

Virginia: 1-50; Maryland: 1-50
brokers.kp.org

- Small Group Quote Form(s)** Rate Quote(s) with quote ID #'s
 - Group Administrator must initial and date top right corner

- 2016 Small Group Employer Application**
 - Virginia: VA-SG-GRP-APP (03/15)
 - Maryland: MD-SG-GRP-APP (10/15)

- Summary of Benefits or SBC for KP Plans Selected**

- Employee/Member Enrollment Form(s)**
 - Kaiser Permanente Approved General Agent Employee Enrollment Forms
 - Virginia: VA-SG-KFHP-KPIC-EN(3-15)
 - Maryland: MD-SG-KFHP-KPIC-EN(3-15)
 - Kaiser Permanente Approved Electronic Enrollment Template

- Employee Waiver Form(s)** (Please ensure coverage-type is marked and waiver is signed & dated)

- Binder Payment for 1st Month's Premium Equivalent**

- Most Recently Filed Quarterly Wage & Tax Statement** - Small groups that enroll six (6) or more subscribers are not required to submit a quarterly wage & tax statement (QWTS)
 - Most recent pay stubs - For new employees not on the Wage & Tax Statement
 - Employer (signed & dated) letter if owner is taking a draw from the company or does not appear on the QWTS
 - *Form must be annotated by Group Administrator*
 - *P/T = Part-Time*
 - *WP = Waiting Period (Status Ineligible; May not exceed 90 days from DOH)*
 - *T = Terminated or Left Employment (Status – Ineligible)*
 - *E = Enrolling*
 - *W = Waiving*
 - *Eligible New Hires not appearing on the QWTS should be listed by annotation and a copy of the most recent payroll document should be submitted to verify eligibility*

Group Name: _____

Group Number: _____ State: _____ KP Sales Professional: _____

Broker Name: _____ NPN _____

Date Complete Package Submitted to KP: _____ Effective Date: _____

- 1) Confirm employer group has defined physical location located within the KP service area, and maintains active business license by Verifying the existence of active license:

Virginia Business License Information System research site:

<https://sccefile.scc.virginia.gov/Find/Business>

Maryland Business License Information System research site:

<http://sdat.resiusa.org/UCC-Charter/Pages/CharterSearch/default.aspx>

- 2) Confirm employer group has (50 –MD; 100 – VA) or fewer “eligible” employees. Full Time Equivalents includes a count combining eligible full time and eligible part-time employees.
 - a. <https://www.healthcare.gov/shop-calculators-fte>
- 3) Confirm employer group has extended enrollment rights to all employees working 30 hours per week or (at least) more than **20 (VA)** or **17.5 (MD)** if extending coverage to all part-time and full time employees deemed eligible.
- 4) Confirm employer group is contributing at least 50% of the single-only premium. (i.e. ER contribution = 50% for the lowest cost single-only premium) **(VA ONLY)**
- 5) Confirm the employer group has at least one common law employee or is filed as a defined sole-proprietorship. Virginia & Maryland do permit one-life group enrollments off Exchange (SHOP).
- 6) Confirm employer group has enrolled a minimum of **70% (VA)** or **60% (MD)** of eligible full time and/or part-time employees after accounting for “qualified/credible” coverage waivers. Non-group direct-pay coverage is considered a credible form of waiver coverage for off-exchange case submissions.
- 7) Confirm employer group has demonstrated an employer-employee relationship exists among all enrolled employees. (i.e. the enrolling employees appear on applicable QWTS or other acceptable employment documents)
- 8) Confirm binder payment is made payable to “Kaiser Permanente” and the value or binder amount equals at least 80% of first month premium.
- 9) Confirm product choice(s) and member selection, by product, is accurately recorded and bundled by product type as a total group. Confirm all member applications are signed & dated properly. Confirm premium billing choice: MLR vs. CPE rating
- 10) Confirm submission complies with all applicable eligibility and enrollment guidelines and that the Employer Application is not backdated or signed after the applied effective date of coverage