

Health Connector for Business Policy: Premium Billing and Payments

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Category: Payment	Date revised: 11/19/2019
Approved by: Andrew Egan	Date reviewed: 11/19/2019

This policy applies to small group health and dental products.

Payee Entity

Employer groups must pay monthly premiums for health coverage to the Health Connector for Business directly. The Health Connector for Business may accept premium payments from a broker on behalf of an employer group.

Initial Payment Process and Deadline

The initial payment for a newly-enrolled employer group must be received by the Health Connector for Business (or its designated vendor(s)) no later than 8:00 PM Eastern on the twenty-third (23rd) calendar day of the month prior to the effective date of coverage.

Ongoing Payment Process and Deadline

Payment must be received by the Health Connector for Business (or its designated vendor(s)) no later than 8:00 PM Eastern on the twenty-third (23rd) calendar day of the month prior to the coverage month. The monthly bill is for the next month's coverage.

Payment Methods:

Initial payment must be made via Electronic Funds Transfer (EFT) through the Health Connector for Business online payment portal or via the pay-by-phone system. Ongoing payments may be made by EFT, pay-by-phone, or by mail with check or money order.

The procedures for each payment method are as follows:

- Payment by Electronic Funds Transfer (EFT) using the Health Connector for Business secure online system or pay-by-phone system.
 - Online payment portal:
 - Set up one-time or recurring online payments through your online account.
 - Log into your account at MAhealthconnector.org
 - Go to the Billing section of your account and choose Pay My Bill.
 - Pay-by-phone system:
 - Call the Health Connector Customer Service at 1-888-813-9220 [TTY: 711]
 - Provide the account number found on the first page of your invoice.
 - Provide correct bank account number and routing number.

- Payment via mail by check or money order.
 - Fill out check/money order completely and correctly.
 - Make check/money order payable to the Health Connector for Business.
 - Include the detachable payment coupon located at the bottom of the bill.
 - If payment coupon is not available, legibly write the account number found on the first page of your invoice in the memo field.
 - Mail payment to the correct mailing address.

Payments will generally be processed and credited to employer group's account by 8:00 pm Eastern on the day of receipt, provided the payment was submitted in accordance with the procedure established by the Health Connector for Business.

Improperly submitted payments

If the Health Connector for Business receives a payment that does not contain sufficient or correct information, the payment may not be applied or may be applied late to the employer group's account. Payments that are not submitted pursuant to this policy will be held in a suspended account while the Health Connector for Business conducts research to apply them correctly.

Applying partial payments

If the Health Connector for Business receives a payment that is less than the amount owed, it will be treated as a non-payment. Such non-payment may result in a failure to enroll a group in coverage, delinquency status, and terminations. See *HCB-10: Employer Group Termination for Non-Payment*. A partial payment 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. The Health Connector for Business will apply the partial payment to the oldest outstanding balance on the account.

Late Payments

An employer group must pay its monthly premium in full by the payment due date each month. A payment received after the payment due date is treated as non-payment for the purposes of effectuating enrollment, calculating delinquency status, and terminations for non-payment. See *HCB-10: Employer Group Termination for Non-Payment*. A late payment 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 individuals, families, employers or employees.

Refunds

If an employer group has an active health or dental coverage, any overpayments on an employer's account will be automatically applied as a credit to the next month's regular invoice.

Employer groups will be issued refunds automatically or upon request only if the employer group satisfies one of the following two criteria:

1. The employer group's health or dental coverage is terminated, and:
 - a. The date of termination of the employer group's coverage is in the past;
 - b. All outstanding enrollment or termination transactions have been processed;
 - c. At least 90 days have passed since the group terminated;
 - d. The group is not pending reinstatement, and;
 - e. At least thirty (30) calendar days must have passed after any payments were applied to the employer group's account.
2. Employer group's health or dental coverage is active, and:
 - a. Employer group has made a large overpayment that has resulted in a credit of at least four (4) times their regular total monthly premiums.

Charges and Fees

The Health Connector for Business is not responsible for fees charged by the enrollee's bank or financial institution resulting from payments. The Health Connector for Business may, in its sole discretion, charge the employer group the fees that the Health Connector for Business is charged by its bank or financial institution because of a returned payment, such as a payment with insufficient funds. In this case, the Health Connector for Business will notify the employer group of such charges on the invoice generated in the billing cycle after the date payment was returned. The fee charged to the employer group shall not exceed the fee the Health Connector for Business is charged by its bank or financial institution.