you prefer. By maintaining both numbers, Moda Health can ensure the timely processing of claims, should a provider inadvertently continue to bill under the SSN number. Since Moda Health assigns the new ID, our system supports the ability to go back and forth between the two numbers to ensure members receive the same level of service.

Turn Around Times

At Moda Health we strive for excellence in all we do. It is our intention to always provide you with the best customer service. To help us achieve our goal, we have outlined below the standard turnaround times for forms and materials submitted to Moda Health.

Enrollment Forms

Enrollment information will be entered into the Moda Health system within an average of two business days from the date we receive the information in our office.

ID Cards

ID cards automatically generate for new employees enrolling in coverage or those making any changes to their coverage that affects their ID card. Identification cards will be mailed to the subscriber within an average of five business days from the date Moda Health receives a request.

Members may download ID Cards onto their iPhone or Android Smartphone. In addition, a PDF eCard version can be obtained through myModa.

Members may access myModa or call our customer service department to request additional ID cards as well.

Email Response Time

If you have requested a response to your e-mail, you can expect a return e-mail within one business day.

Phone Response Time

You should receive a call within one business day at the latest. If the person you are calling is out of the office, their voice mail will direct you to a team member who has been cross trained as a backup and is familiar with your account. There will always be someone at Moda Health that can assist you with your questions.

BenefitHelp Solutions

Moda Health offers a variety of services to our qualifying customers. BenefitHelp Solutions, a Moda Health subsidiary, provides full third-party administration services such as Flexible Spending Account (FSA) and COBRA administration. Since BenefitHelp Solutions is a Moda Health subsidiary, your Moda Health Billing and Eligibility Specialist and your BenefitHelp Solutions Member Specialist will work in tandem to ensure a smooth transition for your employees to a COBRA policy. For further information please contact your Moda Health Sales and Service Representative or refer to [benefithelpsolutions.com](https://www.benefithelpsolutions.com).

Terminology

Automated Clearing House (ACH): Electronic transfer of funds used for monthly premium payments.

Billing change form: Form used by employers to report eligibility changes.

Billing summary: Document sent to employer groups providing a grand total by subgroups and due date for the month billed.

Carrier: An insurance company.

COBRA: Consolidated Omnibus Budget Reconciliation Act of 1985. A federal law that requires employer group health plans of 20 or more employees to allow people whose coverage would ordinarily end under their group plan to continue coverage under the plan for certain qualifying events.

Covered services: A service or supply that is specifically described as a benefit in the Plan.

Dependents: Any individual who is or may become eligible for coverage under the terms of a group health plan because of a relationship to a participant.

Maximum Child Age: The ages at which dependents lose their eligibility on the subscriber's plan. Typically Moda Health plans allow dependent coverage through age 26. Sometimes the age allowed is different if the dependent is a full-time student at an accredited college.

Eligibility: The determination of whether an individual has insurance coverage at a given point in time.

Eligibility waiting period (also called a probationary period): The period that must pass before the individual is eligible to enroll for benefits under the terms of the plan.

Enrollment: Information confirming that an individual is enrolled in a health insurance plan. Also, the total number of persons covered by the plan.

Late Enrollee: An individual who enrolls subsequent to the initial enrollment period during which the individual was eligible for coverage but declined to enroll. If you decline coverage for yourself and/or dependents when initially eligible, you will not be allowed to enroll yourself and/or your dependents until the next open enrollment period unless you have a qualifying event.

Member: A member is defined as the person or persons who are covered under the policy. This term includes the subscriber and covered dependents.

Member Handbook: A handbook that is made specific to each group outlining their particular contract guidelines.

Open enrollment: A specified time period in which subscribers have the opportunity to make changes to their health coverage.

Premium: The cost a group or individual pays for health insurance coverage.

Primary Care Physician (PCP): Is the participating physician, or women's healthcare provider, whom an individual chooses to be responsible for their continuing medical care.

Provider: Any entity or professional that provides patient care, including a hospital, physician or rehabilitation center.

Qualifying event: An event that causes an employee to gain or lose their insurance coverage. For COBRA also known as a **triggering event**.

Retroactivity: A change to employee/subscriber benefits that has an effective date prior to today's date. Changes include additions, reinstatements and terminations. Moda Health monitors retroactivity on all groups, regardless of contract type or who administers eligibility. The retroactive time limits vary by contract type (insured or self-insured).

Administrated Services Only (ASO): An arrangement between an employer and Moda Health where Moda Health provides administrative services (such as the processing of medical claims or communication of benefits to subscribers) to the employees of the employer. The employer is responsible for paying the cost of the healthcare service provided.

Special Enrollment Right: A qualifying event, outside of Open Enrollment, that makes an Employee or dependent eligible for enrollment in the Plan.

Subscriber: Usually the term to describe the employee on group policies.

Third-party administrator (TPA): An administrative organization, other than the employee benefit plan or healthcare provider, that collects premiums, pays claims, and/or provides administrative services to providers, provider networks, employers or other groups of insured patients.