

FINAL APPEAL DECISION: ACA24-22096

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, based on failure to establish lawful presence

Hearing Date: May 3, 2024

Decision Date: May 30, 2024

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, 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 February 23, 2024, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for Health Connector plans, based on the Appellant’s failure to establish lawful presence to the Health Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 3, 2024. Also present was a duly sworn interpreter.

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

1. Affidavit and Appeal Request dated February 23, 2024
2. Eligibility on Appeal dated February 12, 2024
3. Research and Resolution
4. Historic notices None
5. Recent Determination None
6. Notice from Appeals Unit dated April 11, 2024

FINDINGS OF FACT

The record shows, and I so find:



1. Appellant was determined ineligible for Health Connector plans on February 12, 2024, after failing to establish to the Health Connector that the Appellant is lawfully present (Exhibit 1).
2. Appellant lost his documents and needs health insurance (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to establish lawful presence. Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector.

On February 12, 2024, Appellant applied for health insurance through the Health Connector and was determined ineligible for Health Connector plans because the Appellant did not present evidence of being lawfully present. The Health Connector correctly found that the Appellant was not eligible for Health Connector plans 45 CFR § 155.305(a)(1). Exhibits 1, 2, and Testimony of Appellant which I find to be credible.

I find that the Health Connector made the correct determination.

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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-22162

Appeal Decision: Appeal denied, eligibility determination upheld.

Hearing Issue: Eligibility for purchasing Health Connector plans based on lawful presence status.

Hearing Date: May 7, 2024

Decision Date: May 15, 2024

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 and 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

On February 20, 2024, the Health Connector notified the Appellant that they were not qualified to purchase health insurance through the Health Connector because the Health Connector did not have the information it needed to show that the Appellant was lawfully present in the United States.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on February 20, 2024 that the Appellant was not qualified to purchase health insurance through the Health Connector because the Health Connector did not have the information it needed to show that the Appellant was lawfully present in the United States.

HEARING RECORD

The Appellant and their personal representative appeared at the hearing, which was held by telephone on May 7, 2024. The procedures to be followed during the hearing were reviewed with the Appellant and their personal representative, who were both sworn in. Exhibits were marked and admitted into

evidence without objection. The hearing record consists of the Appellant's testimony and the following documents that were admitted into evidence:

- Exhibit 1: Hearing Request Form and supplemental documentation submitted by Appellant and received by the Health Connector on 3/15/24 (14 pages)
- Exhibit 2: Health Connector Appeals Unit affidavit (1 page)
- Exhibit 3: Health Connector Eligibility Denial Notice, dated 2/20/24 (7 pages)
- Exhibit 4: Health Connector Eligibility Results, dated 2/20/24 (2 pages)
- Exhibit 5: Medicaid Household Determination, dated 2/20/24 (4 pages)
- Exhibit 6: Appellant's Application Summary, dated 2/20/24 (4 pages)
- Exhibit 7: Email from Health Connector to Appellant, dated 3/27/24 (1 page)
- Exhibit 8: Screenshot of Health Connector outreach notes (1 page)
- Exhibit 9: Health Connector Notice of Hearing on 5/7/24, dated 4/11/24 (3 pages)
- Exhibit 10: Health Connector Acknowledgement of Appeal, dated 3/27/24 (1 page)

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn therefrom, I find that the following facts are established by a preponderance of the evidence:

1. The Appellant applied for health insurance through the Health Connector on February 20, 2024. (Exhibits 4, 5, and 6).
2. In their application, the Appellant answered "no" to the question of whether they are a U.S. citizen or U.S. national and did not provide evidence that they were lawfully present in the United States. (Exhibit 5).
3. On February 20, 2024, the Health Connector sent an Eligibility Denial notice to the Appellant, which stated that the Appellant did not qualify for health insurance through the Health Connector because the Health Connector did not have the information it needed to show that the Appellant was lawfully present in the United States. (Exhibit 3).
4. The Appellant submitted a hearing request form to the Health Connector, which the Health Connector received on March 15, 2024. The Appellant wrote on the hearing request form, "I have received this notice couples of times about my immigration status, initially it was about income and I submitted the zero income status, but afterwards I received this and I do not understand, so I am requesting for hearing." (Exhibit 1).
5. On March 27, 2024, the Health Connector sent the Appellant an email in which it stated that the Appellant should call customer service and report their immigration status. (Exhibit 7).
6. The Appellant, through their personal representative, testified at the hearing that they did not indicate on their February 20, 2024 health insurance application that they were lawfully present

in the United States. The Appellant, through their personal representative, further testified that they are in the process of becoming a lawful permanent resident through marriage to a U.S. citizen but that they do not yet have lawful permanent resident status.

7. A screenshot of the Health Connector's outreach notes dated March 27, 2024 indicates that the Health Connector also noted that the Appellant was a non-tax filer. (Exhibit 8).

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that the Appellant was not qualified to purchase health insurance through the Health Connector because the Health Connector did not have the information it needed to show that the Appellant was lawfully present in the United States.

The Health Connector is a health insurance exchange created under state law. M.G.L. c. 176Q, § 2. Among its duties, it serves as a health benefit exchange pursuant to the Patient Protection and Affordable Care Act (ACA), a federal law governing access to health insurance. See M.G.L. c. 176Q, § 3(u). Under the ACA, a health benefit exchange like the Health Connector must determine eligibility for premium tax credits, which are federal funds provided to eligible individuals to defray the cost of health insurance. 42 U.S.C. § 18082. The Health Connector provides these premium tax credits through the Connector Care program, which is health insurance subsidized with state money, combined with these federal premium tax credits.

As a preliminary matter, applicants seeking health insurance through the Health Connector, subsidized or otherwise, must meet certain requirements to be eligible for shopping on the exchange. One of these requirements is that the individual seeking health insurance be lawfully present in the United States. 45 CFR 155.305(a)(1). Here, the Health Connector determined on February 20, 2024 that the Appellant was not eligible to purchase health insurance through the Health Connector because it did not have the information it needed to show that the Appellant was lawfully present in the United States. Finding of Fact No. 3 and Exhibit 3.

At the hearing, the Appellant, through their personal representative, testified that they did not indicate on their February 20, 2024 application that they were lawfully present in the United States and that as of the date of the hearing, they were still in the process of obtaining lawful permanent residence. Finding of Fact No. 6. I therefore find that the Health Connector correctly decided on February 20, 2024 that the Appellant was not qualified to purchase health insurance on the Health Connector because it did not have information demonstrating that the Appellant was lawfully present in the United States. As a consequence, I am denying the Appellant's 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 to Suffolk Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-22349

Appeal Decision: Appeal denied, eligibility determination upheld.

Hearing Issue: Eligibility for purchasing Health Connector plans based on access to or enrollment in Medicare.

Hearing Date: June 5, 2024

Decision Date: June 18, 2024

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 and 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

On March 17, 2024, the Health Connector notified the Appellant that they did not qualify for health insurance through the Health Connector because they had access to Medicare or were enrolled in Medicare.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on March 17, 2024 that the Appellant did not qualify for health insurance through the Health Connector because the Appellant had access to Medicare or was enrolled in Medicare.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 5, 2024. The procedures to be followed during the hearing were reviewed with the Appellant, who was sworn in. Exhibits were

marked and admitted into evidence without objection. The hearing record consists of the Appellant's testimony and the following documents that were admitted into evidence:

- Exhibit 1: Hearing Request Form submitted by Appellant and received by the Health Connector on 3/29/24 (2 pages)
- Exhibit 2: Health Connector Appeals Unit affidavit (1 page)
- Exhibit 3: Health Connector Eligibility Denial Notice, dated 3/17/24 (6 pages)
- Exhibit 4: Health Connector Eligibility Results, dated 3/17/24 (3 pages)
- Exhibit 5: Medicaid Household Determination, dated 3/17/24 (5 pages)
- Exhibit 6: Appellant's Application Summary, dated 3/17/24 (4 pages)
- Exhibit 7: Email from Health Connector to Appellant, dated 4/5/24 (1 page)
- Exhibit 8: Screenshot of Health Connector's outreach notes (1 page)
- Exhibit 9: Health Connector Notice of 6/5/2024 hearing (3 pages)
- Exhibit 10: Health Connector Acknowledgement of Appeal, dated 4/5/24 (1 page)

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn therefrom, I find that the following facts are established by a preponderance of the evidence:

1. The Appellant was born on September 25, 1954 and turned 69 on September 25, 2023. (Exhibit 5).
2. The Appellant applied for health insurance through the Health Connector on March 17, 2024. (Exhibits 4, 5, and 6).
3. In their application, the Appellant answered "yes" to the question of whether they were enrolled in Medicare. (Exhibit 5).
4. On March 17, 2024, the Health Connector sent an Eligibility Denial notice to the Appellant, which stated that the Appellant did not qualify for health insurance coverage through the Massachusetts Health Connector because they had access to Medicare or were enrolled in Medicare. The Eligibility Denial notice cited 42 U.S. 1395ss. (Exhibit 3).
5. The Appellant submitted a Hearing Request Form to the Health Connector, which the Health Connector received on March 29, 2024. The Appellant circled "access to other insurance" and "premium waiver or reduction" as the bases for their appeal, and they wrote on the Hearing Request Form, "Medicare only covers 80% and I am living on Social Security it's not enough." (Exhibit 1).
6. On April 5, 2024, the Health Connector sent the Appellant an email in which it stated: "I am emailing you from the MA Health Connector in the Appeals Unit to help resolve your issue with your application for health coverage. We are in the process of scheduling your appeal for a

hearing with a Hearing Officer. The reason why you are not eligible for any plans is because you need to fill out the Mass Health over 65 application. It is a separate application. I have provided the link below". (Exhibit 7).

7. The Appellant testified at the hearing that they are enrolled in Medicare and that they stated on their application for health insurance through the Health Connector that they were enrolled in Medicare.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that the Appellant was not qualified to purchase health insurance through the Health Connector because the Appellant had access to or was enrolled in Medicare.

The Health Connector is a health insurance exchange created under state law. M.G.L. c. 176Q, § 2. Among its duties, it serves as a health benefit exchange pursuant to the Patient Protection and Affordable Care Act (ACA), a federal law governing access to health insurance. See M.G.L. c. 176Q, § 3(u). Under the "anti-duplication rule" found under federal law, it is unlawful for any person or entity to sell or issue a health insurance plan that would duplicate the benefits to which an individual would be entitled under Medicare. 42 U.S.C. 1395ss(d)(3)(A)(i). The Health Connector, as a seller of commercial individual market health insurance, only sells insurance that would be duplicative of benefits provided by Medicare.

The Appellant testified at the hearing that they are currently enrolled in Medicare and that they stated on their application for health insurance with the Health Connector that they were enrolled in Medicare. Finding of Fact No. 7. I therefore find that because the Appellant is eligible for enrolled in Medicare, the Health Connector correctly decided on March 17, 2024 that, pursuant to 42 U.S.C. 1395ss(d)(3)A(i), the Appellant was not qualified to enroll in health insurance through the Health Connector.

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 to Suffolk Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact the SHINE Program (978-683-7747) or Health Care for All (800-272-4232) for further assistance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-22412

Appeal Decision: Denied*¹

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

Hearing Date: July 1, 2024

Decision Date: July 2, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 21, 2024 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 1, 2024. 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 May 30, 2024.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period (SEP) Decision Denial dated March 21, 2024.

¹ The Health Connector Appeals Unit granted the Appellant Administrative SEPs on April 25, 2024 and July 1, 2024 as outlined below.

- Exhibit 5: 2024 Eligibility Results with an Application Summary dated February 1, 2024.
- Exhibit 6: Health Connector Eligibility Approval Notice dated February 1, 2024.
- Exhibit 7: The Appellant's Online appeal request dated April 3, 2024.
- Exhibit 8: Health Connector Request for Information dated September 20, 2023.
- Exhibit 9: Health Connector Documents Needed Reminder Notice dated November 19, 2023.
- Exhibit 10: Health Connector Insufficient Documents Notice dated January 19, 2024.
- Exhibit 11: 2024 Eligibility Results with an SEP granted on April 25, 2024.
- Exhibit 12: 2024 Eligibility Results with an SEP granted on July 1, 2024.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant's Health Connector Plan was terminated on January 31, 2024. The decision came after the Appellant failed to submit sufficient proof of Massachusetts residency despite Requests for Information being issued on September 20, 2023, November 19, 2023 and January 19, 2024 (Exhibits 3, 8, 9, 10).
2. The Appellant updated their Application on February 1, 2024. The Appellant did not request financial assistance and was determined eligible for Health Connector Plans (Exhibits 3, 5, 6).
3. On March 21, 2024 Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) to re-enroll in a plan because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 4).
4. I take administrative notice of the fact that for tax year 2024 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2022 through January 23, 2024.
5. The Appellant filed an Appeal on April 3, 2024 (Exhibit 7).
6. On April 25, 2024 the Health Connector Appeals Unit granted the Appellant and Administrative SEP. The Appeals Unit contacted the Appellant via the telephone number on the Appellant's Appeal Request and left a voice mail message advising the Appellant that their request for an SEP had been approved (Exhibit 3).
7. On April 25, 2024 the Appellant's application was updated. The Appellant was granted an SEP and was able to enroll in a Health Connector Plan through June 23, 2024 (Exhibit 11).
8. The Appellant testified that they were not aware that they had been approved for an SEP on April 25, 2024. The Appellant said that they did not receive the telephone message or an updated notice informing them that they could enroll in a Health Plan (Appellant Testimony).
9. The Appellant testified that they had trouble providing what Health Connector was looking for to verify residency. The Appellant also said that they paid Health insurance premiums for several months and did not receive a refund (Appellant Testimony).

10. On July 1, 2024 the Health Connector Appeals Unit granted the Appellant another SEP to enroll in a Health Connector Plan (Exhibits 3, 12).

ANALYSIS AND CONCLUSIONS OF LAW

Prior to January 31, 2024 the Appellant was enrolled in a Health Connector plan. The Appellant's plan was terminated effective January 31, 2024 after the Appellant failed to provide acceptable proof of Massachusetts residency. The Appellant updated their Application on February 2, 2024. The Appellant did not request financial assistance and was determined eligible for Health Connector Plans.

On March 21, 2024, Health Connector denied the Appellant's request for a special enrollment period to re-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 2024 was from November 1, 2023 through January 23, 2024. The Appellant filed an appeal on April 3, 2024.

The Appellant testified that they had trouble providing documentation that Health Connector found acceptable. The Appellant also said that they paid a premium for February and never got the money back. The Appellant was advised that billing issues are not appealable under the Health Connector regulations. 956 CMR 12.02. The Appellant was given the contact information for Customer Service.

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.

The evidence in this administrative record verifies that on March 21, 2024 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 February 2, 2024 application and subsequent attempt to enroll in a Health Connector Plan. 45 CFR § 155 and 956 CMR 12.10(5).

On April 25, 2024 the Health Connector Appeals Unit granted the Appellant an Administrative SEP to enroll in a Health Connector Plan. The Appellant's Application was updated on April 25, 2024 and indicated that the Appellant could enroll in a Health Plan through June 23, 2024. The Appeals Unit telephoned the Appellant at his contact number of record and left a message on April 25, 2024 advising the Appellant that they could enroll in a plan. 801 CMR 1.02(10)(a). The Appellant indicated at the Hearing held on July 1, 2024 that they did not receive the telephone message and that they were not aware of the Administrative SEP having been approved. With the Appellant's permission, the Health Connector Appeals Unit was contacted after the Hearing concluded and the Appeals Unit granted the Appellant another SEP on July 1, 2024 (See Exhibit 12).

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 the Special Enrollment Period approved on July 1, 2024 will expire in sixty days. The Appellant is advised to update their application and enroll in a Health Connector Plan as soon as possible. The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for assistance with enrolling in a plan and for questions regarding billing.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-22572

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 6, 2024

Decision Date: June 28, 2024

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 March 31, 2024, 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. 4) The appellant filed an appeal dated March 15, 2024. (Ex. 6) The matter was referred to a hearing after receipt of the appeal. (Ex. 10)

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 6, 2024, 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 27, 2024 (2 pages)
- Ex. 2—Health Connector’s Review of Application (3 pages)
- Ex. 3—Health Connector’s Notice of Eligibility Approval dated February 27, 2024 (9 pages)
- Ex. 4— Health Connector’s Notice of Special Enrollment Period Decision dated March 31, 2024 (6 pages)
- Ex. 5— Medicaid Household Determination document (4 pages)

- Ex. 6—Hearing Request Form dated March 15, 2024 (6 pages)
- Ex. 7—Acknowledgment of Appeal dated April 22, 2024 (1page)
- Ex. 8—Health Connector email dated April 22, 2024 (7 pages)
- Ex. 9—Appeals Unit notes (1 page)
- Ex. 10--Notice of Hearing (3 pages)
- Ex. 11—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 59-years-old, is married and has a tax household size one. (Testimony, Ex. 2) ¹
2. The appellant had employer provided health insurance until February, 2024, when he lost his job. He went back to his native country and when he returned, he lost his job and his insurance. (Testimony of appellant)
3. The appellant applied for health insurance through the Health Connector on February 27, 2024. By notice of the same date, the Connector advised the appellant that he was eligible for a Health Connector Plan with no financial help, effective April 1, 2024. The appellant was further advised that he could only enroll in a plan for 2024 if he had a qualifying life event (QLE). The notice listed examples of a QLE including loss of health coverage and provided instructions on how to proceed if the applicant believed that he had a QLE. (Testimony of appellant, Ex. 3)
4. The appellant filed an appeal of the Connector's determination dated March 15, 2024, and stated in part that he was out of the country for a month and his workplace no longer needed him. (Testimony of appellant, Ex. 6)
5. By notice dated March 31, 2024, the Connector advised the appellant that he did not qualify for health insurance because 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. 4)
6. By email dated April 22, 2024, the Health Connector advised the appellant that he was only approved for an unsubsidized health insurance plan because he was not a resident of Massachusetts. He was advised to contact customer service to update his residence information. In response to the email, the appellant uploaded a copy of his citizenship certificate to this application. (Ex. 8)
7. The appellant has been living in Massachusetts since 2004 and has been living at the same address since 2012. (Testimony)

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

¹ On his application, the appellant did not indicate he was married and did not list any other members of his household besides himself.

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 2024 ended on January 23, 2024, for the commercial non-group market, and that closed enrollment runs from January 24, 2024, to October 31, 2024.

The appellant testified that he applied for health insurance through the Health Connector after he lost his job in February, 2024. On February 27, 2024, the same date as his application, the Connector notified him that he was eligible for Health Connector Plans without financial help, effective April 1, 2024. The notice further provided that he could only enroll in insurance for 2024 if he had a QLE and provided examples of different QLEs including the loss of insurance coverage. Finally, the notice contained instructions on how to proceed if the appellant believed that he had a QLE.

There is no indication in the record that the appellant availed himself of the process set forth in the notice to identify a QLE. Rather, he filed an appeal dated March 15, 2024, in which he stated that he was out of the country for a month and he was no longer needed in the workplace. Since the appellant alleges that he lost his health insurance due to a job loss, it is quite possible that he would have qualified for a SEP pursuant to 45 CFR 155.420(d)(1)(i). However, his failure to establish a qualifying event deprived him of eligibility for a SEP.

Based on the totality of the evidence, it is concluded that the appellant is not entitled to 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 is 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. He was also advised at the hearing to contact customer service at 877-623-6765 to update his residence information.