



My request to waive was denied. What can I do?

As part of your school's health insurance policy, students who wish to waive enrollment in their College or University's Student Health Insurance Plan must show proof that they are actively enrolled in a health insurance plan that provides comprehensive "comparable" coverage while they're at school.

Comparable Coverage is defined as the following:

Your plan covers you for non-emergent/urgent and routine care (routine physicals) without coverage limitations while you are on or near your school's campus.

- Preventative services
- Your plan does not have any limitations or exclusions on pre-existing conditions.
- Your plan covers hospital stays for medical and surgical care and for mental health conditions.
- Your plan covers doctor office visits for medical and mental health conditions.
- Your plan covers prescriptions written by a doctor. (If you are covered for prescription benefits through a third party vendor – Merck Medco, Medco, CVS Caremark, Express Scripts, etc., that is acceptable.)
- Your plan does not place dollar maximums on medical benefits.
- Your plan provides coverage for diagnostic services, including laboratory tests and x-rays.

It is also important that the plan declared provides access to comparable coverage while you are on campus. Students enrolled in an HMO, or a plan purchased through their 'home' state's Exchange may have excellent coverage while they are at home, but may only be covered for emergency/urgent care when they are outside of their plan's service area. Students enrolled in an out-of-state or out-of-county Medicaid plan will only have coverage within that state or county and will not have coverage outside of those areas except for emergency/urgent care. Only having coverage for emergencies and urgent care may result in a significant financial burden if the condition requires continued follow-up visits and diagnostic services.

The first step in the Gallagher Student Health waiver verification process is to compare your insurance coverage against our insurance database to determine your plan covers you while you are on campus. The second step is to pass your information via EDI (electronic data interchange) to your insurance company to verify that enrollment in the plan is active.

As waivers pass through this process they may deny for various reasons based on the status of your current insurance coverage. If you feel your request to waive has been denied in error, the information below will provide you with some general information on why your waiver was denied and steps that can be taken to reverse the denial.

Although there are numerous reasons for a waiver request to be denied, the reasons fall into one of the six categories below. **Locate the code next to the denial reason on the email you received from Gallagher Student Health. Match the denial code to the information below.**

Should you need to edit a form previously submitted or upload supporting documentation, please refer to the directions on the last page of this document.

(CODE 1001) Inactive Coverage / Coverage Not Found / Unable to verify

This denial means your insurance company was unable to find you in their system or they were able to find you but your coverage is not currently active.

Possible Causes:

- 1.) You may be using an old ID card with an old ID or group number.
- 2.) You had a typo or omitted information provided on the waiver form.
- 3.) Unable to verify active coverage with your insurance company.

How to resolve:

Please review the information you entered on your request to waive to make sure the information is correct. If there is a discrepancy between your current insurance information and the information provided on the request to waive you can edit and resubmit the form for secondary review.

To edit a previously submitted waiver log into your online account and click the “View My Submitted Forms” link and review your previously submitted request to waive. Carefully review your insurance card and any other insurance information required to complete the waiver form to confirm the information provided is correct. If there is a discrepancy, update the information on the form and resubmit.

If your waiver was denied because we could not confirm that your coverage is active, we will need documentation from your insurance company stating you have active coverage. The most effective document is a “Verification of Active Coverage Letter”. This is a standard letter that most, if not all, insurance companies provide to insured individuals. In many cases, the letter can be printed off your insurance company’s web site. If not available online, the letter can be requested by telephone through your insurance company’s Customer/Member Services department. This letter is preferred because it contains the **mandatory data elements necessary to confirm active coverage: 1) a document printed on your Insurance company letterhead, 2) your name, and 3) Effective dates/statement of active coverage.** If a “Verification of Active Coverage Letter” is not available from your insurance company, we will accept other documentation as long as it contains the mandatory data elements listed above.

Directions on how to edit your previously submitted form or upload supporting documentation are provided on the last page of this document.

(CODE 1002) Invalid or Missing Data

This denial in most cases is received because there is a data inconsistency between the information provided on the waiver form and the information on file at your insurance company.

Possible Causes:

- 1.) You may be using an old ID card with an old ID or group number.
- 2.) You had a typo or omitted information provided on the waiver form.
- 3.) Possible issue with your insurance company's Electronic Data Interchange (EDI) requirements.

How to resolve: Log into your online account and click the "View My Submitted Forms" link and review your previously submitted request to waive. Carefully review your insurance card and any other insurance information that is required to complete the waiver form to confirm the information provided is correct. If there is a discrepancy, update the information on the form and resubmit.

If you have confirmed that the information you have provided is accurate, it is possible that the error may be related to your insurance company's EDI (electronic data interchange) mechanism. To remedy this issue we will need a "Verification of Active Coverage Letter". This is a standard letter that most, if not all, insurance companies provide to insured individuals. In many cases the letter can be printed off your insurance company's web site. If not available online, the letter can be requested by telephone to your insurance company's Customer or Member Service department. This letter is preferred because it contains the **mandatory data elements necessary to confirm active coverage: 1) letter printed on Insurance company letterhead, 2) your name, and 3) statement of active coverage.** If a "Verification of Active Coverage Letter" is not available from your insurance company, we will accept other documentation as long as it contains the mandatory data elements listed above.

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(CODE 1003) Plan does not provide adequate coverage

This denial means Gallagher Student Health has reviewed your insurance company information and found that it does not meet the minimum required coverage criteria to be considered

“Comparable Coverage”. There are a few reasons why a plan may not meet the minimum requirements:

Possible Causes:

- If your plan is an HMO, your school may be outside of the plan’s service area. This means that you may only have access to emergency or urgent care, or limited “out of service area” benefits.
- Your plan may be a limited duration “month to month” plan which means we cannot confirm that you will have active coverage throughout the policy year. You are required to be enrolled in a plan that covers you for the same policy period as the Student Health Insurance Plan. Since your plan can be purchased on a monthly basis, it is not possible to confirm coverage will be in effect throughout the policy/academic year.
- If you have a Medicaid plan from a state other than the state the school is located you have access to emergency and urgent care only. Medicaid benefits do not transfer between states.
- Your plan may offer limited benefits and consequently is not compliant with the minimum benefit requirements set forth by the Affordable Care Act.
- Your plan does not meet the minimum coverage requirements set forth by the Affordable Care Act and/or your school due to benefits offered or access to benefits while you are at school.

How to resolve:

- If your waiver request was denied because you have a limited duration “month to month” plan, you will need to provide proof that you will be covered for the required duration as set forth by your school.
- If your request was denied because of insufficient benefit coverage, you will need to provide documentation from your insurance company that refutes the denial.
- If you have been denied due to an HMO service area you will need to provide proof that you have access to comprehensive benefits while at school. You may want to check with your insurance company to see if they have a rider that can be purchased to provide out of area benefits. However many of these riders offer students limited benefits and/or access to these benefits for a limited duration which is not sufficient.

Please note: Documentation must be on your insurance company letterhead or can be a copy of a benefit brochure or benefit summary. Please note that the name of the plan you declared on your waiver form MUST match the name of the insurance company on your benefit documents.

Directions on how to edit your previously submitted form or upload supporting documentation are provided on the last page of this document.

(CODE 1004) Unable to verify active coverage

This denial indicates we were not able to confirm you are actively enrolled in the insurance company listed on your request to waive. Although the vast majority of active coverage checks are confirmed via EDI (electronic data interchange) with your insurance company and also via telephone, there are some instances where we are not able to verify this information. Confirming you are actively enrolled is required in order to approve your request to waive.

Possible Causes:

- 1.) Your insurance company does not contract with our EDI vendor to verify active coverage automatically, or
- 2.) Your insurance company does not recognize Gallagher Student Health's request to verify active coverage when we submitted through EDI, or
- 3.) Your insurance company, when directly contacted by Gallagher Student Health would not provide confirmation of your coverage.

How to resolve:

Since your waiver was denied because we could not confirm your coverage is active, we need documentation from your insurance company confirming your coverage is active. The most effective document to accomplish this is a "Verification of Active Coverage Letter". This is a standard letter that most, if not all, insurance companies provide to insured individuals. In many cases, the letter can be printed off your insurance company's web site. If not available online, they can be requested by telephone. This letter is preferred because it contains the **mandatory data elements necessary to confirm active coverage: Insurance company letterhead, your name, and statement of active coverage.** If a "Verification of Active Coverage Letter" is not available from your insurance company, we will accept other documentation as long as it contains the mandatory data elements listed above.

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(CODE 1005) International Plans

- There are many reasons why international plans are not considered acceptable in order to waive the Student Health Insurance Plan. The primary reason is most international plans are "travel insurance" plans and do not meet the minimum benefit requirements as set forth by the Affordable Care Act. Additionally, many doctors and hospitals in the United States will not directly bill an international health insurance and will require payment at the time you receive services. Also, depending upon your visa requirements, U.S. Immigration or your College or University may require you to have U.S.-based, Affordable Care Act compliant, health insurance. These plans are not filed with the DOI in any US state and are not required to meet the following ACA requirements such as: Metallic Actuarial Value (MAV) testing, underwriting / utilization

requirements and subsequent refunds when applicable (80% rule), and mandatory essential benefits. If you're not covered by a comprehensive U.S.-based insurance plan, one accident or serious illness could jeopardize your academic plans and/or create significant financial burden.

Possible Causes:

- 1.) The plan you have declared on your request to waive has been identified as an international insurance company.
- 2.) Enrollment in the Student Health Insurance Plan may be mandatory for international students.

How to resolve:

If your school requires students to have a U.S. based insurance company and your plan is not U.S. based, you will need to purchase a U.S. based Affordable Care Act compliant plan. The best value is usually the Student Health Insurance Plan as it provides comprehensive coverage and in most cases is less expensive than other plans being offered.

If your plan has a U.S. claims address and meets the minimum benefit requirements, please login to your online account click on the "View My Submitted Forms" link and upload the following documentation to the form: 1) A benefit summary that verifies that the plan meets the "comparable coverage" requirements as noted on page 1 of this document; and 2) documentation that indicates the insurance company provides a billing address within the U.S.; and 3) a verification of active coverage letter showing coverage in the plan for the duration mandated by your school. All three of these criteria must be met for a request to waive to be approved.

Directions on how to edit your previously submitted form or upload supporting documentation are provided on the last page of this document.

(CODE 1006) Non-Insurance Products

Students are required to waive with an insurance policy that has been filed and approved to operate in the state in which coverage was purchased. There are non-insurance products on the market that are similar to insurance plans because they collect funds and facilitate cost sharing within their group. Since these are not insurance plans students cannot waive with these products. Many ministry programs fall into this category.

Possible Causes:

- 1.) We have identified the product you have declared on your request to waive is not an insurance plan.

How to resolve:

If the product you declared on your request to waive is not an insurance plan, you will need to enroll in an insurance plan to meet the school's insurance requirement. The best value is usually the Student Health Insurance Plan as it provides comprehensive coverage and, in most cases, is less expensive than other plans being offered. You have the option to enroll in another plan so long as coverage is in place on or before the required dates as set forth by your school.

If the plan you declared on the request to waive is an insurance plan, please login to your online account, click the "View My Submitted Forms" link and upload documentation that shows the plan is an Affordable Care Act compliant insurance plan filed to do business in the U.S. Most insurance plan benefit brochures and benefit summaries will contain a filed policy number and confirm that the product is an insurance policy.

Directions on how to edit your previously submitted form or upload supporting documentation are provided on the last page of this document.

(CODE 1007) Deadlines to submit or appeal has passed

Colleges and Universities set defined timeframes during which a student can waive the Student Health Insurance Plan. Students who miss these deadlines are automatically enrolled in the insurance plan.

Possible Causes:

1.) You have submitted your request to waive past the waiver submission date.

How to resolve:

Unfortunately, once the waiver request deadlines have passed, students are automatically enrolled in the Student Health Insurance Plan and it is not possible to waive the Student Health Insurance Plan.

(Code 1008) Administrative

School waiver programs have set dates during which they allow students to waive. Additionally, eligibility requirements outline who must waive and if they are required to waive annually or by semester. As an example, if you miss a fall or annual deadline many schools do not allow you submit a request to waive in the spring and you will remain enrolled for the policy year. Eligibility requirements may allow certain student categories to request a waiver but require or mandate that other students (example – international or clinical students) to enroll in the Student Health Insurance Plan. Also, students who do not meet the health insurance eligibility requirements may not need to waive at all.

Possible Causes:

- 1.) The deadline to submit a request to waive or to appeal a denied waiver has passed.
- 2.) If you missed a waiver deadline, and your school's waiver provisions do not allow students to waive in a subsequent semester, you are required to carry the insurance for the remainder of the policy year and cannot waive in the spring/summer etc.
- 3.) The Student Health Insurance Plan is mandatory and cannot be waived.

How to resolve:

- 1.) Carefully review the eligibility requirements for your school to determine whether you are eligible to waive based on the criteria outlined.

How do I edit my previously submitted waiver:

- 1.) Log into your online account on gallagherstudent.com
- 2.) Click on the "View My Submitted Forms" link from the menu on the left side of the page.
- 3.) Select the form you wish to edit from the list of previously submitted forms.
- 4.) Locate and edit the content you wish to update.
- 5.) Submit the form for review.

How do I upload supporting documentation to my previously submitted waiver:

- 1.) Log into your online account on gallagherstudent.com
- 2.) Click on the "View My Submitted Forms" link from the menu on the left side of the page.
- 3.) Select the form you wish to edit from the list of previously submitted forms
- 4.) Scroll to the bottom of the waiver form and locate the "Upload Supporting Documents" link.

Supporting documentation is not required for an initial waiver submission.

If you would like to appeal a denied Waiver or Petition to Waive Form by providing documentation to support the viability of your current health insurance plan as comparable coverage, please click the link below:



[+ Upload supporting documents \(5MB limit per file, maximum of 5 files\)](#)

CLICK TO CONTINUE

5.) Click the “+” to open the document upload box

✕ Upload supporting documents (5MB limit per file, maximum of 5 files)

Insurance verification documents may include:

- Verification of active coverage letter.
- Designation of out of service area benefits.

Documents submitted must be on insurance company letterhead and contain the name of the insured student.

We accept files in the following formats: PDF, JPG, GIF, PNG, JPEG

FILE NAME	SIZE	DATE OF LOADED	UP LOADED BY
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Upload File: No file chosen

6.) Navigate to the document you wish to upload and click the “Upload File” button.

We accept files in the following formats: PDF, JPG, GIF, PNG, JPEG



FILE NAME	SIZE	DATE	UP LOADED BY	REMOVE
INSURANCE VERIFICATION LETTER.pdf	79.14KB	06/18/2015	superuser	

Upload File: INSURANCE V... LETTER.pdf



7.) The uploaded document will be visible in the File Upload Box

8.) Click the “Click to Continue” button.

9.) Review your waiver data to confirm it is accurate.

10.) Click the “Submit” button