

# Broker Manual

*Commercial  
Individual*

UNDER 65 ■ ON EXCHANGE

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## Welcome Agencies and Sub-Agents

We are pleased to present our Commercial Individual Under 65 On Exchange Broker Manual. This document was created for informational purposes only and is not intended to provide legal and/or accounting advice and should not be relied upon as such. Agencies and Sub-Agents should consult with their own accountants and/or legal counsel if they have any questions regarding the financial and legal impacts of the Affordable Care Act.

Thank you for considering CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) for your clients.

**Agency:** is a partnership or corporation operating in accordance with the Annotated Code of Maryland or equivalent statute in the appropriate state or legal jurisdiction in which it holds a license to sell health insurance and related products and solicits through other Brokers and/or Agents who function as Producing Agents of the Brokerage/Agency and handles applications for and renewals of insurance contracts, and for compensation, solicits, procures, negotiates, or makes insurance contracts, including contracts for nonprofit health service plans, dental plan organizations, and health maintenance organizations, or the renewal or continuance of these insurance contract for persons issuing the insurance contracts, and who has been appointed by Insurer in accordance with the Annotated Code of Maryland or equivalent statute in the appropriate state or legal jurisdiction in which it holds a license to sell health insurance and related products.

**Sub-Agent:** means a person that, for compensation, solicits, procures, negotiates, or makes insurance contracts, including contracts for nonprofit health service plans, dental plan organizations, and health maintenance organizations, or the renewal or continuance of these insurance contracts for persons issuing the insurance contracts, who has been contracted by Insurer under the terms of a CareFirst of Maryland, Inc. and Group Hospitalization & Medical Services, Inc. Broker/Agent Agreement, and who has been appointed by Insurer in accordance with the Annotated Code of Maryland or equivalent statute in the appropriate state or legal jurisdiction in which agent holds a license to sell health insurance and related products.

## Broker Contact List

INQUIRIES	
<p>For general inquiries, the Sub-Agent must verify the member's information, which includes the caller's and member's name plus 3 items from the below:</p> <ol style="list-style-type: none"> <li>1) Member's SID (Subscriber ID)</li> <li>2) Member's DOB</li> <li>3) Member's Address including Apt #, City and State</li> <li>4) Member's Zip Code</li> <li>5) Member's Social Security Number</li> <li>6) Member's Telephone Number</li> </ol> <p>NOTE: A HIPAA Member Authorization form is required for a Customer Service Representative to discuss detailed member claims or eligibility issues with individuals other than the member. The member should be referred to the Member Customer Service area for assistance in completing and submitting this form.</p>	
<p><b>Application Status, Benefits, Claims, Enrollment/Billing and General Questions:</b></p> <p><b>On Exchange: Direct On-Exchange Sub-Agents ONLY:</b></p> <p><b>On Exchange: Sub-Agents using an Agency:</b></p>	<p>Commercial Individual Sales Broker Line: 1-844-899-1594</p> <p>Contact Agency</p>
DENTAL INQUIRIES	
INDIVIDUAL SELECT DHMO, INDIVIDUAL SELECT PREFERRED (ISP) PLANS AND BLUE DENTAL PREFERRED (BDP) HIGH AND LOW OPTION PLANS:	
<b>Application Status and General Inquires:</b>	All Sub-Agents must contact their Agencies.
<b>Brochures/Applications/Rates/Product Comparisons:</b>	Available on the <a href="#">Broker Portal &amp; Broker iStore</a>
<b>Broker Credentialing for Individual Select DHMO and Individual Select Preferred Dental Plans:</b>	If you are currently credentialed to sell CareFirst products, no additional credentials are required to sell dental products.



Broker Contact List

APPLICATIONS AND FORMS	
<ul style="list-style-type: none"> <li>▪ Applications for enrollment (OEP)</li> <li>▪ Limited Open Enrollment Period (LOEP) documents</li> <li>▪ Change forms</li> <li>▪ Termination requests</li> <li>▪ Letters of Creditable Coverage and</li> <li>▪ Any enrollment correspondence for members or prospective members only on a Consumer/Direct Bill policy</li> </ul>	<p><b>All enrollment, changes and terminations must be initiated through the applicable State (MD or VA) and DCHL directly.</b></p>
<p><b>Dental – New Applications -</b></p> <p><b>Individual Select DHMO &amp; Individual Select Preferred:</b> Completed and signed DHMO enrollment applications <u>must</u> be mailed with the annual or semi-annual payment up until 10/31 for 11/1 effective dates. No payment will be required with the application and the Mailroom Administrator address noted on the right must be used.</p>	<p><b>DHMO:</b> CareFirst BlueCross BlueShield P.O. Box 79810 Baltimore, MD 21279-0810</p> <p><b>ISP:</b> Mailroom Administrator P.O. Box 14651, Lexington, KY 40512</p>

## Broker Contact List

### PREMIUM PAYMENTS

- Members may access 'My Account' at [www.carefirst.com](http://www.carefirst.com) to make on-line payments and set up recurring payments
- Members may call Member Services at 1-800-722-2467
- Pay by cash through CheckFreePay at select Walmart locations: Go to [www.checkfreepay.com/info/payinperson](http://www.checkfreepay.com/info/payinperson) to find a participating location.
- Members may mail a check or money order (made out to CareFirst BlueCross BlueShield) and invoice stub to:

Payment Administrator  
PO Box 70250  
Philadelphia, PA 19176-0250

**IMPORTANT:** If an invoice is not available, member must include their name, ID number and group number on the check/money order. To ensure timely payments, member should mail the payment several days in advance.

### COMMISSION INQUIRIES

#### On Exchange

- Sub-Agents who have elected an Agency for On Exchange plans should send requests directly to their Agency.
- Direct Exchange Sub-Agents only:  
Phone: 1-888-755-2656      Fax Commission Inquiry Logs to: 443-738-7305

All commission inquiries for On Exchange sales made by Direct Exchange Sub-Agents will be accepted and reviewed as noted:

1. The Sub-Agent must submit their inquiry in a spreadsheet format and must include the following data fields:
 

▪ Submission Date	▪ Submission Date
▪ Product Name	▪ Product Name
▪ Policy Effective Date	▪ Policy Effective Date
▪ Member SID or SS#	▪ Member SID or SS#
▪ Member First Name	▪ Member First Name
▪ Member Last Name	▪ Member Last Name
2. The Sub-Agent must fax the completed spreadsheet requesting review to 443-738-7305.
3. The fax cover sheet should be sent to the attention of Commercial Individual Broker Sales and noted as a "request for commission review: On Exchange Direct Broker". Please include a contact name, phone number and fax number.
4. The Sub-Agent should allow up to 60 days for commission adjustment processing. (Time may vary based on the volume received).
5. Commission payments will be made on or about the 10th of each month following the adjustment.

## Broker Contact List

BROKER CONTRACTING & COMPLIANCE – BROKER OF RECORD (BOR) - CONTRACTS – APPOINTMENTS	
<b>Contracting &amp; Appointment paperwork and documentation</b>	Sub-Agents must contact their dedicated Agencies [unless they are directly contracted with CareFirst, then use the Broker Contracting and Compliance (BCC) contact information below]
<b>Broker of Record</b>	MD and DC On Exchange: must be processed through the Exchange  VA On Exchange: Contact your Agency (for direct Sub-Agents: contact BCC)
<b>General inquiries</b>	CareFirst BlueCross BlueShield Broker Contracting & Compliance 840 First St. NE Washington, DC 20065-4783 Mailstop Code DC09-19  Email: <a href="mailto:BCC@carefirst.com">BCC@carefirst.com</a> Fax: 410-505-2933
<b>On Exchange contract request</b>	Access the Broker Portal at <a href="http://CareFirst.com">CareFirst.com</a> or contact Broker Contracting at the above number.  <b>NOTE:</b> Sub-Agents must be contracted directly with CareFirst to be compensated directly for On Exchange plans. This includes a separate contract from any that is currently in place.  Contract information can be sent to this email address for On Exchange Direct Brokers ONLY: <a href="mailto:BCC@carefirst.com">BCC@carefirst.com</a>

## Affordable Care Act (ACA) Overview

### ACA Overview

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The Affordable Care Act (ACA) requires the following of all individuals and families who are required to file a U.S. tax return:

1. **All plans must cover the same core benefits.**

Every ACA plan covers these Essential Health Benefits:

- Office visits
- Prescription drugs
- Preventive care and immunizations
- Hospitalization
- Emergency services
- Lab tests, blood work, x-rays
- Maternity and newborn care
- Mental health care
- Substance abuse services
- Pediatric dental and vision services

2. **No one can be denied coverage.**

Even if an individual is sick or has a pre-existing condition, they cannot be charged more or denied coverage.

### On Exchange

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CareFirst will have direct interaction with three different Exchanges/online market places to enroll members who apply via the Exchange:

- Maryland (MD) (State-based)
- District of Columbia (DC) (State-based) (On Exchange Only)
- Virginia (VA) (Federally Facilitated Exchange)

These Exchanges are referred to as “On Exchange.”

Sales will only be accepted online, but navigators and in-person assistors will be available to assist those who do not have access to the internet.

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*End*



## Affordable Care Act (ACA) Overview

### Product Availability

The following is a quick guide to the availability of medical and dental products On Exchange based on jurisdiction:

MEDICAL	MD	DC	VA
On Exchange	X	X	X

DENTAL	MD	DC	VA
On Exchange	X	X	X

### Financial Help - Subsidies

Financial help is available from the government to those who qualify. To help make health insurance more affordable, the Federal government offers two forms of financial assistance called subsidies – Advanced Premium Tax Credit and Cost Sharing Reduction Subsidies are available to individuals and families based on household income and family size.

For more information on how your clients can save money with these subsidies and verify qualifying income levels, please see the links below:

<https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>

<https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>

To receive a premium tax credit or cost-sharing reduction, individuals and families must enroll through the Exchanges and select a plan in the Silver metal level.

*End*

## Open Enrollment

### Open Enrollment Overview

Defined by the ACA, Open Enrollment Periods are a set time when people can purchase and select a health plan. The ACA Open Enrollment will begin on November 1<sup>st</sup> and will end on December 15<sup>th</sup>.

- **MD and VA:** applications received between November 1<sup>st</sup> through December 15<sup>th</sup> will receive a January 1<sup>st</sup> effective date and qualify as Open Enrollment.
- **MD and VA:** applications received between December 16<sup>th</sup> through December 20<sup>th</sup> will **not** be considered for Open Enrollment effective 1/1. These applicants could be considered for a LOEP/SEP and a 1/1 effective date if they had a qualifying event. Applications received on December 21<sup>st</sup> through December 31<sup>st</sup> will be considered for a LOEP/SEP for a 2/1 effective date.
- **DC:** The ACA Open Enrollment period will begin on November 1<sup>st</sup> and ends on January 31<sup>st</sup>.

### During Open Enrollment

As mandated by the ACA, our plan options are open to all enrollees and are not medically underwritten.

An applicant will need to complete one of our applications for the area they reside in (MD, DC or Northern VA) and make their first premium payment, also known as a **binder payment or initial premium payment (IPP)**, prior to their requested effective date for coverage to begin as requested.

CareFirst must receive a binder payment for coverage to be activated. Once the binder payment is received, CareFirst will send out a welcome package including a copy of the enrollee's contract(s) and new subscriber ID cards.

### Outside of Open Enrollment – Special Enrollment Period (SEP)

During the time when open enrollment is closed, certain qualifying life changing events (QLEs) can qualify an individual, his/her spouse and eligible dependents for an On Exchange special enrollment period (SEP).

An individual must provide proof of their QLE for an SEP, by providing documentation as outlined by the government. Some of these events include marriage, the birth of a child, loss of affordable group coverage, loss of minimum essential coverage, or moving to a new service area. The loss of travel insurance does not create an SEP.

Please visit <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/> for a list of SEPs.

*End*

## COBRA & Terminations

### Consolidated Omnibus Budget Reconciliation Act (COBRA)

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COBRA can extend an individual's group coverage when they leave the group and agree to pay the total group premium to their former employer.

- Individuals who lose their group coverage and are eligible for COBRA have the option of choosing either COBRA through their former employer or purchasing an ACA plan as an individual.
  - Individuals have 60 days from the date group coverage was lost to choose between COBRA or an ACA plan.
- Individuals who have elected COBRA must exhaust their COBRA coverage before qualifying for a SEP.
  - Individuals who terminate COBRA coverage before it is exhausted will NOT qualify for a SEP.
- Individuals with COBRA coverage can terminate COBRA during the ACA OEP (even if they have not exhausted coverage) and sign up for an ACA plan.
  - Individuals may be eligible for subsidies and/or cost sharing reductions.

### Terminations

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A termination of an On Exchange policy must be initiated by the member through the Exchange. The Exchange will then forward the termination files to CareFirst. CareFirst will process terminations according to Exchange guidelines.

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*End*

## Broker Guidelines

### CareFirst Contracting and Compliance Requirements/ Commission Payment Requirements

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The below outline defines the documentation required for Sub-Agents writing business On Exchange.

Sub-Agents working with Agencies should provide all required documents to their selected Agency who will then ensure they are processed at CareFirst. The absence of required compliance documents will result in the withholding of commissions.

### On Exchange Business

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When writing through an Agency, the following documents are required to be on record at CareFirst:

- Producer Agreement (if currently not contracted with CareFirst)
- Exchange Certification in jurisdictions writing business
- Sub Agent Form
- Contracted Broker Selection Page
- License in jurisdictions writing business
- Errors and Omissions certificate of insurance

If the Sub-Agent is writing direct, the following documents are required:

- Producer Agreement (if currently not contracted with CareFirst)
- Exchange Certification in jurisdictions writing business
- Sub Agent Form
- License in jurisdictions writing business
- W-9 Form
- Errors and Omissions certificate of insurance

**Note:** If a Sub-Agent writes On Exchange business directly, they will assume all responsibility for tracking their cases both front end and back end. No support from the Agency will be provided.

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*End*

## Broker Guidelines

### Commercial Individual Broker of Record Policy

The below information defines the processes for changing the Sub-Agent assignment for CareFirst brokered business.

### MD On Exchange Broker of Record Changes

Maryland On Exchange Agent of Record (Sub-Agent) changes involve actions that must be completed by both the member and the Sub-Agent. The full process was communicated in a Broker Flash earlier this year; however, the process is noted below:

STEP	ACTION
1.	<p>Member logs into Maryland Health Connection and changes their Authorized Sub-Agent.</p> <p>Members can change their authorized Sub-Agent by clicking on the question mark icon. Refer to these instructions for further details:</p> <p><a href="http://marylandhealthconnection.gov/assets/Maryland-Health-Connection--Selecting-a-Producer.pdf">http://marylandhealthconnection.gov/assets/Maryland-Health-Connection--Selecting-a-Producer.pdf</a>.</p>
2.	<p>Authorized Sub-Agent has the member complete a Producer of Record letter using the MHBE Producer of Record Template found on the MHBE website:</p> <p><a href="http://marylandhbe.com/exchange-partners/brokers/authorized-producer-information-center/">http://marylandhbe.com/exchange-partners/brokers/authorized-producer-information-center/</a></p>
3.	<p>Authorized Sub-Agent sends the Producer of Record letter via secure email to <a href="mailto:producer@marylandhbe.com">producer@marylandhbe.com</a> with the Subject: <b>Producer of Record</b>.</p>
4.	<p>MHBE Producer Operations forwards Sub-Agent change files to the CareFirst Broker Contracting and Compliance (BCC) area.</p>
5.	<p>BCC notifies the former Sub-Agent and the new Sub-Agent once the change has been made in the CareFirst system.</p>

*End*

## Broker Guidelines

### DC Health Link – On Exchange Broker of Record Changes

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Commercial Individual members must go through the DC Health Link [website](#) to change their broker.

Once changes are made on the DC Health Link website, the impacted brokers will be notified by the DC Health Link. CareFirst will receive the data needed to update our systems.

NOTE: While the DC Health Link will make changes effective upon receipt, CareFirst will continue to make changes effective on the first of the following month.

### VA On Exchange Broker of Record Changes:

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VA On Exchange remains business as usual. Required documents submitted to CareFirst by the Agency include:

- Cover Memo (template available in the Producer Manual)
- Member letter (template available in page 27 of the Producer Manual) including:
  - Member Name
  - Address
  - Phone Number
  - SID

### Block Transfers Between Contracted Brokers/Contractors

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Block transfers between Agencies must be released by the current Agency before a transfer can be honored. The following items are required:

- Release form (template available In the Producer Manual)
- Cover Memo to be submitted by gaining Agency (template available in the Producer Manual)

**Note:** A Sub-Agent placing business through an Agency can contact the Agency for a copy of the Producer Manual. If Sub-Agents place their business directly, they can contact Broker Contracting and Compliance at [bcc@carefirst.com](mailto:bcc@carefirst.com).

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*End*



## Broker Guidelines

### Commission Payment Considerations

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- After effectuation of coverage, normal payment received by Producer could be 60-90 days.
  - Broker Contracting and Compliance must receive the Sub-Agent's certification for jurisdiction(s) and any other required documentation before any commissions can be paid.
  - Calling multiple CareFirst areas to research commission issues slows process.
  - When the Agency is provided on the enrollment file from the Exchange to CareFirst rather than the Sub-Agent, research must be completed. The Agency and Sub-Agent must work together to monitor existing blocks and new business to ensure commissions are paid accurately.
  - When the member chooses to work with another Sub-Agent but does not advise the current one, commissions can be impacted.
  - Commissions are not paid until plan premium payment is made and the plan is effectuated.
  - The Sub-Agent's information on the file from the Exchange(s) has been inconsistent. The Sub-Agent must ensure that the Agency is aware of business sold on the Exchange.
  - The Sub-Agent should ensure that Broker Contracting and Compliance has their selected Agency on file for payment of commission.
  - Any movement from one plan to the other by the Member will cause the current Sub-Agent to no longer be attached. The Sub-Agent should ensure their existing business is assigning to them when making any change.

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*End*

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[carefirst.com](http://carefirst.com)

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