

Health Connector Policy: Dependent Eligibility and Verification

Policy #: **GME-1C**

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Category: **Eligibility**

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Approved by: **Ed DeAngelo**

Applicable to all Small Group products (Qualified Health Plan or QHP/Qualified Dental Plan or QDP)

All eligible dependents to be covered under a Health Connector small group product must be included on the employer group's census/enrollment application. It is the responsibility of an eligible employee to ensure and attest that information regarding their dependents that is submitted on the census/enrollment application is accurate and complete, and that all dependents comply with the eligibility requirements of this policy.

An eligible dependent may be any of the following:

1. A legal spouse of a subscriber, according to the law of the state in which the subscriber resides;
2. A legal civil union partner of a subscriber, according to the law of the state in which the subscriber resides;
3. A domestic partner of a subscriber;
4. A divorced or separated spouse of a subscriber as required by Massachusetts law;²
5. A child of a subscriber or of a subscriber's legal spouse, until age twenty-six (26), defined as:
 - a. A biological child; or
 - b. A stepchild; or
 - c. A legally adopted child or child placed for adoption with the subscriber or subscriber's legal spouse, according to the law of the state in which the subscriber resides;
6. A child for whom the subscriber or subscriber's legal spouse is the court appointed legal guardian;
7. A dependent child of an enrolled child; or
8. A disabled adult child over age 26 of a subscriber or subscriber's legal spouse.

Eligibility Verification and Auditing:

The Health Connector, at its discretion and with reasonable notice, may conduct a random sample audit of dependent eligibility for any eligible employer group at any other time that the Health Connector determines it reasonably necessary to verify dependent eligibility.

An issuer, upon reasonable cause, may audit the eligibility of any dependents(s) enrolled in one of its plans through the Health Connector by either:

1. Requesting access to the dependent eligibility information available to the Connector; or
2. Auditing the eligible dependent(s) directly.

The Health Connector is solely responsible for any eligibility determinations, and associated impacts on enrollments, resulting from any audits, whether conducted by the Health Connector or an issuer.

² If a divorced spouse is to be covered in addition to a current spouse, the divorced spouse must be provided with individual market coverage outside of the Health Connector's Small Group offerings.