

Health Connector for Business Policy: Mid-Year Life Events

Policy #: HCB-4	Effective date: 9/1/2019
Category: Eligibility	Date revised: 6/15/2020
Approved by: Andrew Egan	Date reviewed: 6/15/2020

This policy is applicable to all small group health and dental products.

The Health Connector for Business will allow eligible employee(s)¹ and eligible dependent(s)² to enroll in coverage, make changes to their enrollment, or terminate their enrollment during a plan year resulting from the mid-year qualifying events listed below. A qualifying event may permit a new enrollment, a change in enrollment, or termination of an enrollment, depending on the nature of the event. The qualifying event may happen to either the eligible employee or an eligible employee's dependent.

Qualifying Event	Reporting Timeline	Effective Date	Allowable Action		
			Enroll	Change	Terminate
Becomes an eligible employee outside of the employer's initial or annual open enrollment period (for example, due to a hire or change in employment status to full-time)	Thirty (30) days after date of hire or change in employment status	First of the month following the Employee Hire Date or date of employment status change	✓		
Gains or becomes a dependent through birth, adoption or placement for adoption or foster care, or court-ordered care of a child	Within thirty (30) days of event	Date of event, or the first of the month following the date of event, at the election of the employee or dependent	✓	✓	✓
Gains or becomes a dependent through marriage	Within thirty (30) days of event	First of the month following the date of event	✓	✓	✓
Change in dependent status through divorce or legal separation	Within thirty (30) days of event	First of the month following the date of event		✓	✓
Gains access to new Health Connector health and dental plans as a result of a permanent move.	Within thirty (30) days of event	First of the month following the date of the move	✓	✓	✓

Qualifying Event	Reporting Timeline	Effective Date	Allowable Action		
			Enroll	Change	Terminate
Death of an enrollee or dependent	Within thirty (30) days of event	First of the month following the date of event	✓	✓	✓
Enrollment into Medicare	Within thirty (30) days of event	First of the month following the date of event	✓	✓	✓
Becomes eligible for MassHealth Premium Assistance, through Medicaid or CHIP	Within sixty (60) days of event	First of the month following the date of event	✓	✓	✓
Loses eligibility for coverage under a Medicaid or CHIP plan	Within sixty (60) days of event	First day of the month following last day of coverage. If mid-month loss of coverage, first day of the month in which coverage ends	✓	✓	✓
Loses pregnancy-related coverage or medically needy coverage once per year under the Social Security Act	Within thirty (30) days of event	First day of the month following last day of coverage. If mid-month loss of coverage, first day of the month in which coverage ends	✓	✓	✓
Termination of employment or reduction in the number of hours of employment	Within thirty (30) days of event	First day of the month following last day of coverage. If mid-month loss of coverage, first day of the month in which coverage ends		✓	✓
Loss of dependent status due to child aging off parent's plan	Within thirty (30) days of event	First day of the month following last day of coverage. If mid-month loss of coverage, first day of the month in which coverage ends	✓	✓	✓
No longer residing, living, or working in the health plan's service area	Within thirty (30) days of event	First day of the month following last day of coverage. If mid-month loss of coverage, first day of the month in which coverage ends	✓	✓	✓

Qualifying Event	Reporting Timeline	Effective Date	Allowable Action		
			Enroll	Change	Terminate
Termination of employer contributions	Within thirty (30) days of event	First day of the month following last day of coverage. If mid-month loss of coverage, first day of the month in which coverage ends	✓	✓	✓
Exhaustion of COBRA continuation coverage	Within thirty (30) days of event	First day of the month following last day of coverage	✓	✓	✓
Losing access to COBRA or state continuation coverage because an employer failed to submit premiums on time	Within thirty (30) days of event	Based on individual circumstances	✓	✓	✓
Loses minimum essential coverage (as defined by §5000A of the Internal Revenue Code), including an Individual Coverage Health Reimbursement Arrangement (ICHRA) ³ , for a reason other than voluntary termination of coverage, failure to pay premiums including COBRA premiums prior to expiration of COBRA coverage	Within thirty (30) days of event	First day of the month following last day of coverage	✓	✓	✓
Is an American Indian or Alaska Native, as defined by section 4 of the Indian Self-Determination and Education Assistance Act. See 25 U.S.C. §450b(d). Such individual may enroll in a QHP/QDP or change from one QHP/QDP to another one time per month	One time per month	First day of the month following plan selection	✓	✓	✓
Was enrolled (or not enrolled) in a health or dental plan unintentionally, inadvertently, or as the result of the error, misrepresentation, misconduct, or inaction of an officer, employee or agent of the Health Connector, the U.S.	Thirty (30) days after the date of event (or date a reasonable person should have	Based on individual circumstances	✓	✓	✓

Qualifying Event	Reporting Timeline	Effective Date	Allowable Action		
			Enroll	Change	Terminate
Department of Health and Human Services (HHS), or non-Exchange entities providing enrollment activities and/or assistance, as determined by the Health Connector	become aware of the problem)				
Adequately demonstrates to the Health Connector that the health or dental plan in which they are enrolled substantially violated a material provision of its contract in relation to the enrollee	Within thirty (30) days of event	Based on individual circumstances	✓	✓	✓
Demonstrates to the Health Connector, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Health Connector may provide	Within thirty (30) days of event	Based on individual circumstances	✓	✓	✓
Is a victim of domestic abuse or spousal abandonment	Within thirty (30) days of event	Based on individual circumstances	✓	✓	✓
Loses eligibility for an exemption from the individual mandate outside of the annual Open Enrollment period	Within thirty (30) days of event	First of the month following the date of event	✓	✓	✓
Enrolls in another health plan due to a special enrollment period	Within thirty (30) days of event	Last day of the month prior to start of other health plan			✓
Enrolls in another employer's health plan during that health plan's annual open enrollment period	Within thirty (30) days of event	Last day of the month prior to start of other employer's health plan year			✓
Commencement/Termination of service with AmeriCorps State and National, Volunteers in Service to America (VISTA), and National Civilian Community Corps (NCCC)	Within thirty (30) days of event	First of the month following the date of event	✓	✓	✓

Eligibility Review and Auditing:

For all mid-year life events or qualifying events, with the exception of circumstances of domestic abuse or spousal abandonment, it is the responsibility of the employer group to collect and retain supporting documentation demonstrating the eligibility of an eligible employee or dependent for the mid-year life event or qualifying event in question.

The Health Connector for Business, at its discretion, may request documentation from the eligible employer to confirm eligibility for all mid-year life events or qualifying events.

The Health Connector for Business, at its discretion and with reasonable notice, may conduct a random sample audit of eligibility for mid-year life events or qualifying events for any eligible employer group on a quarterly basis, or at any other time that the Health Connector for Business determines it reasonably necessary to verify eligibility for mid-year life events or qualifying events.

An issuer, upon reasonable cause, may audit the eligibility for mid-year life events or qualifying events in one of its plans through the Health Connector for Business by either:

1. Requesting access to the employee eligibility information available to the Health Connector for Business; or
2. Auditing the eligible employer group directly.

¹ Please reference the policy HCB-2: *Employee Eligibility and Verification*

² Please reference the policy HCB-3: *Dependent Eligibility and Verification*

³ *Loss of an ICHRA is a qualifying event if the ICHRA was considered to be MEC. To be considered MEC, the ICHRA should have satisfied the applicable affordability test used as part of the process to determine whether an offer of ESL is MEC.*