

## Health Connector Policy: Eligibility to Purchase Individual and Family Plans

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Category: <b>Eligibility</b>	Date revised: <b>9/22/2021</b>
Approved by: <b>Andrew Egan</b>	Date reviewed: <b>9/22/2021</b>

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**This policy applies to all non-group health and dental products.**

An individual is eligible to shop through the Health Connector by attesting to and verifying, where applicable, the following criteria:

1. The individual is a United States citizen, national, or a non-citizen who is lawfully present in the United States;
2. The individual is not incarcerated, other than incarcerated pending the disposition of charges; and
3. The individual is a resident of the Commonwealth of Massachusetts, providing they live in Massachusetts and either intend to reside, including without a permanent fixed address, or meet other criteria outlined below:
  - a. Individuals age 21 or older not described in paragraph (3)(b) may instead have entered into a job commitment or are seeking employment in the Commonwealth of Massachusetts. An individual who intends to live in the Commonwealth may shop through the Health Connector if they plan to reside in the Commonwealth by the coverage effective date.
  - b. If an individual age 21 or older living in Massachusetts is institutionalized, incapable of indicating intent, or receiving optional State supplementary payments, they will be deemed a resident according to Medicaid rules at 42 CFR 435.403.
  - c. An individual under the age of 21 not described in paragraph (3)(d) may establish residency if they reside in the Commonwealth, either without a fixed address or with a parent, guardian, or caretaker who is a resident as defined in paragraph 3(a).
  - d. If an individual under the age of 21 living in Massachusetts is emancipated, institutionalized, eligible for Medicaid because of disability, or receiving optional State supplementary payments, they will also be deemed a resident according to Medicaid rules at 42 CFR 435.403.
4. If at least one member of a tax household is a resident under the above requirements, then any other member of the tax household shall also be a resident, except that a member of a tax household who is a tax dependent and is not a resident under the above shall not be a Resident if the tax filers of the tax dependent's Household are married spouses who do not enroll in a Health Plan through the Connector.

If an individual is found to be deceased, they will no longer be eligible for benefits through the Health Connector.

**Interaction with Medicare coverage:**

An individual who has Medicare coverage may not enroll in a health plan, pursuant to federal rules at 42 U.S.C. 1395ss(d)(3) prohibiting the sale of duplicative coverage to Medicare beneficiaries. However, an individual with Medicare may enroll in a dental plan.

**Determination of eligibility:**

An individual must apply online, by phone, or on paper using the Health Connector's designated application form. The Health Connector will use the applicant's attestations in combination with trusted data sources to determine eligibility to purchase coverage, and if applicable, eligibility for subsidies (as addressed in NG-2: Eligibility for Federal and State Financial Support for Individual and Family Plans).

If an individual attests to meeting the eligibility criteria listed above and such attestation cannot be verified by other data or records consulted by the Health Connector, the individual will be determined eligible based on their attestation, pending submission and verification of requested documentation. In that case, the individual will be notified and will have 90 days to provide documentation. If, after the 90 days, the Health Connector remains unable to verify the attestation, the individual's eligibility must be determined based on the information available in the data sources.

Individuals required to submit proof of their residency or incarceration status who fail to do so will be terminated from coverage. Individuals required to submit proof of their lawful presence in the United States may be terminated, depending on available data.

The Health Connector may investigate inconsistencies in data on record for an applicant or enrollee and request additional information to verify an applicant or enrollee's eligibility for Health Connector health and dental products. Failure to respond to such a request with information sufficient to verify eligibility may result in loss of eligibility and, if applicable, termination from coverage.

The Health Connector may extend the inconsistency period if the applicant demonstrates that a good faith effort has been made to obtain the required documentation during the period or for other good cause. For an applicant who does not have documentation to resolve their inconsistency because it does not exist or is not reasonably available, with the exception of an inconsistency related to citizenship or immigration status, the Health Connector will provide exceptions on a case-by-case basis to accept an applicant's attestation for the information that cannot be verified, along with an explanation of circumstances as to why the applicant does not have documentation.