



## Top 10 Pend Reasons Why MCHA Applications are Pended for Additional Information

**1. Request Pre-existing Condition Limitation Waiver: Exhausted COBRA or Continuation.**

Required information is missing when applicant requests the pre-existing condition limitation waiver under reason #2, "I have **exhausted** my continuation coverage under COBRA or other continuation coverage under a similar state law."

**Required information/documentation:**

- a. Documentation from past employer or health insurance carrier stating applicant **exhausted** their continuation coverage (**reason for termination**).
- b. Documentation identifying the effective date and cancellation date of your prior coverage and current paid-to-date (noting premium paid through last day of COBRA/continuation coverage) of the individuals **COBRA or continuation coverage**.

**2. Request Pre-existing Condition Limitation Waiver:**

Required information is missing when applicant requests pre-existing condition waiver reasons #1, #5, #6, #8 and #9.

**Required information/documentation:**

- a. Documentation from past employer or health insurance carrier stating the reason why prior coverage terminated.
- b. Documentation identifying date prior coverage terminated (Certificate of Prior Creditable Coverage form).

**3. Health Insurance Carrier Rejection:** When applying under application section "H. Eligibility: #4. Evidence of Rejection (a), the insurance carrier information is outdated or does not provide rejection/benefit reduction information.

**Required information/documentation:** The rejection letter must include the name of the health insurance company that issued the denial. It must be dated within the last six months and must include **reason** applicant was rejected (must send in all three pages of Blue Cross Blue Shield denial letter).

**4. Agent Certification of Health-Related Rejection:** Minnesota licensed health insurance agents can certify that an applicant is not eligible for coverage with another insurance carrier. When applying under application section "H. Eligibility: 4. Evidence of Rejection item (b), agents do not **fully** complete the corresponding section "Agent Certification of Health Related Rejection" (section L.)

**Required Information/documentation:** If an agent is certifying the applicant is not eligible for coverage under another carrier, the agent must **fully** complete section "L. Agent Information: Agent Certification of Health-Related Rejection" and must sign/date this section. Agent letters are accepted only if the letter includes the same information required in section L. [**reason** for rejection or medical condition and name/address of Insurer or Health Maintenance Organization (HMO) licensed to sell health coverage in Minnesota that will **NOT** accept the applicant], and the letter is signed and dated by the agent.

**5. Proof of Minnesota Residency:** Applicant does not include the required proof of Minnesota residency as required in section "C. Residency."



**Required information/documentation:** The applicant is required to provide one acceptable form of documentation verifying Minnesota residency and dated within 6 months prior to the date of application. Refer to the Instructions for Application (Section C.) for information on acceptable forms of documentation (expired drivers license are not acceptable).

**6. Request for Pre-existing Condition Limitation Waiver: Fully-insured group continuation coverage affordability.**

Required information is missing when applicant requests a pre-existing condition limitation waiver under reason #3, "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."

**Required information/documentation:**

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

**7. Automated Clearing House (ACH) Bank Account Information Missing:** The applicant does not include a voided check or savings account deposit slip, when completing section "K. Premium Billing Options," ACH Authorization Agreement.

**Required information/documentation:** The applicant must attach a copy of a voided check or savings account deposit slip for *future* ACH premium payments. A checking account deposit slip is not acceptable. MCHA does not assume that the ACH process should be set up under the same account number listed on the check used to pay the initial premium payment.

**8. ACH (Automated Clearing House) Authorization Agreement:** When choosing the monthly premium billing option, within section "K. Premium Billing Options," the applicant does not complete the ACH Authorization Agreement.

**Required information/documentation:** If the applicant chooses to pay premiums monthly, MCHA requires the applicant to use the ACH process. The applicant must complete and sign the ACH Authorization Agreement and must attach a copy of a voided check or savings account deposit slip for future ACH premium payments. A checking account deposit slip is not acceptable. MCHA does not assume that the ACH process should be set up under the same account number listed on the check used to pay the initial premium payment.

**9. Incorrect Premium Payment Submitted:** The applicant does not include the correct amount to cover the initial MCHA premium due.

**Required information/documentation:** The applicant must include the correct amount to cover their initial premium payment. The amount must correspond to the correct premium amount listed on the current MCHA premium rate sheet for the plan option selected, individual's age and his/her use or non use of tobacco. The premium amount must correspond to the premium billing option selected (monthly or quarterly premium billing).

**10. No Premium Payment Submitted:** Applicant did not include an initial MCHA premium payment.

**Required information/documentation:** The applicant must include the correct amount to cover their initial MCHA premium payment. The amount must correspond to the correct premium amount listed on the current MCHA premium rate sheet for the plan option selected, the individual's age and his/her use or non use of tobacco. The premium must also correspond to the premium billing option selected (monthly or quarterly premium billing).