

Health Connector for Business Policy: Renewal of Coverage

Policy #: HCB-13	Effective date: 9/1/2019
Category: Enrollment	Date revised: 9/1/2019
Approved by: Andrew Egan	Date reviewed: 9/1/2019

This policy applies to small group health and dental products.

Enrolled employer groups renew membership twelve (12) months after their effective date of coverage and every twelve (12) months thereafter. Each eligible employee's coverage renews twelve (12) months after the enrolled employer group's effective date of coverage regardless of the employee's effective date of coverage.

- An employer group will be renewed in its current health or dental plan, or a similar plan if the current plan is no longer available, unless the group selects a different health or dental plan at time of renewal.
- An eligible employee or COBRA/mini-COBRA eligible individual in an employee choice product will be renewed in their current health or dental plan, or a similar plan if the current plan is no longer available, unless they select different health or dental plan at time of renewal. See HCB-6: *Consolidated Omnibus Budget Reconciliation Act (COBRA)/Mini-COBRA*.

The enrolled employer group is responsible for ensuring that all data regarding the group, eligible employees, dependents, and COBRA/mini-COBRA eligible individuals or their dependents, is accurate as part of the renewal process. Employer groups are responsible for updating any data as required.

The renewal application is an enrolled employer group's opportunity to change: health and dental plan, contribution amounts, and new hire effective date rules to be applied to all newly-eligible employees.

Employer Renewal Timelines:

- An employer group may start the employer portion of the enrollment renewal application no earlier than the first (1st) calendar day of the month two (2) months prior to the renewal effective date of coverage (for example, the employer may begin the employer portion of the renewal application no earlier than June 1st for a coverage effective date of August 1).
- An employer group must complete the employer portion of the enrollment renewal application no later than the tenth (10th) calendar day of the month prior to the renewal effective date of coverage (for example, the employer must complete the employer portion of the renewal application no later than July 10 for a coverage effective date of August 1).
- Employer groups who do not complete the application in the timeframe noted above will be automatically renewed into the applicable renewal product, benefit package and/or plan (or if that plan is not available, into a similar plan).

Employee Renewal Timelines:

- An eligible employee may start the employee portion of the enrollment renewal application after their employer publishes the final renewal benefit package (no later than the tenth (10th) calendar day of the month prior to the renewal effective date of coverage).
- Employees of employer groups who do not complete the enrollment renewal application in the timeframe noted above will have the passive renewal plan available to them after the tenth (10th) calendar day of the month prior to the renewal effective date of coverage.
- An eligible employee must complete the employee portion of the enrollment renewal application no later than the twentieth (20th) calendar day of the month prior to the renewal effective date of coverage (for example, the employee must complete the employee portion of the renewal application no later than July 20 for a coverage effective date of August 1).
- Eligible employees who do not complete the application by the deadline noted will be automatically renewed into the renewal plan (or if that plan is not available, into a similar plan).

Payment:

An employer group's payment for the first month of coverage must be received by the Health Connector for Business in full no later than the twenty-third (23rd) calendar day of the month prior to the effective date of coverage. Failure to receive payment on or before the deadline will result in the employer group entering the delinquency process and:

- The suspension or denial of claims by the issuer for healthcare services rendered for enrollee(s); and/or
- Effectuating enrollment with a later effective date or not effectuating enrollment for enrolling individuals, families, employers or employees.¹

Causes for Non-Renewal:

The Health Connector for Business may not renew an enrolled employer group's coverage if the employer:

1. No longer meets the participation and/or contribution requirements, unless renewing during the annual small group Open Enrollment period²;
2. Has not paid its premiums;
3. Has committed fraud or misrepresented its eligible employees³, COBRA/mini-COBRA eligible individuals' or dependents⁴ eligibility for the plan;
4. Has misrepresented information necessary to determine the premium rate;
5. Failed to comply in a material manner with the issuer(s)' requirements;
6. Failed to comply with the Health Connector for Business's or an issuer's reasonable request for information necessary to verify eligibility;
7. Is not actively engaged in business; or
8. Has moved its business address out of Massachusetts.

The Health Connector for Business will provide written notice to the employer at least sixty (60) days before a plan is not renewed for the reason(s) above with the applicable reason(s) for not renewing the plan.

¹Please reference the policy HCB-10: [Employer Group Termination of Coverage – Non-Payment](#)

²Please reference the policy HCB-7: [Employer Contribution and Participation Requirements](#)

³Please reference the policy HCB-2: [Employee Eligibility and Verification](#)

⁴Please reference the policy HCB-3: [Dependent Eligibility and Verification](#)