New Special Enrollment Period due to COVID-19

Did you know there is a new Special Enrollment Period (SEP) open due to COVID-19? Anyone can enroll in Marketplace coverage from now through May 15th. Here are some important things to know:

- CGHC must receive a member’s application by May 15th, but applicants have 30 days to select a plan!
- Current CGHC members can change their benefit plan design during this SEP! But current members do not NEED to make any changes.
- Coverage will be effective on the 1st of the following month, after a plan selection is made!
- For any CGHC member who changes their benefit plan, their deductible and out-of-pocket expenses already paid will carry over to their new plan!

Check out some resources on our website for more information, here!
5 FACTS to know about the new Special Enrollment Period due to COVID-19

1 Timeline
The new Special Enrollment Period (SEP) runs from February 15th to May 15th. If a member already enrolled in 2021 CGHC coverage, there is no requirement to do anything during this time.

2 Enrollment
Anyone can enroll during the new SEP, either through Healthcare.gov or directly through CGHC. Enrollees' applications must be received by CGHC by May 15th. On-exchange enrollees have 30 days to choose a benefit plan after submitting an application. If you are a current CGHC member and would like to change your plan during this SEP, please contact your broker or CGHC sales team at 855.494.2667.

3 Effective Date
After choosing a benefit plan, coverage will begin on the first day of the following month! Ex: If an enrollee chooses a plan on March 30th, coverage will begin on April 1st.

4 Benefit Plan or Level Changes
Enrollees do not have to remain in the same metal level. If current CGHC members choose a new CGHC plan, their maximum out-of-pocket and deductible expenses from 2021 will carry over to their new benefit plan! Carry over is not guaranteed if you are going to a different health insurance carrier.*

5 Who should enroll?
This is a great opportunity for anyone who missed their chance to enroll during the original Open Enrollment Period. Anyone interested in comprehensive, honest health insurance can enroll in a CGHC plan during this time!

*CGHC will not accept deductible credit from another health insurance carrier.
To ensure that we are displaying the most current information in our provider directories and to ensure that claims are paid appropriately according to your contract with CGHC, please remember to notify us of any changes in your practice, including:

- New practitioners joining your practice;*
- Practitioners who are leaving your practice, so we can notify members if Continuity of Care applies;
- Changes in practice address or service location;
- Any changes in your billing information, such as a change in Tax ID or a new payment address.

Notice of these changes should be emailed to providerchanges@commongroundhealthcare.org utilizing our Provider Update form. (See link below.)

*New practitioners must be credentialed before they can be reimbursed for providing care to a CGHC member.

**REMINDER:**
No Balance Billing Provision Associated with CARES Act Payments
As a reminder, Providers who received funds from HHS/CMS as part of the CARES Act Provider Relief Funds agreed to not balance bill patients for COVID related care. HHS states “The prohibition on balance billing applies to "all care for a presumptive or actual case of COVID-19." A presumptive case of COVID-19 is a case where a patient's medical record documentation supports a diagnosis of COVID-19, even if the patient does not have a positive in vitro diagnostic test result in their medical record.”

List of services requiring Prior Authorization
CGHC routinely receives calls from providers inquiring about our prior authorization requirements and questioning whether or not a particular service requires PA. Did you know that CGHC publishes a code list on our website that details which services require authorization, as well as where that authorization request should be directed? Just click on the link below and scroll down the page to the blue box. https://www.commongroundhealthcare.org(for-providers/resources/)

Prior Authorization Search
Access our searchable file to determine which services require prior authorization. It is important to check this list before performing a procedure or service for your patients to avoid claim denials.

Search Now
CGHC Online Portals

CGHC is excited to announce expanded portal capabilities for 2021! In addition to the CGHC Provider Portal where providers can access information on member benefits, eligibility, and claims status, providers now have the ability to submit prior authorization requests and hospital admission notifications online as well as check the status of any pending authorizations by using our Prior Authorization portals. Please see below for details on the portal links, training documents, and how to gain portal access.

**Link to the CGHC Provider Portal page:**
https://portal.commongroundhealthcare.org/Logon.jsp

**Link to the Provider Portal training document:**

**Prior Authorizations – Medical**
**Link to the Medical Prior Authorization Portal Page:**
https://provider.commongroundhealthcare.org/Account/Login?ReturnUrl=%2F

**Prior Authorizations – Specialty Medications Administered by Providers**
**Link to the MagellanRx portal page at:**
https://specialtydrug.magellanprovider.com/MagellanProvider/do/Login

For any questions about PA for Specialty Medications, call MagellanRx directly at 800-424-8243.

You can gain access to the Prior Authorization and Provider Portals by emailing CGHC at providerinfo@commongroundhealthcare.org. Please specify which portal you require access to based upon your role and responsibilities. Once access is granted, you will receive an email with your login information and the appropriate portal training materials.