

Health Connector Policy: Renewal of Coverage

Policy #: **GME-8**

Date revised: **7/5/2017**

Category: **Enrollment**

Effective date: **8/15/2017**

Approved by: **Ed DeAngelo**

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

Enrolled Employer groups renew membership twelve (12) months after their effective date of coverage and every twelve (12) months thereafter. Every 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 its plan is no longer available, unless it selects a different health or dental plan at time of renewal.

For employee choice models, an eligible employee or COBRA/mini-COBRA eligible individuals will be renewed in his/her current health or dental plan or a similar plan if the plan is no longer available, unless he/she selects different health or dental plan at time of renewal.

It is the responsibility of the Enrolled Employer group to ensure 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 and to update any data as required.

Timelines:

Employer Application:

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. 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. Employer groups who do not complete the application by the deadline noted will be automatically renewed into the renewal product, benefit package and/or plan (or if that plan is not available, into a similar plan).

Employee Application:

An eligible employee may start the employee 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 or the date on which the employer group completes the employer portion of the enrollment

application, whichever comes first. 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. 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:

The employer group's payment in full for the first month of coverage must be received by the Health Connector 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 into the delinquency process and may result in:

- 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 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'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 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 [Employer Group Termination of Coverage – Non-Payment \(GME-9A\)](#)

²Please reference the policy [Employer Contribution and Participation Requirements \(GME-5\)](#)

³Please reference the policy [Employee Eligibility \(GME-1B\)](#)

⁴Please reference the policy [Dependent Eligibility \(GME-1C\)](#)