

## Massachusetts Health Connector Appeals Unit

### FINAL APPEAL DECISION: ACA2319121

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** June 13, 2023

**Decision Date:** July 31, 2023

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#### **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 appeared at the hearing, which was held by telephone, on June 13, 2023. The record was left open to have the Health Connector provide documents from the Appellant's application (Can I Shop Questions).

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

Exhibit 1: Affidavit of Record Verification (1 page);

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- Exhibit 2: Notice of Hearing (5-15-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal and OPP information (5-2-23) (8 pages);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (4-23-23) (4 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: Eligibility Approval letter (3-7-23) (9 pages); and
- Exhibit 10: Additional documents from Appellant Application (1 page).

## FINDINGS OF FACTS

The record shows, and I so find:

1. The Appellant previously had health insurance through an employer and went on COBRA when Appellant left that job. (Appellant testimony; Exhibit 5).
2. The Appellant's premium for COBRA exceeded what Appellant found affordable, and Appellant ended the COBRA. Appellant obtained a new job that provided health insurance after a 90 day wait, but then Appellant left that job as well and started a new job April 10, 2023. (Exhibit 5, Appellant testimony).
3. Appellant applied for health insurance through the Health Connector on March 7, 2023, and answered the Can I Shop questions in the application (Exhibit 10, Exhibit 7).
4. Based on the answers to the Can I Shop Questions, the Health Connector determined that Appellant was not eligible for a Special Enrollment Period. (Exhibit 6, 7, 10).
5. Appellant was provided information to contact the Office of Patient Protection. (Exhibit 3).
6. Appellant may have experienced a qualifying life event that would allow enrollment during a special enrollment period, but Appellant did not indicate it on the application.

## 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. At hearing, Appellant did indicate that there may have been a qualifying life event, as listed in the Health Connector's policy NG-1E. However, Appellant did not answer the Can I Shop Questions in a manner that triggered an allowance of a Special Enrollment Period.

## 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) 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.

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**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/>.

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Appellant's eligibility for subsidized insurance based on access to Medicare

**Hearing Date:** July 11, 2023

**Decision Date:** July 27, 2023

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### **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 1, 2023, the Appellant was determined ineligible for Health Connector plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is enrolled in Medicare.

### **ISSUE**

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

### **HEARING RECORD**

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

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

- Exhibit 1: Health Connector notice of eligibility determination (6 pages, dated June 1, 2023)
- Exhibit 2: Appellant's appeal request form (2 pages, dated June 10, 2023)
- Exhibit 3: Health Connector's Eligibility Determination Results Computer Print Outs (6 pages, undated)

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- Exhibit 4: Health Connector’s Review Application Computer Print Outs (6 pages, undated)
- Exhibit 5: Medicaid Household Determination (7 pages, undated)
- Exhibit 6: Health Connector’s Acknowledgment of Appeal (1 page, dated June 15, 2023)
- Exhibit 7: Health Connector’s Hearing Notice (3 pages, dated June 16, 2023)
- Exhibit 8: Health Connector’s Hearing Record Affidavit (1 page, undated)
- Exhibit 9: Mass Health notice (8 pages, dated June 1, 2023)
- Exhibit 10: MMIS form (1 page, undated)
- Exhibit 11: Outreach notes (1 page, undated)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on June 1, 2023, based on being eligible for Medicare. (Exhibit 1, Exhibit 3, Exhibit 4)
2. The Appellant is eligible for Medicare. (Exhibit 4, Appellant Testimony)
3. The Appellant previously had Mass Health and Medicare Buy-in and lost it. (Exhibit 9, 10, 11, Testimony)

## **ANALYSIS AND CONCLUSION OF LAW**

The Appellant stated on the appeal request form that they would like to get their Mass Health and Medicare Buy-in back. The Appellant also stated that they are on Medicare.

Under 42 USC 1395ss(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare.

When the Appellant’s eligibility for 2023 coverage was determined on June 1, 2023, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at hearing that they are eligible for Medicare. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible for Health Connector plans. This was the correct determination and the Appellant’s appeal is therefore denied.

## **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.

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## **Addendum**

The Appellant is advised to look into the **S**erving the **H**ealth **I**nsurance **N**eeds of **E**veryone (SHINE) program, which is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare.

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

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Termination of eligibility because of failure to submit required verification.

**Hearing Date:** July 5, 2023

**Decision Date:** July 10, 2023

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### **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 6, 2023, that she no longer qualified for coverage through the Health Connector because he had not supplied verification residency as requested.

### **ISSUE**

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was no longer qualified for coverage because of a failure to supply verification.

### **HEARING RECORD**

Appellant appeared at the hearing, which was held by telephone on July 5, 2023. The hearing record consists of the testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (5/1/23) (5 pages)
- Exhibit 2: Health Connector Record Affidavit (2 pages)
- Exhibit 3: Eligibility denial Notice (4/24/23) (6 pages)
- Exhibit 4: Screen Shot of eligibility determination (3 pages)
- Exhibit 5: Screen Shot of application summary (3 pages)

- Exhibit 6: Medicaid eligibility determination (6 pages)
- Exhibit 7: MassHealth eligibility notice (4/24/23) (6 pages)
- Exhibit 8: Appeals Unit database notes (1 page)
- Exhibit 9: Record of uploading documentation (1 page)
- Exhibit 10: My WorkSpace notes (4/24/23) (1 page)
- Exhibit 11: My WorkSpace notes (4/24/23- residency) (1 page)
- Exhibit 12: Tax return (22 pages)
- Exhibit 13: Affidavit of residency (1 page)
- Exhibit 14: Request for information (6/6/22) (4 pages)
- Exhibit 15: Screen shot of eligibility results (6/6/22) (4 pages)
- Exhibit 16: Summary of application (6/6/22) (3 pages)
- Exhibit 17: Screen shot of eligibility results (4/27/23) (3 pages)
- Exhibit 18: Screen shot of application summary (4/27/23) (3 pages)
- Exhibit 19: Hearing notice (5/16/23) (3 pages)
- Exhibit 20: 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 June 2022 to obtain health insurance. Exhibit 16. She applied through the on-line health insurance portal.
2. As part of the application, Appellant was asked, among other things, if she intended to file federal income taxes. The record of her application shows that she answered that question in the negative. Exhibit 16.
3. Appellant was determined to be eligible only for the Health Safety Net, which is a program administered by MassHealth, the state's Medicaid agency. Exhibit 15. Health Safety Net is not comprehensive health insurance; rather it is a program that covers emergency room treatments and limited services at community health centers. 101 C.M.R. 613.00.
4. After this determination, Appellant was sent a request to provide verification of her residence in Massachusetts. Exhibit 14.
5. Appellant did not respond to that request in a timely fashion.
6. On April 24, 2023, Appellant was sent a termination notice by MassHealth stating that she was no longer eligible for Health Safety Net because she had failed to provide proof of residency. Exhibit 7. At the same time, she was sent a notice by the Health Connector that she was not eligible to obtain insurance through the Health Connector because she had failed to provide proof of residency. Exhibit 3.
7. Appellant filed a timely appeal of this notice. Exhibit 1.
8. After receiving this notice, Appellant provided proof of residency in Massachusetts on April 24, 2023. Exhibit 11, 13.



9. As a result of submitting this proof of residency, Appellant was determined eligible to purchase health insurance through the Health Connector. Exhibit 17.
10. She was not eligible to receive financial subsidies to offset the cost of the health insurance. At the hearing, Appellant complained that the cost of her health insurance was too high.

### CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for health coverage when she failed to submit required verification.

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).

In this case, the Health Connector followed that procedure. The Health Connector was unable to verify Appellant’s residency in Massachusetts through external data sources. Accordingly, the Health Connector notified Appellant that she was required to provide verification of residency. Exhibit 13. The notice stated that failure to respond could result in loss of health coverage.

Appellant did not provide acceptable proof of residency in response to this request for information. Thus, the Health Connector could not verify that she was a Massachusetts resident and so could not determine her to be eligible to purchase health insurance plans. 42 U.S.C. § 18032(f)(1)(A)(ii). See also 45 C.F.R. § 155.305(a)(3)(i). It notified Appellant of this fact on April 24, 2023. Exhibit 3.

Fortunately, after receiving the April 24 eligibility denial notice, Appellant provided acceptable proof of residence. When that was received, Appellant was determined eligible to purchase health insurance from the Health Connector. Exhibit 17.

However, Appellant complained at the hearing that the cost of the insurance available to her through the Health Connector was too high. At present, Appellant is not receiving any subsidies to purchase health insurance. The

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Health Connector determines eligibility for federal subsidies available under the Affordable Care Act (ACA). 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs).

Under the ACA, an individual who receives 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 an APTC recipient has 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.

In this case, the application Appellant submitted stated that she did not intend to file federal income taxes. It is unclear why Appellant’s application states this. This statement is erroneous because, in fact, she has in the past filed taxes and expects to continue doing so. In order to correct this error, Appellant must revise her application. She can do this by going into her on-line account through the Health Connector website, [www.mahealthconnector.org](http://www.mahealthconnector.org), or by calling the Health Connector customer service department at 877-623-6765. When she does this, she should get a new eligibility determination, which may result in her receiving subsidies and thus lowering the cost of her health coverage.

Because I conclude that the Health Connector correctly followed federally-required procedures for determining eligibility, 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:** Termination of eligibility because of failure to submit required verification.

**Hearing Date:** July 5, 2023

**Decision Date:** July 10, 2023

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### **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 6, 2023, that he no longer qualified for coverage through the Health Connector because he had not supplied verification residency as requested.

### **ISSUE**

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was no longer qualified for coverage because of a failure to supply verification.

### **HEARING RECORD**

Appellant appeared at the hearing, which was held by telephone on July 5, 2023. The hearing record consists of the testimony of Appellant and the following documents, which were admitted into evidence:

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

Exhibit 6:	Appeals Unit database notes (1 page)
Exhibit 7:	Email to Appellant (5/15/23) (1 page)
Exhibit 8:	Record of uploading documentation (1 page)
Exhibit 9:	My WorkSpace notes (1 page)
Exhibit 10:	[Not numbered]
Exhibit 11:	Driver's License (2 pages)
Exhibit 12:	Eligibility notice (12/23/22) (5 pages)
Exhibit 13:	Request for information (12/23/22) (3 pages)
Exhibit 14:	Second request for information (2/21/23) (3 pages)
Exhibit 15:	Screen shot of eligibility results (12/23/22) (2 pages)
Exhibit 16:	Summary of application (12/23/22) (3 pages)
Exhibit 17:	Eligibility notice (5/10/23) (8 pages)
Exhibit 18:	Screen shot of eligibility results (5/10/23) (3 pages)
Exhibit 19:	Screen shot of application summary (5/10/23) (2 pages)
Exhibit 20:	Hearing notice (6/13/23) (3 pages)
Exhibit 21:	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 December 2022 to obtain health insurance through the Health Connector. Exhibit 16.
2. Based on the information he provided in his application, he was determined eligible to purchase health and dental insurance through the Health Connector. Exhibit 12.
3. After that determination, the Health Connector sent Appellant a notice on December 23, 2022, requesting that he provide documentary verification of his residence in Massachusetts. Exhibit 13. The notice stated that Appellant had until March 23, 2023 to provide the verification and that, if he did not provide the verification, he could lose his health insurance. Id. The notice provided a list of documents that would constitute acceptable proof. Id.
4. Appellant responded to that notice by sending a copy of his driver's license. Exhibit 11. The license was not on the list of documents that would constitute acceptable proof.
5. On February 21, 2023, the Health Connector sent Appellant another notice reminding him that he needed to provide verification of residence and income. Exhibit 15. Again the notice stated that if he did not provide the verification by the February 26, 2023 deadline, he could lose health coverage. Id.
6. Appellant did not respond to that second request.
7. On April 6, 2023, the Health Connector sent Appellant a notice that his coverage had been terminated because he had failed to provide the required verification. Exhibit 3.
8. On May 8, 2023, Appellant filed a timely appeal of the termination notice. Exhibit 1.

9. After receiving the notice, Appellant went to the Health Connector's customer services office and provided acceptable proof of residency.
10. As a result, the Health Connector determined that Appellant was eligible to be reinstated in health coverage. The Health Connector sent Appellant a notice on May 10, 2023, stating that he was eligible for coverage. Exhibit 17.
11. After receiving the appeal request, the Health Connector's Appeals Unit emailed Appellant on May 23 to tell him that his problem had been resolved and asking if he wished to drop the appeal. Exhibit 7. Appellant did not respond.
12. Appellant was enrolled in health and dental insurance as of the date of the appeal hearing.

### CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant no longer qualified for health coverage when he failed to submit required verification.

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).

In this case, the Health Connector followed that procedure. The Health Connector was unable to verify Appellant's residency in Massachusetts through external data sources. Accordingly, the Health Connector notified Appellant that he was required to provide verification of residency. Exhibit 13. When Appellant did not respond to that request with acceptable proof, the Health Connector sent him a second notice reminding him of the need to provide verification. Exhibit 14. Each of those notices warned Appellant that a failure to respond could result in loss of health coverage.

Appellant did not provide acceptable proof of residency in response to those requests for information. Thus, the Health Connector had no verification that he was a Massachusetts resident. Therefore, it could not determine him to be eligible to purchase health insurance plans because residency is a requirement of eligibility. 42 U.S.C. § 18032(f)(1)(A)(ii). See also 45 C.F.R. § 155.305(a)(3)(i). Thus, it was required to terminate his health insurance coverage. It notified Appellant of this fact on April 6, 2023. Exhibit 3.

Fortunately, after receiving the April 6 notice of termination, Appellant went to the customer service office and provided the required verification. When that was received, Appellant's eligibility for health coverage was restored. He was notified of this fact by notice dated May 10, 2023. Exhibit 17. Thus, Appellant was enrolled again in insurance and was covered as of the date of the hearing.

Because I conclude that the Health Connector correctly followed federally-required procedures for determining eligibility, 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 for special enrollment period.

**Hearing Date:** July 13, 2023

**Decision Date:** July 24, 2023

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### **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 8, 2023, that she was not eligible for a special enrollment period in which to purchase 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 in which to purchase health insurance.

### **HEARING RECORD**

Appellant and her son appeared at the hearing, which was held by telephone on July 13, 2023. The hearing record consists of the testimony of Appellant and her son, and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (5/22/23) (6 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Special Enrollment Period Denial Notice (5/8/23) (6 pages)
- Exhibit 4: Eligibility notice (5/9/23)

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- Exhibit 5: Screen Shot of eligibility determination (2 pages)
- Exhibit 6: Screen Shot of application summary (3 pages)
- Exhibit 7: Medicaid eligibility determination (6 pages)
- Exhibit 8: Appeals Unit database notes (1 page)
- Exhibit 9: Notice of Appeal Hearing (6/15/23) (3 pages)
- Exhibit 10: OPP waiver application form instructions (1 page)
- Exhibit 11: Application for Office of Patient Protection waiver (6 pages)
- Exhibit 12: Acknowledgement of Appeal (1 page)

### FINDINGS OF FACT

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

The record shows, and I so find:

1. Throughout 2022, Appellant had been covered under a plan that she obtained through the Health Connector.
2. At some point in late 2022 or early 2023, Appellant was contacted by a sales broker who offered her a different option for health coverage. This broker did not represent the Health Connector.
3. After this contact, Appellant agreed to enroll in the coverage option offered by the broker, and she cancelled her Health Connector plan.
4. Later in 2023, when Appellant went to see a provider, she learned that the option she had chosen did not cover her services.
5. She re-applied for coverage through the Health Connector in May 2023. Exhibit 6.
6. However, by that time, the annual open enrollment period was over. 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>.
7. Appellant did not qualify for a special enrollment period that would have permitted her to enroll outside of the open enrollment period. As a result, she was unable to enroll in Health Connector coverage in May 2023. She was notified of this fact by letter dated May 8, 2023. Exhibit 3.
8. Appellant filed a timely appeal of that notice. Exhibit 1.

### CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a special enrollment period in which to purchase health insurance.

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.



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).

In this case, Appellant voluntarily dropped her Health Connector coverage and stopped paying premiums for that coverage when she chose a different coverage option. The governing regulations specifically state that loss of coverage due to non-payment of premiums does *not* constitute a qualifying event that would create a special enrollment period. 45 C.F.R. § 155.420(e)(1). This is unfortunate because, in this case, Appellant switched coverage to the option presented by the broker, based on a mistaken understanding of what she was purchasing and what it would cover. However, the rules governing special enrollment periods do not create an exception for such a circumstance.

Appellant has the option of applying for a waiver of the open enrollment restriction. The waiver can be granted by the state’s Office of Patient Protection (OPP). See Mass. Gen. Laws c. 176J, § 4(a)(4). To apply for a waiver, an individual must complete and submit an application form that can be found at this website:

<https://www.mass.gov/service-details/request-an-open-enrollment-waiver>. Appellant had already submitted an application for a waiver to OPP as of the time of the hearing and was awaiting a decision.

Because the Health Connector correctly determined that Appellant did not qualify for a special enrollment period after open enrollment ended, 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: ACA 23-19358**

**Appeal Decision:** Appeal denied

**Hearing Issue:** Appeal of eligibility Health Connector plans and Advance Premium Tax Credit (APTC's).

**Hearing Date:** July 18, 2023

**Decision Date:** July 26, 2023

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**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**

By notice dated May 16, 2023, the Appellant was advised that she was determined eligible for ConnectorCare with Advanced Premium Tax Credits (“APTC’s”). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7).

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plan with APTC’s based on the income used in the Health Connector’s verification process.

**HEARING RECORD**

The Appellant household consists of the Appellant. The Appellant appeared at the hearing, which was held by telephone on July 18, 2023, and testified under oath. 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	(1P,	undated )
Exhibit 2:	Appellant’s Appeal Request Form	(4 PP, received	5/31/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated	6/6/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated	6/20/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated	5/16/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated	5/16/ 2023)
Exhibit 7	Health Connector’s Eligibility Approval	(8 PP, dated	5/16/ 2023)

Exhibit 8:	Medicaid Household Determination	(8 PP, dated	5/16/ 2023)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	6/6/ 2023)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	6/6/2023)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant is enrolled in Connectorcare with APTC's. (Testimony, Exhibits 1, 5-9).
2. The Appellant's income was verified on May 16, 2023, and the annual household income was determined to be 575% of Federal Poverty Level ("FPL") based on an attested monthly income of \$6,511.85. (Appellant Testimony, Exhibits 1, 2, 5-8).
3. The Appellant previously paid approximately \$14 a month for a Connectorcare plan in the beginning of 2023, which increased to \$281 a month for one (1) month prior to another premium increase in May, 2023 resulting in the Appellant paying approximately \$500 a month. (Appellant Testimony, Exhibits 1, 6, and 9).
4. The Appellant testified that she submitted pay stubs and attested to her income in May 202, and at that time she was not receiving unemployment benefits. (Testimony).
5. The Appellant testified her 2022 income was \$37,440 but was not sure if that included unemployment income. (Appellant Testimony).
6. The Appellant testified that she collected unemployment income at approximately \$500 a week from December, 2022 through April, 2023. (Appellant Testimony).
7. The Appellant testified she was paid \$28 an hour and worked approximately \$40 hours a week, not including overtime. (Appellant Testimony).
8. The Appellant testified she currently does not receive unemployment income and her income is approximately \$4,200 a month. (Appellant Testimony).
9. The Appellant credibly testified that she could not afford to pay the cost of the increased premium and payment would be a hardship given her other basic necessary living expenses. (Appellant Testimony, Exhibits 1,2).
10. This appeal addresses the issue of the Connector's income eligibility determination on May 16, 2023, in verification of the Appellant's income. (Exhibits 1,6, and 7).
11. The Appellant was advised the appeal only addresses whether the Connector's decision regarding eligibility based on income was correct. The Appellant was encouraged to contact customer service to report a change in income and for a hardship waiver appeal application.

## **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 Appellant was enrolled in Connectorcare with APTC's until the premium increased on June 1, 2023, as a result of a manual verification of the Appellant's income. (Testimony, Exhibits 1, 6-7, and 9). The Appellant's income was verified on May 16, 2023, wherein it was determined her FPL was 575% based on a based on an attested monthly income of \$6,511.85. (Testimony, Exhibits 1, 7-9). The Appellant asserts that this determination is incorrect because her current income is substantially less than the income from the manual verification and also because her unemployment income has ended, and the new premium is unaffordable. (Testimony, Exhibits 1,7 and 12).

The Connector's notice on May 16, 2023, and the determination based on the Appellant's income verification was determined to be 575% of Federal Poverty Level ("FPL") based on an attested monthly income of \$6,511 is consistent with rules in federal regulation at 45 CFR § 155.335. (Testimony, Exhibits 1, 7, and 8). The final determination was correct for the Appellant. (Exhibits 1,7). This was used to determine a household income equivalent to 575 % of the Federal Poverty Level. (Exhibits 1,7, and 9). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on May 16, 2023, regarding the Appellant's eligibility for Health Connector Plans with APTC's was correct. The Appellant was advised to update her application or call Customer Service to report any changes in income, any other information on her application, regarding those issues. The Appellant was also encouraged to contact customer service regarding hardship waiver 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 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 at 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.

Hearing Officer

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 2023 from the federal government will be reconciled when you file your 2023 federal income tax return (usually in the spring of 2024). 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 2023 (meaning the modified adjusted gross income on your application was 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 2023 (meaning the modified adjusted gross income on your application 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 2023 will be paid to you when you file your 2023 federal income tax return.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-18436

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Residency

**Hearing Date:** April 10, 2023

**Decision Date:** May 30, 2023

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### **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.* 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 January 3, 2023, the Health Connector determined that the Appellant no longer qualified for coverage through the Health Connector, due to his failure to verify his residency.

### **ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for Health Connector plans, based on the Appellant's failure to verify his residency.

### **HEARING RECORD**

On April 10, 2023, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 2023 Eligibility Results (2 pages)
- Exhibit 2: 1/25/23 Application Summary (3 pages)
- Exhibit 3: 1/25/23 Eligibility Denial (6 pages)
- Exhibit 4: 2/6/23 and 4/3/23 Outreach Notes (1 page)
- Exhibit 5: 3/9/23 Hearing Notice (2 pages)

**FINDINGS OF FACT**

The record shows, and I so find:

1. On January 25, 2023, in response to the Appellant’s application for 2023 health insurance coverage through the Health Connector, the Health Connector notified the Appellant that he did not qualify for health insurance coverage through the Health Connector, because Health Connector records indicated that he did not live in Massachusetts. (Exhibit 3)
2. On March 9, 2023, the Appellant updated his application, stating that he had become a resident of Massachusetts in January 2023, and the Health Connector notified him by email that he now qualified for coverage. (Appellant’s testimony; Exhibit 4)
3. The Appellant waited until March 9, 2023, to submit a new application, because thought he had to wait until his hearing was held. (Appellant’s testimony)

**ANALYSIS AND CONCLUSIONS OF LAW**

In order to qualify for health insurance coverage through the Health Connector, an individual must be a resident of Massachusetts, under 45 CFR § 155.305(a)(1) and 45 CFR 155.315(f).

In this case, the Appellant submitted his application for health insurance coverage to the Health Connector on January 25, 2023. The application did not include any proof of residency in Massachusetts. In response, the Health Connector determined that the Appellant was not eligible for Health Connector plans, because he had failed to provide proof of residency. Therefore, I conclude that the Health Connector’s determination on January 25, 2023, was appropriate.

Accordingly, the Health Connector correctly determined on January 25, 2023, that the Appellant did not qualify for a Health Connector plan. The Appellant’s appeal is denied.

**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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-18666

**Appeal Decision:** Appeal denied.

**Hearing Issue:** Appeal of eligibility for a special enrollment period for health insurance coverage with the Massachusetts Health Connector

**Hearing Date:** June 8, 2023

**Decision Date:** July 5, 2023

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### 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

By notice dated February 28, 2023, the Connector advised the appellant that he did not qualify to enroll in a new or different insurance plan because he did not have a qualifying event. (Ex. 5) The appellant filed an appeal dated February 28, 2023. (Ex. 6) The matter was referred to a hearing after receipt of the appeal. (Ex. 11)

### ISSUE

Is the appellant eligible for a special enrollment period for health insurance coverage pursuant to 45 C.F.R.155.420 and 956 CMR 12.10(5)?

### HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 8, 2023, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1— Health Connector’s Eligibility Determination Results based on a program determination date of February 5, 2023 (2 pages)
- Ex. 2—Health Connector’s Review of Application (2 pages)
- Ex. 3—Health Connector’s Notice of Eligibility Approval dated February 5, 2023 (5 pages)
- Ex. 4—Medicaid Household Determination document (6 pages)
- Ex. 5—Health Connector’s Notice of Special Enrollment Period Decision dated February 28, 2023 (6 pages)



- Ex. 6—Online Appeal Form received on February 28, 2023 (6 pages)
- Ex. 7—Acknowledgment of Appeal dated March 3, 2023 (1page)
- Ex. 8—Health Connector email dated March 3, 2023 (1 page)
- Ex. 9—Health Connector email with Office of Patient Protection Waiver Form and Instructions (7 pages)
- Ex. 10—Appeals Unit notes (1 page)
- Ex. 11—Notice of Hearing (3 pages)
- Ex. 12—Affidavit of Connector representative (1 page)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant is 26 -years-old, is single and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant was enrolled in health insurance through his parents until he turned 26 in November, 2022. (Testimony)
3. The appellant began a job in February, 2022. The employer represented that health insurance and other benefits would be provided following a 90-day waiting period. Nothing happened after the waiting period expired and the appellant made several inquiries to no avail. The situation continued to drag on, but the appellant trusted that it would eventually work out for him. In late January/early February, 2023, the company folded and the appellant lost his job and had no prospect of health insurance. (Testimony)
4. Subsequent to losing employment, the appellant applied for health insurance through the Health Connector. By notice dated February 5, 2023, the Connector advised the appellant that he was eligible for a Health Connector Plan with no financial help. (Testimony, Ex. 3)
5. By notice dated February 28, 2023, the Connector advised the appellant that he did not have a qualifying life event that would allow him to enroll in or change plans outside of the Open Enrollment period. (Ex. 5)
6. The appellant filed an appeal of the Connector's denial of a qualifying life event on February 28, 2023. (Testimony, Ex. 6)

## **ANALYSIS AND CONCLUSIONS OF LAW**

Pursuant to 956 CMR 12.10 (5), an individual may enroll in a health plan outside of the open enrollment period during a special enrollment period (SEP) established by the Connector only for one of the following reasons: (a) the enrollee experiences a triggering event, as set forth in 45 CFR 155.420 and applicable state law; (b) a qualified individual is determined newly eligible for a ConnectorCare plan in accordance with 956 CMR 12.08; (c) the enrollee changes plan types in accordance with 956 CMR 12.04(3); or (d) the enrollee has been approved for a hardship waiver in accordance with 956 CMR 12:11; or (e) the enrollee's hardship waiver period has ended. Enrollees have sixty (60) days to enroll in a health plan from the date of one of the aforesaid events. Outside of open enrollment an individual may be granted a SEP, during which the individual can enroll in coverage, because s/he experiences a qualifying life event, such as a change in household composition or loss of coverage.

I take administrative notice of the fact that the open enrollment period for health insurance for 2023 ended on January 23, 2023, for the commercial non-group market, and that closed enrollment runs from January 24, 2023 to October 31, 2023.

The appellant does not dispute that he applied for health insurance after the 2023 open enrollment period closed on January 23, 2023. He testified credibly that he relied on the representations of his former employer that he would be provided with insurance after the end of the 90-day waiting period. He further testified that after several inquiries to no avail, the company folded in late January/early February, 2023, leaving him unemployed and without any prospect of insurance. After the collapse of his job, he applied for insurance through the Connector forthwith.

Unfortunately, the appellant's circumstances do not fall within the parameters of the foregoing regulations and as such, are not considered a qualifying event which would entitle him to a SEP. Accordingly, based on the totality of the evidence, it is concluded that the appellant failed to establish that he qualified for a SEP.

#### **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. 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 at 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.

Hearing Officer

Cc: Connector Appeals Unit

#### **ADDENDUM**

The appellant was advised to contact the Office of Patient Protection to request a waiver of the open enrollment period at <https://www.mass.gov/how-to/how-to-request-an-open-enrollment-waiver>, or by calling 800-436-7757.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-18671

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Denial of a Request for a Premium Waiver or Reduction.

**Hearing Date:** June 13, 2023

**Decision Date:** July 31, 2023

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### 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 January 20, 2023, the Health Connector denied the Appellant's request for a Waiver or Reduction of the Appellant's monthly premium contribution.

### ISSUE:

Did the Health Connector correctly deny the Appellant's January 12, 2023 Application for a Waiver of the Appellant's monthly ConnectorCare premium based on the Appellant's failure to submit required documentation in support of their request?

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 13, 2023.<sup>1</sup> 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.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated May 16, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Hardship Waiver Denial notice dated January 20, 2023.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated January 18, 2023.

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<sup>1</sup> This Appeal was heard with appeal number ACA23-18748. Since the appeals deal with separate issues, separate decisions are issued.

- Exhibit 6: The Appellant's Online Appeal Request received on March 1, 2023.
- Exhibit 7: My Workspace Printout of the Appellant's Application for a Premium Waiver or Reduction due to Financial Hardship submitted on January 12, 2023.
- Exhibit 8: Salesforce Unlimited Health Connector Customer Service Operations Notes.
- Exhibit 9: Health Connector Appeals Unit Open Record Form dated June 13, 2023.
- Exhibit 10: Additional information submitted by the Health Connector on June 22, 2023.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was enrolled in ConnectorCare in tax year 2022 and 2023 (Exhibits 3, 8).
2. On January 12, 2023 the Appellant submitted an application for a Waiver of their past due ConnectorCare monthly premium due to financial hardship. The Appellant indicated that the reason for the request was their household was more than 30 days behind in their rent or mortgage or received an eviction notice within the past 60 days. The Appellant did not indicate that they were behind in utility payments. The Appellant did not submit any supporting documentation with their Waiver application (Exhibits 7, 8).
3. On or about January 19, 2023 a Health Connector Customer Service Representative contacted the Appellant and advised them that they must submit documentation to verify their statement that they were more than 30 days behind in the rent and/or facing eviction. The Appellant informed the Representative that they were waiting for their landlord to provide the documentation (Exhibit 8).
4. On January 20, 2023, Health Connector issued a Hardship Waiver Denial Notice based on the Appellant's failure to submit required documentation to support the Appellant's Waiver Request statement alleging rent arrearages (Exhibit 4).
5. The Appellant filed an Appeal of the Premium Waiver or Reduction denial on March 1, 2023 (Exhibit 6).
6. The Appellant testified that they did submit information but was not sure of the date. The Appellant said that they called Customer Service and were told that the information submitted was put in another account, not the Waiver Request account. The Appellant said that they were dealing with a family health emergency during this period of time (Appellant Testimony).
7. The record was left open until June 28, 2023 for the Health Connector. The Health Connector was asked to submit any documentation related to the Appellant's testimony that they submitted documentation in support of their Waiver Request prior to the January 20, 2023 denial notice being issued (Exhibit 9).
8. On June 22, 2023 Health Connector submitted a memo. Health Connector records verify that on January 23, 2023 the Appellant submitted a copy of a utility bill but did not indicate that this submission was related to a Waiver Request. The Appellant did not submit any documentation from their landlord and/or an eviction notice (Exhibit 10).
9. Health Connector sent a copy of the June 22, 2023 memo to the Appellant. The record remained open until July 13, 2023 to allow the Appellant to submit a written response (Exhibit 10).

10. The Appellant did not submit any additional information during the record open period.

### **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant was receiving ConnectorCare in tax year 2022 and 2023. On January 12, 2023 the Appellant applied for a Premium Waiver of past due health care premiums due to financial hardship. The Appellant's request was denied on January 20, 2023, and the Appellant filed this Appeal on March 1, 2023.

Under 956 CMR 12.11(5), individuals who are eligible for ConnectorCare and who experience extreme financial hardship may be eligible to have their premium payment waived or reduced. In accordance with Health Connector Policy NG-17 Health Connector, at its discretion, shall determine the amount of waiver or reduction *based on the proof of extreme financial hardship provided* (emphasis added).

The Appellant applied for the Waiver on January 12, 2023 and indicated the reason for the request was that they were more than 30 days behind in their rent or mortgage payment or had received an eviction notice in the past 60 days. The Appellant did not submit any documentation with their application. On or about January 19, 2023 Health Connector Customer Service contacted the Appellant and informed them that they must submit documentation verifying their past due rent and/or eviction notice. Customer Service was informed by the Appellant that they were waiting for documentation from their landlord.

On January 20, 2023 Health Connector denied the Appellant's application for a premium waiver because the Appellant failed to provide required documentation. At the Hearing, the Appellant testified that they did submit information but were unsure of the dates.

The record was left open, and Health Connector was asked to submit information regarding any documentation that may have been submitted by the Appellant. Health Connector verified that on January 23, 2023 the Appellant submitted a copy of a utility bill. The documentation did not contain any notation that this was related to a Waiver Request. The Appellant did not indicate on their Waiver Request that past due utility payments were the basis for financial hardship. The Appellant did not submit any documentation verifying past due rent and/or eviction proceedings.

The Appellant applied for a Premium Waiver on January 12, 2023 alleging financial hardship due to rent arrearages/notice of eviction. As of January 20, 2023 the Appellant did not submit any documentation verifying their statement of financial hardship. The January 20, 2023 denial of the Appellant's, application for a Premium Waiver or Reduction was correctly denied.

### **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

**ADDENDUM**

The Appellant is reminded that they may submit another application for a Premium Waiver at any time and submit the documentation needed to support their claim of financial hardship.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2318867

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Eligibility for Health Connector plans, TCE residency

**Hearing Date:** June 6, 2023

**Decision Date:** July 6, 2023

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### 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 January 5, 2023, the Appellant's eligibility was terminated because Appellant had not submitted documents requested to be submitted.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant's eligibility be terminated based on the Appellant's failure to submit documents requested to be submitted.

### HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on June 6, 2023. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (5-11-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (3-30-23) (1 page);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (3-21-23) (6 pages);
- Exhibit 6: Eligibility termination letter (1-5-23) (6 pages);

- Exhibit 7: Eligibility detail printouts and application summary printouts (10 pages);  
Exhibit 8: Medicaid Household Determination (6 pages); and  
Exhibit 9: RFI and Reminder re Request for Information (10-1 and 11-30-22) (6 pages).

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant had applied for health insurance through the Health Connector in 2022 and had been requested to submit information about residency. (Testimony, Exhibits 7, 9).
2. Appellant lives with a friend and was not sure they had the documentation to provide. (Testimony, Exhibits 5, 7).
3. Appellant appealed. (Exhibit 5, Appellant Testimony)

## **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant's eligibility was terminated for Health Connector plans because Appellant had not submitted requested documents and information within the time requested. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income and residency, in accordance with 45 CFR § 155.320(c). Where the Health Connector cannot verify applicants' income or residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information or provide unacceptable information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On January 5, 2023, the Appellant's eligibility was terminated for Health Connector plans because Appellant had not provided the documents requested within the time required. The process for the determination on January 5, 2023, complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the information available to the Health Connector. 45 CFR § 155.305(f).

The Health Connector correctly found that the Appellant's eligibility should be terminated on January 5, 2023, and that determination is upheld.

Appellant can submit an affidavit of residency and be redetermined.

## **ORDER**

The Connector determination was correct. The appeal is therefore 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.

Cc: Connector Appeals Unit

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### **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.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-18894

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Special Enrollment Period

**Hearing Date:** May 15, 2023

**Decision Date:** July 18, 2023

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### 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.* 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 March 6, 2023, the Health Connector determined that the Appellant was not eligible for a Special Enrollment Period.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for a Special Enrollment Period.

### HEARING RECORD

On May 15, 2023, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 3/23/23 Online Appeal (6 pages)
- Exhibit 2: 3/23/23 Appeal Statement (1 page)
- Exhibit 3: 3/6/23 Eligibility Results/ SEP Decision (3 pages)
- Exhibit 4: 4/4/23 Outreach Notes (1 page)
- Exhibit 5: 4/3/23 2023 Open Enrollment Waiver Form/Instructions (7 pages)
- Exhibit 6: 4/13/23 Hearing Notice (3 pages)

**FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was disenrolled from 2022 health insurance coverage through the Health Connector on November 30, 2022, for nonpayment of premium, but had until February 2, 2023, to make payment and be reinstated. (Exhibit 1; Exhibit 4)
2. On March 6, 2023, the Appellant submitted her application for 2023 health insurance coverage through the Health Connector. (Exhibit 2)
3. By letter dated March 6, 2023, the Health Connector responded, stating that it looks like the Appellant did not have a qualifying life event that would allow her to enroll in a new plan outside of the Open Enrollment period. (Exhibit 3)
4. The Appellant stated that she would contact the Office of Patient Protection about getting an SEP waiver. (Appellant’s testimony)

**ANALYSIS AND CONCLUSIONS OF LAW**

Under 45 CFR Section 155.420, individuals may enroll in coverage only during Open Enrollment, which for 2023 was from 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.

In this case, the Appellant submitted her application to the Health Connector on March 6, 2023, more than a month after the Open Enrollment period for 2023 coverage had ended, without asserting any qualifying life event. Therefore, I conclude that the Appellant has not established that she experienced a qualifying lie event, under 45 CFR Section 155.420€(1).

Accordingly, the appeal is denied.

**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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-18896

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Special Enrollment Period

**Hearing Date:** May 15, 2023

**Decision Date:** July 19, 2023

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### 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.* 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 March 18, 2023, the Appellant was determined ineligible for a Special Enrollment Period.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on March 23, 2023, that the Appellant was not eligible for a Special Enrollment Period.

### HEARING RECORD

On May 1, 2023, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 3/24/23 Appeal (6 pages)
- Exhibit 2: 3/24/23 Online Appeal Statement (1 page)
- Exhibit 3: 3/23/23 Special Enrollment Period Decision (6 pages)
- Exhibit 4: 3/18/23 2023 Eligibility Results (3 pages)
- Exhibit 5: 4/4/23 Outreach Notes (1 page)
- Exhibit 6: 4/13/23 Hearing Notice (2 pages)

**FINDINGS OF FACT**

The record shows, and I so find:

- 1. On March 23, 2023, the Appellant submitted his application for 2023 health insurance coverage through the Health Connector. (Exhibit 2)
- 2. On March 23, 2023, the Health Connector notified the Appellant that he did not qualify to enroll in a new health insurance plan at that time, unless the Appellant could provide proof of an event that would qualify the Appellant for a Special Enrollment Period. (Exhibit 2)
- 3. The Appellant had health insurance coverage through his father until the end 2022. (Appellant’s testimony)
- 4. The Appellant did not realize that he no longer had coverage through his father until he sought counseling services in March 2023. (Appellant’s testimony)

**ANALYSIS AND CONCLUSIONS OF LAW**

Under 45 CFR Section 155.420, individuals may enroll in coverage only during Open Enrollment, which for 2023 was from November 1, 2022, to January 23, 2023. Outside of open enrollment an individual may grant 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.

In the case at issue, the Appellant submitted his application to the Health Connector in late March 2023. The Health Connector determined that the Appellant was not eligible for a Special Enrollment Period due to his failure to have qualifying life event as of the date of his application. While the Health Connector has a list of qualifying events for a SEP, failing to notice that you had lost your health insurance at the end of the prior year is not one of them. There, I conclude that the Appellant has established that experienced a qualifying event, under 45 CFR Section 155.420(e)(1).

Accordingly, the Health Connector correctly determined on March 23, 2023, that the Appellant did not qualify for Special Enrollment Period.

**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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2318987

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Eligibility for ConnectorCare; Medicare

**Hearing Date:** June 13, 2023

**Decision Date:** July 6, 2023

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### 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 March 17, 2023, the Appellant was deemed ineligible for Health Connector Plans. The reason the Appellant was denied eligibility is because the Appellant has access to Medicare or is enrolled in Medicare.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was ineligible for Health Connector plans, based on Appellant's access to Medicare.

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 13, 2023. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (5-16-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (5-2-23) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (3-25-23) (with documents) (7 pages);
- Exhibit 6: Eligibility Denial letter (3-17-23) (6 pages);

- Exhibit 7: Eligibility detail printout and application summary printout (5 pages);  
Exhibit 8: Medicaid Household Determination (6 pages); and  
Exhibit 9: MMIS (1 page).

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector on or about March 17, 2023. (Exhibits 6, 7).
2. Appellant had previously been on Mass Health to supplement Medicare (Testimony Exhibit 9).
3. Appellant was determined ineligible for Health Connector plans on March 17, 2023, based on being eligible for Medicare. (Exhibits 6, 7).
4. The Appellant was not found eligible for health insurance through the Health Connector because the Appellant is eligible for Medicare. (Exhibit 6).

## **ANALYSIS AND CONCLUSIONS OF LAW**

Under 42 USC § 1395(d)(3)(A)(i), the Health Connector is not permitted to provide subsidies to applicants who are eligible for Medicare. Further, applicants who have not been enrolled in Health Connector plans are also not eligible for Health Connector plans with no financial assistance if they are eligible for Medicare.

When the Appellant's eligibility for 2023 coverage was determined on March 17, 2023, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at the hearing eligibility for Medicare, and being on Medicare. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible for Health Connector Plans. This was the correct determination and the Appellant's appeal is denied.

## **ORDER**

The Connector determination was correct. The appeal is therefore 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.

Cc: Connector Appeals Unit

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## **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: Appellant was advised to contact SHINE.

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



# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-19019

**Appeal Decision:** Appeal Denied, Eligibility determination upheld

**Hearing Issue:** Eligibility for subsidized health insurance, based on income

**Hearing Date:** June 8, 2023

**Decision Date:** July 10, 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 6, 2023, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit of \$114.00, based on Appellant's income being 593.22% of the Federal Poverty Level based on data from other sources.

### 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 Advance Premium Tax Credit of \$114.00, based on Appellant's income.

### HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on June 8, 2023. 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 April 12, 2023
- Exhibit 2: Eligibility on Appeal dated April 6, 2023
- Exhibit 3: Research and Resolution
- Exhibit 4: Historic Notes Eligibility results, dated December 23, 2022
- Exhibit 5: Recent Determination of May 22, 2023
- Exhibit 6: Notice from Appeal Unit dated May 16, 2023

## **FINDINGS OF FACT**

The record shows, and I so find:

1. On December 23, 2022, Appellant applied for subsidized health insurance (Exhibit 4).
2. On December 23, 2022, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit of \$462, based upon a Federal Poverty Level of 312.41%.
3. On December 23, 2022, Appellant was instructed to provide proof of income by March 23, 2023 (Exhibit 4).
4. Appellant sent income information to the Health Connector on numerous occasions between December 23, 2022 and April 6, 2023 (Exhibit 3 and Testimony of Appellant).
5. Appellant was retired, and Appellant's income was from retirement sources and distributions (Testimony of Appellant).
6. Appellant also had some one-time transactions in previous years (Exhibit 3 and Testimony of Appellant).
7. Appellant worked with Customer service on numerous occasions to provide all information requested (Testimony of Appellant).
8. On April 6, 2023, Appellant received a new determination. Appellant was found eligible for Health Connector Plans with Advance Premium Tax Credit based on an income of 593.22% of the Federal Poverty Level. The new determination reduced the amount of APTC to \$114 (Exhibit 2).
9. The April 6, 2023 determination was based on income from other sources, as the Health Connector did not have complete verification information (Exhibit 2).
10. After April 6, 2023, Appellant worked with a Specialist and others at Customer service to provide information and assist the Connector in reaching an accurate determination based on Appellant's then current income (Testimony of Appellant).
11. On May 22, 2023, the Health Connector issued a new determination, showing that Appellant had a Federal Poverty Level of 319.76%. Appellant was found eligible for a Health Connector Plan with a new Advance Premium Tax Credit of \$450 that would begin on June 1, 2023 (Exhibit 5 and Testimony of Appellant).
12. Appellant agrees that the latest eligibility determination is accurate (Testimony of Appellant).
13. There is still some information that the Health Connector needs for the recent determination and Appellant will work with the Connector to provide the information (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. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellant applied for subsidized health insurance on December 23, 2022, and was asked to submit information to verify the income. Appellant sent in information and had many conversations with the Health Connector between December 23, 2022 and April 6, 2023. However, the Health Connector did not have complete verification information and on April 6, 2023, Appellant received an eligibility determination that Appellant was eligible for a Health Connector Plan with less Advance Premium Tax Credit based on data from other sources. The Health Connector made the correct determination on April 6, 2023. See 956 CMR 12.04. Appellant continued to work with the Health Connector to provide information requested, and on May 22, 2023, Appellant received a new determination that Appellant agrees is accurate.

### **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. 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 May 22, 2023, Appellant received a new determination that Appellant believes is accurate. Appellant's new determination indicated that further information is needed for verification of the new determination. Appellant is currently working with the Health Connector and the Appeals Unit to determine what information is still needed.**

**Appellant should note that any Advance Premium Tax credits you get from the federal government will be reconciled when you file your 2023 federal income tax return. 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 2023 (meaning the modified adjusted gross income on your application was 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 2023 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.**

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2319068

**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:** June 13, 2023

**Decision Date:** July 10, 2023

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### 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 April 19, 2023, the Appellant was determined eligible for Health Connector plans with Advanced Premium Tax Credits, but 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 appeared at the hearing, which was held by telephone, on June 13, 2023.

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

- Exhibit 1: Health Connector notice of eligibility (9 pages, dated April 19, 2023)
- Exhibit 2: Appellant's appeal request form (6 pages, dated April 19, 2023)
- Exhibit 3: Health Connector's Acknowledgment of Appeal (1 page, dated May 1, 2023)

- Exhibit 4: Health Connector’s Hearing Notice (3 pages, dated May 16, 2023)
- Exhibit 5: Health Connector’s Hearing Record Affidavit (1 page, undated)
- Exhibit 6: Special Enrollment Period Denial letter (6 pages, dated April 19, 2023)
- Exhibit 7: Application results and summary (6 pages, dated April 19, 2023)
- Exhibit 8: Outreach notes and email (2 pages)
- Exhibit 9: Medicaid Household Determination (6 pages)
- Exhibit 10: OPP information and application (7 pages, dated May 1, 2023)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was covered by health insurance in Maryland at the time of the hearing but wanted to obtain health insurance in Massachusetts as Appellant moved to Massachusetts in January 2023. (Appellant testimony Exhibit 2).
2. The Appellant has health issues and did not want a gap in health insurance. (Exhibit 2, Appellant testimony).
3. At the time of the application for Health Connector in April 2023, there was no qualifying event as Appellant still had the other health insurance. (Exhibit 6, Appellant Testimony).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant was found eligible for Health Connector Plans with Advanced Premium Tax Credits but 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 was until January 31, 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.

On April 19, 2023, the Appellant was determined eligible for Health Connector plans with APTC but was found not eligible for a special enrollment period due to failure to have a qualifying life event. The Appellant’s loss of health insurance would be a qualifying life event, but Appellant still had health insurance in Maryland at the time of the application. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420.

## **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.

Cc: Connector Appeals Unit

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### **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: Appellant was referred to the Office of Patient Protection to apply for a SEP.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2319069

**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:** June 13, 2023

**Decision Date:** July 10, 2023

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### 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 April 7, 2023, the Appellant was determined eligible for Health Connector plans with Advanced Premium Tax Credits, but 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 appeared at the hearing, which was held by telephone, on June 13, 2023.

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

- Exhibit 1: Health Connector notice of eligibility (9 pages, dated April 7, 2023)
- Exhibit 2: Appellant's appeal request form (6 pages, dated April 19, 2023)
- Exhibit 3: Health Connector's Acknowledgment of Appeal (1 page, dated May 1, 2023)

- Exhibit 4: Health Connector’s Hearing Notice (3 pages, dated May 16, 2023)
- Exhibit 5: Health Connector’s Hearing Record Affidavit (1 page, undated)
- Exhibit 6: Special Enrollment Period Denial letter (6 pages, dated April 7, 2023)
- Exhibit 7: Application results and summary (6 pages, dated April 7, 2023)
- Exhibit 8: Outreach notes (1 page)
- Exhibit 9: Medicaid Household Determination (6 pages)
- Exhibit 10: OPP information and application (7 pages, dated May 1, 2023)

**FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was out of the country due to a family emergency during open enrollment. (Appellant testimony Exhibit 2).
2. At the time of the application for Health Connector in April 2023, there was no qualifying event. (Exhibit 6, Appellant Testimony).

**ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant was found eligible for Health Connector Plans with Advanced Premium Tax Credits but 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 was until January 31, 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.

On April 7, 2023, the Appellant was determined eligible for Health Connector plans with APTC but was found not eligible for a special enrollment period due to failure to have a qualifying life event. The Appellant was out of the country and missed the open enrollment period. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420.

**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.



**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: Appellant was referred to the Office of Patient Protection to apply for a SEP.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA 23-19154

**Appeal Decision:** Denied

**Hearing Issues:** Eligibility for a Special Enrollment Period based on failure to verify a qualifying life event.  
Timeliness of Appeal of termination of health insurance effective December 31, 2022.

**Hearing Date:** July 7, 2023

**Decision Date:** July 11, 2023

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### **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 3, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

### **ISSUES**

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 verify a qualifying life event.

As a secondary matter, the Appellant attempted to dispute Health Connector's termination of the Appellant's health insurance coverage effective December 31, 2022. The timeliness of this request is discussed below.

### **HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone on July 7, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant was asked if they were aware that they had been approved for a Waiver of the Special Enrollment Period regulations by the Office of Patient Protection and the Appellant said that they wished to dispute the termination of their health insurance effective January 2023. The Appellant was advised of the time limits on the right of appeal. 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.  
Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 13, 2023.  
Exhibit 3: Health Connector Appeals Unit Outreach Notes.  
Exhibit 4: Health Connector Special Enrollment Period (SEP) Decision Denial dated May 3, 2023.  
Exhibit 5: 2023 Eligibility Results with an Application Summary dated October 18, 2022.  
Exhibit 6: Medicaid Household Determination Printout dated October 18, 2022.  
Exhibit 7: Health Connector Eligibility Approval Notice dated October 18, 2022.  
Exhibit 8: The Appellant’s Online appeal request dated May 3, 2023.  
Exhibit 9: Health Connector Appeals Unit Outreach letter dated May 10, 2023 with an Office of Patient Protection Waiver Request and Instructions for completion and submission.  
Exhibit 10: Health Connector Nonpayment of Premium Warning Notice dated December 29, 2022.  
Exhibit 11: Health Connector Nonpayment of Premium Termination Notice dated January 29, 2023.  
Exhibit 12: The Office of Patient Protection Waiver Request Approval Notice dated 5/17/23.  
Exhibit 13: 2023 Eligibility Results with an Application Summary dated May 11, 2023.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on October 18, 2022. The Appellant reported income equal to 3439.29% of the federal poverty level. The Appellant was determined eligible for Health Connector plans effective January 1, 2023 (Exhibits 5, 6, 7).
2. On May 5, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period (SEP) to enroll in a plan because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 4).
3. I take administrative notice of the fact that for tax year 2023 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2022 through January 15, 2023.
4. The Appellant filed an Appeal on May 3, 2023 (Exhibit 8).
5. On May 10, 2023 the Health Connector Appeals Unit referred the Appellant to the Office of Patient Protection to request a Waiver (Exhibit 9).
6. On May 17, 2023 the Office of Patient Protection Approved the Appellant’s request for a Special Enrollment Period. The Appellant may enroll in a health plan through November 23, 2023 (Exhibits 11, 13).
7. The Appellant testified that they want their health insurance reinstated back to January 1, 2023 because they were not aware until April 12, 2023 that their health insurance had been cancelled. The Appellant said that they had medical treatment believing they were covered and now have unpaid medical bills (Appellant Testimony).

8. The Appellant was advised of the time limit on the right of appeal and was also advised that Health Connector had sent a Warning Notice on December 29, 2022 and a Termination Notice on 1/29/23 to the Appellant's address of record (Exhibits 10, 11).

### **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant applied for health insurance through the Health Connector on October 18, 2022. The Appellant was determined eligible for Health Connector Plans for the period beginning January 1, 2023. The Appellant's health insurance was cancelled effective December 31, 2022 after Warning and Termination notices were issued to the Appellant.

On May 3, 2023, Health Connector determined that the Appellant was not eligible for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their attempted enrollment. Open Enrollment for tax year 2023 was from November 1, 2022 through January 15, 2023. The Appellant filed an appeal on May 3, 2023.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances.

On May 10, 2023 the Health Connector Appeals Unit referred the Appellant to the Office of Patient Protection to request a waiver of the Special Enrollment Period restrictions. The Appellant applied for a waiver, and it was approved on May 17, 2023. The Appellant is eligible to enroll in a Health Connector plan from May 11, 2023 through November 23, 2023.

The evidence in this administrative record verifies that on May 3, 2023 Health Connector correctly denied the Appellant's request for an SEP to enroll in a Health Connector plan because the Appellant did not verify that they experienced a qualifying life event in the sixty-day period preceding the May 3, 2023 attempt to enroll in a Health Connector Plan. 45 CFR § 155 and 956 CMR 12.10(5).

The Appellant testified that they wished to dispute the termination of their health plan effective December 31, 2022 and request coverage be reinstated retroactively to January 1, 2023. As explained at the Hearing, to be timely, an appeal request must be filed 30 days<sup>1</sup> after receipt of the notice of Appealable action and 120 days from the date of an Appealable Action if MassHealth or Health Connector fail to issue written notice or fail to act on a request for an eligibility determination. 956 CMR 12.13(2). Health Connector issued a Warning notice for Nonpayment of Premium on December 29, 2022. This was followed by a January 29, 2023 Termination notice for nonpayment of premium. The Appellant may not dispute the termination of their health insurance effective December 31, 2022 as their May 5, 2023 request to do so was not filed timely.

### **ORDER**

The Appeal is Denied.

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<sup>1</sup> Time limit in effect prior to March 2023.

**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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA 23-19171

**Appeal Decision:** Denied

**Hearing Issue:** Eligibility for a Special Enrollment Period based on failure to verify a qualifying life event.

**Hearing Date:** July 7, 2023

**Decision Date:** July 11, 2023

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### 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 5, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had 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 verify a qualifying life event.

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on July 7, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. 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.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 13, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period (SEP) Decision Denial dated May 5, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated January 30, 2023.
- Exhibit 6: Health Connector Eligibility Approval Notice dated January 30, 2023.
- Exhibit 7: The Appellant's Online appeal request dated May 5, 2023.

- Exhibit 8: Health Connector SEP Approval Notice dated January 30, 2023.
- Exhibit 9: Health Connector Appeals Unit Outreach letter with a Waiver Application and instructions to request a waiver through the Office of Patient Protection (OPP) dated May 11, 2023.
- Exhibit 10: Health Connector Special Enrollment Period (SEP) Decision Denial dated April 19, 2023.
- Exhibit 11: Health Connector Special Enrollment Period (SEP) Decision Denial dated April 26, 2023.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on January 30, 2023. The Appellant did not request financial assistance. The Appellant was determined eligible for Health Connector Plans on January 30, 2023 (Exhibits 5, 6).
2. I take administrative notice of the fact that for tax year 2023 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2022 through January 15, 2023.
3. On January 30, 2023 Health Connector approved the Appellant's request for an SEP. The notice issued to the Appellant explained that the Appellant had until April 1, 2023 to enroll in a Health Connector Plan (Exhibit 8).
4. It is undisputed that the Appellant did not enroll in a Health Connector Plan during the period of January 30, 2023 through April 1, 2023 (Exhibit 3 and Appellant Testimony).
5. On April 19, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period (SEP) because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 10).
6. On April 26, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period (SEP) because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 11).
7. On May 5, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period (SEP) because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 4).
8. The Appellant filed an Appeal on May 5, 2023 (Exhibit 7).
9. On May 11, 2023 Health Connector Appeals Unit staff sent the Appellant a letter with a referral to the OPP to request a Waiver of the SEP regulations (Exhibit 9).
10. The Appellant testified that they receive a great deal of mail and do not remember seeing the May 11, 2023 letter (Appellant Testimony).
11. The Appellant testified that toward the end of March and early April they were negotiating with a new company regarding future employment. The Appellant explained that one possibility was for them to be a

typical employee who would receive a W-2 and be eligible for company insurance. The other possibility was for the Appellant to be an independent contractor. The Appellant said that they did not want to enroll in health insurance if they were going to be eligible for employer sponsored insurance. The Appellant said that they called Health Connector Customer Service to explain the situation. It was determined that the Appellant would be employed as an independent contractor and would need to purchase their own insurance. The Appellant said that they tried to enroll but was denied several times.

12. The Appellant was given contact information for the Office of Patient Protection and was advised that they could file a request for a Waiver of the SEP regulations.

### **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant applied for health insurance through the Health Connector on January 30, 2023. The Appellant did not request financial assistance. The Appellant was determined eligible for Health Connector Plans. Open Enrollment for tax year 2023 was from November 1, 2022 through January 15, 2023.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances.

Although the Appellant had applied for Health Connector Plans outside of the open enrollment period, on January 30, 2023 Health Connector approved the Appellant's request for an SEP to enroll in a plan. The eligibility notice clearly advised the Appellant that the SEP was a limited eligibility period and that the Appellant must choose a plan and enroll by April 1, 2023 (See Exhibit 8). It is undisputed that the Appellant failed to enroll in a plan prior to April 1, 2023.

The Appellant made multiple attempts to enroll on April 19, 2023, April 26, 2023, and May 5, 2023. Denial notices were issued each time. On May 5, 2023 the Appellant filed an appeal to dispute the denials.

The Appellant argued that they were uncertain of their employment status for several months and did not want to purchase health insurance if there was a possibility, they would be eligible for employer sponsored health insurance. This does not constitute a qualifying life event under the regulations.

The evidence in this administrative record verifies that Health Connector correctly denied the Appellant's April 19, 2023, April 26, 2023, and May 5, 2023 requests for an SEP to enroll in a health plan because the Appellant failed to verify that they experienced a qualifying life event in the sixty-day period preceding the requests. 45 CFR § 155 and 956 CMR 12.10(5).

### **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. 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

**ADDENDUM**

The Appellant is reminded that they may contact the Office of Patient Protection at 1-800-436-7757 to request a Waiver of the SEP regulations.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA 23-19194

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** July 17, 2023

**Decision Date:** July 25, 2023

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### 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 5, 2023, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

### ISSUE

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

### HEARING RECORD

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

Exhibit 1: Health Connector's Hearing Affidavit (1 page)

- Exhibit 2: Health Connector’s Hearing Notice (2 pages, dated June 20, 2023)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal (2 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form (4 pages dated May 10, 2023)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated April 5, 2023)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout 7 pages, dated April 5, 2023)
- Exhibit 8: Historical Notices and Printouts (16 pages)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. He did not apply until April 5, 2023. (Exhibit 6)
2. Appellant stated that he had health insurance with his prior job. He tried to apply to the Health Connector but he said he had two accounts. (Appellant testimony)
3. The appellant did not produce any documents that showed a life qualifying event.

## **ANALYSIS AND CONCLUSIONS OF LAW**

Appellant had health insurance with his last job. Appellant did not apply until April 5, 2023. Appellant was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 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 event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant did not produce any records that would indicate that he had a life qualifying event. The Health Connector’s determination that the Appellants were not eligible for a special enrollment period was correct. 45 CFR s. 155.

## **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. 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.

Hearing Officer

Cc: Connector Appeals Unit

**ADDENDUM**

The appellant should contact the Office of Patient Protection at 1-800-436-7757 to apply for a waiver of the Special Enrollment Period.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-19208

**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 11, 2023

**Decision Date:** July 20, 2023

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### 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 5, 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.

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 5, 2023

Exhibit 2: Eligibility on Appeal dated May 5, 2023

Exhibit 3: Appeals Unit Research and Resolution

- Exhibit 4: None
- Exhibit 5: None
- Exhibit 6: Notice from Appeals Unit dated June 15, 2023

**FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant had been covered by employer sponsored health insurance until September 2022, when Appellant left their job (Testimony of Appellant).
2. Appellant started a new job in November 2022 (Testimony of Appellant).
3. When Appellant accepted the new job, Appellant was told that Appellant would be covered by employer sponsored health insurance (Testimony of Appellant).
4. After Appellant started the job, Appellant learned that employer sponsored health insurance was not available (Testimony of Appellant).
5. Appellant applied for coverage from the Health Connector on May 5, 2023 (Testimony of Appellant).
6. On May 5, 2023, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit (Exhibit 2).
7. On May 5, 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 5, 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 lost employer sponsored health insurance in September 2022. Appellant applied for a Health Connector Plan on May 5, 2023, which was outside of the open enrollment period and more than sixty days after the loss of insurance. 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 has provided Appellant with information for applying for an open enrollment waiver from the Office of Patient Protection. If Appellant has not already done so, Appellant is encouraged to follow up with the Office of Patient Protection at 1 800 436-7757.**

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2319268

**Appeal Decision:** Appeal denied. The determination of the Connector is affirmed.

**Hearing Issue:** Whether the Connector correctly determined that the appellant was eligible to purchase health insurance through the Health Connector without an advance premium tax credit.

**Hearing Date:** July 18, 2023

**Decision Date:** July 21, 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 3, 2023, the Connector determined that the appellant was eligible to purchase a Health Connector plan, but without an advance premium tax credit because of the appellant's status as a non-tax filer and because her income was equal to 0% of the Federal Poverty Level.

### HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 18, 2023. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant and marked as exhibits. The exhibits were admitted in evidence without objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated June 21, 2023 for July 18, 2023 hearing addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated May 23, 2023 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated May 23, 2023
- Exhibit 3b: Appeals Unit email sent to Appellant on May 23, 2023
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on May 19, 2023 with letter in support attached
- Exhibit 5: Connector letter to Appellant dated May 3, 2023 regarding eligibility for a Health Connector Plan without an advance premium tax credit



Exhibit 6: Summary and results of Appellant's application for Connector health plan dated May 3, 2023

Exhibit 7: Appellant's Form I-797 issued by the Department of Homeland Security (Notice of Action dated October 4, 2022), Asylum Seeker Advocacy Project print-out, Appellant's passport from country of origin

Exhibit 8: Appellant's medical bill dated April 28, 2023

Exhibit 9: Medicaid household determination print-out, May 3, 2023

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant arrived in the United States in May, 2022. Appellant entered the country lawfully and remains here lawfully (Testimony of Appellant, Exhibits 7 and 9).
2. Appellant applied for health insurance through the Connector in the spring of 2023 after she became ill and visited an emergency room for treatment. On her application, Appellant attested that she was a non-tax-filer and had no income (Exhibit 6, Testimony of Appellant).
3. Appellant has a government identification number. Appellant did not realize that she could file tax returns if she had no income (Testimony of Appellant).
4. The Connector notified Appellant in a letter dated May 3, 2023 that Appellant was eligible to obtain a Health Connector Plan, but without an advance premium tax credit. Appellant was not eligible for financial aid because her income was 0% of the Federal Poverty Level and because she was a non-tax filer. Individuals with no income and/ or who are non-tax filers are not eligible for an advance premium tax credit (Exhibits 5, 6, and Testimony of Appellant).
5. Appellant submitted a request for an appeal of the Connector's determination on May 19, 2023. Appellant requested that the Connector pay her outstanding medical bill (Exhibit 4).
6. At the time of this hearing, Appellant had qualified for a MassHealth program. She had a MassHealth card (Testimony of Appellant).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue on appeal is whether the Connector correctly determined on May 3, 2023 that the appellant was eligible to purchase health insurance through the Connector, but that she was not eligible for an advance premium tax credit because her income was zero percent of the Federal Poverty Level and because she was a non-tax filer. See Exhibit 5. On her application, Appellant attested that she had no income, and that she was a non-tax filer. See Exhibit 6 and the testimony of the appellant which I find credible.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector with an advance premium tax credit, an individual, among other things, must be a tax filer and must have a projected income of at least 100% but no more than 400% of the Federal Poverty Level. See Federal Regulation 45 CFR Section 155.305(f)(1)(i) and Section 155 (f)(4).

The Connector's determination denying Appellant's eligibility to obtain an advance premium tax credit is affirmed. As noted above, an applicant must be a tax filer and have an income of at least 100% of the

Federal Poverty Level to be eligible for an advance premium tax credit. Appellant indicated on her application that she was not a tax filer and that she had no income. Using the information supplied by the appellant to the Connector, the Connector correctly denied eligibility for an advance premium tax credit. The Connector also correctly determined that the appellant was eligible to obtain a qualified health plan.

**ORDER:** The determination by the Connector regarding Appellant's eligibility to purchase a Health Connector plan without an advance premium tax credit is affirmed.

**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](http://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

Hearing Office

**Connector Appeals Unit**

**FINAL APPEAL DECISION: ACA23-19309**

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Eligibility for ConnectorCare based on income.

**Hearing Date:** July 10, 2023

**Decision Date:** July 25, 2023

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**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 May 6, 2023. The Health Connector determined the Appellant to be eligible for a Health Connector 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 Health Connector plan with Advance Premium Tax Credits.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on July 10, 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 June 16, 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 (5 pages dated May 24, 2023)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated May 6, 2023)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (7 pages, dated May 6, 2023)
- Exhibit 8: Historical Notices and Printouts (6 pages)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant is a 41 year old unmarried female with one child (Exhibit7)
2. The Appellant has a household of two. (Exhibit 7 )
3. On her application, dated May 6, 2023 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$68,894.70, which included her son's income (Exhibit 7) The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 376.27% of the 2023 Federal Poverty Level (FPL).
4. An individual at that income level would not be eligible for subsidized coverage under the ACA, 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. The Appellant was determined eligible for Advanced Premium Tax Credits but with a zero tax credit.
5. The Appellant testified that her income was correct.

## **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).

Appellant testified that her income was correct as stated on her application. The Health Connector correctly found The Appellant eligible for Health Connector plans. c 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**

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.

Hearing Officer

Cc: Connector Appeals Unit

## **ADDENDUM**

