

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2319073

Appeal Decision: Appeal Denied

Hearing Issue: Appellant's eligibility for insurance based on SEP

Hearing Date: July 11, 2023

Decision Date: August 30, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 965 of the code of Massachusetts Regulations, Section 12.00

JURISDICTION

Applicants and Enrollees are entitled to a hearing under with the Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.* and for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set forth in Title 956 of the code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 12, 2023, the Appellant was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a special enrollment period, based on the Appellant's failure to have a qualifying life event.

HEARING RECORD

The Appellant's representative appeared at the hearing, which was held by telephone, on July 11, 2023.

The hearing record consists of the Appellant's Representative's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (6-16-23) (3 pages);

Massachusetts Health Connector Appeals Unit



- Exhibit 3: Acknowledgement of Appeal and OPP information (5-3-23) (8 pages);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (4-20-23) (6 pages);
- Exhibit 6: SEP decision letter (4-12-23) (6 pages);
- Exhibit 7: Eligibility detail printout and applications summary printout (6 pages);
- Exhibit 8: Medicaid Household Determination (6 pages);
- Exhibit 9: NPP warn/NPP (12-29-22, 1-29-23 (3-7-23) (6 pages); and
- Exhibit 10: Prior hearing notice (5-17-23) (3 pages).

FINDINGS OF FACTS

The record shows, and I so find:

1. The Appellant previously had health insurance through the Connector and had missed a payment (Appellant representative testimony; Exhibit 5).
2. Appellant paid the payment, but the coverage had been terminated and was not reinstated. (Exhibit 5, Appellant representative testimony).
3. Appellant applied for health insurance through the Health Connector again on April 12, 2023, a Special Enrollment Period (SEP) was denied (Exhibit 6, Exhibit 7).
4. Appellant was provided information to contact the Office of Patient Protection. (Exhibit 3).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 began on November 1, 2022. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. There is a sixty-day time limit to enroll after a qualifying event.

On April 12, 2023, the Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant had lost coverage due to missing payment. Appellant made the payment but was not reinstated. Appellant was given information to apply for a waiver through OPP.

ORDER

The Connector determination was correct. Therefore, the appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30)

Massachusetts Health Connector Appeals Unit



days of receiving this letter. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during the tax year from the federal government will be reconciled when you file your taxes. This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during the tax year (meaning the modified adjusted gross income on file for us is too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during the tax year (meaning the modified adjusted gross income on file with us was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during the tax year will be paid to you when you file your taxes.

NOTE: The pronouns “they” and “their” is used in order to be gender neutral, regardless of the singular or plural

NOTE: Members may report any change in their income throughout the year and have their eligibility redetermined, if necessary.

ADDENDUM

If the Appellant experiences a qualifying life event, the Appellant should contact the Health Connector’s customer service center and request a special enrollment period.

The Appellant may also consider reviewing the criteria for an Enrollment Waiver from the Massachusetts Office of Patient Protection. Information can be found at <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/patient-protection/>.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19360

Appeal Decision: Appeal Denied.

Hearing Issue: Household members eligibility for ConnectorCare plans based on lawful presence.

Hearing Date: August 4, 2023

Decision Date: August 8, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 25, 2023, the Appellant and their spouse were determined ineligible for ConnectorCare plans because they failed to demonstrate that they are lawfully present in Massachusetts.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant and their spouse are not eligible for ConnectorCare plans, based on the household's failure to establish lawful presence to the Health Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on August 4, 2023. Interpreter services were offered but the Appellant declined. The Appellant indicated that they preferred their friend act as their Authorized Representative for the hearing. The procedures to be followed during the hearing were reviewed with the Representative who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the parties.

The hearing record consists of the Representative's testimony as well as the following documents which were admitted into evidence:

Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.

Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated July 6, 2023.

- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Denial Notice for the Appellant dated April 25, 2023.
- Exhibit 5: Health Connector Eligibility Denial Notice for the Appellant spouse dated April 25, 2023.
- Exhibit 6: 2023 Eligibility Results with an Application Summary dated April 25, 2023.
- Exhibit 7: Medicaid Household Determination Printout for the Appellant dated April 25, 2023.
- Exhibit 8: Medicaid Household Determination Printout for the Appellant spouse dated April 25, 2023.
- Exhibit 9: The Appellant's Hearing Request Form, with attachments dated May 31, 2023.
- Exhibit 10: Health Connector Appeals Unit Outreach Email dated June 6, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. On April 25, 2023, the Appellant applied for health insurance for themselves and their spouse. The Appellant and their spouse are not US citizens. The Appellant did not report any immigration status for themselves or their spouse on the application. The Appellant reported having income equal to 88.30% of the federal poverty level for their household of two (Exhibits 3, 6, 7, 8).
2. As of April 25, 2023 the Appellant did not submit any documentation to verify that the Appellant and their spouse are lawfully present in Massachusetts. Health Connector was unable to determine the couple's immigration status (Exhibits 6, 7, 8).
3. On April 25, 2023 Health Connector denied the application for ConnectorCare because the Appellant failed to establish that they and their spouse are lawfully present in Massachusetts (Exhibits 4, 5, 6).
4. The Appellant filed an appeal on June 6, 2023 (Exhibit 8).
5. On June 6, 2023, the Health Connector Appeals Unit contacted the Appellant via Email and advised the Appellant to submit proof of income and immigration status for both household members (Exhibit 10).
6. The Appellant did not dispute the fact that they did not submit documentation of their immigration status. The Appellant, by their Representative testified that the Appellant has a Massachusetts Driver's license and a New York Driver's license (Representative Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant and their spouse applied for health insurance through the Health Connector on April 25, 2023. The Appellant and their spouse are not US citizens. The Appellant and their spouse did not identify any immigration status on their application. Health Connector was unable to determine the couple's immigration status. The Appellant was notified that they and their spouse were not eligible for health insurance through the Health Connector because the Appellant failed to submit the documentation needed to demonstrate that they are lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant did not dispute the fact that they did not submit proof of lawful status as requested. The Appellant, by their Representative testified that the States of New York and Massachusetts have issued Driver's licenses to the Appellant. As

explained at the hearing, this does not establish lawful presence in Massachusetts. Health Connector' correctly denied the application for the Appellant and their spouse on April 25, 2023.

ORDER

This appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address, and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Cc: Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld.

Hearing Issue: Eligibility for a special enrollment period, based on failure to have a qualifying life event.

Hearing Date: August 3, 2023

Decision Date: August 23, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*

JURISDICTION

Applicants and Enrollees are entitled to a hearing under with the Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.* and for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 23, 2023, the Appellant was determined ineligible for a Special Enrollment eriod (“SEP”)for Health Connector plans due to failure to have a qualifying life event.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a special enrollment period, based on the Appellant’s failure to have a qualifying life event.

HEARING RECORD

The Appellant and Spouse appeared at the hearing, which was held by telephone, on August 3, 2023. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	(1 P, undated)	
Exhibit 2:	Appellant’s Appeal Request Form	(4 PP, received	6/8/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated	6/8/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated	7/6/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated	5/20/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated	5/20/2023)
Exhibit 7	Health Connector’s Special Enrollment Notice	(8 PP, dated	5/23/2023)
Exhibit 8	Medicaid Household Determination	(8 PP, dated	4/24/ 2023)

Massachusetts Health Connector Appeals Unit



Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	7/25/ 2023)
Exhibit 10:	NPP Warning	(2 PP, dated	3/29/2023)
Exhibit 11:	Health Connector’s Summary Grant SEP	(3 PP, dated	5/20/ 2023)
Exhibit 12:	Health Connector’s Application Summary	(3 PP, dated	5/20/2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant testified they had previously been enrolled in Connectorcare and during the renewal process in late 2022, the Appellant became enrolled in a different plan for 2023. (Testimony).
2. The Appellant testified they switched back to their original plan in 2023 and thought they were enrolled in autopay as they had been previously. (Testimony).
3. The Appellant was sent a Non-Payment Warning Notice from the Connector dated March 29, 2023, which referenced that coverage could be cancelled if the payment was not received. (Exhibits 1 and 10).
4. The Appellant lost coverage due to non-payment. (Exhibits 1,10).
5. The Appellant testified they did not receive and had not seen the Warning Notice. (Testimony).
6. The Appellant testified they received mail at the address of their residence, where they had been for approximately eight (8) years from the Connector prior to and subsequent to March 29, 2023, the date of the nonpayment warning. (Testimony).
7. The Appellant upon learning that the coverage was cancelled applied for Connectocare. (Testimony, Exhibits 11 and 12).
8. The Appellant was not granted a Special Enrollment Period because nonpayment is not a qualifying life event. (Exhibits 1,5 and 6).
9. As of May 23, 2023, the Appellant had not experienced a qualifying life event. (Exhibits 1, 7 and 9).
10. The Appellant was granted a special enrollment on May 20, 2023 based on a household income of 262.32 % of the Federal Poverty Level(“FPL”) and is enrolled in coverage with an effective date of June 1, 2023. (Exhibits 1, 11 and 12).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Connectorcare with Advanced Premium Tax Credits (“APTC’s”) until they lost coverage for non-payment. (Exhibits 1,9, and 10). The Appellant testified they did not know they lost coverage and that their autopay deduction was in effect when they changed plans. (Testimony, Exhibits 1 and 2). The Appellant applied again on May 23, 2023, outside of the open enrollment period, and was not granted a Special Enrollment Period because they did not have a qualifying life event, and therefore could not enroll in new coverage. (Exhibits 1,5, and 6). The Appellant asserts that this determination was incorrect, and that the Appellant did not receive and had not seen the Warning Notice (despite having received mail from the Connector at this location prior and subsequent to the waring noticer), thus should not have lost coverage and should have been permitted to enroll under and SEP for coverage through the Health Connector.

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2022, to January 23, 2023. Outside of open enrollment an individual may be grated a special

Massachusetts Health Connector Appeals Unit



enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420.

On May 23, 2023, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period (“SEP”) due to failure to have a qualifying life event. Notwithstanding the Appellant’s assertion that they did not receive notice of warning of non-payment, which I am unable to credit because they testified they had received mail from the Connector at this address prior to and subsequent the date of the non payment letter, the Appellant’s loss of coverage because of non-payment is not a qualifying life event. (Appellant Testimony, Exhibits 1, 5, and 6).

At hearing, the Appellant did not adduce any testimony whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector’s policy NG-1E. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was subsequently granted an SEP because their income was below 300% of the Federal Poverty Level and was enrolled.

ORDER

The appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

If the Appellant experiences a qualifying life event, the Appellant should contact the Health Connector’s customer service center and request a special enrollment period.

The Appellant may also consider reviewing the criteria for an Enrollment Waiver from the Massachusetts Office of Patient Protection. Information can be found at <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/patient-protection/>.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld.

Hearing Issue: Eligibility for a special enrollment period, based on failure to have a qualifying life event.

Hearing Date: August 3, 2023

Decision Date: August 23, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*

JURISDICTION

Applicants and Enrollees are entitled to a hearing under with the Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.* and for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 22, 2023, the Appellant was determined ineligible for a special enrollment period for Health Connector plans due to failure to have a qualifying life event.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a special enrollment period, based on the Appellant’s failure to have a qualifying life event.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on August 3, 2023. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant’s Appeal Request Form	(4 PP, received 6/8/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 6/8/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 7/6/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 1/3/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 1/3/2023)

Massachusetts Health Connector Appeals Unit



Exhibit 7	Health Connector’s SEP Denial	(8 PP, dated	5/22/2023)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	1/3/ 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	6/6/ 2023)
Exhibit 10:	Eligibility Approval Notice	(1 P, dated	1/19/2023)
Exhibit 11:	Health Insurance Other Insurance	(1 P,	undated)
Exhibit 12:	Request for Additional Information	(6 PP, dated	4/2/2023)
Exhibit 13:	OPP Information from the Connector	(1 PP, dated	6/8/2023)

The record shows, and I so find:

1. The Appellant testified she was enrolled in a Connectorcare Plan until she was disenrolled effective May 1, 2023, because of a missed deadline on a premium payment. (Testimony, Exhibits 1 and 9).
2. The Appellant, however, had only been enrolled in Connectorcare for the month of February 2023 after having been enrolled in Connectorcare from February 1, 2022 through April, 2022. (Exhibits 1, 9).
3. The Appellant testified she “missed the deadline” and had submitted a payment in May after receiving a letter from the Connectorcare but the payment was not credited to what she thought was the amount owed. (Testimony).
4. The Appellant testified she does not have health insurance through her employer but receives a biweekly reimbursement for health insurance from her employer. (Testimony).
5. The Appellant answered the “Can I Shop Questions” on the SEP application and checked that she was eligible for a Health Care Arrangement. (Exhibits 1, 5, 7, and 9).
6. As of May 22, 2023, the Appellant had not experienced a qualifying life event. (Exhibits 1 and 7).
7. The Appellant was encouraged to update her income with the Connector and review the criteria for an Enrollment Waiver from and contact the Massachusetts Office of Patient Protection. (Exhibits 1,9, and 10).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Connectorcare Plan until April 30, 2023. (Testimony, Exs. 1 and 9). The Appellant had missed a payment deadline and had submitted a payment in May after receiving a letter from the Connectorcare, but the payment was not credited to what she thought was the amount owed. (Testimony, Exs. 1 and 9). The Appellant does not have health insurance through her employer but receives a biweekly reimbursement for health insurance from her employer. (Testimony, Exs. 1 and 11). The Appellant answered the “Can I Shop Questions” on the SEP application and checked that she was eligible for a Health Care Arrangement. (Exs. 1 and 11). Because the Appellant applied outside of the open enrollment period, she was not granted a Special Enrollment Period because she was eligible for a health care arrangement through her employer. The Connector correctly found that she did not have a qualifying life event, and therefore could not enroll in new coverage. (Testimony, Exhibits 1,5, and 7). The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector.

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2022, to January 23, 2023. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420.

Massachusetts Health Connector Appeals Unit



On May 22, 2023, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period (“SEP”) due to failure to have a qualifying life event.

At hearing, the Appellant did not adduce any testimony whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector’s policy NG-1E. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was encouraged to review the criteria for an Enrollment Waiver from and contact the Massachusetts Office of Patient Protection.

ORDER

The appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

If the Appellant experiences a qualifying life event, the Appellant should contact the Health Connector’s customer service center and request a special enrollment period.

The Appellant may also consider reviewing the criteria for an Enrollment Waiver from the Massachusetts Office of Patient Protection. Information can be found at <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/patient-protection/>.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Determination of eligibility for Connector Care and plan type based on income.

Hearing Date: August 2, 2023

Decision Date: August 11, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on May 18, 2023, that she qualified for Connector Care Plan Type 3B based on her income.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant qualified for Connector Care Plan Type 3B.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on August 2, 2023. The hearing record consists of the testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (5/27/23) (6 pages)
- Exhibit 2: Health Connector Record Affidavit (2 pages)
- Exhibit 3: Eligibility denial Notice (5/18/23) (8 pages)
- Exhibit 4: Screen Shot of eligibility determination (3 pages)
- Exhibit 5: Screen Shot of application summary (3 pages)

Massachusetts Health Connector Appeals Unit



- Exhibit 6: Medicaid eligibility determination (6 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Appellant (7/6/23) (1 page)
- Exhibit 9: Hearing notice (7/6/23) (3 pages)
- Exhibit 10: Acknowledge of appeal (1 page)

FINDINGS OF FACT

The findings of fact are based on the testimony of Appellant, or, if noted, from the exhibits taken into evidence, and the reasonable inferences drawn therefrom.

The record shows, and I so find:

1. Appellant applied in May 2023 to obtain health insurance. Exhibit 5.
2. In her application, she stated that she earned approximately \$1,650 every two weeks or approximately \$38,380 annually. Exhibit 5. She further stated that she lived in a household of one person. Exhibit 5. Appellant confirmed those figures at the hearing.
3. Based on the information in her application, the Health Connector determined that her household income placed her at approximately 282 % of the federal poverty level. Exhibit 3.
4. Based on this determination, she was eligible for Connector Care, which is a program of subsidized health insurance run by the Health Connector. She was determined eligible for Plan Type 3B.
5. In that plan type, Appellant had a choice of coverage through various insurance providers available in her geographic area. At least one of those options would have cost her \$137 a month, which is the minimum premium for members of Connector Care Plan Type 3B. Other options would be more costly.
6. Appellant selected insurance through Mass General Brigham Health Plan, which costs her \$275 a month in premium. She was insured in that plan at the time of the hearing.
7. Appellant then filed an appeal on May 27, 2023. In her appeal, Appellant stated that she could not afford \$275 a month in premium.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant's eligibility for Connector Care Plan Type 3B.

The Health Connector determines eligibility for Connector Care, which is a program that provides federal and state subsidies to purchase health insurance. In order to be eligible for Connector Care, an individual must have household income that is below 300 percent of the federal poverty limit (FPL.) 956 C.M.R. § 12.04(3)(a).

The FPL is a threshold determined annually by the federal government based on household income and size; it is used to determine eligibility for a range of federal assistance programs. See 42 U.S.C. § 9902(2). Appellant's eligibility was based on the 2022 FPL, which was \$13,590 for a household of one person, like Appellant's. See <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal->

Massachusetts Health Connector Appeals Unit



[register-references](#). Thus, Appellant's reported income of \$38,383 constituted approximately 282 % of the FPL. At that level, she was determined eligible for Connector Care.

The amount of assistance provided through Connector Care depends on income. There is a sliding scale with different tiers or "plan types," which are based on percentages of the FPL. The tiers are called Plan Types 1, 2A, 2B, 3A and 3B. 956 C.M.R. § 12.04(3)(b). A person, like Appellant, who has income falling between 250 and 300 percent of FPL qualifies for Plan Type 3B. *Id.*

For each plan type, the Health Connector sets a minimum monthly premium. This year, for Plan Type 3, the minimum premium was \$137 a month. See Topics Related to the Individual Mandate (2023) at page 7, available at https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2022/03-10-22/Individual-Mandate-Topics-and-CY2023-Affordability-Schedule-VOTE-031022.pdf. The financial subsidy provided through Connector Care equals the amount necessary to reduce the premium cost of the lowest-cost carrier available to the Connector Care member to the amount of the minimum premium. In other words, if the lowest cost carrier available charges a premium of \$700 a month, a Plan Type 3B member will receive a financial subsidy of \$563, which is the difference between the \$700 cost and the \$137 minimum premium.

However, within Connector Care, there are choices of insurance carriers, each of whom charge different premiums. 956 C.M.R. § 12.04(3)(c). If a Connector Care member chooses a carrier with the second lowest premium cost, then that member will pay more because the amount of financial assistance is fixed. In other words, if there are two carriers available to a Plan Type 3B member, one of which charges \$700 a month, and the other of which charges \$750 a month, a person in Plan Type 3B will chooses the higher cost carrier will pay \$187 a month, which is the difference between the premium cost of \$750 and the \$563 financial subsidy available for Plan Type 3B members.

In this case, Appellant's plan type was correctly determined. She confirmed the income figures in her application. As stated above, based on those figures, the Health Connector correctly determined that her household income was at 282 % of the FPL, and thus she was eligible for Plan Type 3B. At that plan type, she would have the option of at least one carrier at a monthly cost of \$137. However, Appellant chose another carrier that had a significantly higher premium. She did this because she wished to continue seeing certain medical providers who had been providing her with health care coverage in the past. She chose an insurance carrier that included those providers within its network of covered providers. That carrier was the most expensive one available. Thus, the premium that she had to pay was significantly higher than the minimum premium available to her within Plan Type 3B of Connector Care.

The amount of subsidy provided to Appellant was correctly calculated based on her income and household size. Accordingly, I am denying this appeal.

ORDER

The appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this decision. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility because of lack of proof of immigration status.

Hearing Date: August 2, 2023

Decision Date: August 11, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on April 5, 2023, that she was not eligible to obtain insurance through the Health Connector because she had not provided information to establish that she was a citizen or legal permanent resident of the United States.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to obtain insurance through the Health Connector because she had not provided information to establish that she was a citizen or legal permanent resident of the United States.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on August 2, 2023. The hearing record consists of the testimony of Appellant, and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request (5/18/23) (with attachment) (2 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Eligibility Denial Notice (4/5/23) (6 pages)

Massachusetts Health Connector Appeals Unit



- Exhibit 4: Screen Shot of eligibility determination (2 pages)
- Exhibit 5: Screen Shot of application summary (3 pages)
- Exhibit 6: Medicaid eligibility determination (6 pages)
- Exhibit 7: Appeals Unit database notes (2 pages)
- Exhibit 8: Request for Information (5/14/22) (3 pages)
- Exhibit 9: Notice of Appeal Hearing (7/6/23) (3 pages)
- Exhibit 10: Acknowledgement of Appeal (1 page)

FINDINGS OF FACT

The findings of fact are based on the testimony of Appellant, or, if noted, from the exhibits taken into evidence, and the reasonable inferences drawn therefrom.

The record shows, and I so find:

1. In April 2023, Appellant applied to obtain health insurance through the Health Connector. She requested financial assistance to reduce the cost of the health insurance.
2. In completing the application, Appellant stated that she was not a citizen of the United States. When she was asked about her immigration status, she did not respond with any legal permanent resident status. Exhibit 5 at page 2.
3. Further, in the application, Appellant was asked if she filed federal income taxes. She responded that she was not a tax filer. Exhibit 5 at page 2.
4. Based on the information in her application, the Health Connector determined that Appellant was not eligible to obtain health insurance through the Health Connector because she had not provided information to establish that she was a citizen or legal permanent resident of the United States. Exhibit 4.
5. The Health Connector notified Appellant of this decision by notice dated April 5, 2023. Exhibit 3.
6. On May 18, 2023, the Health Connector received from Appellant a copy of the first page of the April 5, 2023 notice, which the Health Connector deemed to be a request for an appeal. Exhibit 1.
7. Appellant stated at the hearing that she had a work permit permitting her to work in the United States. However, she was not able to say what her immigration status was.
8. Appellant further stated at the hearing that she did file federal income taxes.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined, based on the information that it had, that Appellant was not eligible to obtain insurance.

The Health Connector is a health insurance “exchange” established under the federal Affordable Care Act (ACA) for the purposes of selling insurance to eligible individuals. 42 U.S.C. § 13031(b)(1). Under the ACA, only an individual who is a citizen or “an alien lawfully present in the United States” may obtain health insurance through an “exchange.” 42 U.S.C. § 18032(f)(3). Thus, the Health Connector must determine whether an individual applying for coverage qualifies under that rule.

In this case, Appellant did not provide information in her application that would establish that she had a legal permanent resident status. In response to the question about her status, she provided no response. At the hearing she stated that she had work authorization. However, work authorization is not synonymous with legal permanent resident status. See U.S. Health and Human Services listing of immigration statuses eligible under the ACA (available at <https://www.healthcare.gov/immigrants/immigration-status//>) Appellant must still identify what her immigration status is.

Additionally, in her application, Appellant provided information that she does not file federal income taxes. This response would disqualify her from receiving financial assistance, which she requested. The Health Connector determines eligibility for federal subsidies available under the ACA. 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). Under the ACA, individuals who receive APTCs must annually “reconcile” those subsidies when they file their federal income taxes. Id. (“Reconciling” means that the federal government will annually determine whether the income APTC recipients have reported on their taxes in fact qualified them to receive the amount of subsidies that they got in the tax year. Id. § 36B(f).) Thus, anyone who receives subsidies must agree to file federal income taxes.

Appellant stated that the information in her application that she does not file taxes is incorrect. Appellant must therefore correct this response by revising her application.

Appellant can revise her application to identify her immigration status and to state that she does file income taxes. To do this, she can go into her on-line account through the Health Connector website, www.mahealthconnector.org,. Or she can call the Health Connector customer service department at 877-623-6765. Finally, she could go in person to the Health Connector service center at 99 Industry Avenue in Springfield. If she provides the required information, she will get a new eligibility determination.

Because the Health Connector correctly determined, based on the information that it had, that Appellant was not eligible to obtain insurance through the Health Connector, I am denying this appeal.

ORDER

The appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this decision. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

Massachusetts Health Connector Appeals Unit



Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility for special enrollment period.

Hearing Date: August 9, 2023

Decision Date: August 11, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on May 24, 2023, that she was not eligible for a special enrollment period in which to obtain health insurance.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a special enrollment period.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on August 9, 2023. The hearing record consists of the testimony of Appellant, and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request (6/7/23) (6 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: SEP Denial Notice (5/24/23) (8 pages)
- Exhibit 4: Screen Shot of eligibility determination (2 pages)
- Exhibit 5: Screen Shot of application summary (3 pages)

- Exhibit 6: Appeals Unit database notes (2 pages)
- Exhibit 7: Email to Appellant (6/16/23) (2 pages)
- Exhibit 8: Record of document upload (1 page)
- Exhibit 9: Request for Information (12/29/22) (3 pages)
- Exhibit 10: Document needed reminder (2/27/23) (3 pages)
- Exhibit 11: Application summary (5/24/23) (2 pages)
- Exhibit 12: Eligibility determination summary (5/24/23) (2 pages)
- Exhibit 13: Notice of Appeal Hearing (7/12/23) (3 pages)
- Exhibit 14: Acknowledgement of Appeal (1 page)

FINDINGS OF FACT

The findings of fact are based on the testimony of Appellant, or, if noted, from the exhibits taken into evidence, and the reasonable inferences drawn therefrom.

The record shows, and I so find:

1. In 2022, Appellant was enrolled in health insurance through the Health Connector.
2. In December 2022, the Health Connector sent Appellant a request for verification of her residency in Massachusetts Exhibit 9. When no response to that request was received, the Health Connector sent Appellant a reminder on February 27, 2023. These notices warned Appellant that a failure to respond could result in disenrollment.
3. When Appellant did not respond, she was disenrolled.
4. Appellant provided the required verification after she was disenrolled. Then, in May 2023, she sought to re-enroll in her insurance.
5. At that point, however, the annual open enrollment period had ended. The annual open enrollment period for 2023 ended on January 23, 2023. <https://www.mahealthconnector.org/help-center-answers/when-is-open-enrollment-and-when-do-health-connector-plans-start>.
6. The Health Connector notified Appellant on May 24, 2023 that she did not qualify for a special enrollment period that would permit her to enroll. Exhibit 3.
7. Appellant filed a timely appeal of that notice. Exhibit 1.
8. After receiving her appeal, the Health Connector reviewed her submission and created an exceptional special enrollment period for Appellant. This permitted her to enroll outside of open enrollment. Exhibit 6. Appellant was notified of this accommodation on June 16, 2023. Exhibit 7.
9. Appellant subsequently enrolled in health coverage again. As of the date of the hearing, Appellant was insured.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant did not qualify for a special enrollment period.

In this case, Appellant lost coverage because she did not provide requested verification of residence. The Health Connector is a health insurance exchange authorized under the Affordable Care Act (ACA) to provide health insurance plans to qualified individuals. An individual is “qualified” to purchase insurance through an exchange only if that person is a resident of the state in which the exchange is established. 42 U.S.C. § 18032(f)(1)(A)(ii). See also 45 C.F.R. § 155.305(a)(3)(i). Thus, the Health Connector must determine whether an applicant is a resident of Massachusetts before it can determine that person eligible to purchase a health insurance plan.

In determining eligibility to purchase health insurance plans, the Health Connector must follow procedures set forth in federal regulations. Those procedures require that, whenever the Health Connector receives an application, it must verify the information in the application against external data sources. See 45 C.F.R. §§ 155.315(d) (verification of residency). If the Health Connector cannot verify the information in the application against an external data source, it must request that the applicant provide some proof of the unverified information. Id. If the applicant does not provide satisfactory verification of the information in question, then the Health Connector must determine eligibility based on the information available in the external data sources. See 45 C.F.R. §§ 155.315(f), 155.320(c)(vi). The Health Connector followed that procedure in this case by requesting verification of residency. When it did not receive that verification, it was required to determine that Appellant had not established residency in Massachusetts and thus could not buy health insurance.

However, after that disenrollment, Appellant did provide the required verification. This restored her eligibility. However, when she sought to re-enroll, the annual open enrollment period had ended. Under federal and state law, enrollment in health insurance plans is limited to a certain time of the year, called open enrollment period. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.401(a). See also Mass. Gen. Laws ch. 176J, § 4. The annual open enrollment period for 2023 coverage ended on January 23, 2023. Appellant sought to re-enroll in May, after open enrollment had ended. Thus, she was unable to enroll at that point.

There are exceptions to this rule, known as “special enrollment periods.” Special enrollment periods are allowed only under certain circumstances, known as “qualifying events.” Such events are situations in which an individual has lost other insurance coverage due to a move from another state, a recent loss of a job, or divorce. See 42 U.S.C. § 18031(c)(6)(C), incorporating 26 U.S.C. § 9801(f). See also 45 C.F.R. § 155.420. When such an event occurs, the special enrollment period lasts for 60 days after the qualifying event. 45 C.F.R. § 155.420(c)(1).

On the facts, Appellant did not have circumstances that constituted a “qualifying event.” Therefore, she was not entitled to a special enrollment period. Thus, the Health Connector’s notice of May 24, 2023 was correct and should not be overturned on appeal.

However, fortunately for Appellant, the Health Connector made an exception in her case and opened a special enrollment period permitting her to re-enroll outside of open enrollment. Appellant took advantage of that and re-enrolled. Thus, she was enrolled in health coverage as of the date of the hearing. As a result, the denial of this appeal will not affect her insured status.

Because the Health Connector correctly determined that Appellant was not entitled to a special enrollment period, I am denying this appeal.

ORDER

The appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this decision. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18900

Appeal Decision Appeal Denied. The Connector's determination of Appellant's ineligibility for a Special Enrollment Period outside of Open Enrollment is upheld.

Hearing Issue: Whether the Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of Open Enrollment.

Hearing Date: July 17, 2023

Decision Date: August 4, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 7, 2023, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of the Open Enrollment Period.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on July 17, 2023. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

The hearing record consists of the testimony of Appellant and the following documents which were admitted in evidence:

Exhibit 1: Affidavit and Appeal Request dated March 27, 2023

Exhibit 2: Eligibility on Appeal dated March 7, 2023

Exhibit 3: Appeals Unit Research and Resolution

- Exhibit 4: Historic Notices Request for Information of March 8, 2022 and Reminder dated Feb. 19, 2023
Exhibit 5: None
Exhibit 6: Notice from Appeals Unit dated June 20, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for coverage from the Health Connector on November 8, 2022 and was required to submit information to verify income (Testimony of Appellant).
2. Appellant submitted information, but the information was not accepted by the Health Connector (Exhibit 3 and Testimony of Appellant).
3. On March 7, 2023, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit, based on data from electronic data sources (Exhibit 2).
4. On March 7, 2023, Appellant was denied a Special Enrollment Period due to not having a qualifying life event that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 2).
5. Appellant did not have any of the listed qualifying life events (Testimony of Appellant).
6. On March 27, 2023, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. The criteria for qualifying for a special enrollment period include marriage, divorce, birth, loss of coverage for a reason other than failure to pay premiums and other reasons enumerated at CFR 155.410 and 155.420 and Health Connector Policy: NG-1E. A person who loses coverage due to the loss of coverage is required to enroll within sixty days of the loss of insurance coverage.

Appellant applied for a Health Connector Plan on November 8, 2022. Appellant was requested to send in information to verify the income. Appellant submitted information but the information was not accepted by the Health Connector. On March 7, 2023, Appellant received a new determination based on electronic sources. When Appellant received the new determination on March 7, 2023, Appellant was denied a Special Enrollment Period because it was outside Open Enrollment and Appellant did not have a qualifying life event that would allow Appellant to enroll outside of the open enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420, Health Connector Policy NG-1E and Exhibits 1, 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant's appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the

right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM

After the hearing, Appellant reported a change in income to the Health Connector and Appellant is now enrolled in subsidized health insurance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19206

Appeal Decision Appeal Allowed. The Connector's determination of Appellant's ineligibility for a Special Enrollment Period outside of Open Enrollment is overturned.

Hearing Issue: Whether the Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of Open Enrollment.

Hearing Date: July 11, 2023

Decision Date: August 17, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 9, 2023, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of the Open Enrollment Period.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on July 11, 2023. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified. At the end of the hearing, the record was left open so that Appellant could submit additional documents. Appellant submitted documents, which have been marked as Exhibit 7. The record is now closed.

The hearing record consists of the testimony of Appellant and the following documents which were admitted in evidence:

Exhibit 1: Affidavit and Appeal Request dated May 18, 2023

- Exhibit 2: Eligibility on Appeal dated May 9, 2023
- Exhibit 3: Appeals Unit Research and Resolution
- Exhibit 4: None
- Exhibit 5: None
- Exhibit 6: Notice from Appeals Unit dated June 15, 2023
- Exhibit 7: Notice from MassHealth dated April 24, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. In April 2023, Appellant was notified that Appellant was no longer eligible for MassHealth due to income and Appellant’s MassHealth coverage would be terminated on May 8, 2023 (Exhibit 7 and Testimony of Appellant).
2. Appellant had been covered by MassHealth until May 8, 2023, when Appellant’ coverage was terminated (Exhibit 7 and Testimony of Appellant).
3. Appellant applied for a Health Connector Plan on May 4, 2023 (Exhibit 2).
4. On May 4, 2023, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit (Exhibit 2).
5. On May 9, 2023, Appellant was denied a Special Enrollment Period due to not having a qualifying life event that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 2).
8. On May 18, 2023, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. The criteria for qualifying for a special enrollment period include marriage, divorce, birth, loss of coverage for a reason other than failure to pay premiums and other reasons enumerated at CFR 155.410 and 155.420 and Health Connector Policy: NG-1E. A person who loses coverage due to the loss of coverage is required to enroll within sixty days of the loss of insurance coverage.

In April 2023, Appellant was notified that Appellant would lose MassHealth coverage on May 8, 2023, due to Appellant’s income. Appellant applied for a Health Connector Plan on May 4, 2023. Appellant was found eligible for a Health Connector Plan with APTC. On May 9, Appellant was denied a Special Enrollment Period to enroll outside of Open Enrollment. Loss of minimum essential coverage for a reason other than failure to pay premiums, including a person who will no longer be eligible for public qualifying minimum essential coverage such as Medicaid within the next sixty days is a qualifying life event. See Health Connector Policy NG-1E 3i. Appellant was eligible for a Special Enrollment period on May 9, 2023. See 45 CFR 155.410, 155.420, Health Connector Policy NG-1E and Exhibits 1, 2, 3, 7 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant’s appeal is allowed.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30)

days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19254

Appeal Decision Appeal Denied. The Connector's determination of Appellant's ineligibility for a Special Enrollment Period outside of Open Enrollment is upheld.

Hearing Issue: Whether the Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of Open Enrollment.

Hearing Date: July 17, 2023

Decision Date: August 16, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 17, 2023, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of the Open Enrollment Period.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on July 17, 2023. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

The hearing record consists of the testimony of Appellant and the following documents which were admitted in evidence:

Exhibit 1: Affidavit and Appeal Request dated May 23, 2023

Exhibit 2: Eligibility on Appeal dated October 9, 2022 and May 12, 2023

Exhibit 3: Appeals Unit Research and Resolution

- Exhibit 4: Unpaid Premium Termination Warning and Termination
- Exhibit 5: None
- Exhibit 6: Notice from Appeals Unit dated June 20, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for coverage from the Health Connector on October 9, 2022 and was covered by a Health Connector Plan with Advance Premium Tax Credit beginning on January 1, 2023 (Exhibit 2 and Testimony of Appellant).
2. On February 28, 2023, Appellant was sent an Unpaid Premium Termination Warning of the amount that Appellant would need to pay by March 23, 2023 to avoid the loss of insurance coverage (Exhibit 4).
3. On March 29, 2023, Appellant’s health insurance was cancelled for non-payment as of January 31, 2023 (Exhibits 3, 4 and Testimony of Appellant).
4. Appellant tried to re-enroll on May 17, 2023, but Appellant was denied a Special Enrollment Period due to not having a qualifying life event that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 2).
5. On May 23, 2023, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. The criteria for qualifying for a special enrollment period include marriage, divorce, birth, loss of coverage for a reason other than failure to pay premiums and other reasons enumerated at CFR 155.410 and 155.420 and Health Connector Policy: NG-1E. A person who loses coverage due to the loss of coverage is required to enroll within sixty days of the loss of insurance coverage.

Appellant was enrolled for a Health Connector Plan for 2023. Appellant was terminated from the Health Insurance Plan due to non-payment as of January 31, 2023. Appellant tried to re-enroll on May 17, 2023, but Appellant was denied a Special Enrollment Period because it was outside Open Enrollment and Appellant did not have a qualifying life event that would allow Appellant to enroll outside of the open enrollment period. Appellant’s loss of coverage due to non-payment is not a qualifying event. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420, Health Connector Policy NG-1E and Exhibits 1, 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant’s appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the

right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM

The Health Connector provided Appellant with information for applying for an open enrollment waiver from the Office of Patient Protection at 1 800 436-7757. If Appellant has any questions about payments, Appellant should contact the Health Connector at 1 877 623-6765.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19404

Appeal Decision: Appeal allowed

Hearing Issue: Eligibility for subsidized health insurance

Hearing Date: August 1, 2023

Decision Date: August 24, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 28, 2023, Appellant was found eligible for Health Connector Plans, with no subsidies based on Appellant's income being 321.46% of the Federal Poverty Level.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was found eligible for a Health Connector Plan with no Advance Premium Tax Credit.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on August 1, 2023. Also present was a duly sworn interpreter. The Hearing Record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit and Appeal request dated May 28, 2023
- Exhibit 2: Eligibility on appeal dated April 28, 2023
- Exhibit 3: Research and Resolution
- Exhibit 4: Historic Notices None
- Exhibit 5: Recent Determination None
- Exhibit 6: Correspondence from Health Connector dated July 6, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. On April 28, 2023, Appellant applied for subsidized health insurance and was found to have a Federal Poverty Level of 321.46% (Exhibit 2).
2. On April 28, 2023, Appellant was found eligible for Health Connector Plans with no subsidies (Exhibit 2).
3. Appellant met the requirements for eligibility for an Advance Premium Tax Credit (Exhibit 3 and Exhibit 2 Review Application).
4. Appellant enrolled in an unsubsidized Health Connector Plan beginning on July 1, 2023 (Testimony of Appellant).
5. Appellant appealed the decision on May 28, 2023, seeking financial help (Exhibit 1 and Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit depending on their household income. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's Connector Care program for. 956 CMR § 12.04. Requirements for an advance prepayment of the premium tax credit include income, tax filing status, not being eligible for other minimum essential coverage and other requirements.

On April 28, 2023, Appellant was found to have a Federal Poverty Level of 321.46% and was found eligible for Health Connector Plans without subsidies. This was an incorrect determination for someone with a Federal Poverty Level of 321.46% who has met all the requirements set out in 45 CFR § 155.305(f). See Exhibits 2, 3 and 45 CFR § 155.305(f). Appellant was eligible for a Health Connector Plan with Advance Premium Tax Credit.

ORDER

The Appeal is allowed.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM

On August 1, 2023, the Health Connector found Appellant to be eligible for a Health Connector Plan with Advance Premium Tax Credit. Appellant was notified of the new eligibility.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Appellant's eligibility for subsidized insurance based on access to employer sponsored health insurance.

Hearing Date: August 11, 2023

Decision Date: August 23, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 28, 2023, the Appellant was determined eligible for Health Connector plans without subsidies. The reason the Appellant was denied subsidies is because the Appellant stated she had access to affordable employer sponsored insurance that met minimum value standards.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for subsidies, based on the Appellant's access to employer sponsored insurance.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 11, 2023.

The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Health Connector's Hearing Record Affidavit (1 P, undated)

Massachusetts Health Connector Appeals Unit



Exhibit 2:	Appellant’s Appeal Request Form	(6 PP, received	6/9/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated	6/13/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated	7/12/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated	4/28/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated	4/28/2023)
Exhibit 7:	Health Connector’s Eligibility Denial	(8 PP, dated	4/28/2023)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	4/28/ 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	6/13/ 2023)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	6/11/2023)
Exhibit 11:	Health Connector’s Application Summary	(3 PP, dated	2/21/ 2023)
Exhibit 12:	Health Connector’s Eligibility Results	(3 PP, dated	2/21/2023)
Exhibit 13:	Medicaid Household Determination	(8 PP, dated	2/21/ 2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for Health Connector plans without subsidies on April 28, 2023. (Exhibit 1, Exhibit 6)
2. The Appellant was not found eligible for subsidized health insurance through the Health Connector because she stated on her application that she has access to Employer-Sponsored Insurance (“ESI”) that is affordable and meets minimum value standards. (Exhibit 1, Exhibit 5, Exhibit 5, Exhibit 6, Exhibit 7, and Exhibit 12)
3. The Appellant testified that her Employer Sponsored Insurance was unaffordable given her gross biweekly pay of \$1,500 and a cost of a premium of \$270 every biweekly pay period. (Appellant testimony).
4. The Appellant credibly testified her full-time income of approximately \$19 an hour did not allow her to obtain ESI (Appellant testimony).
5. The Appellant testified she had two children ages 8 and 16 who did not have insurance. (Appellant testimony).
6. The Appellant credibly testified that she could not afford dental because of the high cost of her ESI. (Exhibits 1, 2, 7, and 12).
7. The Appellant was encouraged to contact customer service and update her application with respect to ESI affordability.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on her appeal request form that she cannot afford the insurance that was made available to her and disputes the finding that he is not eligible for subsidies to help make her insurance more affordable. However, the Appellant had attested in her application that she has access to affordable employer sponsored insurance that meets minimum value standards. (Testimony, Exhibits 1, 5, 9, and 11).

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at

Massachusetts Health Connector Appeals Unit



or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including health insurance through an employer. 45 CFR § 155.305(f)(1)(ii)(B). Only qualifying coverage that is affordable and meets minimum value standards, as those terms are defined in law, will block an employee from being eligible for APTC. See 26 CFR § 1.36B-2(c)(3). Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2023 if the employee's required contribution for self-only coverage is 9.12 percent or less of the employee's projected household modified adjusted gross income; and coverage meets minimum value standards if it has an actuarial value of at least 60 percent.

Although the Appellant credibly testified at hearing that she is unable to afford ESI, the Appellant had attested in her application that she has access to affordable employer sponsored insurance that meets minimum value standards. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare, which was the correct determination. The Appellant's appeal is therefore denied.

The Appellant therefore should update her application with the Health Connector so that her application has the most current information regarding her access to affordable employer sponsored health insurance.

ORDER

The appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this decision. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

William F. O'Connell
Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2319513

Appeal Decision: Appeal denied. The Connector's determination of Appellant's eligibility to obtain health insurance through the Connector during the next open enrollment period or when Appellant had a qualifying life event is upheld.

Hearing Issue: Whether the Connector correctly determined Appellant's eligibility to enroll in a health insurance plan during the next open enrollment period or upon Appellant having a qualifying life event.

Hearing Date: August 23, 2023

Decision Date: August 31, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 22, 2023, the Connector determined Appellant to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellant had a qualifying life event.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on August 23, 2023. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection. The appellant testified.

The hearing record consists of the testimony of the appellant and the following documents which were admitted in evidence:

- Exhibit 1: Connector affidavit regarding the creation and maintenance of appeals files
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated July 12, 2023 addressed to Appellant for August 23, 2023 hearing
- Exhibit 3: Connector Appeals Unit letter dated June 28, 2023 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated June 28, 2023
- Exhibit 3b: Appeals Unit letter to Appellant dated June 28, 2023 regarding the Office of Patient Protection with application attached
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on June 22, 2023
- Exhibit 5: Connector letter dated June 22, 2023 to Appellant denying a Special Enrollment Period
- Exhibit 5a: Connector letter dated June 22, 2023 to Appellant regarding eligibility to purchase a plan

Exhibit 5b: Connector letter dated March 29, 2023 to Appellant regarding unpaid premium termination warning

Exhibit 5c: Connector letter dated April 29, 2023 to Appellant regarding unpaid premium termination warning

Exhibit 5d: Connector letter dated April 27, 2023 to Appellant regarding bank payment cancellation

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated June 22, 2023

Exhibit 7: Medication Household determination dated June 22, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Connector until his coverage was terminated as of February 28, 2023 because Appellant failed to pay his premium (Testimony of Appellant; Exhibits 3a, 5b, 5c, and 5d).
2. The appellant received warnings dated March 29, 2023 and April 29, 2023 that his coverage would be terminated retroactively to February 28, 2023 if he did not pay outstanding premiums. The appellant was notified that if he paid what he owed, he would retain his coverage with no break in benefits (Testimony of Appellant).
3. Appellant sometimes misplaced his mail, so he may not have read the warnings. Appellant had switched banks but had not arranged for his payments to the Connector to continue. Appellant believes all of this happened because of a concussion he suffered which affected his memory (Testimony of Appellant).
4. Appellant's coverage was terminated as of February 28, 2023. When Appellant realized he had no coverage, he reapplied for coverage on June 22, 2023 (Testimony of Appellant, Exhibit 5a and 6).
5. In a letters from the Connector dated June 22, 2023, the appellant was informed that he was eligible to purchase a Health Connector plan with an advance premium tax credit, but that he was not eligible to enroll in a plan until the next open enrollment period or until the appellant had a qualifying event. (Exhibits 5, 5a,6).
6. Appellant did not have any qualifying life events which would allow him to enroll in a health insurance plan through the Connector outside of the Connector's open enrollment period. While he had lost his health insurance coverage, a qualifying life event, on the date he applied for coverage, more than 60 days had gone by since that event took place. Appellant had not moved, gotten married, or had a child or added a dependent to his family in the 60 days prior to his new application. the Appellant was not a Native American or an Alaska indigenous person. There was no change in Appellant's immigration status (Testimony of Appellant).
7. On June 22, 2023 Appellant appealed the determination by the Connector which denied him a special open enrollment period (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on June 22, 2023 was eligible for health insurance through the Connector, but was not eligible to enroll until the next open enrollment period or until Appellant had a qualifying life event. The appellant has appealed this determination. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. See also 45 CFR Section 155. 420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period. If an individual has had a qualifying life event within 60 days of applying for health insurance and enrolling in a plan, the individual may enroll in a plan outside of an open enrollment period, if otherwise eligible. According to 45 Code of Federal Regulations Section 155.420 (c)(1) and 155.420 (d)(1)(i), the loss of health insurance coverage is a qualifying life event.

In this matter, Appellant lost his health insurance as of February 28, 2023. Appellant did not reapply for health insurance through the Connector until June 22, 2023 when he first realized that he had lost the coverage he had earlier in the year. In letters from the Connector, both dated June 22, 2023, the Connector determined that while Appellant was eligible to purchase health insurance through the Connector, he was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow him to enroll outside of an open enrollment period. Appellant was notified of these decisions by mail. See Exhibits 5 and 5a, and the testimony of Appellant which I find to be credible.

Appellant reapplied for coverage more than 60 days after he had lost coverage. Appellant had no other qualifying event 60 days prior to reapplying for coverage. Appellant had not moved, gotten married, or had a child or added a dependent to his family in the 60 day prior to June 22nd. Appellant was not a Native American or an Alaska indigenous person. There was no change in Appellant's immigration status. See the testimony of Appellant which I find credible.

I find that the Connector's determination that Appellant was not eligible for a special enrollment period should be affirmed. Appellant missed being able to enroll outside of the open enrollment period because he did not apply for and enroll in a plan within 60 days of losing his prior coverage. There is no evidence in the record that Appellant had any other qualifying life event within 60 days of his application for coverage. See cites above including 45 CFR Section 155. 420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period.

ORDER: The action taken by the Connector regarding Appellant's ineligibility to obtain health insurance through the Connector until the next open enrollment period or until he had a qualifying life event is affirmed.

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Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

cc. Appeals Unit

Hearing Officer

Addendum: If appellant has not already done so, he may wish to apply to the Office of Patient Protection for a special enrollment period waiver. Appellant may call at 800-436-7757 or apply on line.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19549

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: August 4, 2023

Decision Date: August 28, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.13.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on June 9, 2023. The Health Connector determined the Appellant to be eligible for a ConnectorCare plan with Advance premium Tax credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for a ConnectorCare plan with Advance Premium Tax Credits.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 4, 2023. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant

was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (2 pages, dated July 6, 2023)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form (4 pages dated June 20, 2023)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated June 9, 2023)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated June 9, 2023)
- Exhibit 8: Historical Notices and Printouts (6 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 61 year old unmarried female (Exhibit7)
2. The Appellant has a household of one. (Exhibit 7)
3. The Appellant filled out an application dated June 9, 2023. On her application the Appellant entered manual verified annual modified adjusted gross income (MAGI) of \$34,341.66. (Exhibit 7) The Health Connector found, based on this income that the Appellant's projected MAGI would place her at 252.70% of the 2023 Federal Poverty Level (FPL).
4. The Appellant testified that her income is for 32 hours at \$17.84 an hour, which would total \$570.88 per week. The Appellant was requested to contact the Health Connector Customer Service line to correct her income.
5. An individual at that income level would be eligible for subsidized coverage under the ACA, with Advanced Premium Tax Credits because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including government sponsored health insurance such as Medicare. 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

The Health Connector correctly found The Appellant eligible for ConnectorCare Plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

The appeal is denied. The determination by the Connector is affirmed.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

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Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is urged to contact the Health Connector Customer Service and inquire whether she given the correct income.