

Minuteman Nashoba Health Group

MEMBER ELIGIBILITY AUDIT

Frequently Asked Questions

Under provisions in Massachusetts General Laws Chapter 32B, the law governing municipal health insurance, every employer is required to undergo an eligibility audit every two years to verify the eligibility of every covered member on a health insurance plan. The Minuteman Nashoba Health Group, through which your employer purchases health insurance, is currently conducting an audit. Minuteman Nashoba Health Group has contracted with Group Benefits Strategies (GBS) to perform the audit. Any future audit correspondence will come from GBS.

Who is Group Benefits Strategies (GBS)?

Group Benefits Strategies (GBS) is an independent health insurance consulting company with which Minuteman Nashoba Health Group has contracted to verify the eligibility of members covered under its health benefits plans. GBS has audited documentation for thousands of members for some of the largest employer groups in Massachusetts.

Why is my employer asking for this information?

Massachusetts General Law (MGL) Chapter 32B, Section 26 requires each state governmental unit to perform a member eligibility audit no less than every two years. MGL Chapter 32B, Section 6 allows governmental employers to require information proving eligibility of dependents for health insurance coverage. Every employee covered under your employer's health insurance plan as of February 1, 2017 is subject to the audit.

This audit is not being conducted through your insurance carrier. While the carriers are notified of the audit process, a carrier customer service representative assisting with member inquiries may not be aware of your employer's audit.

What is this information used for? What happens to my documents after the audit?

The audit will require you to answer eligibility questions about your current employment status. Subscribers enrolled on a family plan will have to verify the eligibility of each dependent by answering questions and providing documentation, where applicable. **If you enrolled on a family plan, added a dependent or were legally separated or divorced after September 2012 (the date of your employer's last audit), documentation is required. See 'Required Documents'. Documents are not required if any changes were made prior to September 2012.**

All response forms and documents collected by Group Benefits Strategies will be returned to your employer at the end of the audit.

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Group Benefits Strategies

May I provide my response form(s) to my Human Resources Department/Benefits Office?

No. In order to ensure that all documents are properly tracked and verified, all responses must be submitted directly to GBS. This is an *independent* audit.

Why do I have to comply with this audit? What are the penalties for non-compliance?

Your employer is undergoing this audit to comply with Chapter 32B, Section 26 of Massachusetts municipal health insurance law that requires each city, town, school district, and other district to conduct an eligibility audit every two years. If you provide inaccurate or fraudulent information in response to this audit, your employer reserves the right to terminate coverage, take disciplinary action and/or pursue reimbursement of benefits paid on behalf of the insured member.

How will I know if my response was received or if I need to submit further documentation?

Once your response is received, it will be reviewed and verified. *Only subscribers who submit incomplete responses and/or documentation will be notified.*

I have a dependent on my plan who is not listed on the response form. What should I do?

Only dependents enrolled as of the date of the start of the audit (February 1, 2017) are subject to verification. Any dependent terminated before that date or enrolled after that date will not show on your audit response form. If you believe there is an error or wish to enroll a dependent on your health insurance plan, please contact your Human Resources department.

I have a dependent currently enrolled on my plan that should not be covered. What should I do?

If there is a dependent enrolled on your family health insurance plan that is not eligible for coverage, please answer 'NO' next to the eligibility question for that dependent's name on the Response Form provided by GBS. Your employer will be notified, and the dependent will be removed from your plan.

The deadline to respond and submit documentation is: **APRIL 20, 2017**. Reminder notices will be sent before the termination date.

Additional Questions? Contact Group Benefits Strategies' Audit Department at 1-800-229-8008 between the hours of 8am and 4pm, Monday through Thursday, 8am and 1pm on Friday, or at audit@gbs-consult.com.