



Directions on How to Complete the MMR

The MMR (Monthly Membership Report) is a tool for the client to transmit enrollment information to AultCare. Listed below are instructions to assist the client when completing the form.

Addition to Enrollment

- Use transaction code #1 when adding a new enrollment
- Provide enrollment form
- Provide certificate of creditable coverage
- If enrollment is due to the dependent losing their coverage with SCHIP (State Children's Health Insurance Plan), please indicate this in the comments section of the MMR. Due to HR2, the dependent has a special enrollment period of 60 days.

Change to Enrollment

- #2 – use when there is a change to enrollment from single coverage to family coverage
- Provide enrollment form
- Provide certificate of creditable coverage

- #3 – use when there is a change to enrollment from family coverage to single coverage
- Provide enrollment form

- #4 – use when there is a name or address change
- If name change, provide new name in the comments section and provide enrollment form
- If address change, provide new address in the comments section

- #5 – use when adding a dependent to an existing plan
- Specify dependents name in comments section
- Provide enrollment form
- Provide certificate of creditable coverage

- #6 – use when deleting a dependent
- Specify dependents name in comments section
- Provide enrollment form
- Provide divorce decree, if applicable

- #7 – use when the above change reasons do not apply (ex. change in location)
- Specify change in the comments section
- Provide appropriate paperwork, if necessary

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Cancellation of Coverage

- #8 – use when an employee left employment or terminates
- Include date of termination in comments section
- Provide in the comments section whether termination was voluntary or involuntary
- Provide in comments section whether termination was due to gross misconduct

- #9 – use when there is a cancellation of coverage due to a death
- Specify date of death and member’s name in the comments section

- #10 – use when there is a cancellation due to a layoff
- Provide in comments section the date of the layoff and the last date worked
- Provide in the comments section whether layoff was voluntary or involuntary

- #11 – use when there is a cancellation because the member is waiving coverage
- Provide signed enrollment form
- Specify in the comments section that member is waiving coverage

Continuation of Coverage

- #12 – use when member elected COBRA coverage
- Provide expiration date of COBRA coverage in the comments section

- #13 – use when member elected State Continuation Coverage
- State Continuation Coverage is an extension of the plan for 12-months for groups under 20 employees
- Please indicate State Continuation Coverage expiration date in the comments section

Other

- #14 – use when none of the above transaction codes apply
- #15 – use to indicate a “special enrollment period”

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