

## Health Connector Policy: Mid-Year Life Events or Qualifying Events

Policy #: **GME-2**

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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)**

The Health Connector will allow eligible employee(s)<sup>1</sup> and eligible dependent(s)<sup>2</sup> to enroll in, make changes to their enrollment, or terminate their enrollment during a plan year as a result of the following mid-year qualifying events. A qualifying event may permit a new enrollment, the termination of an enrollment, or a change in enrollment, depending on the nature of the event. The event occurs when the following happens to either the eligible employee or one of the eligible employee's dependents:

Event	Reporting Timeline	Enrollment Effective Date
Becomes a eligible employee (for example, due to a hire or change in employment status to full-time) outside of the employer's initial or annual open enrollment period	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 Plans (Qualified Health Plan or QHP) / Health Connector Dental Plans (Qualified Dental Plan or QDP) as the result of a permanent move, provided that the employee or their spouse or dependent was enrolled in health coverage that	Within thirty (30) days of event	First of the month following the date of the move

Event	Reporting Timeline	Enrollment Effective Date
constituted minimum essential coverage within 60 days prior to the move		
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 assistance, with respect to coverage under a SHOP, under a Medicaid or CHIP plan	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

Event	Reporting Timeline	Enrollment Effective Date
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
Loses access to employer-sponsored coverage because employee enrolling in Medicare	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), 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. <u>See 25 U.S.C. §450b(d)</u> . 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 QHP/QDP 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. Department of Health and Human Services (HHS), or non-Exchange entities providing enrollment activities and/or assistance, as determined by the Health Connector	Thirty (30) days after the date of event (or date a reasonable person should have become aware of the problem)	Based on individual circumstances
Adequately demonstrates to the Health Connector that the QHP/QDP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee	Within thirty (30) days of event	Based on individual circumstances

Event	Reporting Timeline	Enrollment Effective Date
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
Enrolling 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
Enrolling 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, at its discretion, may request documentation from the eligible employer group employer to confirm eligibility for mid-year life events or qualifying events.

The Health Connector, 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 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 by either:

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

<sup>1</sup> Please reference the policy [Employee Eligibility and Verification \(GME-1B\)](#)

<sup>2</sup> Please reference the policy [Dependent Eligibility and Verification \(GME-1C\)](#)