

Health Connector Policy: Enrollment Timelines

Policy #: **SB-6A**

Date revised: **08/24/2016**

Category: **Enrollment**

Effective date: **1/1/2016**

Approved by: **Ed DeAngelo**

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

For Business Express and Dual/Triple Option:

For electronic submissions:

A complete enrollment application,¹ including full payment for the first month of coverage, must be received by the Health Connector by the deadline prior to the initial effective date of coverage. The Health Connector must receive a complete enrollment application on or before the 23rd day of the month prior to the coverage effective date unless the issuer requires another deadline.

For non-electronic submissions:

A complete enrollment application,¹ including full payment for the first month of coverage, must be received by the Health Connector by the deadline set by the QHP Issuer prior to the initial effective date of coverage. QHP issuers may choose a deadline for the Health Connector's receipt of a complete enrollment application - ten (10) or fourteen (14) business days - prior to the initial effective date of coverage. QHP issuers must confirm their selected deadline prior to offering Small Group products through the Health Connector.

For Employee Choice:

For electronic and non-electronic submissions:

A complete enrollment application,¹ including full payment for the first month of coverage, must be received by the Health Connector by the fifteenth day (15th) of the month prior to the initial effective date of coverage, for all QHP issuers.

For Small Group Dental:

For electronic submissions:

A complete enrollment application,¹ including full payment for the first month of coverage, must be received by the Health Connector five (5) days prior to the initial effective date of coverage.

For non-electronic submissions:

A complete enrollment application,¹ including full payment for the first month of coverage, must be received by the Health Connector ten (10) days prior to the initial effective date of coverage.

¹ Please reference the policy *Employer Group Eligibility and Verification (SB-1A)*