



# Policy Exception Requirement for Membership Changes

Detailed below are the requirements for Blue Cross® Blue Shield® of Michigan and Blue Care Network policy exception requests.

A policy exception is needed anytime a request is being made outside of normal Blue Cross processing guidelines. A policy exception could be, but is not limited to, a retro addition, changing of benefit package codes, retro transferring of a contract between divisions or sub-groups and any other request that falls outside of the processing guidelines. All requests are subject to carrier approval and cannot be guaranteed.

Policy exceptions regarding retro terminations going back further than 30-days, will not be considered.

In order for a policy exception request to be considered it must meet the following requirements:

- The request must include a completed group Enrollment Change of Status Form (ECOS)
  - The Subscriber New Enrollment portion is required to enroll new members
  - The Change of Status portion is required for member transfers, termination and dependent changes
- The request must include a letter of rationale, provided from either the group or the agent, with the following information:
  - Why the exception is necessary
  - Explanation of why the request was not submitted within the required timeframe
  - Details specific to what is requested such as “The group is requesting...” or “On behalf of...”
  - An agreement from the group to pay any back premium should an increase in premium result from the requested change

Documentation supporting the request will also be required, such as a fax confirmation or email of when the request was originally sent. If the exception is the result of an error on behalf of the group, underwriting needs to know what the group is going to do to prevent future errors. The group will need to address why they have not been auditing their invoices and commit to doing so in the future.