



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 MassHealth Premium Assistance Program
 519 Somerville, Ave #372
 Somerville, MA 02143



[\$Current Date]

[\$Letter ID]

[\$ Employer NAME]

[\$Employer ADDRESS]

[\$Employer CITY, STATE, ZIP]

Dear **[\$Employer FIRST and LAST NAME]**,

The Commonwealth of Massachusetts has determined that your employee, **[\$Employee FIRST and LAST NAME]** is eligible for the state Medicaid (MassHealth) Premium Assistance Program. The program may reimburse the employee a portion of their employer-sponsored health insurance (ESI) monthly premium.

Massachusetts General Laws Chapter 176N, Section 1, and the Premium Assistance provision in CHIPRA Sec.311, permits individuals and their family to enroll in ESI without regard to any enrollment periods or other restrictions pertaining to "late enrollees" for any group plan, including ERISA and Self-Insured Plans. (See the attached provisions)

In accordance with this law, **[\$Employer FIRST and LAST NAME]** should make the necessary arrangements to allow **[\$Employee FIRST and LAST NAME]** and the member(s) of the employee's family to enroll in one of the following ESI.

Qualified Healthcare Plans:

[\$Plan Type]

[\$Plan Type]



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Individuals to be enrolled:

[\$Medicaid Member First and Last Name] : [\$XXX-XX-SSN]

[\$Medicaid Member First and Last Name] : [\$XXX-XX-SSN]

The employee and the above family members should be enrolled in ESI without restriction pertaining to enrollment periods within 60 days of **[\$current date]**

If you have any questions, please contact the Premium Assistance Team at 1(800) 862-4840.

Sincerely,

The MassHealth Premium Assistance Unit



**DEFINITION OF LATE ENROLLEE UNDER MASSACHUSETTS
GENERAL LAWS, CHAPTER 176N, SECTION 1
(Effective July 1, 1997)**

Late enrollee, an eligible employee or dependent who requests enrollment in a group health plan or insurance arrangement after the plan initial enrollment period, their initial eligibility date provided under the terms of the plan or arrangement or the group annual open enrollment period. Provided however, that an insured shall not be considered a late enrollee;

if the request for enrollment to the insurer is made within 30 days after termination of coverage provided under another health insurance plan or;

arrangement where such coverage has ceased due to termination of the spouse employment or;

death of the spouse or;

if the request for enrollment is made pursuant to sections 9A, 9C, or 18 of chapter 118E[Provisions for MassHealth benefits].

Statement Related to Premium Assistance Provision in CHIPRA Sec. 311

**Special Enrollment Period under Group Health Plans in Case of Termination of Medicaid or CHIP Coverage
or**

Eligibility for Assistance in Purchase of Employment-Based Coverage; Coordination of Coverage

Before enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), employees and their dependents who became eligible for employment-based group health plan coverage, but did not enroll when first given the opportunity, had no guaranteed right under Federal law to join the group health plan if their circumstances changed at a later time. Even if the plan offered an annual open enrollment period, the individual would not only have to wait until that period, but also enrollment during that period could be considered a late enrollment subject to a higher premium or restricted benefits.

HIPAA added a special enrollment right for individuals and families who meet certain requirements. Specifically, individuals who otherwise meet eligibility criteria, and (1) lose eligibility for other group health plan or health insurance coverage, or (2) acquired a spouse or child through marriage, birth, adoption, or placement for adoption, can have a right to prompt enrollment if the request is made within 30 days of the change, without any late enrollment penalty. However, changes in Medicaid or CHIP eligibility generally did not fall under either category.

Effective April 1, 2009, CHIPRA provides employees and their dependents with a special enrollment right ingroup health plan coverage without having to wait for an open enrollment period if either of the following conditions is met: 1) The employee or dependent loses eligibility under CHIP or Medicaid for individuals who otherwise meet the eligibility requirements of a group health plan; 2) **The employee or dependent becomes eligible for premium assistance from the State under its CHIP or Medicaid program, if otherwise eligible for a group health plan.** Enrollment must be requested within 60 days after the loss of eligibility under Medicaid or CHIP or after the date, the employee or dependent is determined to be eligible for premium assistance.