



Qualifying Life Events

During the plan year, a qualified life event (QLE) enables enrollees to be eligible for a special enrollment. A member can obtain health coverage or change their benefit coverage outside of the Open Enrollment period if a qualified change in status affects the member or their dependents' eligibility. If eligible to make coverage changes, the changes must be consistent with the QLE category. Mountain Health Coop validates 100% of all off-exchange qualifying life events for compliance with the Federal Exchange and State based exchange guidelines. Below is the list of qualifying events.

Please email them to MemberService@mhc.coop or mail to :
 Mountain Health
 Box 5358
 Helena, MT 59604

Appendix A:

Qualifying Life Event Type	Specifics	Additional Circumstances	Validation	Date of Event
<i>Loss of employer based coverage</i>	Lost healthcare coverage for self or household member		<ul style="list-style-type: none"> Letter of creditable coverage from previous insurer OR An offer letter confirming or ending COBRA coverage from previous employer 	60 days in the past, 60 days in the future
<i>Other loss of Minimum Essential Coverage</i>	Lost Medicaid, Medicare, CHIP, or health plan terminated		<ul style="list-style-type: none"> Termination letter from government provider OR Termination letter from health insurance company 	60 days in the past, 60 days in the future
<i>Change in household size</i>	Got married	Choose plan by the end of the month, coverage can start the first day of the next month	<ul style="list-style-type: none"> Marriage certificate <i>OR</i> Copy of court order, decree, or petition for name change for marriage <i>AND</i> Letter of creditable coverage for at least one spouse showing coverage prior to marriage 	Past 60 days

Mountain Health CO-OP
 Applicable Lines of Business:
 Individual Qualified Health Plan
 Medicare Supplement
 Large Group
 Small group

Provider Policy-XX
 NCQA Standard: NA
 Original Policy Date: 01/2021
 Reviewed Date:
 Revision Date:

Qualifying Life Event Type	Specifics	Additional Circumstances	Validation	Date of Event
<i>Change in household size</i>	Had a baby		<ul style="list-style-type: none"> • Birth certificate • Official Hospital record 	Past 60 days
<i>Change in household size</i>	Adopted a child		<ul style="list-style-type: none"> • Adoption decree 	Past 60 days
<i>Change in household size</i>	Adoption placement with you		<ul style="list-style-type: none"> • Adoption agreement 	Past 60 days
<i>Change in household size</i>	Gained a dependent through marriage		<ul style="list-style-type: none"> • Marriage certificate <i>AND</i> • Birth certificate showing spouse as parent 	Past 60 days
<i>Change in household size</i>	Became a legal guardian of a child or disabled adult		<ul style="list-style-type: none"> • Guardianship decree 	Past 60 days
<i>Change in household size</i>	Child placed for foster care		<ul style="list-style-type: none"> • Foster parent agreement 	Past 60 days
<i>Change in household size</i>	Divorce or legal separation	The divorce or separation must have caused the loss of coverage	<ul style="list-style-type: none"> • Letter of creditable coverage from previous insurer <i>AND</i> • Divorce decree, separation agreement 	Past 60 days
<i>Change in household size</i>	Death of a household member	Only if this death causes loss of health insurance coverage	<ul style="list-style-type: none"> • Letter of creditable coverage from previous insurer <i>AND</i> • Death certificate 	Past 60 days
<i>Change in residence within same state</i>	Moved to a new residence		<ul style="list-style-type: none"> • Proof of coverage within 60 days prior to the move <i>AND</i> one of the below showing new <i>address</i>: • Copy of purchase documentation such as deed, title, front sheet of closing document • Rental lease • Utility bill, such as gas, water, electric, sewer, trash • Insurance document • Vehicle registration • Driver's license • USPS change of address confirmation letter 	Past 60 days

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<i>Move to a new state</i>		Choose plan by the end of the month, coverage can start the first day of the next month	<ul style="list-style-type: none"> • Proof of coverage within 60 days prior to the move <i>AND</i> one of the below • Copy of purchase documentation such as deed, title, front sheet of closing document • Rental lease • Utility bill, such as gas, water, electric, sewer, trash • Vehicle registration • Voter registration card • Driver's license 	Past 60 days
<i>Move from a U.S. Territory</i>			<ul style="list-style-type: none"> • A form of official documentation showing old address within a U.S. territory 	Past 60 days
<i>Move from a foreign country</i>			<ul style="list-style-type: none"> • An arrival/departure records (I-94/I-94A) showing date of entry into the U.S. <i>OR</i> • A passport with an admission stamp showing date of entry into the U.S. 	Past 60 days
<i>Change in status</i>	Turned 26 and no longer eligible for parental coverage	If enrolled before birthday, coverage can start the next month If enrolled after birthday, coverage can start the next month after you pick a plan	<ul style="list-style-type: none"> • Birth certificate • Letter of creditable coverage 	60 days before birthday, 60 after birthday
	Gained citizenship		<ul style="list-style-type: none"> • Citizenship document 	Past 60 days
	Gained lawful presence		<ul style="list-style-type: none"> • Immigration status document 	Past 60 days
	Released from incarceration		<ul style="list-style-type: none"> • Jail release document <i>AND</i> • Conviction document 	Past 60 days
<i>Member of federally recognized tribe</i>			<ul style="list-style-type: none"> • Federal tribe membership documents, blood certificate 	May enroll or change plan any month

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<i>Member of Alaskan native corporation</i>			<ul style="list-style-type: none"> Native corporation membership documents 	May enroll or change plan any month
<i>Survivor of domestic abuse or spousal abandonment</i>		Dependents may also be eligible	<ul style="list-style-type: none"> Individual consideration based on circumstances Documentation required varies up on circumstance 	Past 60 days
<i>Material administrative errors</i>	Error committed by the insurance company		<ul style="list-style-type: none"> Individual consideration as there may not be documentation available 	Past 60 days
<i>Medicaid ineligibility</i>	Applied for Medicaid/were sent to Medicaid by the system but were not eligible		<ul style="list-style-type: none"> Medicaid eligibility denial 	Past 60 days
<i>Exceptional circumstance</i>	Unexpected hospitalization or temporary cognitive disability/natural disaster such as earthquake, flooding, hurricane		<ul style="list-style-type: none"> Individual consideration based on circumstances 	Past 60 days
<i>Newly eligible for ICHRA or QSEHRA</i>			<ul style="list-style-type: none"> Must provide Letter from employer attesting eligibility for ICHRA or QSEHRA and the HRA start date 	

Associated Policies

References

Revisions:

11/10/2022	Approved update
1/1/2021	New policy

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