

Health Connector Policy: Redetermination During the Benefit Year

Policy #: NG-6	Effective date: 1/18/2022
Category: Eligibility	Date revised: 1/18/2022
Approved by: Andrew Egan	Date reviewed: 1/18/2022

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

The Health Connector is required to redetermine eligibility a Health Connector health or dental plan and any state or federal assistance (if applicable) for an enrollee and their dependent(s) based upon a change to any eligibility criteria.¹ This includes information reported by the enrollee or obtained by the Health Connector through a data match during the benefit year. A change reported by the enrollee may need to be verified before it is finalized, including by ensuring that the information provided is consistent with the records of the Health Connector (i.e. the Health Connector was able to confirm the change by matching with electronic data sources) or that the enrollee has provided documentation to support the change. If a change cannot be verified, the Health Connector must redetermine eligibility based on other information it has.

An enrollee and their dependent(s) must report any changes that impact eligibility within 30 days of the event. The enrollee must report changes related to:

- a. Family size or composition due to birth, adoption, placement for adoption, marriage, divorce, death, etc.;
- b. Residency, including a change to a residential and/or mailing address;
- c. Citizenship, nationality, or lawful presence;
- d. Indian status (as defined in section 4(d) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. §450b(d));²
- e. Incarceration status;

Only individuals who requested an eligibility determination for federal and state financial support are required to report changes related to:³

- a. Eligibility determination for or enrollment in other health insurance, including Medicare, Medicaid, CHIP, other government-sponsored health insurance, or employer-sponsored coverage;
- b. Income;
- c. Employment status, including any change in eligibility for employer-sponsored insurance

If the Health Connector identifies updated information through data matching, the Health Connector will notify the enrollee and provide them 30 days to provide their own updated information (plus 5 days for mailing).

1. If the enrollee confirms the information in the notice, their eligibility will be updated in accordance with the effective dates below.

2. If the enrollee provides different information, the Health Connector will verify the information provided by the enrollee and update eligibility in accordance with the effective dates below.
3. If the enrollee does not respond to the notice, the Health Connector will update eligibility using the information collected via data matching at the end of the month in which the 35th day after mailing occurs, unless such data matching is related to income, family size, or family composition (with the exception of data related to death). If the enrollee does not respond to data matching regarding income, family size, or family composition, no change will be made to eligibility. Individuals identified as deceased will have their coverage ended as outlined in this section.

Changes will be effective as follows:

1. Changes that result in an individual no longer being eligible for a health or dental plan through the Health Connector will be effective at the end of the calendar month in which the determination occurs.
 - a. **Exception:** In the case of death of a dependent reported by the household, coverage for that dependent will end effective on the date of death. In the case of death of a subscriber reported by the household, coverage for the subscriber will end effective on the date of death. If there are dependents on the plan and the subscriber's date of death is between the 1st - 15th of the month, coverage for the dependents will end effective at the end of the month; if subscriber's date of death is 16th - 31st of the month, coverage for the dependents will end effective at the end of the following month.
2. Changes that modify the amount of subsidy an individual qualifies for will be effective as of the first day of the month following the event if such change is reported on or before the 23rd calendar day of the month. If the change is reported after the 23rd calendar day of the month, the new subsidy amount will be effective the first of the second month. Eligibility changes may be applied retroactively, at the Health Connector's discretion, in certain extenuating circumstances.
 - a. **Exception:** In the case of birth, adoption or placement for adoption or foster care, eligibility changes will be effective either on the date of birth, adoption, or placement for adoption or foster care, or on the first of the month following the date of birth, adoption or placement for adoption or foster care;
3. An enrollee who reports a change in income that results in eligibility for MassHealth but who must send proof of income before their MassHealth benefits become effective may remain eligible for a Health Connector plan during the verification process:
 - a. If the new household income is at or above 100% of the federal poverty level, and if the enrollee is otherwise eligible for subsidies, the enrollee may receive subsidies at the new income level until their income has been verified.
 - b. If the new household income is below 100% of the federal poverty level, the enrollee may receive their current level of subsidies through the end of month following the month of the reported change, after which time the individual will become eligible for unsubsidized Health Connector coverage until their income is verified.

¹ Please reference the policies [NG-1: Eligibility for Individual/Family Plan](#), [NG-2: Eligibility for Federal and State Financial Support for Individual/Family Plan](#), [NG-3: Rules for American Indians/Alaskan Natives](#), [NG-4: Eligibility for Catastrophic Plans](#)

² Please reference the policy [NG-3: Rules for American Indians/Alaskan Natives](#)

³ *If the enrollee did not request an eligibility determination for insurance affordability programs, even if they may be eligible for one by virtue of the change, they are not required to report changes regarding these eligibility criteria. Please reference the policy [NG-2: Eligibility for Federal and State Financial Support for Individual/Family Plan](#)*