



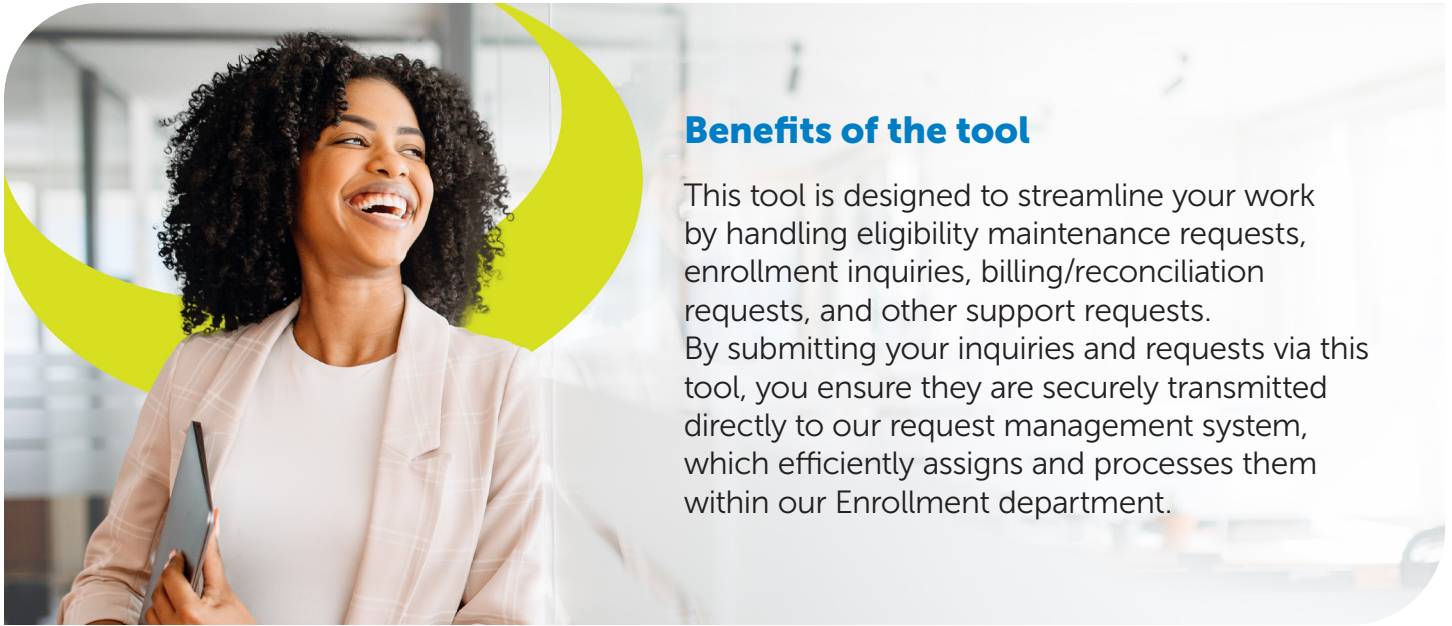
Right here. For you.



Support form packet

Enrollment Inquiry

Support tool process



Benefits of the tool

This tool is designed to streamline your work by handling eligibility maintenance requests, enrollment inquiries, billing/reconciliation requests, and other support requests. By submitting your inquiries and requests via this tool, you ensure they are securely transmitted directly to our request management system, which efficiently assigns and processes them within our Enrollment department.

Security

You will need to log in before using the Enrollment Inquiry & Support tool. When submitting requests, the form will auto-populate specific fields based on your profile. It utilizes Secure Sockets Layer (SSL) technology (the industry standard for secure transactions) to transmit the information to our request management system.

Completing the form

The most common reason for an inquiry is likely to be Eligibility Maintenance. You should select this option for subscriber/member activity, which includes new enrollments, additions to an existing contract, changes, terminations, etc. All appropriate paperwork must accompany the request, and you must complete the required fields. If retroactive review is required, please refer to the Member Retro Submission Tip Sheet on page two and include a completed Exception Request form.

Attachments

Please ensure that all selected attachments are uploaded to the request before clicking the "Agree and Submit" button. Attach your documentation. The functionality of attachments may vary depending on the browser and version being used. Web browsers such as Google Chrome allow multiple attachments to be submitted on the same request. In contrast, specific versions of Microsoft Edge may only allow one attachment. If your browser has an "Upload" button, fully upload the attachments to the form before submitting.

Tracking and notifications

You will be given a case ID immediately when your case is submitted. Your dashboard will be updated with the case ID in real time. The case ID is used for tracking purposes. Click the 'Search' button to refresh the list and view the most up-to-date status of your inquiries. Upon completion, the secure email you receive will contain the case ID, company name, group number(s), subscriber name, and subscriber ID, if applicable, and entered in the request. It will also contain resolution comments. If you have any questions concerning the status of a specific inquiry, please use the case ID to check the status on your dashboard. Contact your account service consultant with the case number if further assistance is needed.

Additional information needed

If your inquiry does not contain the necessary information to complete the request, you will receive an initial secure email asking for additional information. Replying promptly to the secure email in the ZixIT portal will keep the case open and send the additional information provided to the reviewer. A second reminder email will be sent on the due date. In most cases, this will be two business days later. Suppose additional information is not received within ten days of the due date. In that case, the request will be auto closed, and you must submit a new request. The initial request must contain all required information to prevent enrollment delays. Use your Group Maintenance Guide, a comprehensive resource that provides answers to common questions on enrollment guidelines, billing, online bill pay, and many other topics, to ensure your request contains all the necessary information.

Member retro submission tip sheet:

Required documentation

Add new subscriber

<input type="checkbox"/> Retro request exception form or group email clearly explaining request	<input type="checkbox"/> Proof of payroll deductions, pay stubs or payroll system screen shot	<input type="checkbox"/> Proof of prior submission e.g., copy of email, web confirmation or electronic file
<input type="checkbox"/> Proof of Broker/TPA/Group oversight	<input type="checkbox"/> Marriage Certificate (if marriage is qualifying event)	<input type="checkbox"/> Acknowledgment of premium impact
<input type="checkbox"/> Proof of involuntary loss of prior coverage (with effective date and members covered listed)	<input type="checkbox"/> Application with all required (change) information, signatures or copy of electronic file or web transaction with signatures	

Add dependents & spouse

<input type="checkbox"/> Retro request exception form or group email clearly explaining request	<input type="checkbox"/> Proof of prior submission e.g., copy of email, web confirmation, electronic file	<input type="checkbox"/> Application with all required information with signatures or electronic file or web transaction
<input type="checkbox"/> Court Order & QMCSO (if applicable)	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Domestic Partner Affidavit
<input type="checkbox"/> Proof of involuntary loss of prior coverage (with effective date and members covered list)	<input type="checkbox"/> Dependent Student Recertification Form and college transcripts	<input type="checkbox"/> Copy of visa with entry date stamp
<input type="checkbox"/> Proof of payroll deduction change (if applicable)	<input type="checkbox"/> Proof of Broker/TPA/Group oversight	<input type="checkbox"/> Certificate of Adoption

Termination

<input type="checkbox"/> Retro request exception form or group email	<input type="checkbox"/> Proof of prior submission e.g., copy of email	<input type="checkbox"/> Proof of Broker/TPA/Group oversight
<input type="checkbox"/> Copy of electronic file or web transaction COBRA Notice	<input type="checkbox"/> Death Certificate/Obituary	<input type="checkbox"/> QMCSO Disenrollment form (if enrollment was court-ordered)
<input type="checkbox"/> Proof of new coverage (with effective date and members covered list)	<input type="checkbox"/> Evidence of Termination e.g., group's system screenshots, letter of resignation	

Change in coverage

<input type="checkbox"/> Retro request exception form or group email clearly explaining request	<input type="checkbox"/> Completed application with all required information with signatures or copy of electronic file or web transaction
<input type="checkbox"/> Proof of prior submission e.g., copy of email, web confirmation, electronic file	<input type="checkbox"/> Proof of payroll deduction change
<input type="checkbox"/> Proof of qualifying event	<input type="checkbox"/> Proof of Broker/TPA/Group oversight

Reinstatement

<input type="checkbox"/> Retro request exception form or group email clearly explaining request	<input type="checkbox"/> Disabled dependent recertification approval
<input type="checkbox"/> Proof of prior submission e.g., copy of email or web confirmation, electronic file	<input type="checkbox"/> Dependent Student Recertification Form and college transcripts
<input type="checkbox"/> Application with all required information with signatures or web confirmation or electronic file	<input type="checkbox"/> COBRA proof of payment
<input type="checkbox"/> Proof of continuous employment and deductions	<input type="checkbox"/> Proof of Broker/TPA/Group oversight

Vision:

Maximum allowable retro review will only consider up to 90 days.

Abbreviations:

QMCSO – Qualified Medical Child Support Order

TPA – Third Party Administrator

Please note:

Additional documentation may be needed requests are handled on a case-by-case basis. Providing the outlined required documentation does not guarantee approval.



Exception form

Subscriber retroactive cancel/add/change



Instructions: Group leader or group representative to complete this form to request an approval for subscriber retroactive cancels, additions, or changes that are beyond the Univera Healthcare retroactive guidelines and/or beyond contract terms. Complete all the information and send it to the Enrollment department.

Today's date: _____

Group name: _____

Group number: _____

Sales representative: _____

Member name: _____

Member ID: _____

Retroactive activity request (select only one): Cancel Add Change

Date of original denial: _____

Requested retroactive activity date(s): _____

Reason/description for dispute: _____

**How was proper information sent to Univera Healthcare within required time frame?
Proof is required.**

Please explain:

Other, please explain:

Group administrator signature _____