

Health Connector Policy: Premium Billing and Payments

Policy #: **CM-3**

Date revised: **01/28/2016**

Category: **Payment**

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

Approved by: **Ed DeAngelo**

Applicable to all Health Connector Products (Non-Group and Small Group Qualified Health Plan or QHP/Qualified Dental Plan or QDP)

Payee Entity

Individuals and families subject to premium may elect to pay the Health Connector or the issuer directly. Exceptions are ConnectorCare-eligible individuals/families who receive state financial assistance and small groups enrolled under the Standard Operating Model; those groups may only pay the Health Connector.

Once the enrollee chooses the payee entity, that choice cannot be changed until the end of the plan year.

Premium Billing Responsibility

If the enrollee chooses to pay the issuer directly, the issuer is responsible for establishing a process for collection of premium payments. This process is to be compliant with the provisions of the Affordable Care Act and consistent with the Health Connector's processes.

If the enrollee chooses to pay the Health Connector, the Health Connector's Customer Service Center is responsible for premium billing, processing payments and updating appropriate systems in accordance with the Health Connector's and Customer Service Center's internal policies and procedures.

Initial Payment Process and Deadline

Initial Payment Due Date for all non-group products is the 23rd calendar day of the month before coverage effective date. Initial Payment Due Date for small group products varies by product type. Please see the Enrollment Timelines policy for the applicable initial payment due dates.¹

Paying the Issuer:

1. The Health Connector transmits daily to the issuer the enrollee's health plan and product selection as well as all other necessary information.
2. The issuer transmits to the Health Connector daily confirmation of payment receipt.
3. The Health Connector processes enrollment and transmits daily enrollment confirmation to the

issuer.

4. The issuer effectuates enrollment daily, produces member ID number, and generates member packet and card mailing to enrollee.

Paying the Health Connector:

1. The Health Connector generates the initial bill and sends to the enrollee.
2. The enrollee pays the initial bill using one of the available payment methods.
3. The Health Connector processes enrollment and transmits daily enrollment confirmation to the issuer.
4. The issuer effectuates enrollment daily and produces member ID number and generates member packet and card mailing to enrollee.

Ongoing Payment Process and Deadline

The Ongoing Payment Due Date for all non-group and small group products is the date specified by the individual carrier prior to the month of enrollment for which the payment is due. An enrollee must pay his/her monthly premium in full by the payment due date each month. Payment must be received by the payment due date each month.

Paying the Issuer:

An enrollee must pay his/her monthly premium in full by the payment due date each month in accordance with the process established by the issuer.

Paying the Health Connector:

If the enrollee chooses to pay the Health Connector:

- The monthly bill is generated on the 1st of each month and mailed to enrollee
- The monthly bill is delivered to enrollee by mail within 6 business days after the 1st of the month
- The monthly bill is for the next month's coverage
- The monthly payment is due on the 23rd calendar day of the month for all non-group products and 5 business days before the first of the next month for all small group products

Several payment methods are available:

- Payment via mail by check or money order
- Payment by one time or monthly recurring Electronic Funds Transfer (EFT) using the Health Connector's secure online system at www.payment.mahealthconnector.org
- Payment by check or money order dropped off in person at any of the **Walk-In Center Locations** (<https://www.mahealthconnector.org/about/contact>)
- Payment via mail or electronically sent by the enrollee's bank or financial institution

Payments are processed and credited to enrollee's account the same day they are received, provided the payment was submitted in accordance with the procedure established by the Health

Connector.

Payment Procedure

If the enrollee chooses to pay the Health Connector, s/he must follow the proper steps for making a payment. The most updated information on how to make a payment, including useful links, can be found at www.mahealthconnector.org/how-to-pay.

Customers shall designate the payment by including the Billing Account Number associated with the enrollment the payment should be credited to. When paying online whether by one-time or recurring Electronic Funds Transfer, the system will require such designation for each payment. When using other payment methods, the customer shall include either his/her detachable payment coupon located at the bottom of the bill or complete account number as described in the Payment Procedure section above.

Payments that are designated to medical or dental plan shall be applied according to the specified designation.

For payments with no designation of allocation to medical or dental plan, the payments will be applied to fees first (if applicable), then to the oldest balance on account.

Improperly submitted payments

If the Health Connector receives a payment that does not contain sufficient or correct information on or with it and lack of information/incorrect information results in the Health Connector not being able to promptly and properly credit the payment to the enrollee's account, the payment may be not applied or applied late to the enrollee's account as a result of incorrect or missing information. In this case, enrollee's account will be considered delinquent and/or enrollee will be subject to disenrollment or enrollment will not be effectuated.

Late Payments

An enrollee must pay his/her 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. A late payment may result in:

- The suspension or denial of claims by the issuer for healthcare services rendered for enrollee(s)
- Effectuating enrollment with a later effective date or not effectuating enrollment for enrolling individuals, families, employers or employees

Returned Payments

If an enrollee's payment is returned for insufficient funds, the Health Connector will process payment return and update appropriate systems. The Health Connector will notify the enrollee. If the enrollee is enrolled in monthly recurring EFT using the Health Connector's online system and a payment is

returned for insufficient funds, the Health Connector will change the payment method for the enrollee to paper. The enrollee can establish a new recurring EFT at a later time.

Unless a new payment is made promptly, returned payment will result in account delinquency. If so, the Health Connector will notify the issuer of the account delinquency status.

The Health Connector may, in its sole discretion, charge the enrollee the fees that the Health Connector is charged by its bank or financial institution for returned payments. The Health Connector may, in its sole discretion, request that enrollee pay by a bank check or money order in cases where an enrollee has had more than three (3) occurrences of returned payments in a ninety (90) day period provided that all three (3) payments were made by the same payment method.

Resolution of Improperly Submitted Payments

Payments that are not submitted pursuant to this policy will be held in a suspended account while the Health Connector conducts research in order to apply them correctly.

Charges and Fees

The Health Connector is not responsible for fees charged by the enrollee's bank or financial institution.

The Health Connector may, in its sole discretion, charge the enrollee the fees that the Health Connector is charged by its bank or financial institution. In this case, the Health Connector will notify the enrollee of such charges on the invoice generated in the billing cycle subsequent to the date payment was returned. The fee charged to the enrollee shall not exceed the fee the Health Connector is charged by its bank or financial institution.

¹. Please reference the policy [Enrollment Timelines \(SB-6A\)](#)