

Health Connector Policy: Eligibility to Purchase Individual/Family Plan

Policy #: **NG-1A**

Date revised: **2/12/2016**

Category: **Eligibility**

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

Approved by: **Ed DeAngelo**

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

An individual is eligible to shop in the Health Connector if s/he attests and verifies, where applicable, to the following criteria:

- A. Is a United States citizen, national, or a non-citizen who is lawfully present in the United States;
- B. Is not incarcerated, other than incarcerated pending the disposition of charges;
- C. Is age 21 or older, not described in paragraph C(4), and a resident of the Commonwealth of Massachusetts, providing s/he lives in Massachusetts, and either intends to reside, or has entered into a job commitment or is seeking employment in the Commonwealth of Massachusetts.
 1. If an individual intends to live in the Commonwealth, the individual may shop in the Health Connector if s/he plans to reside in the Commonwealth by the beginning of the coverage effective date. However, the individual does not need to have a permanent, fixed address.
 2. If not all members of the household meet the residency requirements set forth in this Policy, such non-residents may enroll in Health Connector non-group products only if at least one tax filer in the tax household meets the residency standards.
 3. An individual under the age of 21 not described in paragraph C(4) may establish residency if s/he resides in the Commonwealth, either without a fixed address or with a parent, guardian, or caretaker who is a resident as defined in paragraph C(1).
 4. If an individual age 21 or older living in Massachusetts is institutionalized, incapable of indicating intent, or receiving optional State supplementary payments, s/he will be deemed a resident according to Medicaid rules at 42 CFR 435.403. 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, s/he will also be deemed a resident according to Medicaid rules at 42 CFR 435.403.

An individual is provisionally eligible for enrollment if s/he:

Attests to meeting the eligibility criteria listed above and such attestation cannot be verified by other data or records consulted by the Health Connector. In that case, the individual will be notified and will have 90 days to provide documentation during which time s/he will be provisionally eligible based on the attestation(s). 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.

For an applicant who does not have documentation to resolve his/her 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. 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.