Greater Tompkins County Municipal Health Insurance Consortium

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"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."

RESOLUTION NO. 009 - 2022 – ADOPTION OF POLICY REGARDING REINSTATEMENT OR TERMINATION OF SUBSCRIBERS

MOVED by Ms. Holmes, seconded by Mr. Mutchler, and unanimously adopted by voice vote by members present.

WHEREAS, as a self-funded plan, the Consortium has **120 days** from the receipt date to make additions, changes, reinstatements and terminations with the Plan Administrator, and

WHEREAS, any change past 60 days requires a "Retro Activity Exception Form", and

WHEREAS, additions and changes should not be allowed after the 60-day period unless there is qualifying event and a retro exception request submitted with supporting documentation, and

WHEREAS, this policy has been created to help administer any retroactive requests post 60 days of the qualifying event to add or delete a subscriber and is intended to:

- Prevent adverse selection.
- Ensure subscriber and group satisfaction.
- Ensure timely and accurate reimbursement to providers for services rendered to members.
- Meet limitations regarding the ability to retract claims.
- Reduce administrative and provider costs when claims are adjusted or retracted.
- Comply with Federal and NYS requirements

now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, hereby adopts the following policy to govern the length of time transactions must be submitted.

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STATE OF NEW YORK)
GTCMHIC) ss:
COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium Executive Committee on behalf of the Board of Directors on June 1, 2022.

Michelle Cocco, Clerk of the GTCMHIC Board

REINSTATEMENT OR TERMINATION OF SUBSCRIBERS POLICY

(Adopted June 1, 2022)

Purpose:

To help administer any retroactive requests post 60 days of the qualifying event to add or delete a subscriber. It is intended to:

- Prevent adverse selection.
- Ensure subscriber and group satisfaction.
- Ensure timely and accurate reimbursement to providers for services rendered to members.
- Meet limitations regarding the ability to retract claims.
- Reduce administrative and provider costs when claims are adjusted or retracted.
- Comply with Federal and NYS requirements.

Policy:

- As a self-funded plan, the Consortium has **120 days** from the receipt date to make additions, changes, reinstatements and terminations with the Plan Administrator.

- Any change past 60 days requires a "Retro Activity Exception Form.

- Additions and changes should not be allowed after the 60-day period unless there is qualifying event and a retro exception request submitted with supporting documentation. Documentation includes proof of prior submission, proof of new coverage, proof COBRA was offered to the member, or proof of termination signed by the member and municipality.

This Policy governs the length of time transactions may be submitted to the Consortium or its Plan Administrator. Typically, all additions, changes, reinstatements, and terminations must be received by the Consortium or its Plan Administrator within 10 (ten) days of the qualifying event to ensure a subscriber is in the system accurately and there is no disruption in service and coverage, and the change has become effective immediately after an effective date.

If for some reason a request is not made timely there is only a **120-day window** from the qualified event to make additions, changes, reinstatements, and terminations with the Plan Administrator. However, any late change requests made after the first 60 days of a qualifying event will be subject to additional information or documentation. Documentation includes proof of prior submission, proof of new coverage, or proof COBRA was offered to the member.

Changes requested after the 120-day window will typically be denied unless prior documentation of submission to the Plan Administrator is provided. Any other exceptions to this policy may be subject to review at the Committee level for approval.