



## Minnesota Comprehensive Health Association (MCHA) - Frequently Asked Questions & Answers about Eligibility/Application

### I. Medicare Supplement Plans

#### Application Materials and Processing

1. Why does the application include a “Stop” sign image on page 2 - Before you submit this application, have you considered all of the Medicare plan options available in the private market?”

- A. As a general rule, coverage in the private market is less expensive and plans offer more benefits than MCHA. Please review alternative plan options.

**Resources to help explore Medicare plan options:**

- Social Security Administration: 1-800-772-1213 or [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Centers for Medicare and Medicaid Services: 1-800-633-4227 [www.medicare.gov](http://www.medicare.gov)
- Senior LinkAge Line®: 1-800-333-2433 <http://www.mnaging.org>

2. How do I locate the MCHA Medicare supplement plan application and benefit summary materials?

- A. All agents can access materials on the MCHA Web site at [mchamn.com](http://mchamn.com) (choose “Applications” then click “Application Form for the Basic Medicare Supplement Plan”).

Medica-appointed agents can get information online by going to [www.medica.com](http://www.medica.com). On the home page choose *Brokers* and then *Commercial*. On the left menu choose *Sales Materials*. You will reach a *Broker Login Screen*, which will ask your user name and password. If you are a first-time user, please go to the *Broker Registration Form* to set-up a user name and password. Once you are logged in, select *Applications/Forms* or *Brochures* to locate MCHA materials. Choose *Applications and Forms* and then select *Minnesota, Enrollment and Changes* and *MCHA*. Choose *Brochures* and select *MCHA* for brochures, and rate sheets.

If you require clarification of the broker materials available online, please call 952-992-2200 or 1-800-936-6880.

3. Who do I contact for MCHA Medicare application inquiries or to check on the status of an application?

- A. Both agents and MCHA Medicare supplement plan applicants contact the MCHA/Medica Center for Healthy Aging Customer Service Department at 952-992-2443 or toll free at 1-800-325-3540. Hearing impaired call the **National Relay Center** at 1-800-855-2880 and ask for the number above.

### II. MCHA Deductible Plans

#### Application Materials and Processing

4. How do I locate the MCHA deductible plan application and benefit summary materials?

- A. All agents may access materials on the MCHA Web site at [mchamn.com](http://mchamn.com) (choose “Applications” then click “Application Form for the Basic Medicare Supplement Plan”).

Medica-appointed agents can get information online by going to [www.medica.com](http://www.medica.com). On the home page choose *Brokers* and then *Commercial*. On the left menu choose *Sales Materials*. You will reach a *Broker Login Screen*, which will ask your user name and password. If you are a first-time user, please go to the *Broker Registration Form* to set-up a user name and password. Once you are logged in, select *Applications/Forms* or *Brochures* to locate MCHA materials. Choose *Applications and Forms* and then select *Minnesota, Enrollment and Changes* and *MCHA*. Choose *Brochures* and select *MCHA* for brochures, and rate sheets.

If you require clarification of the broker materials available online, please contact 952-992-2200 or 1-800-936-6880.



**5. Who do I contact for MCHA deductible plan application inquiries or to check on the status of an application?**

- A.** Agents contact the MCHA/Medica Service Center Department at 952-992-2200 or toll free at 1-800-936-6880.

MCHA applicants contact MCHA Customer Service at, 1-866-894-8053. Hearing impaired call the **National Relay Center** at 1-800-855-2880 and ask for the number above.

**COBRA & Continuation Coverage**

**6. If an individual exhausts COBRA or other continuation coverage; can he/she apply for MCHA and receive a Pre-existing condition (Pre-ex) waiver?**

- A.** The individual can apply for MCHA if they meet MCHA eligibility requirements as defined within the application section “H. Eligibility”. If applying with Evidence of Rejection or a Presumptive Condition, the applicant can request a waiver of the 6-month Pre-Existing Condition Limitation in section “I. Request for Pre-existing Condition Limitation Waiver.” The individual would need to meet requirements under waiver reason # 2 (see MCHA application for definition of waiver).

Waiver reason # 2 is selected when individual exhausted **continuation coverage under COBRA or continuation coverage** under similar state law .This waiver applies if the applicant applies with Evidence of Rejection or a Presumptive Condition and they apply for MCHA coverage within 90 days of the termination of their prior coverage. If the Pre-existing Condition Limitation Waiver is approved, the effective date will be backdated to the day following termination of prior coverage.

*Supporting documentation is required:*

- A Certificate of Prior Creditable Coverage verifying the termination date of prior coverage. (reason for termination)

If an applicant applies under the eligibility option Loss of Group Coverage [Health Insurance Portability and Accountability Act (HIPAA)] they automatically receive a waiver of the pre-existing condition limitation. However, to be eligible under HIPAA the MCHA applicant must meet the HIPAA requirements (see application section “H. Eligibility”) including not having a break of more than 63 days in coverage. The effective date of coverage is the date MCHA receives all necessary information to process the application.

**7. If an individual is eligible for continuation coverage, but can’t afford it, can he/she apply for MCHA? Would the Pre-existing Condition (Pre-ex) be waived?**

- A.** The individual can apply for MCHA if they meet MCHA eligibility requirements as defined within the application section “H. Eligibility”. If applying with Evidence of Rejection or a Presumptive Condition, the applicant can request a waiver of the 6-month Pre-existing Condition Limitation in section “I. Request for Pre-existing Condition Limitation Waiver.” The individual would need to meet requirements under waiver reason # 3 (see MCHA application for complete definition of the waiver).

Waiver reason # 3 is selected when the individual was terminated or laid off (voluntarily or involuntarily) from employment and he/she is **unable to exercise their option** to continue fully-insured group continuation coverage. Used for applicants who had **fully-insured coverage, were laid off or terminated, and are unable to continue coverage for affordability reasons**. The applicant coming from a self-insured group offering COBRA is not eligible for the waiver due to affordability issues.

*Supporting documentation is required:*

- Provide documentation from past employer identifying the cancellation date of their coverage and verifying employer coverage was a fully insured plan.

**8. If COBRA is exhausted and an individual is on Medical Assistance (MA), can they apply for MCHA? Who is primary?**



- A. There is no restriction prohibiting an individual currently on MA from applying for MCHA coverage. If the individual meets MCHA eligibility requirements and is accepted for coverage by MCHA, then MCHA is the primary payer when coordinating benefits with MA.

## **Completing the MCHA Deductible Plan Application**

### **9. How do I get licensed to sell MCHA?**

- A. Any Minnesota licensed health insurance agent can write an MCHA application.

### **10. If the application doesn't address my client's situation, can we write something to further explain?**

- A. Yes, additional information can be helpful in the review of eligibility. However, MCHA cannot make exceptions outside of the established eligibility criteria. For additional direction and assistance, contact the MCHA/Medica Service Center Department at 952-992-2200 or toll free at 1-800-936-6880.

### **11. Do I have to fill out all the boxes or just the sections that apply to me?**

- A. The MCHA application identifies the sections that must be fully completed. Please refer to the application sections that note "Required Information."

### **12. within the application, section "H. Eligibility," why is the effective date of coverage the date MCHA receives all necessary information to process the application? Why is there a gap in coverage; my client wanted continuous coverage?**

- A. The effective date of coverage under MCHA is outlined in Minnesota Statute 62E, which governs MCHA eligibility provisions. The statute identifies the effective date as the date MCHA receives a complete application and all necessary information (including premium payment) to process the application. However, a retroactive effective date can be obtained for those individuals who apply to MCHA within 90 days of termination of their prior coverage, and who request and receive approval for a waiver of the six-month Pre-existing Condition Limitation. See application section "I. Request for Pre-existing Condition Limitation Waiver." If a waiver is requested and approved, the effective date of coverage is the date following termination of the individual's prior coverage. The individual will be required to pay premiums associated with the retroactive effective date.

### **13. What if we don't fill out the application section "M. Check List"? Will you deny the application?**

- A. Your application will not be denied. However, we have identified this section as "Required Information" because the MCHA application process can be complicated, and reviewing the "Check List" with your client will help to assure all necessary sections of the application are completed and necessary supporting documentation is included. Incomplete applications that do not include all the necessary information and documentation will pend for up to 30 days, awaiting the required information. This may delay the effective date of coverage. Completing the "Check List" for your client helps confirm the application is complete.

### **14. Why do we need to send in a separate Certificate of Prior Creditable Coverage for each person applying? Why can't we cross reference?**

- A. MCHA must verify the prior coverage termination dates for each eligible member. If the Certificate of Prior Creditable Coverage form does not list all family members that are applying for MCHA coverage, a separate document form for each dependent family member is needed. Each family member is reviewed as a qualifying dependent and the six-month Pre-existing Condition Limitations/waivers are assigned on an individual dependent member basis.

### **15. As the agent, can I write the evidence of rejection or does my client need something from an insurance carrier? Does my client need to actually apply with another carrier, or will you take my word that no one else will cover them?**

- A. A Minnesota licensed health insurance agent can certify Evidence of Rejection by completing the "Agent Certification of Rejection" information within section "L. Agent Information" on page 9 of the application. The "Agent Certification of Rejection" is required if the applicant is applying under section "H. Eligibility": 4. Evidence of Rejection" (b). Agents should complete section " L. Agent Certification of Rejection" instead of including a letter with



information on the applicant's market plan rejection. This section of the application requires the following information: reason for rejection or medical condition, name and address of Insurer or Health Maintenance Organization (HMO) licensed to sell health coverage who will not accept the applicant.

**16. Does the application need to be signed by the applicant?**

- A. Yes. Please also take note that within the application, there are sections that require the applicant's initials. This helps to assure the applicant has read and reviewed the information. Please be certain these sections are fully completed.

**17. Do we need to send a full premium payment with the application?**

- A. Yes. Whether one chooses a monthly or quarterly premium billing option, the first premium payment needs to be made payable to "MCHA" and included with the application (a month's premium or a full quarter's premium) per the applicants elected payment option. Applications will pend if appropriate premium amounts are not submitted with the application. This may delay the effective date of coverage.

**18. Why is the applicant required to set up the Automated Clearing House (ACH) payment process if choosing monthly billing?**

- A. MCHA experienced too many premium payment delays when MCHA enrollees paid monthly premiums via other options (paying by check, etc.). Many enrollees were terminated for non-payment of premiums and it became administratively difficult to get people to comply with premium payment requirements.

To establish the ACH process for monthly or quarterly premium payments, please have the applicant complete application section "K. Premium Billing Options" the "ACH Payment Process: ACH (Automated Clearing House) Authorization Agreement" – and attach a voided check or savings account deposit slip.

**19. How are we informed that an application is pended requiring additional information? How do we resolve the pended issue?**

- A. If an application is incomplete a pending letter is sent to both the applicant and the agent. The required information to process the application should be submitted within 30 days from the date on the MCHA pend letter. When submitting the missing information, please include a copy of the original MCHA pending letter you received. This will allow the application to be processed more quickly.

**20. If additional information is needed to process an application, how long is the MCHA application pending period?**

- A. The application will pend for 30 days. An application is not considered complete until all necessary information is received. If a response is not received or adequate information is not received the application will not be processed and will be returned.

**Dependent Coverage**

**21. If the child has a medical condition, can the parent come on with the child? Can the parent be covered under the child? Does the parent need to have a medical condition, too?**

- A. A parent or legal guardian is not considered an eligible dependent. The parent would need to meet MCHA eligibility criteria and could bring the eligible dependent child on their plan. If the parent is not eligible under MCHA, the child can apply for MCHA coverage as the policyholder.

**Eligibility**

**22. Can an individual apply for MCHA if he/she has access to employer group coverage?**

- A. An individual is not eligible for MCHA if they are an employee of a company that offers group coverage.



*Exceptions:* An individual can apply for MCHA if they reach the annual limit (for all benefits) or the lifetime benefit limit on the employer group plan. The individual still needs to meet MCHA eligibility criteria via an Evidence of Rejection or have a Presumptive Condition. To be eligible for Pre-existing Condition Limitation waiver, the individual must request and meet MCHA Pre-Existing Condition Limitation waiver criteria (must apply for MCHA coverage and request the waiver within 90 days of termination of prior plan coverage). For annual benefit limits, MCHA is the primary payer only for that benefit, and secondary for all other benefits.

An individual who is on a fully-insured continuation plan, which he/she cannot afford, is eligible for MCHA if he/she has Evidence of Rejection or a Presumptive Condition. To be eligible for a Pre-existing Condition Limitation waiver, the individual must request and meet MCHA Pre-existing Condition Limitation waiver criteria (must apply for MCHA coverage and request the waiver within 90 days of termination of prior plan coverage). Please see question # 7 for clarification.

An individual is eligible only during a pre-existing condition limitation period, that she/he may have, under his/her employer coverage. The individual must have Evidence of Rejection or a Presumptive Condition to apply for MCHA. The individual may be eligible for a waiver of the Pre-existing Condition Limitation and should review the appropriate MCHA Pre-Existing Condition Limitation waiver options. Once the employer pre-existing limitation period ends, the individual must terminate MCHA coverage and maintain employer group health coverage.

**23. Is an individual eligible for MCHA if he/she has group insurance, but the coverage is too expensive?**

**A.** An individual is not eligible for MCHA if he/she is an employee of a company that offers employer group coverage regardless of the cost of the group plan coverage.

**24. What is the difference between eligibility under the Health Insurance Portability and Accountability Act (HIPAA) and qualifying under Evidence of Rejection or a Presumptive Condition? How do we decide which one to pick?**

**A.** The Instructions for Application “Section H. Eligibility” address the difference between HIPAA eligibility and the other eligibility options. Whenever an application is received, it is first reviewed to see if the person is HIPAA eligible. The Federal government requires MCHA, as the Minnesota state HIPAA administrator, to first review applications for HIPAA eligibility. If an applicant is HIPAA eligible he/she needs to be a Minnesota resident on the date of application and the no pre-existing condition limitation applies. The effective date of coverage is the date MCHA receives all necessary information to process the application.

*An applicant may be HIPAA-eligible if the following statements apply:*

- Must elect and exhaust COBRA or similar State/Federal continuation coverage
- Must provide proof of 18 months of continuous coverage with no more than a 63-day break in coverage
- Prior coverage was not terminated because one failed to pay premiums or committed acts of fraud
- Is not eligible for Medicare/Medicaid
- Does not have the option of other health insurance coverage (dependent or otherwise)

If an individual is applying with Evidence of Rejection or a Presumptive Condition, the applicant must be a resident of Minnesota for at least six months prior to the date of application, and a six-month Pre-Existing Condition Limitation may apply, unless a Pre-existing Condition Limitation Waiver is requested and granted. The effective date of coverage is the date MCHA receives all necessary information to process the application. A future effective date may be requested on the bottom of page seven of the application under “Alternative Effective Date.” If the applicant requests an approved for the Pre-existing Condition Limitation Waiver, the effective date of coverage will be retroactive to the day after the termination date of his/her prior coverage.

**25. The applicant had Medica coverage. Why don't you check your records to find when he/she termed instead of having us send in a Certificate of Prior Creditable Coverage form from Medica?**

**A.** Medica is the administrator for MCHA and responsible for the administrative functions of MCHA. MCHA is a different health insurance carrier than Medica. Due to the Health Insurance Portability and Accountability Act (HIPAA) and privacy requirements, information on individual members cannot be shared between Medica and MCHA.



**26. Why can't you issue the MCHA policy before getting the Certificate of Prior Creditable Coverage (COC) document? My client does not feel comfortable terming current coverage until my client knows he/she has been approved for MCHA coverage. People have a concern with having a gap in coverage.**

**A.** We understand there can be delays with requesting documentation from the prior health plan. MCHA understands this concern, and there are several ways to address this issue. In some situations, to determine MCHA eligibility, an individual will need to provide information on their prior health insurance coverage. If applying under HIPAA, and there is a concern with a gap in care (the effective date is the date MCHA receives all necessary information to process the application), an alternative would be to apply under Evidence of Rejection and request a waiver (waiver request # 2 – "I have exhausted my continuation coverage under COBRA or other continuation coverage under a similar state law.") If the waiver is approved the effective date of coverage will be retroactive to the day after the termination date of the individual's previous health coverage.

Likewise, an individual can apply under either Evidence of Rejection or a Presumptive Condition eligibility category and have a six month Pre-Existing Condition Limitation. Once a **Certificate of Prior Creditable Coverage (COC)** form is submitted, an individual can request a Pre-existing Condition Limitation Waiver. If the waiver is approved, MCHA will retroactively change the effective date of MCHA coverage to the date prior coverage ended. MCHA Customer Service will assist with this request; however, the request for the Pre-existing Condition Limitation Waiver must be made within 90 days of the prior coverage ending. Note, a waiver cannot be guaranteed prior to the additional documentation being submitted and reviewed.

**27. In order to drop employer group coverage, what is the MCHA effective date?**

**A.** An individual is not eligible for MCHA if they are an employee of a company that offers employer group coverage. For eligible individuals (i.e. individual meeting an annual or life time max), the MCHA application must be reviewed to determine the MCHA effective date of coverage.

An individual can apply for MCHA if he/she meets MCHA eligibility criteria via Evidence of Rejection or a Presumptive Condition. The effective date will be the date MCHA receives all necessary information to process the application. If an individual has met his/her lifetime or annual maximum benefits, that individual should request a Pre-existing Condition Limitation Waiver. The individual must provide proof the lifetime or annual maximum benefit was reached. If the pre-existing waiver is approved based on documentation provided, the effective date will be retroactive to the day after the maximum benefit was reached.

**28. If the agent and applicant are in another state (any other state), what type of MCHA products are available?**

**A.** MCHA coverage is only available for residents of Minnesota.

For information on states with high-risk pools log on to the National Association of State Comprehensive Health Insurance Plans (NASCHIP) at [NASCHIP.org](http://NASCHIP.org).

For additional assistance, contact the MCHA/Medica Service Center Department at 952-992-2200 or toll free at 1-800-936-6880.

## **Pre-Existing Condition Limitation & Waivers**

**29. Is there a Pre-existing Condition Limitation with MCHA?**

**A.** Yes. The MCHA policy generally does not provide benefits for expenses incurred during the first six months of coverage for treatment of an injury, illness, or other physical or mental condition (including treatment with prescription drugs, provision of prenatal care and maternity related services) if the injury, illness or condition was diagnosed, treated, or evaluated during the 90-day period immediately prior to the effective date. This rule does not apply to newborns or children placed for adoption who are added to an MCHA enrollees policy as new dependents after the original effective date of coverage.

Minnesota Statute does provide for some waivers of the six-month Pre-Existing Condition Limitation. Upon application, an applicant must request and be approved for a waiver.



### 30. How can we waive the Pre-existing Condition Limitation?

- A. A Pre-existing Condition Limitation does not apply if applying under the eligibility categories: “Loss of Group Coverage – Health Insurance Portability and Accountability Act (HIPAA);” the “Health Coverage Tax Credit (HCTC) program;” and the “Ineligible for the Federal Medicare program” (Section “H. Eligibility” options 1, 2 and 3).

If applying under the eligibility categories “Evidence of Rejection” or “Presumptive Condition(s),” section “H. Eligibility” options 4 and 5, applicants can request a waiver of the six-month pre-existing condition limitation by completing the application section “I. Request for Pre-existing Condition Limitation Waiver.” Within section I. of the application the applicant should check the waiver option that applies to their situation and provide the required documentation. Completion of the pre-existing limitation section does not guarantee a waiver. The applicant is notified by mail if the pre-existing limitation applies following review of the waiver request.

### 31. Is there a required timeline we must follow to request a MCHA Pre-existing Condition Limitation Waiver?

- A. The applicant must apply for MCHA coverage within 90 days of the date of termination of prior coverage, to be eligible for a waiver of the Pre-existing Condition Limitation.

### 32. Does the MCHA effective date of coverage change when the MCHA Pre-existing Condition Limitation Waiver is approved?

- A. **Yes**, If the Pre-existing Condition Limitation Waiver is approved, the **effective date will be backdated to the day following termination of prior coverage.**

### 33. Can a dependent be dropped from an employer group plan, apply to MCHA and get the pre-ex waived?

- A. Dependents of employees who have access to group coverage may apply for MCHA coverage. However, they will not be eligible for a waiver of the six-month Pre-existing Condition Limitation, as they *voluntarily* terminated their group coverage (did not pay premiums). The individual would only be eligible for a waiver if the health insurance carrier terminated the coverage. Example: A dependent reached the maximum limiting age of 26.

### 34. When does **waiver # 1** apply “My employer terminated coverage without offering continuation coverage?”

- A. This waiver applies when the employer disbanded their health insurance plan and **no continuation coverage is being offered.**

### 35. When does **waiver # 2** apply “I have exhausted my continuation coverage under COBRA or other continuation coverage under a similar state law?”

- A. This waiver option is used as an extension of providing a waiver **beyond the exhaustion date of COBRA or continuation coverage up to 90 days** (to be eligible for a waiver applicant must apply for MCHA coverage within 90 days of the termination date of their prior coverage). This waiver applies if the applicant applies for MCHA coverage within 90 days of the termination of their prior coverage. If waiver is approved the effective date will be backdated to the day following termination of prior coverage.

*Supporting documentation is required:*

- Documentation from past employer of health insurance carrier stating enrollee exhausted their continuation coverage (reason for termination).
- Documentation identifying the effective date and cancellation date of your prior coverage and current paid-to-date of the individuals continuation coverage

If an applicant applies under the eligibility option Loss of Group Coverage [Health Insurance Portability and Accountability Act (HIPAA)] they automatically receive a waiver of the pre-existing condition limitation. However, to be eligible under HIPAA the MCHA applicant must meet the HIPAA requirements (see application section “H. Eligibility”) including not having a break of more than 63 days in coverage. The effective date of coverage is the date MCHA receives all necessary information to process the application.



**36. Why is the Certificate of Prior Creditable Coverage form not sufficient to provide documentation stating COBRA or other continuation coverage exhaustion for waiver reason #2, “I have exhausted my continuation coverage under COBRA or other continuation coverage under a similar state law?”**

**A.** The Certificate of Prior Creditable Coverage form, which provides coverage begin/end dates, does not provide information on when COBRA was exhausted. **At the same time the Certificate of Prior Creditable Coverage form is requested, please request a letter stating the reason for termination.** This document needs to come from the prior employer or insurance company.

**37. When does waiver # 3 apply “I was terminated or laid off (voluntarily or involuntarily) from employment and I am unable to exercise my option to continue my fully-insured group continuation coverage (see MCHA application for complete definition of the waiver)?”**

**A.** This waiver Used for applicants who had **fully-insured coverage, were laid off or terminated, and are unable to continue coverage for affordability reasons.** The applicant coming from a self-insured group offering COBRA is not eligible for the waiver due to affordability issues.

*Supporting documentation is required:*

- Provide documentation from past employer identifying the cancellation date of their coverage and verifying employer coverage was a fully insured plan.

**38. When does waiver # 4 apply “I was terminated or laid off (voluntarily or involuntarily) from employment and I am unable to exercise by option to continue my group coverage?”**

**A. Used when the applicant was terminated or laid off and received no employer group option for continuation coverage.**

*Supporting documentation is required:*

- Provide documentation from your past employer identifying the cancellation date and the reason continuation coverage was not available.

**39. Why was a waiver not given when we checked waiver reason #9 – “My health insurance carrier terminated my individual health insurance coverage”?**

**A.** Waivers are only granted in situations where the health insurance carrier terminates an individual's coverage. *Example:* A dependent lost coverage due to reaching the dependent maximum or limiting age or a temporary individual plan (i.e. Insta-Care plan) has been terminated at the end of the policy coverage timeframe, or the insurance carrier ceased doing business in the state.

**40. Is pregnancy (prenatal/maternity related services) included in the MCHA six-month Pre-existing Condition Limitation?**

**A.** Yes. The MCHA policy is an individual plan policy, and Minnesota Statute is clear in that a pre-existing condition limitation can be applied to prenatal care services; however, deductibles and coinsurance amounts cannot be applied. The MCHA policy generally does not provide benefits for expenses incurred during the first six months of coverage for treatment of an injury, illness, or other physical or mental condition (including treatment with prescription drugs, provision of prenatal care and maternity related services) if the injury, illness or condition was diagnosed, treated, or evaluated during the 90-day period immediately prior to the effective date. This rule does not apply to newborns or children placed for adoption who added to ones policy as new dependents after the original effective date of coverage.

## **Premium Payment/Premiums**

**41. Do we need to send in the check with the application?**

**A.** Yes, whether one chooses a monthly or quarterly premium billing option, the first premium payment needs to be made payable to “MCHA” and included with the application (a month’s premium or a full quarter’s premium per the



applicants elected payment option). Applications will pend if appropriate premium amounts are not included with the application and may delay the enrollment effective date.

**42. Who do I make the check out to?**

- A. Minnesota Comprehensive Health Association/Medica  
Mail Route CW282  
401 Carlson Parkway  
Minnetonka, MN 55305-5387

**43. Why can't I fax the application, so you can start processing the application and we will send the check separately?**

- A. Applications and all required documentation including the premium payment should be directed to MCHA at the same time. Applications received without all information (per Minnesota Statute) are considered to be incomplete and therefore will be pended until all information is received.

**44. Why can't you issue the policy if the premium check amount is incorrect? We'll send the money later.**

- A. MCHA does make administrative exceptions to approved applications if there is an initial premium discrepancy of \$50 or less. MCHA will not take on the financial risk for larger premium discrepancies. If the premium shortage is less than \$50, and this is the only concern with the application, MCHA will recognize an effective date of coverage as the date the original application was received once the payment discrepancy is resolved. If there is a question regarding the appropriate amount owed in premium please contact:
  - For MCHA Medicare supplement products contact the MCHA/Medica Center for Healthy Aging Customer Service Department at 952-992-2443 or toll free at 1-800-325-3540.
  - For MCHA non-Medicare deductible plan products contact the MCHA/Medica Service Center Department at 952-992-2200 or toll free at 1-800-936-6880.

**45. Can the employer pay for the MCHA coverage?**

- A. An employer, which has in its employment an eligible MCHA person, may make all or any portion of the premium payment to MCHA [employer can pay quarterly premiums by check, This individual can not have access to an employer group plan and can not be treated any differently from other employees who have access to employer group coverage. Suspected fraud cases will be reported to the Department of Commerce to investigate.

MCHA does not accept premium payments or ACH payments from an employer designated third party administrator.

If an employer fails to make premium payments on behalf of the employee, the MCHA enrollee runs the risk of termination just as any enrollee who fails to pay their own premium.

**Residency Requirements**

**46. What documentation is needed to prove Minnesota residency?**

- A. MCHA is available only to Minnesota residents. Upon application, one *acceptable* form of document must be submitted with the application to verify Minnesota residency. Documents verifying residency must include the name of the applicant or parent/legal guardian of applicant and current Minnesota mailing address. Proof of residency must be current or dated within the period six months prior to the date of the application. Acceptable forms of documentation are included in the Instructions for Application section of the MCHA application and include:
  - Minnesota driver's license (current/valid)
  - Minnesota State ID (issued within the past 4 years)
  - Current Utility bill (dated within the last six months)
  - Credit card statement (dated)
  - Voter registration (dated within the last six months)
  - Applicants who are children: school records (with parent's/legal guardian's name and address) or driver's license, state ID, utility bill, or voter registration of the parent/legal guardian (as listed above).