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

Policy #: **NG-1E**	Date revised: **1/27/2016**
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)

The Health Connector will allow qualified individuals, enrollees, and any dependent(s) to enroll in or make changes to their plan selection during a plan year within 60 days of any of the below listed mid-year life events or qualifying events (unless otherwise noted).

Although individuals and any dependents can enroll in a Qualified Dental Plan at any point during the year, QDP enrollees must experience one of the qualifying events listed below in order to switch plans without experiencing a lock-out period. However, waiting periods may apply for certain dental benefits. Lock-out periods and waiting periods do not apply to individuals seeking health coverage after a qualifying event.[1]

Please note: Certain types of mid-year life events or qualifying events are applicable to unenrolled qualified individuals, enrollees and dependents while other qualifying events are only applicable to enrollees.

A qualified individual, enrollee or his/her dependent(s):

1. Gains a dependent or becomes a dependent as a result of:
   a. Marriage;
   b. Birth, adoption or placement for adoption or foster care; or
   c. Court-ordered care of a child;
2. Loses pregnancy-related coverage or medically needy coverage once per year under the Social Security Act;[2]
3. Loses minimum essential coverage (as defined by §5000A of the Internal Revenue Code), for a reason other than failure to pay premiums, including failure to pay COBRA premiums prior to expiration of COBRA coverage, or situations allowing for a rescission as specified in 45 CFR §147.128, such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan. This includes loss of coverage due to:
   a. In the case of an employee or dependent who has coverage that is not COBRA, termination of employee or dependent that results in loss of employer sponsored insurance (regardless of whether the individual is eligible for or elects COBRA). This includes a dependent of a subscriber when the subscriber becomes eligible for Medicare and the dependent loses

coverage through the subscriber's plan due to subscriber's Medicare eligibility;

b. Legal separation, divorce, or cessation of dependent status;

c. Death of the employee who was a subscriber, termination of employment, reduction in the number of hours of employment;

d. An individual no longer residing, living, or working in the issuer's service area;

e. An individual incurring a claim that would meet or exceed a lifetime limit on all benefits;

f. A plan no longer offering any benefits to the class of similarly situated individuals that includes the individual or a plan that was decertified by the Health Connector;

g. Exhaustion of COBRA continuation coverage;

h. A non-calendar year group health plan or individual health insurance coverage not being renewed, even if the qualified individual or his or her dependent has the option to renew such coverage;

i. Will no longer be eligible for public qualifying minimum essential coverage, such as Medicare or Medicaid, or affordable employer-sponsored coverage that meets minimum value standards in the next 60 days;

4. 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, which includes release from incarceration;

5. Is an American Indian or Alaska Native, as defined by section 4 of the Indian Self-Determination and Education Assistance Act. See, 25 U.S.C. § 450b(d). Such individual may enroll in a QHP/QDP or change from one QHP/QDP to another one time per month;

6. Not previously lawfully present in the United States and becomes a citizen, national, or lawfully present individual;

7. 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, as determined by the Health Connector. An error would include incorrect calculation of Advance Premium Tax Credits or Cost Sharing Reductions;[3]

8. Adequately demonstrates to the Health Connector that the QHP/QDP in which s/he is enrolled substantially violated a material provision of its contract in relation to the enrollee;[3]

9. Is enrolled in an eligible employer-sponsored plan and is determined newly eligible for Advance Premium Tax Credits (APTCs) based, in part, on a finding that s/he will no longer be eligible for affordable employer-sponsored coverage that meets minimum value standards in the next 60 days provided that s/he is allowed to terminate existing coverage;[4]

10. 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;[3]

11. Is a victim of domestic abuse or spousal abandonment (victims applying for financial assistance and married to the spouse who abused or abandoned them must attest on their application that

they expect to file taxes as Married Filing Separately in order to be considered for APTCs); or

12. Has an approved waiver from the Office of Patient Protection.

A qualified enrollee or his/her dependent(s):

1. Is determined newly eligible or newly ineligible for APTCs;[5] or
2. Loses dependent or dependent status due to death or divorce.

Reporting requirement:

Mid-year life event(s) must be reported to the Health Connector within 60 days of the event. The Health Connector may require documents proving that the qualified individual, enrollee or his/her dependent(s) meets one or more of the above criteria. Loss of minimum essential coverage and permanent move can be reported 60 days prior to the event.

Effective dates:

Changes to plan enrollment will be effective in accordance with the Enrollment in Individual/Family (Non-Group) Plan policy[4] except that, in the case of birth, adoption or placement for adoption or foster care, coverage will be effective on the date of birth, adoption, or placement for adoption or foster care or the first day of the month following the date of birth, adoption, or placement for adoption or foster care.

Any APTCs or cost sharing reductions will only become effective on the first day of the first full month during which the individual is enrolled in a QHP/QDP and not enrolled in other minimum essential coverage.

Applicable to ConnectorCare Products Only:

In addition to the mid-year life events or qualifying events described above, ConnectorCare enrollees or his/her dependents may transfer from a Qualified Health Plan or enroll in a Qualified Health Plan outside of the open enrollment period during a special enrollment period established by the Health Connector for one of the following reasons:

1. a Qualified Individual is determined newly eligible for a ConnectorCare plan;
2. the Qualified Enrollee changes Plan Types;
3. the Qualified Enrollee has been approved for a Hardship Waiver in accordance with Health Connector regulations at 956 CMR 12.11; or
4. the Qualified Enrollee's Hardship Waiver period has ended.

Enrollees will have sixty (60) days to enroll in a Health Plan from the date of one of the events described above.

Annual Open Enrollment Period

A qualified individual, enrollee, or dependent will be able to enroll in coverage without experiencing a qualifying event or make changes to a plan selection for the upcoming year during the annual open enrollment period each year.[6]

[1] *Please reference the policy Termination of Coverage- Voluntary (NG-6A)*

[2] *As described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(ii)(IX), or (a)(10)(C)) of the Social Security Act*

[3] *To find out more information about how to access these qualifying events, please contact Health Connector Customer Service*

[4] *Please reference the policies Eligibility for Federal and State Financial Support for Individual/Family Plan (NG-1B) and Enrollment in Individual/Family Plan (NG-3)*

[5] *Please reference the policy Eligibility for Federal and State Financial Support for Individual/Family Plan (NG-1B)*

[6] *Please reference the policy Open Enrollment Period For Individual/Family (NG-4)*