

Medicare Group Checklist

Request for Quote (RFQ)

Please note: Send quotes to MedicareGroup@HealthAlliance.org.

Send questions to MedicareGroup@HealthAlliance.org or call (217) 372-5789 or (800) 851-3379 x 28166.

✓ **Final Quotes – Estimated turnaround: 3 – 5 business days**

1. Name and address of business, including ZIP code.
2. Requested effective date.
3. Census listing all eligible Medicare “primary” employees and/or retirees:
 - a. Date of birth for every intended member.*
 - b. A ZIP code is needed for every intended member.*
 - c. Type of coverage:
 - i. Employee only.
 - ii. Employee and spouse.
 - d. Employment status - active or retired.
4. Agency name and name of the specific agent (include general agency, if applicable).
 - a. If agent is listed with an agency different from the one sending the quote request to us, we need clarification.
5. Total number of employees listed on the group’s tax and wage statement (including full-time, part-time, temp, etc).

✓ **Sold Medicare Group**

1. Completed Employer Application.
2. Member enrollment application(s).

✓ **Enrollment**

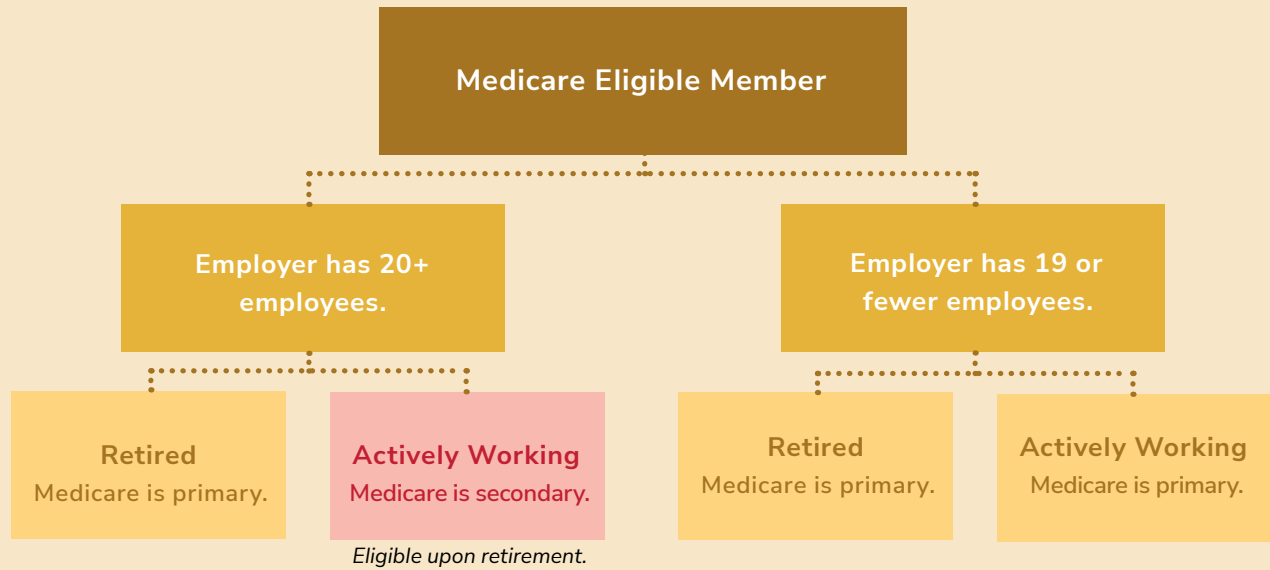
1. A post-implementation email is sent to the employer group and agent cc’d once the group is in our system.
2. ID cards and member materials are mailed to the member’s residence.

*Names are not mandatory, but appreciated.

**51% of eligible employees must reside in the Health Alliance primary service area.

Medicare Group Solutions Eligibility

CMS primary rules apply. Please visit [medicare.gov](https://www.medicare.gov) for details.



Medicare Group Eligibility Guide:

- Employer Sponsored Plan Option(s) Offered.
- Member is Medicare "Primary" payor status.
- Member is enrolled in Medicare Part A & Part B on or before the requested enrollment date.