

HIPAA Eligibility



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NOTE: Qualifying as a HIPAA eligible individual ensures that no preexisting condition exclusion may be imposed, regardless of when a medical condition may have occurred. It also guarantees that an individual may not be placed on a waiting list for entry into the New Mexico Medical Insurance Pool (The Pool).

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. As of the date of this application, do you have 18 months of health coverage during which you have not had a break of 95 or more complete days in a row?

Yes

If your answer is yes,

2. Was your most recent coverage under an employer or trade union group health plan? **If yes to the previous two questions, please continue.**

Yes

3. Are you eligible for Medicare or Medicaid?

Yes No

4. Do you now have any health coverage, other than group health coverage or group continuation coverage such as COBRA, TCC (Federal continuation coverage) or state continuation coverage which is about to end?

Yes No

5. Was your most recent coverage terminated because of your fraud or nonpayment of premiums?

Yes No

If your answer is no, please continue checklist.

6. Are you eligible for any employment-related group health plan? (Does not mean individual coverage)

Yes No

If your answer is no, please continue checklist.

7. If you were offered the option of continuing coverage under COBRA, TCC or state continuation, did you both elect and exhaust such coverage? Note: if you do not have access to benefits under the continuation option, because, for example, you have moved outside the plan's service area, you have exhausted continuation coverage.

Note: You are not required to accept COBRA coverage to qualify for Pool coverage. Once you accept COBRA coverage, you must exhaust COBRA, or have rates higher than the Pool rates to enter the Pool.

Yes No

If you answered yes to the previous five questions, you appear to meet the conditions for HIPAA eligibility.

You should submit documentation, such as: certificates of creditable coverage, explanations of benefits, summary plan description forms from the previous group health plan, correspondence, pay stubs showing deductions for health insurance, health insurance identification cards, medical records showing health coverage, or third party statements verifying coverage.