

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM
("Consortium")

Subscriber and Dependent Enrollment Audit Policy

Approved 06/12/2024

I. Purpose:

The Consortium is a self-insured municipal cooperative health benefit plan operating pursuant to Article 47 of the New York State Health Insurance Law.

It is imperative to keep enrollment records accurate to reduce the risk and costs associated with having ineligible subscribers and dependents enrolled on the plan. To ensure the accuracy of subscribers and dependents on the plan an audit of subscribers and dependents enrolled will be implemented by the Consortium and its members.

II. Definition of Dependents Enrolled in Consortium Medical Plans ("Eligible Dependent"):

1. Subscriber's lawful spouse.
2. Subscriber's domestic partner.
3. Subscriber's child until the end of the month in which they reach age 26.
 - a. Child includes an adopted child, a stepchild (meaning the subscriber is married to the parent), a domestic partner's child, a child for who the subscriber is the legal guardian, or a disabled dependent child over age 26 (separate application process).
4. Ineligible Dependent means a person who does not meet the definition of Eligible Dependent.

III. General Policy:

1. The Consortium acknowledges that changes occur in subscribers' lives with marriage, divorce, death, childbirth, and adoptions that may not become known to the health insurance provider.
2. The Consortium has developed a dependent verification process for municipal member's benefit clerks to secure the necessary verification of eligibility when enrolling a member on the plan. See Appendix A: Member Eligibility Verification Form
3. Current active Consortium municipal members are responsible for:
 - i. Enrolling only eligible dependents in a Consortium health care plan.
 - ii. Performing direct third-party administration data entry (large groups) or notifying the Consortium Benefit Specialist that dependent(s) should be removed from their health plan within 30 calendar days of that person becoming ineligible.
 - iii. Providing requested documentation when selected for an audit by the deadline assigned by the Consortium.

IV. Content Guidelines:

1. The Consortium will continue to evaluate membership and billing procedures to ensure all participating municipalities are enrolling and terminating members on a consistent and uniform basis.
2. The Consortium will request that each municipal member confirm eligible dependents at time of enrollment and recommends conducting a dependent enrollment audit annually to confirm all dependent plan participants are eligible dependents. This is typically performed as part of the required open enrollment period each year.
3. The Consortium will conduct a subscriber/dependent audit every five years. All municipal members will be notified that the subscriber/dependent audit is being conducted and the future due date set by the Consortium.
4. The municipal members are required to notify all plan subscribers who are enrolled through their municipality; this includes active, COBRA, and retiree subscribers. The subscriber must confirm that each person enrolled in the plan as their dependent continues to qualify as an Eligible Dependent of the subscriber.
5. If the subscriber fails to provide the requested documentation by the stated deadline within the notification period, it may result in dependent coverage being suspended until verification is received.

V. Effective date:

This policy takes effect on 06/12/2024