

PROCESSING CONTRACT CHANGES FOR EXISTING MEMBERS

The primary change for agents and members when processing changes to existing ACA contracts is that the changes must be made verbally by calling Wellmark. Effective 8/26/2016 change forms are no longer required or accepted for ACA contracts. Changes can be made by Contract holders, the Agent of Record and a legal Power of Attorney to existing policies by calling Wellmark at 866-430-9778. Members with an existing contract should call the number on the back of their ID card to complete these changes.

Nearly every change can be done without additional documentation (exception: changes due to a qualifying Special Enrollment Period event). When documentation is required, the member will be given a confirmation and fax number to submit the documentation. Most changes will be completed within 48 hours of receipt of complete and accurate information.

Below are a series of the most common changes requested with additional detail to help you in processing the most common changes to ACA policies:

1. Adding a newborn/adopted child/foster child to an existing contract

Who: The contract holder, Agent of Record (AOR) or Power of Attorney can request to add a dependent (newborn/adopted child/foster child).

When: Within 60 days of the birth/placement. If the request is made outside of the 60-day window, the member must wait until the next Open Enrollment Period.

How: Verbally by phone to 866-430-9778 (agents); members should call the number on the back of their ID card. Wellmark will provide a confirmation number if supporting documentation is required because of an SEP.

Effective dates: The date of the event.

Impact to Billing: If the policy is on EFT, this may cause a delay in the pull date for your upcoming draft. If so, the member will receive a letter. The draft date will be reset to the 5th of the month on the next billing cycle (the member is not able to keep the later draft date going forward).

2. Adding a spouse or other dependent to an existing contract

Who: The contract holder, Agent of Record (AOR) or Power of Attorney can request to add a dependent.

When: During the annual Open Enrollment Period or with a qualifying SEP. If using an SEP, the application must be submitted 60 days prior to or after the qualifying event.

How: Verbally by phone to 866-430-9778 (agents); members should call the number on the back of their ID card. Wellmark will provide a confirmation number if supporting documentation is required because of an SEP.

Effective dates: Effective date will follow Open Enrollment Period (OEP) or SEP guidelines. For OEP, the 15th of the month is the cutoff for first of the next month effective dates. For SEPs, the application date determines effective date with the 15th of the month as the cutoff for first of the next month effective dates, unless an exception to move the effective date to avoid a gap in coverage is granted.

Impact to Billing: If the policy is on EFT, this may cause a delay in the pull date for the upcoming draft. If so, the member will receive a letter. The draft date will be reset to the 5th of the month on the next billing cycle (the member is not able to keep the later draft date going forward).

3. Change in billing or mailing address

Who: The contract holder, Agent of Record (AOR) or Power of Attorney can request to change billing or mailing addresses.

When: Anytime throughout the year.

How: Verbally by phone to 866-430-9778 (agents); members should call the number on the back of their ID card.

Effective dates: Immediately.

Impact to Billing: If a billing address is added, it will be considered the mailing address for correspondence to be sent. If the address results in a change in Rating Area, premiums will adjust accordingly.

Moving out of state: Members enrolled in a PPO plan can stay on their plan and would be notified at least 90 days prior to cancellation. Members in an HMO plan may stay on the plan until renewal. Members on an HMO plan who have moved outside of the state will continue to be rated on the last address.

4. Choosing a different plan

Who: The contract holder, Agent of Record (AOR) or Power of Attorney can request to change plans or add lines (ancillary products) to existing plans.

When: During the annual Open Enrollment Period or with a qualifying SEP. If using an SEP, the application must be submitted within 60 days of the qualifying event.

How: Verbally by phone to 866-430-9778 (agents); members should call the number on the back of their ID card. Wellmark will provide a confirmation number if supporting documentation is required because of an SEP.

Effective dates: Effective date will follow Open Enrollment Period (OEP) or SEP guidelines. For OEP, the 15th of the month is the cutoff for first of the next month effective dates. For SEPs, the application date determines effective date with the 15th of the month as the cutoff for first of the next month effective dates, unless an exception to move the effective date to avoid a gap in coverage is granted.

Impact to Billing: Any plan changes will result in a change to premium. Changing a policy or adding lines (i.e. ancillary) will also result in a rerate if the member has had a birthday since the last rerate.

If the policy is on EFT, this may cause a delay in the pull date for the upcoming draft. If so, the member will receive a letter. The draft date will be reset to the 5th of the month on the next billing cycle (the member is not able to keep the later draft date going forward).

Ancillary products: Dental or vision can be added at any time. The member must have medical coverage in order to add vision.

5. Moving a member off of a policy to become a contract holder on a new policy (also called a Rollover change).

Who: The contract holder, Agent of Record (AOR) or Power of Attorney can request to change contract holders (i.e. Rollover Changes).

When: A rollover can be requested due to one of the qualifying events:

1. Death (if member has dependents) – Spouse or dependent can also request rollover in this scenario in addition to contract holder, AOR or Power of Attorney.
2. Medicare enrolled
3. Obtain employer group coverage
4. Active military duty
5. During the Open Enrollment Period

How: Verbally by phone to 866-430-9778 (agents); members should call the number on the back of their ID card. Wellmark will provide a confirmation number if supporting documentation is required because of an SEP.

Effective dates: Effective date will follow Open Enrollment Period (OEP) or SEP guidelines. For OEP, the 15th of the month is the cutoff for first of the next month effective dates. For SEPs, the application date determines effective date with the 15th of the month as the cutoff for first of the next month effective dates, unless an exception to move the effective date to avoid a gap in coverage is granted.

Child-only policies: A dependent can qualify for a child-only policy and be rolled over into their new plan. Customer service can identify the child-only policy guidelines for further details.

Death: In the event of the contract holder's death, the current policy will terminate at the end of the month following the date of death and the new policy will be effective the beginning of that month so that no lapse in coverage occurs.

Deductible carryover: Will occur in situations including death of contract holder, Medicare enrollment, obtaining group coverage or active military duty. Members rolling over to the new policy will receive credit for the deductible and coinsurance amounts they have satisfied for that current benefit period.

Impact to Billing: If the policy is on EFT, this may cause a delay in the pull date for the upcoming draft. If so, the member will receive a letter. The draft date will be reset to the 5th of the month on the next billing cycle (the member is not able to keep the later draft date going forward).

6. Removing a dependent or spouse from a contract

Who: The contract holder, Agent of Record (AOR) or Power of Attorney can request to terminate a dependent.

When: At any time throughout the year, with or without a qualifying SEP event.

How: Verbally by phone to 866-430-9778 (agents); members should call the number on the back of their ID card.

Effective dates: Terminations of spouse and/or dependents will only be on the last date of the month that the request is received. Backdated terminations are only granted where a dependent has obtained group coverage with a Blue Cross/Blue Shield provider or has obtained HAWK-I, Medicare or Medicaid coverage. Please contact customer service for more detail.

Reinstatements: Reinstatements are permitted for voluntary terminations within 31 days from the processing date of the termination.

Impact to Billing: Any plan changes will result in a change to premium. Changing a policy or adding lines (i.e. ancillary) will also result in a rerate if the member has had a birthday since the last rerate.

If the policy is on EFT, this may cause a delay in the pull date for the upcoming draft. If so, the member will receive a letter. The draft date will be reset to the 5th of the month on the next billing cycle (the member is not able to keep the later draft date going forward).

7. **Terminating a policy**

Who: The contract holder, Agent of Record (AOR) or Power of Attorney can request to terminate a dependent.

When: At any time throughout the year, with or without a qualifying SEP event.

How: Verbally by phone to 866-430-9778 (agents); members should call the number on the back of their ID card.

Effective dates: Terminations will only be on the last date of the month that the request is received. Backdated terminations are only granted where a dependent has obtained group coverage with a Blue Cross/Blue Shield provider or has obtained HAWK-I, Medicare or Medicaid coverage. Please contact customer service for more detail. If the policy is not paid current, the termination date will be the paid-through date.

Reinstatements: Reinstatements are permitted for voluntary terminations within 31 days from the processing date of the termination.

Impact to Billing: If paying via EFT, termination requests must be processed prior to four business days from the next EFT draft. Drafts are pulled on the 5th of each month. If the member is drafted or if the policy has a credit balance of any kind a refund will be automatically processed after the final bill has run.