

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA22-16111

**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:** April 13, 2022

**Decision Date:** May 31, 2022

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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 March 2, 2022, the Connector advised the appellant that she did not qualify to enroll in a new or different insurance plan because she did not have a qualifying event. (Ex. 3) The appellant filed an appeal which was received on March 3, 2022. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Ex. 8)

### 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 April 13, 2022 and testified under oath. The hearing record consists of her 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 , 2022 (3 pages)
- Ex. 2—Health Connector’s Review of Application (3 pages)
- Ex. 3—Health Connector’s Notice of Special Enrollment Period Decision dated March 2, 2022 (6 pages)
- Ex. 4—Medicaid Household Determination document (6 pages)
- Ex. 5—Online Appeal Form received on March 3, 2022 (1 page)

Ex. 6—Acknowledgment of Appeal dated March 8, 2022 (1page)

Ex. 7—Appeals Unit notes (1 page)

Ex. 8—Notice of Hearing (3 pages)

Ex. 9—Affidavit of Connector representative (1 page)

The record was held open at the conclusion of the hearing until May 13, 2022, for documentation requested by the hearing officer. Nothing was received in response to the request and no extension of the deadline was made by the appellant.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant is 23 -years-old, is single and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant was enrolled in health insurance through her father's employer-provided insurance until November, 2021. Unbeknownst to her, she and her mother were dropped from the plan without any notification from her father. She was not apprised of the situation until she received a bill from a doctor's office in February, 2022, and eventually determined that she no longer had health insurance. (Testimony, Ex. 5)
3. The appellant applied for health insurance through the Health Connector in February, 2022, after learning of her removal from her father's plan. By notice dated March 2, 2022, the Health Connector notified the appellant that she did not qualify to enroll in new or different health insurance plan because she did not have a qualifying event. (Testimony, Exs. 1,3)
4. The appellant filed an appeal which was received on March 3, 2022, in which she stated in part that she was unaware that she had been dropped from her parents' insurance in November, 2021, and missed the open enrollment period because she was not apprised of the situation until after the period had closed. (Testimony, Ex. 5)

## **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 2022 ended on January 23, 2022, for the commercial non-group market, and that closed enrollment runs from January 24, 2022 to October 31, 2022.

The appellant testified that she was enrolled in health insurance through her father's employer-provided insurance until she was dropped without notification in November, 2021. She testified that she did not become aware of the situation until she received a bill from a doctor's office in February, 2022, and ultimately determined

that she no longer had health insurance. Finally, she testified that she applied for health insurance through the Health Connector upon learning that she had been removed from her father's plan.

The appellant does not dispute that she applied for health insurance for 2022 after the open enrollment period closed on January 23, 2022. She maintained that she could not have applied any sooner due to lack of any notice from her father or her father's insurer regarding her removal from his plan.

Based on the foregoing, it is concluded that while the appellant encountered an unfortunate situation resulting from her removal from her father's plan without notice, she failed to establish that she experienced a qualifying life event in order to be eligible 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.hhs.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.

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Eligibility to enroll in health insurance outside of annual open enrollment period.

**Hearing Date:** April 28, 2022

**Decision Date:** May 9, 2022

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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**

Appellant was notified by letter from the Health Connector dated February 13, 2022 that she could not enroll in a Health Connector insurance plan because it was outside the annual open enrollment period and she had not experienced a life event that would qualify to enroll outside that period.

### **ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible to purchase health insurance outside of the annual open enrollment period.

### **HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on April 28, 2022. She was assisted at the hearing by a Portuguese interpreter. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Hearing Request Form (dated 2/19/22) (3 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility Notice (dated 2/13/22) (6 pages)

# Massachusetts Health Connector Appeals Unit



- Exhibit 4: Screen Shot of Application Summary (5 pages)
- Exhibit 5: Screen Shot of Eligibility Summary (3 pages)
- Exhibit 6: Appeals Unit database notes (1 page)
- Exhibit 7: Hearing Notice (dated 3/15/22) (3 pages)
- Exhibit 8: Acknowledgement of Appeal Request (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 to obtain health insurance through the Health Connector in February 2022. Exhibit 4.
2. The annual open enrollment to purchase Health Connector plans for 2022 was from November 1, 2021 to January 23, 2022. <https://www.mahix.org/individual/>.
3. Appellant had not had health insurance before applying.
4. Appellant was married in March 2021. Appellant did not have a child.
5. After getting married, Appellant sought to change her immigration status so that she could obtain legal permanent status in the United States, which she achieved in November 2021. After that change in status, she began to think about obtaining health insurance.
6. On February 13, 2022, the Health Connector sent Appellant a notice stating that she was ineligible to purchase a Health Connector plan because it was outside the open enrollment period and she had not stated a reason to qualify for a special enrollment period. Exhibit 3.
7. Appellant filed a timely appeal of that notice. Exhibit 1.

## ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to purchase health insurance outside of open enrollment. Under federal law enrollment in health insurance plans is limited to certain times of the year, called open enrollment. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.410(a). The annual open enrollment period for 2022 coverage ended in January 2022, before Appellant applied for insurance.

Exceptions to this rule, known as special enrollment periods, are allowed only under certain circumstances, such as situations in which an individual has lost other insurance coverage due to a recent loss of a job or divorce, or has a new dependent as a result of a birth or adoption. 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 individual must purchase insurance within 60 days of the event. 45 C.F.R. § 155.420(c)(1). The record does not reflect that Appellant had any such circumstance within 60 days before applying for insurance. She did not have health insurance before applying to the Health Connector and thus was not in a situation where she was seeking insurance because she had lost other coverage. She had not added a child or new dependent, which might have qualified her for a special enrollment period. Although she did get married, it was almost a year before she applied for insurance.

## Massachusetts Health Connector Appeals Unit



However, during the hearing, Appellant indicated that her income was approximately \$20,000 per year. She did not know what her spouse's income was. An individual who is married with no dependents and has household income (including income of both spouses) below \$52,260 may qualify for a program run by the Health Connector called Connector Care. See 956 C.M.R. § 12.04. When Appellant applied for health insurance through the Health Connector, she did not answer Yes to the question "Do you want financial assistance?" Thus, information about her income was not collected and her eligibility for Connector Care was not assessed. However, she could re-apply and indicate that she wanted financial assistance; then she would be required to provide information about her and her spouse's household income. If she was determined eligible for Connector Care, she would be able to enroll at that time because eligibility for Connector Care is an exception to the rule limiting enrollment period.

In order to re-apply, Appellant can go on line to [www.mahealthconnector.org](http://www.mahealthconnector.org), log in to her existing account, and modify her application indicating that she wants financial help. Or she could call 1-877-623-6765, the Health Connector's customer service line, and request help applying for Connector Care. She could also seek the help of an enrollment assister, which is a community organization able to assist individuals to apply for health insurance; help to identify an enrollment assister in her area can be obtained at <https://my.mahealthconnector.org/enrollment-assisters>.

Because the Health Connector correctly determined that Appellant was not eligible to purchase health insurance outside of open enrollment, this appeal must be 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.

Hearing Officer

Cc: Health Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2215774

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

**Hearing Issue:** Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan with advance premium tax credit.

**Hearing Date:** February 24, 2022

**Decision Date:** May 5, 2022

### 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 11, 2022, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

### ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit.

### HEARING RECORD

The appellant appeared at the hearing which was held by telephone on February 24, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data by the Connector
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated January 27, 2022 addressed to Appellant for February 24, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated January 25, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated January 25, 2022
- Exhibit 4: Hearing Request Form from by Appellant received on January 19, 2022

- Exhibit 5: Connector letter dated January 11, 2022 to Appellants regarding eligibility
- Exhibit 5a: Connector letter dated December 29, 2021 requesting proof of income, with list of acceptable forms of proof
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated January 11, 2022
- Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated December 29, 2021,
- Exhibit 7: MassHealth Member Benefits print-out regarding Appellant's household determination dated January 11, 2022
- Exhibit 8: Connector print-out showing Appellant's self-attested income and manual verification
- Exhibit 9: Connector print-out showing documents received from Appellant on December 29, 2021, processed with Appellant's paystub for pay period in December, 2021

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant attested on his application to purchase health insurance through the Connector dated December 29, 2021 that he had a projected income for 2021 of \$26,020 or 202.02% of the Federal Poverty Level. Appellant listed two jobs on his application. The Connector determined that the appellant was eligible for a ConnectorCare Type 3A plan (Testimony Appellant, Exhibit 6a).
2. In a letter dated December 29, 2021, the Connector requested that the appellant send in proof of income. Appellant sent in a paystub from the end of December from one of his jobs (Testimony of Appellant, Exhibits 5a and 9).
3. Based upon the information concerning income on Appellant's application, and the paystub submitted by the appellant, the Connector determined on January 11, 2022 that Appellant's projected annual income amounted to \$46,444, or 360.6 % of the Federal Poverty level. At this point, it appeared that the appellant had three jobs rather than the two he listed on his December application (Exhibit 6, 8, and 9).
4. Based upon the information supplied on Appellant's application and upon the paystub submitted by the appellant, the Connector found the appellant eligible to purchase and enroll in a ConnectorHealth plan with an advance premium tax credit (Exhibits 5, 6).
5. Appellant submitted a request for an appeal of the Connector's determination on January 11, 2022. (Exhibit 4).
6. Appellant actually only had two jobs by the end of December, 2021. He had lost one of his jobs in July, 2021. By January, 2022, he still had two jobs. His income was lower than the amount used to determine his eligibility for 2022 (Testimony of Appellant).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue on appeal is whether the Connector correctly determined on January 11, 2022 that the appellant was eligible for a Health Connector plan with an advance premium tax credit.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an



advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq.

If an applicant's projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq.

In this matter, Appellant attested on his application to purchase health insurance through the Connector dated December 29, 2021 that he had a projected income for 2021 of \$26,020 or 202.02% of the Federal Poverty Level. Appellant listed two jobs on his application. The Connector determined that the appellant was eligible for a ConnectorCare Type 3A plan. In a letter dated December 29, 2021, the Connector requested that the appellant send in proof of income. Appellant sent in a paystub from the end of December from one of his jobs.

Based upon the information concerning income on Appellant's application, and the paystub submitted by the appellant, the Connector determined on January 11, 2022 that Appellant's projected annual income amounted to \$46,444, or 360.6 % of the Federal Poverty level. At this point, it appeared that the appellant had three jobs rather than the two he listed on his December application.

Based upon the information supplied on Appellant' application and upon the paystub submitted by the appellant, the Connector found the appellant eligible to purchase and enroll in a ConnectorHealth plan with an advance premium tax credit. Appellant submitted a request for an appeal of the Connector's determination on January 11, 2022. See the testimony of the appellant which I find to be credible and Exhibits 5, 5a, 6, 6a, 8, and 9.

Based upon the information given by the appellant to the Connector, the Connector correctly determined that the appellant was eligible for a Connector Health plan with an advance premium tax credit. If an individual is otherwise eligible to purchase health insurance through the Connector and if the individual has an income which is between 100% and 400% of the Federal Poverty level, the individual is eligible to purchase a plan with an advance premium tax credit. In the Commonwealth, if an individual has a projected annual income of between 100% and 300% of the Federal Poverty Level, based upon income, the individual is eligible for a ConnectorCare plan. If the individual's income is greater than 300% but still under 400% of the Federal Poverty level, the individual is eligible to purchase a Health Connector plan with an advance premium tax credit. See cites above for eligibility requirements for an advance premium tax credit.

The appellant at first list two jobs and income amounts on his December, 2021 application. After sending in proof of income, it appeared that Appellant actually had three jobs and a much higher income. The appellant did not inform the Connector that he had lost one job in 2021. At the time the Connector made its January 11th finding of eligibility, it was correct. The determination of the Connector is, therefore, affirmed.

Appellant may at any time update his income status with the Connector for a redetermination of eligibility.

**ORDER:** The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan with 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](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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA22-16090

**Appeal Decision:** Appeal denied

**Hearing Issue:** Appeal of eligibility for health insurance coverage through the Health Connector

**Hearing Date:** May 4, 2022

**Decision Date:** May 12, 2022

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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 January 31, 2022, the appellant was advised that she did not qualify for health insurance coverage through the Health Connector because her application for coverage was withdrawn. (Ex. 3) The appellant filed an appeal dated February 28, 2022. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 11)

### **ISSUE**

Was the Connector's decision regarding the appellant's ineligibility for health insurance coverage through the Health Connector on January 31, 2022 correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

### **HEARING RECORD**

The appellant appeared at the hearing which was held by telephone on May 4, 2022, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results showing a program determination for January 31, 2022 (2 pages)
- Ex. 2-- Health Connector's Review of Application (4 pages)
- Ex. 3—Health Connector's Notice of Eligibility Denial dated January 31, 2022 (6 pages)
- Ex. 4—Medicaid Household Determination Information (6 pages)
- Ex. 5—Health Connector's Eligibility Determination Results showing a program determination for December 30, 2021 (4 pages)

- Ex. 6—Health Connector’s Review of Application (5 pages)
- Ex. 7—Hearing Request Form dated February 28, 2022 (2 pages)
- Ex. 8—Acknowledgment of Appeal dated March 8, 2022 (1 page)
- Ex. 9—HIX notes (2 pages)
- Ex. 10—Appeals Unit case 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 21- years-old and has a tax household size of one. (Testimony, Ex. 6)
2. The appellant last had health insurance in October, 2020 with MassHealth. (Testimony)
3. By notice dated December 30, 2021, the appellant was determined eligible for ConnectorCare Plan Type 3A with an Advanced Premium Tax Credit (APTC) of \$129.00/month, effective February 1, 2022. She was also advised that she was not eligible for a Special Enrollment Period (SEP). On the application on which the determination was based, the appellant was included in a second household, the first of which included her mother who was not applying for insurance and a younger brother who was listed as a tax dependent. The appellant was listed as a tax filer with a projected annual income of \$31,204.00. (Testimony, Exs. 5,6)
4. The appellant did not enroll in health insurance subsequent to the December 30, 2021 determination. (Ex. 10)
5. By notice dated January 31, 2022, the appellant was advised that she did not qualify for health insurance through the Health Connector because her application for coverage had been withdrawn. On the application on which the determination was based, the appellant was not included as a member of the tax household. The application listed the appellant’s mother who was again not applying for coverage and her younger brother who was listed as a tax dependent. (Testimony, Exs. 2,3)
6. The appellant appealed the Connector’s January 31, 2022, determination on February 28, 2022 and asked why her application had been withdrawn. (Testimony, Ex.7)
7. Pursuant to the notes from HIX, the appellant was removed from the application on January 31, 2022. (Ex. 9)
8. Pursuant to the Appeals Unit case notes, the application on which the appellant is included in a second household was deactivated because “it was never started”. (Ex. 10)

## **ANALYSIS AND CONCLUSIONS OF LAW**

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant’s behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, for plan years 2021 and 2022 only, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI

less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

It appears that the appellant was not aware that her mother filed a second application on January 31, 2022, in which she had been removed. As a result, it also appears that the first application on which the December 30, 2021 determination was based was "deactivated". The appellant was advised at the conclusion of the hearing to either file a new application or update the current application by adding herself back into the tax household.

Based on the evidence in the record, it is concluded that the Connector's determination on January 31, 2022, regarding the appellant's eligibility for health insurance coverage through the Health Connector was correct, and is therefore affirmed.

**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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2216126

**Appeal Decision:** Appeal allowed. The Connector's determination of Appellant's eligibility to obtain a Health Connector plan during the next open enrollment period or when Appellant had a qualifying life event is not affirmed. The Connector is to give the appellant a special enrollment period.

**Hearing Issue:** Whether the Connector correctly determined Appellant's eligibility to enroll in a Health Connector plan during the next open enrollment period or upon Appellant having a qualifying life event based upon the information supplied by the appellant on the application.

**Hearing Date:** April 19, 2022

**Decision Date:** May 3, 2021

### 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 3, 2022, the Connector determined Appellant to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellant had a qualifying life event.

### ISSUE

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

### HEARING RECORD

The Appellant's representative appeared at the hearing which was held by telephone on April 19, 2022. The procedures to be followed during the hearing were reviewed with the representative who was then sworn in. Exhibits were also reviewed with the representative, marked as exhibits, and admitted in evidence with no objection from the representative. Representative testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated March 14, 2022 addressed to Appellant for April 19, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated March 9, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

- Exhibit 3a: Appeals Unit outreach notes dated March 9, 2022
- Exhibit 4: Hearing Request Form received by the Connector on March 5, 2022 with letter in support
- Exhibit 5: Connector letter dated March 3, 2022 to Appellant regarding the special enrollment period
- Exhibit 5a: Connector letter, 1st page, dated March 3, 2022 to Appellant regarding eligibility for Health Connector plan
- Exhibit 5b: Connector letter dated November 1, 2021 to Appellant requesting proof of income and residency by January 30, 2022
- Exhibit 5c: Connector letter to Appellant dated November 1, 2021 regarding eligibility for 2022
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated March 3, 2022
- Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated November 1, 2021
- Exhibit 7: MassHealth Member Benefits print-out regarding Appellant's household determination, March 3, 2022
- Exhibit 8: Connector print-out showing documents submitted by Appellant as proof of income and residency on November 8, 2021 and print-out regarding renewal for 2022 with letter dated March 30, 2022 attached, addressed to Connector Appeals Unit
- Exhibit 9: Appellant's proof of residency, bills
- Exhibit 10: Appellant's MA driver's license and permanent resident card
- Exhibit 11: Letter from Appellant dated April 12, 2022 to Connector Appeals Unit

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant moved to Massachusetts on September 26, 2021 from his country of origin in Asia. The appellant received his permanent resident card on the same date. He applied to the Connector for health insurance on November 1, 2021. In letters also dated November 1, 2021, the Connector informed the appellant that he was eligible to enroll in a Health Connector plan with an advance premium tax credit, and that he would be eligible for coverage in 2022 (Testimony of Representative, Exhibit 5c, 6a, 10).
2. In a second letter dated November 1, 2021 from the Connector to the appellant, the Connector notified the appellant that he had to submit proof of income and residency by January 30, 2022. The appellant sent in documents on November 8, 2021 (Testimony of the Representative, Exhibits 5b , 8).
3. After sending in proof of income and residency, Appellant expected to hear from the Connector. He did not, so he applied again for Connector coverage on December 10, 2021. He did receive letters about his spouse's eligibility, but nothing about his (Testimony of Representative, Exhibit 8).
4. Appellant applied again in February and then in March, 2022. As of March 3rd, the appellant had applied four times to the Connector and had four account numbers (Testimony of Representative, Exhibit 8).
5. After applying on March 3, 2022, the Connector determined and notified the appellant that while he was eligible to purchase health insurance through the Connector, he was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow him to enroll outside of an open enrollment period (Testimony of Representative, Exhibits 5, 5a, 6).
6. Appellant submitted a request for an appeal of the Connector's March 3rd determination on March 5, 2022 (Exhibit 4).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue on appeal is whether the Connector correctly determined on March 3, 2022 that the appellant was eligible for a Health Connector plan, but was not eligible to enroll until the next open enrollment period or until Appellant had a qualifying life event. The appellant has appealed this determination. See Exhibit 4.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. 45 CFR 155.410 and 420 provide for open enrollment periods during which individuals may enroll in health care plans and for special open enrollment periods when individuals may enroll outside of the open enrollment period if they have a qualifying life event. In addition to having a qualifying life event, a person may be allowed to enroll in a plan outside of the open enrollment period for certain administrative reasons, including if the Connector determines that exceptional circumstances exist. See 45 C.F.R. 155.420(d)(9).

In this matter, Appellant moved to Massachusetts from his country of origin in Asia on September 26, 2021, the same day that he received his permanent resident card. Appellant applied to the Connector on November 1, 2021, less than 60 days after Appellant's arrival in the Commonwealth. In a letter dated November 1st, the Connector informed the appellant that he was eligible to purchase a plan through the Connector and to enroll in a plan. In a separate letters of the same date, the Connector also asked the appellant to provide proof of income and residency by January 30, 2022, and informed the appellant that he was also eligible for 2022 coverage. Appellant sent in proof of income on November 8, 2021. See the testimony of the appellant's representative which I find credible and Exhibits 5b, 6a, 5c, 8.

Appellant, who was newly arrived in the United States, waited to hear from the Connector again. When he did not, he applied again, on December 10th, for coverage. Again, Appellant waited to hear from the Connector. When he did not hear anything, he applied a third and then a fourth time. Each time, Appellant received a new eligibility id number. By March 3rd when he applied for the fourth time, he had four different id numbers. See Exhibit 8 and the testimony of the representative which I find to be credible.

After applying on March 3, 2022, the appellant the Connector determined and notified the appellant that while he was eligible to purchase health insurance through the Connector, he was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow him to enroll outside of an open enrollment period. See the testimony of the representative, which I find credible, and Exhibits 5, 5a, 6.

As noted above, according to 45 Code of Federal Regulations Section 155.420 (d)(3) and Section 155.305(a), establishing residency in a new location is a qualifying life event. If an individual, otherwise eligible to purchase coverage through the Connector, has a qualifying event, the individual has 60 days from the date of the event to enroll in a plan. The 60 day period is known as a special enrollment period. See 45 CFR 155.420(c)(1). After 60 days, if the individual has not enrolled in a plan, the individual is no longer eligible for a special enrollment period and must wait to enroll until the next open enrollment period, or until the individual has another qualifying life event or there are exceptional circumstances. See 45 CFR 155. 420 (d)(9).

The appellant applied to the Connector within 60 days of his arrival in the Commonwealth. He clearly had a qualifying event when he first applied. He was found to be eligible, but needed to send in proof of income and residency by January 30, 2022. He sent in the proof in a timely fashion. It is clear from the



record that the proof was received (See Exhibit 8), but unclear from the record whether the proof sent in was acceptable. Appellant, anxious to obtain coverage, applied three more times to the Connector and ended up with four separate applications and eligibility id numbers. It appears that as a result, when responding to the appellant's fourth application, the Connector disregarded (or perhaps did not realize) the fact that Appellant started the application process when he had a qualifying life event and had responded to the Connector's request for proof of income and residency in a timely fashion. Given the fact summarized above, I determine that the appellant's appeal should be allowed and the Connector should give the appellant a special enrollment period. It is unclear whether the appellant or the Connector made errors in the application process, but I give the appellant the benefit of the doubt.

**ORDER:** The determination of the Connector is reversed. Appellant's appeal is allowed. The appellant is to be given a special enrollment period.

**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.

Hearing Officer

Cc: Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA22-16156

**Appeal Decision:** Appeal granted

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

**Hearing Date:** May 4, 2022

**Decision Date:** May 18, 2022

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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 January 31, 2022, 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. 3) The appellant filed an appeal dated March 8, 2022. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Ex. 14)

### 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 and his representative/insurance agent appeared at the hearing which was held by telephone on May 4, 2022 and testified under oath. The hearing record consists of their 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 January 31, 2022 (3 pages)
- Ex. 2—Health Connector's Review of Application (2 pages)
- Ex. 3—Health Connector's Notice of Special Enrollment Period Decision dated January 31, 2022 (6 pages)
- Ex. 4—Medicaid Household Determination document (5 pages)

- Ex. 5-- Health Connector's Eligibility Determination Results based on a program determination date of January 31, 2022 (2 pages)
- Ex. 6—Health Connector's Review of Application (2 pages)
- Ex. 7—Hearing Request Form dated March 8, 2022 (36 pages) <sup>1</sup>
- Ex. 8—Acknowledgment of Appeal dated March 14, 2022 (1page)
- Ex. 9—Health Connector email dated March 15, 2022 (1 page)
- Ex. 10—Salesforce documentation (6 pages)
- Ex. 11—Enrollment information (1 page)
- Ex. 12—Health Connector letter re informal resolution dated March 23, 2022 (2 pages)
- Ex. 13—Appeals Unit notes (3 pages)
- Ex. 14—Notice of Hearing (3 pages)
- Ex. 15—Affidavit of Connector representative (1 page)

### **FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant is 57-years-old, is single and has a tax household size of one. (Testimony, Exs. 2,6)
2. Prior to 2022, the appellant had never been enrolled in health insurance. (Testimony)
3. The appellant filed an application for health insurance for 2022 with the Health Connector and was advised by letter dated October 11, 2021 that he was eligible for Health Connector Plans an Advanced Premium Tax Credit (APTC). He was further advised to pay his January premium on or before December 23, 2021. He attempted to pay his premium on or about December 16, 2021 but it was not accepted. On December 29, 2021, he paid the premium of \$862.29 for the month of January, 2022. (Testimony, Exs. 7,10)
4. On or about January 31, 2022, the Health Connector advised the appellant that he was eligible for Health Connector Plans with an Advanced Premium Tax Credit (APTC) effective March 1, 2022. On that same date, the Health Connector advised the appellant that he did not qualify to enroll in a new or different health insurance plan because he did not have a qualifying event. (Testimony, Ex. 3)
5. On or about January 31, 2022, the Health Connector advised the appellant that he was eligible for Health Connector Plans with an Advanced Premium Tax Credit (APTC) effective March 1, 2022. He was further advised that he was eligible for a Special Enrollment Period (SEP) and could enroll through May 13, 2022. (Testimony, Ex. 5)
6. The appellant's representative/agent filed an appeal dated March 8, 2022, in which she stated in part that the appellant is aware that he paid his premium "a few days late", and does not understand how a Massachusetts resident who applied for insurance during open enrollment and is willing to pay a premium could be denied coverage. She further stated that he either wants the premium he paid in December refunded or applied towards insurance as he had planned. (Testimony, Ex. 7)
7. The appellant enrolled in a plan effective May 1, 2022, and paid the premium of \$862.29 on or before April 23, 2022. (Testimony, Ex. 11)

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<sup>1</sup> The Hearing Request Form was inadvertently marked as Ex. 6 on the Hearing Attendance Sheet.

8. As of the date of the instant hearing, the appellant's account had not been credited for the premium payment he made on December 29, 2021. (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 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 2022 ended on January 23, 2022, for the commercial non-group market, and that closed enrollment runs from January 24, 2022 to October 31, 2022.

The appellant testified that he was determined eligible for Health Connector Plans with APTC in October, 2021, and after one failed attempt, paid the premium on December 29, 2021 for January. He testified that he was aware that the payment was a few days late. He testified that on January 31, 2022, he was advised of two SEP decisions –one indicating that he was not eligible for a SEP and the second indicating that he was eligible for a SEP and could enroll in coverage up until May 13, 2022. He testified that he enrolled in coverage effective May 1, 2022, and paid the May premium on or before April 23, 2022. Finally, he testified that the premium he paid in December had not been credited to his account as of the date of the instant hearing.

The appellant does not dispute that the payment he made in December was late which resulted in his inability to enroll in coverage effective January 1, 2022. He subsequently received two contradictory determinations from the Connector regarding his eligibility for a SEP, which understandably caused confusion. It appears that the Connector overrode its denial by granting him a SEP through May, rendering the denial moot. The remaining issue regarding the status of the December payment is not within the purview of this appeal. The appellant was directed to address the matter with the Connector's billing department.

Based on the foregoing, it is concluded that the appellant failed to establish that he experienced a qualifying life event in order to be eligible for a SEP. It is further concluded that the Connector reversed its decision and granted the appellant a SEP through May, 2022, making it unnecessary to take any additional action.

### **ORDER**

The appeal is granted.

### **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 Connector's billing department through customer service at 1-877-623-6765 to address the premium issue.

**OPTION FOR RETROACTIVE COVERAGE**

The Health Connector made an incorrect determination about your eligibility. Normally, you would be eligible for the correct coverage type beginning on the first day of the month following the date of this decision. However, you may also choose to have retroactive coverage. Your eligibility for this coverage would go back to the date you should have had that coverage.

In order to receive retroactive coverage, YOU MUST PAY ANY ADDITIONAL PREMIUM FOR THOSE MONTHS THAT WOULD OTHERWISE HAVE BEEN NECESSARY. In order to select retroactive coverage, you must submit a Request for Retroactive Coverage form to the Health Connector within thirty (30) days of receiving this decision.

If you do not wish to have retroactive coverage, then you do not need to take any additional action at this time. Your coverage will be effective on the first day of the month following the implementation of this decision, as long as you pay the premium for that month by the 23<sup>rd</sup> day of the prior month.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA22-16216

**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:** April 25, 2022

**Decision Date:** May 8, 2022

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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 16, 2022, 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. 3) The appellant filed an appeal which was received on March 17, 2022. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Ex. 8)

### 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 April 25, 2022 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 16, 2022 (3 pages)
- Ex. 2—Health Connector’s Review of Application (3 pages)
- Ex. 3—Health Connector’s Notice of Special Enrollment Period Decision dated February 16, 2022 (6 pages)
- Ex. 4—Medicaid Household Determination document (5 pages)
- Ex. 5—Online Appeal Form received on March 17, 2022 (6 pages)

- Ex. 6—Acknowledgment of Appeal dated March 22, 2022 (1page)
- Ex. 7—Appeals Unit notes (1 page)
- Ex. 8—Notice of Hearing (3 pages)
- Ex. 9—Affidavit of Connector representative (1 page)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant is 28 -years-old, is single and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant had health insurance through the Health Connector from the beginning of 2021 until it was terminated on October 31, 2021. Around the time of the termination, he was undergoing some personal problems and moved from his address in Boston to his parents' house. He did not update his application with information regarding his new address. As a result, he did not receive any notices from the Connector regarding the termination. (Testimony, Exs. 5,7)
3. The appellant applied for health insurance with the Connector shortly after the 2022 open enrollment period closed on January 23, 2022. By notice dated February 16, 2022, the Health Connector notified the appellant that he did not qualify to enroll in new or different health insurance plan because he did not have a qualifying event. (Testimony, Exs. 1,3)
4. The appellant filed an appeal which was received on March 17, 2022, in which he stated in part that he moved in 2021 and stopped getting notices from the Health Connector regarding termination of his coverage. He further stated that he was self-employed in 2021 and was not familiar with the process of applying for health insurance. (Ex. 5)

## **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 2022 ended on January 23, 2022, for the commercial non-group market, and that closed enrollment runs from January 24, 2022 to October 31, 2022.

The appellant testified that he was enrolled in health insurance through the Health Connector from the beginning of 2021 until it was terminated on October 31, 2021. He testified that around that time, he moved from his address in Boston to live with his parents and did not update his application with information regarding his new address. He testified that as a result, he stopped getting notices from the Connector regarding the fact that his coverage had been terminated.

The appellant does not dispute that he applied for health insurance for 2022 after the open enrollment period closed on January 23, 2022. He maintained that he was unfamiliar with the health insurance process since 2021 was the first year he was self-employed.

Based on the foregoing, it is concluded that the appellant failed to establish that he experienced a qualifying life event in order to be eligible 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>.



# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA22-16282

**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:** May 12, 2022

**Decision Date:** May 31, 2022

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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 March 21, 2022, 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 May 12, 2022. 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 of Health Connector

Exhibit 1A: Hearing Request Form, dated March 22, 2022

Exhibit 2: Eligibility Results and Summary dated March 21, 2022

- Exhibit 3: Appeals Unit outreach notes
- Exhibit 4: Health Connector letter dated January 30, 2022, terminating coverage for non-payment
- Exhibit 5: None
- Exhibit 6: Correspondence from Health Connector, dated April 6, 2022

**FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant had been covered by health insurance through the Health Connector in 2021 (Testimony of Appellant).
2. On September 23, 2021, Appellant was determined eligible for insurance through the Health Connector for 2022 (Testimony of Appellant and Exhibit 2).
3. During late 2021 and early 2022, Appellant worked in the medical field and worked many hours due to the Covid pandemic. Due to the many work hours, Appellant was late for payment for January 2022 (Testimony of Appellant).
4. On January 30, 2022, Appellant was notified that insurance coverage had ended on December 31, 2022 (Exhibit 4).
5. In February, 2022, Appellant made many phone calls to the Health Connector and sent in a payment on February 22, 2022 (Testimony of Appellant and Exhibit 3).
6. When Appellant tried to begin coverage in March 2022, Appellant was told that Appellant did not have a qualifying event to enroll and would have to wait for Open Enrollment (Testimony of Appellant and Exhibits 2 and 3).
7. On March 22, 2022 Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1A).

**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. Appellant had applied for a Health Connector Plan in October 2021. Appellant’s plan did not go into effect due to payment issues. When Appellant tried to enroll in March, 2022, it was outside of the open enrollment period. Appellant did not have any of the changes in circumstances that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 (c) and Exhibits 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**

**Appellant was granted a Special Enrollment Period after the hearing. If Appellant has questions, 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: ACA22-16284

**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:** May 12, 2022

**Decision Date:** May 20, 2022

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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 March 28, 2022, 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 May 12, 2022. 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 of Health Connector

Exhibit 1A: Hearing Request Form, dated March 28, 2022

Exhibit 2: Eligibility Results and Summary dated October 6, 2021 and March 28, 2022

- Exhibit 3: Appeals Unit outreach notes
- Exhibit 4: None
- Exhibit 5: None
- Exhibit 6: Correspondence from Health Connector, dated April 6, 2022

**FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant had been covered by employer sponsored health insurance for most of 2021 (Testimony of Appellant).
2. On October 6, 2021, Appellant applied for health and dental insurance through the Health Connector (Testimony of Appellant and Exhibit 2).
3. On October 6, 2021, Appellant was found to be eligible for a Health Connector Plan with an Advance Premium Tax Credit of \$0 for 2022 (Testimony of Appellant and Exhibit 2).
4. In November 2021, Appellant completed paperwork to be enrolled in dental and medical coverage for 2022 (Testimony of Appellant).
5. Appellant made two payments in December 2021 for the dental and medical coverage for 2022 (Testimony of Appellant and Exhibit 3).
6. One of Appellant’s payments was not paid by Appellant’s bank, so Appellant’s Health Insurance coverage did not go into effect (Exhibit 3).
7. In February, 2022, Appellant became aware that Appellant was not enrolled in medical insurance (Testimony of Appellant).
8. When Appellant contacted the Health Connector in March 2022 to be covered under a health insurance plan, Appellant was told that Appellant did not have a qualifying event to enroll and would have to wait for Open Enrollment (Testimony of Appellant and Exhibit 2 and 3).
9. On March 28, 2022 Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1A).

**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. 45 CFR 155.410 and 45 CFR 155.420.

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. Appellant had applied for a Health Connector Plan in November, 2021. Appellant’s plan did not go into effect due to payment issues. When Appellant tried to enroll in March, 2022, it was outside of the open enrollment period. Appellant did not have any of the changes in circumstances that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 (c) and Exhibits 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 a waiver from the Office of Patient Protection. 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: ACA2215751

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

**Hearing Issue:** Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan with advance premium tax credit.

**Hearing Date:** February 24, 2022

**Decision Date:** May 21, 2022

### 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, 2022, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

### ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit.

### HEARING RECORD

The appellant appeared at the hearing which was held by telephone on February 24, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data by the Connector
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated January 27, 2022 addressed to Appellant for February 24, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated January 25, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated January 21, 2022
- Exhibit 4: Hearing Request Form from Appellant received on January 20, 2022
- Exhibit 5: Connector letter dated January 20, 2022 to Appellant regarding eligibility

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated January 20, 2022

Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated June 10, 2021

Exhibit 7: Print-out showing Medicaid determination, January 1, 2022

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant had ConnectorCare Type 2A coverage during 2021. Appellant was unemployed and received unemployment compensation benefits during 2021. Appellant attested on his application for 2021 coverage that his projected annual income was \$25,738 which the Connector determined to be 201.71% of the Federal Poverty Level (Testimony of Appellant, Exhibit 6a).
2. For coverage in 2022, Appellant attested to having an income of \$50,000 a year on his application (Testimony of Appellant, Exhibit 6).
3. Based upon the information concerning income attested to by the appellant, the Connector determined that Appellant's projected annual income amounted to 388.2% of the Federal Poverty level. Based upon this level, the Connector found that the appellant was eligible to purchase and enroll in a Connector Health plan with an advance premium tax credit. The Connector notified the appellant of this decision in a letter dated January 20, 2022 (Exhibits 5, 6).
4. Appellant submitted a request for an appeal of the Connector's determination on January, 2022 because he felt his new premium amount was too high. In 2022, Appellant worked at a job where his income varied from week to week (Exhibit 4, Testimony of Appellant).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue on appeal is whether the Connector correctly determined on January 20, 2022 that the appellant was eligible for a Health Connector plan with an advance premium tax credit.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq.

If an applicant is otherwise eligible to purchase health insurance through the Connector, the applicant's projected income is at least 100% of the Federal Poverty Level, and the cost of the second lowest price Silver plan is more than 8.5% of the applicant's Federal adjusted gross income, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq. and Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.



Appellant had ConnectorCare Type 2A coverage during 2021. Appellant was unemployed and received unemployment compensation benefits during 2021. Appellant attested on his application for 2021 coverage that his projected annual income was \$25,738 which the Connector determined to be 201.71% of the Federal Poverty Level. For coverage in 2022, Appellant attested to having an income of \$50,000 a year on his application. See the testimony of Appellant which I find to be credible, and Exhibits 6 and 6a.

Based upon the information concerning income attested to by the appellant, the Connector determined that Appellant's projected annual income amounted to 388.2% of the Federal Poverty level. Based upon this level, the Connector found that the appellant was eligible to purchase and enroll in a Connector Health plan with an advance premium tax credit. The Connector notified the appellant of this decision in a letter dated January 20, 2022. See Exhibits 5, 6.

Appellant submitted a request for an appeal of the Connector's determination on January 20, 2022 because he felt the new premium amount was too high. In 2022, Appellant worked at a job where his income varied from week to week. See Exhibit 4.

What is at issue on appeal is whether the Connector made the correct determination when it was made based upon the information available to the Connector at that time. Based upon the information given by the appellant to the Connector, the Connector correctly determined on January 20, 2022 that the appellant was eligible for a Connector Health plan with an advance premium tax credit. In 2021, the appellant had been unemployed and had received unemployment compensation totaling approximately \$25,000. He was eligible for a ConnectorCare plan based upon his income. Appellant reported to the Connector that his projected annual income for 2022 had increased to \$50,000. The Connector properly relied upon the appellant's attestation and found that Appellant was no longer eligible for ConnectorCare coverage, but was eligible for a Health Connector plan with an advance premium tax credit. Even if Appellant's income varied from week to week, the appellant's eligibility was based upon the projected figure for the year.

As noted above, as a result of the American Rescue Plan for 2021 and 2022, any applicant who purchases coverage through the Connector may receive advance premium tax credits even if the projected income is greater than 400% of the Federal Poverty Level. An applicant may be eligible if the annual premium for the second lowest cost silver plan exceeds 8.5 % of the applicant's annual household income. See Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.

The determination of the Connector is, therefore, affirmed.

**ORDER:** The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan with 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](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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA 22-16411

**Appeal Decision:** Denied

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

**Hearing Date:** May 27, 2022

**Decision Date:** June 3, 2022

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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 11, 2022 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 May 27, 2022. 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 April 21, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period Decision denial notice dated April 11, 2021
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated April 4, 2022.
- Exhibit 6: Medicaid Household Determination Printout dated April 4, 2022.
- Exhibit 7: Health Connector Eligibility Approval Notice dated April 4, 2022.

Exhibit 8: The Appellant's Online Appeal Request filed on or about April 21, 2022.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on April 4, 2022 and reported income equal to 352.91% of the federal poverty level (Exhibit 5).
2. On April 4, 2022 the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits (Exhibits 5, 7).
3. On April 11, 2022 Health Connector determined on the Appellant was eligible for Health Connector Plans but was not eligible for a Special Enrollment Period because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibits 3, 4).
4. On or about April 21, 2022 the Appellant filed an Appeal (Exhibit 8).
5. I take Administrative Notice of the fact that for tax year 2022 the Open Enrollment Period was November 1, 2021 through January 23, 2022.
6. The Appellant said that for the last two years they have paid a tax penalty because they could not afford health insurance. The Appellant said that they received a raise and tried to enroll in health insurance because they felt able to afford it. The Appellant testified that they applied for insurance during the Open Enrollment period and tried to enroll. The Appellant said that they selected a plan but did not receive a bill. The Appellant said that they tried again to enroll but was told it was too late (Appellant Testimony).
7. On December 29, 2021 Health Connector approved the Appellant's application for Health Connector Plans. The Appellant was instructed to pick a plan and pay the monthly premium in order to complete enrollment (Exhibit 11).
8. The Appellant attempted to enroll in a plan on March 1, 2022 but Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant did not verify that they had a qualifying life event (Exhibits 3, 12).
9. Health Connector Appeals Unit staff researched the Appellant's case and verified that there were no notes in Health Connector Salesforce and no Enrollment History verifying that the Appellant completed the steps necessary to effectuate enrollment in a Health Connector plan prior to January 23, 2022 when Open Enrollment ended (Exhibit 3).

## **ANALYSIS AND CONCLUSIONS OF LAW**

At issue for this appeal is Health Connector's April 11, 2022 determination that the Appellant was not eligible for a Special Enrollment Period (SEP) to enroll in a Health Connector Plan because the Appellant failed to verify that they experienced a qualifying life event in the sixty- day period preceding their application. The Appellant had completed an application on April 4, 2022 and reported income equal to 352.91% of the federal poverty level. Although the Appellant met eligibility criteria for Health Connector Plans with Advance Premium Tax Credits

(APTC), the Appellant was unable to enroll due to the denial of the request for an SEP. On or about April 21, 2022 the Appellant filed an appeal to dispute that determination.

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. Open Enrollment for tax year 2022 was in effect November 1, 2021 through January 23, 2022.

The Appellant argues that they tried to apply for health insurance during the open enrollment period. The Appellant said that they chose a plan but did not receive a premium bill. The Appellant said that they tried again to enroll but was told that they had missed the open enrollment period.

The Appellant did apply for health insurance during Open Enrollment and was determined eligible for Health Connector Plans with APTC on December 29, 2021. The notice issued to the Appellant advised the Appellant of the steps needed to complete the enrollment process. Under the regulations, following a determination of eligibility, eligible individuals must choose a health plan from among those in their service area and pay the first month's premium on or before the due date set by the Health Connector in order to complete the enrollment process. 956 CMR 12.10(1). In this case, the Appellant would have had to make a premium payment by January 23, 2022 to successfully complete the enrollment process. The Appellant did not make a payment on or prior to January 23, 2022.

There is no evidence in this Administrative Record verifying that the Appellant took the steps needed to complete the enrollment process prior to January 23, 2022 as required under 956 CMR 12.10(1). Because the Appellant did not experience a qualifying life event, the Health Connector correctly determined on March 1, 2022 and April 11, 2022 that the Appellant is not eligible for a special enrollment period. 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. 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 was advised that they could contact the Office of Patient Protection at 1-800-436-7757 and request a Waiver of the open enrollment regulations.