# Massachusetts Health Connector Appeals Unit

MASSACHUSETTS HEALTH CONNECTOR
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## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

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

**Hearing Date:** September 18, 2023 **Decision Date:** October 25, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 29, 2023, the Appellant was determined ineligible for Health Connector plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is enrolled in Medicare.

### ISSUE

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

### HEARING RECORD

The Appellant and Appellant's representative appeared at the hearing, which was held by telephone, on September 18, 2023.

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

Exhibit 1: Health Connector notice of eligibility determination (6 pages, dated March 29, 2023)

Exhibit 2: Appellant's appeal request form (2 pages, dated April 24, 2023)
Exhibit 3: Health Connector's Eligibility Determination Results Computer Print Outs (3 pages, undated)
Exhibit 4: Health Connector's Review Application Computer Print Outs (3 pages, undated)
Exhibit 5: Medicaid Household Determination (7 pages, undated)
Exhibit 6: Health Connector's Acknowledgment of Appeal (1 page, dated April 27, 2023)
Exhibit 7: Health Connector's Hearing Notice (3 pages, dated August 16, 2023)
Exhibit 8: Health Connector's Hearing Record Affidavit (1 page, undated)
Exhibit 9: Request for Information (4 pages, dated July 6, 2023)
Exhibit 10: Letter requesting vacate dismissal (with document) (1 page)
Exhibit 11: Outreach notes and email (2 pages)

**FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on March 29, 2023, based on being eligible for Medicare. (Exhibit 1, Exhibit 3, Exhibit 4)
2. The Appellant is eligible for Medicare. (Exhibit 4, Appellant Testimony).
3. The Appellant has disabilities and seeks access to MassHealth. (Exhibit 10, Testimony).

**ANALYSIS AND CONCLUSION OF LAW**

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

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

When the Appellant's eligibility for 2023 coverage was determined on March 29, 2023, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at hearing that they are eligible for Medicare. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible for Health Connector plans. This was the correct determination and the Appellant's appeal is therefore denied.

**ORDER**

The appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this decision. You also have the right to appeal to state court in accordance with Chapter 30A of

the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

Cc: Health Connector Appeals Unit

**Addendum**

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

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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-19930

**Appeal Decision:** Appeal Denied.

**Hearing Issues:** Appellant's eligibility for ConnectorCare plans based on Medicare eligibility.

**Hearing Date:** October 11, 2023 **Decision Date:** October 13, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On July 28, 2023, the Appellant was determined ineligible for ConnectorCare because the Appellant is eligible for Medicare.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly denied the Appellant's application for ConnectorCare based on the Appellant's access to Medicare.

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on October 11, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant.

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

Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.
Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated September 7, 2023.
Exhibit 3: Health Connector Appeals Unit Outreach Notes.
Exhibit 4: Health Connector Eligibility Denial Notice dated July 28, 2023.

Exhibit 5: 2023 Eligibility Results with an Application Summary dated July 28, 2023.
Exhibit 6: Medicaid Household Determination Printout dated July 28, 2023
Exhibit 7: The Appellant's Hearing Request Form dated August 10, 2023.
Exhibit 8: 2022 Eligibility Results with an Application Summary dated March 6, 2022.

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for subsidized health insurance through the Health Connector on July 28, 2023. The Appellant reported having income equal to 119.12% of the federal poverty level for their household of one (Exhibit 5).

2. The Appellant is eligible for Medicare (Exhibits 5, 6 and Testimony).

3. On July 28, 2023, the Health Connector determined that the Appellant is ineligible for ConnectorCare because the Appellant is eligible for Medicare (Exhibits 4, 5, 6).

4. The Appellant filed an appeal on August 10, 2023 (Exhibit 5).

5. The Appellant received MassHealth in tax year 2022 (Exhibit 8)

6. The Appellant testified that they discontinued their Medicare Part B coverage because they cannot afford to pay the $164 monthly premium. The Appellant said they had MassHealth and was denied recently due to an error they made when completing the review. The Appellant said they need help paying for medication (Appellant Testimony).

## ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for subsidized health insurance through the Health Connector on July 28, 2023. The Appellant had reported income equal to 119.12% of the federal poverty level for their household of one. The Health Connector verified that the Appellant is eligible for Medicare. The Appellant was notified on July 28, 2023 that they were not eligible for health insurance coverage through the Health Connector because they are eligible for Medicare. The Appellant filed an appeal on August 10, 2023 to dispute the denial.

Generally, an individual may purchase a plan through the Health Connector if they satisfy the eligibility standards at 45 CFR § 155.305(a). However, for individuals who are eligible for Medicare, there is an additional legal standard that must be considered, specifically the "anti-duplication rule" found in the Social Security Act, 42 USC 1395ss(d)(3)(A)(i) and implemented in federal regulations at 45 CFR § 147.106 and 45 CFR § 148.122. This rule prohibits health insurance issuers from selling insurance to Medicare-eligible individuals if that insurance would duplicate the benefits provided by Medicare, including where the individual only has Medicare Part A. The Health Connector, as a seller of commercial individual market health insurance, only sells insurance that would be duplicative of benefits provided by Medicare. The Health Connector also must take precautions to ensure that the issuers whose coverage it sells are not put in the position of violating the anti-duplication rule.

For new sales, the Health Connector is prohibited by the anti-duplication rule from ever selling coverage to an individual eligible for Medicare. For renewals, where the individuals are seeking to continue in coverage after the

end of a plan year and which health insurance issuers are generally required to perform (45 CFR § 147.106), the federal government has clarified the applicability of the anti-duplication rule, by noting that health insurance issuers would not violate that rule if they allowed Medicare-eligible enrollees to renew their "same policy or contract of insurance." See 45 CFR § 147.106 and 45 CFR § 148.122; and discussion generally at 81 FR 94068, December 22, 2016.

The Appellant indicated that they cancelled their Medicare Part B coverage because they cannot afford the monthly premium. It is undisputed that as of July 28, 2023 the Appellant had Medicare Part A. Since the Appellant is eligible for Medicare, in accordance with the regulation cited above, the Health Connector correctly determined on March 9, 2023 that the Appellant was not eligible for coverage through the Health Connector.

The Appellant testified that they also want to dispute the termination of their MassHealth. As explained at the Hearing, MassHealth eligibility issues are not reviewable by the Health Connector. 956 CMR 12.02. The Appellant was given contact information for MassHealth Customer Service and the Medicaid Board of Hearings.

**ORDER**

This appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals 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 may contact Health Care for All at 1-800-272-4232 for further assistance.

The Appellant may also contact the SHINE program at 978-683-7747.

MassHealth Customer Service may be reached at 1-800-841-2900 for MassHealth eligibility information.

# Massachusetts Health Connector Appeals Unit

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## FINAL APPEAL DECISION

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

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

**Hearing Date:** October 11, 2023 **Decision Date:** October 26, 2023

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**AUTHORITY**

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

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

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

**ISSUE**

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

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone on October 11, 2023. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

| | | |
|---|---|---|
| Exhibit 1: | Health Connector's Hearing Record Affidavit | ( 1 P, undated ) |
| Exhibit 2: | Appellant's Appeal Request Form | (6 PP, received 9/25/2023) |
| Exhibit 3: | Health Connector's Acknowledgment of Appeal | ( 1 P, dated 8/21/ 2023) |
| Exhibit 4: | Health Connector's Notice of Appeal Hearing | ( 1 P, dated 9/7/ 2023) |
| Exhibit 5: | Health Connector's Application Summary | (3 PP, dated 7/19/ 2023) |
| Exhibit 6: | Health Connector's Eligibility Results | (3 PP, dated 7/19/2023) |
| Exhibit 7: | Health Connector's Eligibility Approval | (8 PP, dated 7/19/2023) |

| | | | |
|---|---|---|---|
| Exhibit 8: | Special Enrollment Period Denial | (8 PP, dated | 7/19/2023) |
| Exhibit 9: | Medicaid Household Determination | (8 PP, dated | 7/26/ 2023) |
| Exhibit 10: | Health Connector's Appeals Unit Staff Notes | ( 1 P, dated | 7/26/ 2023) |
| Exhibit 11: | Office Patient Protection (OPP) Information sent to Appellant | (1 P, dated | 8/21/2023) |
| Exhibit 12: | OPP Form 2023 | (6 PP, dated | 1/27/ 2023) |

The record shows, and I so find:

1. The Appellant had not been enrolled in in a Connectorcare Plan. (Testimony, Exhibits 1 and 10).
2. The Appellant had Employer Health Insurance("ESI") until February 2023 when he left his employment after finding a different job. (Testimony).
3. The Appellant's new Employer did not offer ESI. (Testimony).
4. The Appellant testified he was not aware of the 60-day Special Enrollment Period from loss of ESI and that he had other ongoing life events including a change of housing. (Testimony).
5. The Appellant applied for Connectorcare on July 19, 2023 outside of the sixty (60) days from loss of ESI insurance. (Exhibits 1 and 5).
6. The Appellants failure of applying within the 60 days from loss of ESI and change of housing does not qualify as a qualifying event for SEP.
7. The Appellant answered the "Can I Shop Questions" on the SEP application but had not experienced a qualifying life event. (Exhibits 1, 8, and 10).
8. Notwithstanding the above, the Appellant's attested monthly income of $5,959.25 used for eligibility purposes for enrollment was 485.47% of the Federal Poverty Level ("FPL") at the time of the application.
9. The Appellant was encouraged to update his income with the Connector and review the criteria for an Enrollment Waiver from and contact the Massachusetts Office of Patient Protection. (Exhibits 1,9, and 10).

**ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant had not been enrolled in a Connectorcare Plan. (Testimony, Exhibits 1 and 10). The Appellant had Employer Health Insurance("ESI") until February 2023 when he left his employment after finding a different job. (Testimony). The Appellant's new Employer did not offer ESI. The Appellant applied for Connectorcare on July 19, 2023 outside of the sixty (60) days from loss of insurance from a job. The Appellant answered the "Can I Shop Questions" on the SEP application but had not experienced a qualifying life event. (Exhibits 1, 8, and 10). Because the Appellant applied outside of the open enrollment period, he was not granted a Special Enrollment Period. The Connector correctly found that he did not have a qualifying life event, and therefore could not enroll in new coverage. (Testimony, Exhibits 1,5, and 7). The Appellant asserts that this determination was incorrect, had other life circumstances that should qualify for SEP, and that the Appellant should be permitted to enroll in coverage through the Health Connector.

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

On July 19, 2023, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period("SEP") due to failure to have a qualifying life event.

At hearing, the Appellant testified that he had other ongoing life events and did not apply for insurance within the 60-day SEP timeframe. However, he did not adduce any testimony whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector's policy NG-1E. Because the Appellant did not experience a qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was encouraged to review the criteria for an Enrollment Waiver from and contact the Massachusetts Office of Patient Protection.

**ORDER**

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

**ADDENDUM**

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

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

# Massachusetts Health Connector Appeals Unit

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## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Appellant's eligibility for subsidized insurance based on tax filing status.

**Hearing Date:** October 13, 2023 **Decision Date:** October 26, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on July 13, 2023. The Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for subsidies, based on the appellant's tax filing status information provided on the application.

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 13, 2023.

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

| | | |
|---|---|---|
| Exhibit 1: | Health Connector's Hearing Record Affidavit | ( 1 P, undated ) |
| Exhibit 2: | Appellant's Appeal Request Form | (6 PP, received 8/5/2023) |
| Exhibit 3: | Health Connector's Acknowledgment of Appeal | ( 1 P, dated 9/7/ 2023) |

| | | | |
|---|---|---|---|
| Exhibit 4: | Health Connector's Notice of Appeal Hearing | ( 1 P, dated | 9/7/ 2023) |
| Exhibit 5: | Health Connector's Application Summary | (3 PP, dated | 7/13/ 2023) |
| Exhibit 6: | Health Connector's Eligibility Results | (3 PP, dated | 7/13/2023) |
| Exhibit 7: | Health Connector's Eligibility Approval | (8 PP, dated | 7/13/2023) |
| Exhibit 8: | Medicaid Household Determination | (8 PP, dated | 7/26/ 2023) |
| Exhibit 9: | Health Connector's Appeals Unit Staff Notes | ( 1 P, dated | 7/26/ 2023) |
| Exhibit 10: | Health Connector's Application Summary | (3 PP, dated | 6/6/ 2023) |
| Exhibit 11: | Health Connector's Eligibility Results | (3 PP, dated | 6/6/2023) |
| Exhibit 12: | Medicaid Household Determination | (8 PP, dated | 6/6/ 2023) |
| Exhibit 13: | Health Connector's Application Summary | (3 PP, dated | 8/15/ 2023) |
| Exhibit 14: | Health Connector's Eligibility Results | (3 PP, dated | 8/15/2023) |
| Exhibit 15: | Health Connector's Eligibility Approval | (8 PP, dated | 8/15/2023) |
| Exhibit 16: | Medicaid Household Determination | (8 PP, dated | 8/15/ 2023) |

**FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant is a 52-year-old male who applied for subsidized health insurance through the Health Connector on July 13, 2023. (Exhibit 1, Exhibit 3, Exhibit 4, Exhibit 5).
2. The Appellant testified he was asked to provide proof of income and residency a day before receiving documentation he was not eligible for a subsidized insurance through Connectorcare. (Exhbiits 1, 2, and Testimony).
3. The Appellant testified he provided Connectorcare with W2's and residency information as required to become eligible. (Exhibit 1, Testimony).
4. On his application, the Appellant stated that he would not file an income tax return for tax year 2023. (Exhibits 1 and 5).
5. The Health Connector found that the Appellant was eligible for Health Connector plans without subsidies, because the Appellant stated he would not file an income tax return. (Exhibits 1, 3, and 5).
6. The Appellant's projected tax household income places him at 172.17% of the Federal Poverty Level. (Exhibits1 and 15).
7. The Appellant testified he did not file a tax return for tax year 2022. (Testimony).
8. The Appellant intends to file a tax return for tax year 2023. (Appellant testimony).
9. The Appellant's tax filing status was fixed and he became eligible for a Connectcare Plan on August 15, 2023, and he was encouraged to contact customer service to enroll.

**ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant stated on his appeal request form that The Appellant testified he provided Connectorcare with W2's and residency information as required to become eligible and had provided documentation on that day. (Exhibit 1, Testimony).

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Under 26 IRC § 36B and 45 CFR § 155.305(f), certain tax households are eligible for a premium tax credit if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC applies is that applicants must attest that they will file a tax return in order to claim APTC. 26 CFR § 1.36B-2T(b)(2)(i).

The Appellant stated on his application that he does not intend to file a tax return. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare, despite meeting the income threshold required for that program. The Appellant testified at hearing that he intends on filing a tax return for tax year 2023. Therefore, the Health Connector correctly found that the Appellant was not eligible for APTC or ConnectorCare but is only eligible for an unsubsidized Health Connector Plan.

**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

**ADDENDUM**

# Massachusetts Health Connector Appeals Unit

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## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Denial of eligibility because of non-tax filer status.

**Hearing Date:** October 23, 2023 **Decision Date:** October 31, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on July 18, 2023, that she was not eligible to obtain financial assistance to purchase health insurance because she had stated that she did not file federal income taxes.

### ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to obtain financial assistance to purchase health insurance because she had stated that she did not file federal income taxes.

### HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on October 23, 2023. The hearing record consists of the testimony of Appellant, and the following documents, which were admitted into evidence:

Exhibit 1: Appeals Request (8/23/23) (4 pages)
Exhibit 2: Health Connector Record Affidavit (2 page)
Exhibit 3: Eligibility Denial Notice (7/18/23) (8 pages)
Exhibit 4: Screen shot of eligibility determination (3 pages)

Exhibit 5: Screen shot of application summary (3 pages)
Exhibit 6: Medicaid eligibility determination (6 pages)
Exhibit 7: Mass Health termination notice (7/16/23) (6 pages)
Exhibit 8: Appeals Unit database notes (1 page)
Exhibit 9: Email to Appellant (8/25/23) (1 page)
Exhibit 10: Screen shot of application summary (8/25/23) (3 pages)
Exhibit 11: Screen shot of eligibility determination (8/25/23) (3 pages)
Exhibit 12: Notice of Appeal Hearing (9/7/23) (3 pages)
Exhibit 13: Acknowledgement of Appeal (1 page)

**FINDINGS OF FACT**

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

The record shows, and I so find:

1. In July 2023, Appellant applied to obtain health insurance through the Health Connector. She requested financial assistance to reduce the cost of the health insurance.
2. In completing the application, Appellant was asked if she filed federal income taxes. She responded that she was not a tax filer. Exhibit 5 at page 2. This response was incorrect as Appellant intends to file federal income taxes.
3. Based on the information in her application, the Health Connector determined that Appellant was not eligible to obtain financial assistance to purchase health insurance. Exhibit 4.
4. The Health Connector notified Appellant of this decision by notice dated July 18, 2023. Exhibit 3.
5. On August 23, 2023, Appellant filed a timely appeal of the July 18 decision. Exhibit 1.
6. Upon receiving Appellant's appeals request, the Health Connector reviewed her file and determined that the problem was that she had stated she was not a tax filer. Exhibit 8. The Health Connector sent an email to Appellant, explaining this to her and advising her to amend her application. Exhibit 9.
7. On August 25, 2023, Appellant corrected her on-line application to state that she was a tax filer. Exhibit 10. As a result of this new information, the Health Connector re-determined her eligibility and found her eligible to receive Connector Care, which is a program of subsidized health insurance. Exhibit 11.
8. After being notified of that new determination, Appellant enrolled in Connector Care effective October 1, 2023, and was covered as of the date of the hearing. Exhibit 8.
9. In her application, Appellant stated that her income was approximately $33,181 annually, which was salary from her job. Further, she stated that she was a single individual with no tax dependents. Exhibits 5, 10.
10. Appellant confirmed that information at the hearing.

**CONCLUSIONS OF LAW**

The issue in this appeal is whether the Health Connector correctly determined in July 2023, based on the information that it had, that Appellant was not eligible to obtain financial assistance to purchase health insurance insurance.

The Health Connector determines eligibility for federal subsidies available under the Affordable Care Act ("ACA.") 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). Under the ACA, individuals who receive APTCs must annually "reconcile" those subsidies when they file their federal income taxes. Id. ("Reconciling" means that the federal government will annually determine whether the income APTC recipients have reported on their taxes in fact qualified them to receive the amount of subsidies that they got in the tax year. Id. § 36B(f).) Thus, anyone who receives subsidies must agree to file federal income taxes.

Additionally, the Health Connector determines eligibility for Connector Care, which is a state-run program that combines federal and state subsidies to lower the cost of health insurance. The Health Connector determines eligibility for Connector Care, which is a program that provides federal and state subsidies to purchase health insurance. In order to be eligible for Connector Care, an individual must meet the eligibility requirements for APTCs. 956 C.M.R. § 12.04(3)(a)(2). Additionally, the individual must have household income that is below 300 percent of the federal poverty limit (FPL.) Id. § 12.04(3)(a)(1).

In her initial application, Appellant mistakenly stated that she did not file federal taxes. Based on that information, the Health Connector determined that she was not eligible to receive APTCs. Further, because she was not eligible to receive APTCs, she was not eligible for Connector Care. The Health Connector's determination in July was correct based on the information provided to it. Thus, I am obliged to deny this appeal.

Fortunately, Appellant was notified of her error and was able to correct it. As a result, her eligibility was re-determined and she was found eligible for Connector Care. She was covered as of the date of the hearing. Thus, even though I am denying her appeal, that denial will not affect her eligibility and she will remain covered.

At the hearing, Appellant questioned the amount of subsidy she was receiving through Connector Care. Under that program, the amount of the subsidy provided to covered individuals is based on their household income expressed as a percentage of the federal poverty level (FPL.) 956 C.M.R. § 12.04(3)(b). The FPL is a threshold determined annually by the federal government based on household income and size; it is used to determine eligibility for a range of federal assistance programs. See 42 U.S.C. § 9902(2).

Appellant had stated in her application that she was single without tax dependents and so was in a household of one person. Further, she stated in her application that her income was approximately $33,181 annually. Exhibits 5, 10. At the hearing, Appellant confirmed that information and specifically confirmed the income figure. Based on that income figure, the Health Connector correctly determined the amount of subsidy that she was entitled to as part of the Connector Care program. If at any point, Appellant's income changes, she should report this change as it may affect her eligibility. To do this, she can go into her on-line account through the Health Connector website, www.mahealthconnector.org,. Or she can call the Health Connector customer service department at 877-623-6765.

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

**ORDER**

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

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## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Denial of eligibility for special enrollment period.

**Hearing Date:** October 23, 2023 **Decision Date:** October 31, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on July 28, 2023, that he was not eligible for a special enrollment period in which to purchase health insurance.

### ISSUE

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

### HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on October 23, 2023. The hearing record consists of the testimony of Appellant, and the following documents, which were admitted into evidence:

Exhibit 1: Appeals Request Form (8/23/23) (2 pages)
Exhibit 2: Health Connector Record Affidavit (2 pages)
Exhibit 3: Eligibility notice (5/28/23) (7 pages)
Exhibit 4: Special Enrollment Period Denial Notice (7/28/23) (6 pages)

Exhibit 5: Screen Shot of eligibility determination (3 pages)
Exhibit 6: Screen Shot of application summary (3 pages)
Exhibit 7: Appeals Unit database notes (1 page)
Exhibit 8: Email to Appellant (8/28/23) (1 page)
Exhibit 9: Notice of Appeal Hearing (9/7/23) (3 pages)
Exhibit 10: Acknowledgement of Appeal (1 page)

**FINDINGS OF FACT**

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

The record shows, and I so find:

1. In May 2023, Appellant applied for insurance through the Health Connector. When he submitted that application, he stated that he was not seeking financial assistance. Exhibit 6.
2. Appellant was determined eligible to purchase health insurance through the Health Connector. Exhibit 5. He was notified of that fact by notice sent on May 28, 2023. Exhibit 3.
3. Appellant did not attempt to sign up for health insurance until July 2023.
4. At that time, the annual open enrollment period during which individuals could sign up for health insurance had already ended. The annual open enrollment period for 2023 ended on January 23, 2023. https://www.mahealthconnector.org/help-center-answers/when-is-open-enrollment-and-when-do-health-connector-plans-start.
5. Appellant did not qualify for a special enrollment period that would have permitted him to enroll outside of the open enrollment period. As a result, he was unable to enroll in Health Connector coverage in July 2023. He was notified of this fact by letter dated July 28, 2023. Exhibit 4.
6. Appellant filed a timely appeal of that notice. Exhibit 1.
7. At the hearing, Appellant stated that his income was approximately $26,000 a year.

**CONCLUSIONS OF LAW**

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

Under federal and state law, enrollment in health insurance plans is limited to a certain time of the year, called open enrollment period. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.401(a). See also Mass. Gen. Laws ch. 176J, § 4. The annual open enrollment period for 2023 coverage ended on January 23, 2023.

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

In this case, Appellant did not state that he had experienced any of the events that would entitle him to a special enrollment period. He had not been insured before he tried to enroll in July 2023. Therefore, the Health Connector correctly determined that he did not qualify for a special enrollment period that would have enabled him to apply.

Appellant has several options. First, he has the option of applying for a waiver of the open enrollment restriction. The waiver can be granted by the state's Office of Patient Protection (OPP). See Mass. Gen. Laws c. 176J, § 4(a)(4). To apply for a waiver, an individual must complete and submit an application form that can be found at this website: https://www.mass.gov/service-details/request-an-open-enrollment-waiver.

Secondly, Appellant can re-apply for health insurance and state that he wants financial assistance. If he does that, he will be required to provide information about his income. Based on the information about his income that Appellant gave at the hearing, he may be eligible for Connector Care, which is a program of subsidized health insurance offered by the Health Connector. Persons with household incomes below 300 percent of the federal poverty limit qualify for Connector Care, provided they meet other eligibility criteria such as citizenship or legal permanent residence in the United States. 956 C.M.R. § 12.04(3)(a)(1). For an individual in a household of one person, like the Appellant, 300 percent of the federal poverty limit is $43,740 in 2023. See Federal Poverty Level (FPL) – Massachusetts Health Connector (mahealthconnector.org). If an individual is determined eligible for Connector Care, they may sign up within 60 days of that determination even if it is outside open enrollment period. See https://www.mahealthconnector.org/get-started/special-enrollment-period. If determined eligible for Connector Care, Appellant would get comprehensive coverage at a low premium and almost no out-of-pocket expenses.

If Appellant wants help filing a new application, he can seek assistance from a certified navigator, which is an organization qualified to provide free enrollment assistance. In the community where Appellant lives, there is a navigator organization at Lowell Community Health Center (978-937-9700) or Lowell General Hospital (978-937-6700).

Finally, Appellant can seek to enroll for coverage effective January 1, 2024, because the annual open enrollment period for 2024 opens on November 1 and will remain open until January 23, 2024.

Because the Health Connector correctly determined that Appellant did not qualify for a special enrollment period after open enrollment ended, I am denying this appeal.

**ORDER**

The appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this decision. You also have the right to appeal to state court in accordance with Chapter 30A of

the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

Cc: Health Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

MASSACHUSETTS HEALTH CONNECTOR
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## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Allowed.

**Hearing Issue:** Calculation of eligibility based on income.

**Hearing Date:** October 25, 2023 **Decision Date:** October 31, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on August 21, 2023, that he was not eligible for Connector Care based on a household income that was 383.90 percent of the federal poverty limit.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined Appellant's household income as a percentage of the federal poverty limit.

### HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on October 25, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

Exhibit 1: Appeals Request Form (8/25/23) (6 pages)
Exhibit 2: Health Connector Record Affidavit (2 page)
Exhibit 3: Eligibility Notice (8/21/23) (8 pages)
Exhibit 4: Screen Shot of Eligibility Determination (3 pages)
Exhibit 5: Screen Shot of Application Summary (3 pages)

Exhibit 6: Summary of Medicaid eligibility (6 pages)
Exhibit 7: Appeals Unit database notes (1 page)
Exhibit 8: Record of document uploads (1 page)
Exhibit 9: Record of income calculation (3 pages)
Exhibit 10: My WorkSpace notes (8/25/23) (2 pages)
Exhibit 11: My WorkSpace notes (8/17/2023) (2 pages)
Exhibit 12: Pay Stub (Sakonnet Golf) (1 page)
Exhibit 13: Pay Stub (Sakonnet Golf) (1 page)
Exhibit 14: Screen shot of application summary (8/17/2023) (3 pages)
Exhibit 15: Screen shot of eligibility determination (8/17/2023) (3 pages)
Exhibit 16: Notice of Appeal Hearing (9/7/23) (3 pages)
Exhibit 17: Acknowledgement of Appeal (1 page)

**FINDINGS OF FACT**

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

The record shows, and I so find:

1. Appellant is a single individual with no dependents. Exhibit 5.
2. Appellant applied for subsidized health insurance through the Health Connector on August 17, 2023. Exhibit 14. At the time, he had no health insurance.
3. In that application, Appellant reported that he had income from a job at a golf course amounting to $20,160 for 2023. Exhibit 14. Appellant had just started that job at the beginning of August, the month he applied for health insurance. The job is seasonal because it involves grounds work at a golf course.
4. Additionally Appellant reported in his application that he received a disability pension of $707 monthly. Exhibit 14. Annualized, that pension income amounts to $8,484 yearly.
5. Thus, Appellant's annual income for 2023 was $28,644, which is the amount of his golf course salary and his disability pension combined.
6. A person in a household of one person, like Appellant, with an annual income of $28,644 has income that falls between 200 and 250 percent of the federal poverty level, as calculated for 2023. See Federal Poverty Level (FPL) – Massachusetts Health Connector (mahealthconnector.org).
7. Based on that income, Appellant should have been determined eligible for Connector Care, which is a program of subsidized health insurance available to individuals with household incomes below 300 percent of the federal poverty level.
8. After applying, Appellant was requested to submit proof of his income. He did this by submitting a pay stub from the golf course where he worked. Exhibits 10, 11.
9. The pay stub was for the week ending August 10, 2023. Exhibit 12. That pay stub clearly shows that Appellant earned $960 for that week and that his year-to-date earnings were $960. This established that this was his first week of employment.
10. Despite this clear evidence, the Health Connector staff member responsible for verifying income annualized this week's earning. In other words, the staff member calculated that Appellant had been

earning this weekly amount for the entire calendar year 2023. As a result, the staff member determined that Appellant's 2023 earnings at the golf course would be $49,920. Exhibit 5.

11. This miscalculation changed Appellant's 2023 total earnings to $52,172. Exhibit 5. At that income level, Appellant was determined to have household income amounting to 352 percent of the federal poverty level. Exhibit 5. Based on that erroneous figure, the Health Connector determined that Appellant was not eligible for Connector Care. Instead, the Health Connector determined that Appellant was eligible for only a small amount of subsidy. Exhibit 4. The Health Connector notified Appellant of this determination by notice dated August 21, 2023. Exhibit 3.
12. The eligibility determination stated in the August 21 notice was an error, caused by a miscalculation by the Health Connector staff person who reviewed the pay stub.
13. Appellant filed a timely appeal of the August 21 notice. Exhibit 1.

**CONCLUSIONS OF LAW**

The issue in this appeal is whether the Health Connector correctly determined Appellant's household income as a percentage of the federal poverty level.

The Health Connector determines eligibility of individuals to receive federal and state subsidies to purchase health insurance. Federal subsidies to purchase health insurance are provided under the Affordable Care Act. 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percent of the federal poverty limit (FPL). Id. The FPL is a threshold determined annually by the federal government based on household income and size; it is used to determine eligibility for a range of federal assistance programs. See 42 U.S.C. § 9902(2). In 2023, when Appellant's eligibility calculation was made, the FPL for a household of one person, like Appellant's, was $13,590. See Federal Poverty Level (FPL) – Massachusetts Health Connector (mahealthconnector.org). Thus, the income of $28,644, which is what Appellant reported in his application, fell between 200 and 250 percent of FPL. Id.

Persons with incomes below 300 percent of FPL are eligible for Connector Care, a program of subsidized health insurance under which APTCs are combined with state-funded subsidies to reduce the cost of health insurance. See 956 C.M.R. § 12.04. Thus, given that Appellant's income was below 250 percent of the FPL, he should have been determined eligible for Connector Care.

However, this did not happen because the person who reviewed Appellant's pay stub, which was submitted to verify income, mistakenly imputed that weekly income to Appellant for the entire calendar year of 2023. This was error, because Appellant had not started the job until August 1, and so was only working for less than half of the calendar year. This information was clearly verified by the pay stub itself, which indicated that Appellant's earnings for the first week of August were the same as his year-to-date earnings.

Because Appellant's eligibility was incorrectly determined based on an error by the Health Connector staff person responsible for verifying income, I am required to allow this appeal and order that Appellant's eligibility be re-determined using the correct figure, which he submitted in his application.

**ORDER**

The appeal is allowed. The Health Connector is ordered to correct the verified income figure for Appellant's golf course work to $20,160, which is the figure Appellant provided in his application. Appellant should not be required to provide further verification. Further, the Health Connector is ordered to re-determine his eligibility based on that figure, determining him eligible for Connector Care.

**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

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## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Calculation of eligibility based on income.

**Hearing Date:** October 25, 2023 **Decision Date:** October 31, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on July 14, 2023, that he was eligible for federal subsidies based on a household income that was 635 percent of the federal poverty limit.

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined Appellant's household income as a percentage of the federal poverty limit.

### HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on October 25, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

Exhibit 1: Appeals Request Form (8/28/23) (6 pages)
Exhibit 2: Health Connector Record Affidavit (2 page)
Exhibit 3: Eligibility Notice (7/14/23) (8 pages)
Exhibit 4: Screen Shot of Eligibility Determination (2 pages)
Exhibit 5: Screen Shot of Application Summary (3 pages)

Exhibit 6: Summary of Medicaid eligibility (6 pages)
Exhibit 7: Appeals Unit database notes (2 page)
Exhibit 8: Notice of Appeal Hearing (9/7/23) (3 pages)
Exhibit 9: Acknowledgement of Appeal (1 page)

**FINDINGS OF FACT**

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

The record shows, and I so find:

1. Appellant is a single individual with no dependents. Exhibit 1.
2. Appellant applied for subsidized health insurance through the Health Connector on July 14, 2023. Exhibit 5.
3. In that application, Appellant reported that he had income from several different sources. First, he reported that he had income from interest and dividends amounting to $2,074 annually. He also reported that he had annual income of $30,520 from his employment. Exhibit 5.
4. Finally, he reported that he had rental income of $53,771 annually. Exhibit 5.
5. When added together, these reported income sources amount to $86,365 annually.
6. At the hearing, Appellant confirmed that the figures for interest and dividends and for salary were both correct.
7. However, Appellant stated that the figure for rental income was incorrect. In fact, Appellant had experienced a loss in 2023 on his rental property due to vacancies. It appears that, in completing his application on-line, Appellant intended to report a negative number for rental income, but in fact reported a positive number.
8. As a result of this error on Appellant's part, the 2023 income in his application was significantly overstated.
9. Based on the income figures in his application, the Health Connector determined that Appellant's income was 635 percent of the federal poverty limit. Exhibit 4. At that income level, he was eligible only for a small amount of federal subsidy.
10. Appellant was notified of this determination by notice dated July 14, 2023. Exhibit 3.
11. Appellant filed a timely appeal of this determination. Exhibit 1.

**CONCLUSIONS OF LAW**

The issue in this appeal is whether the Health Connector correctly determined Appellant's household income as a percentage of the federal poverty level.

The Health Connector determines eligibility of individuals to receive federal and state subsidies to purchase health insurance. Federal subsidies to purchase health insurance are provided under the Affordable Care Act. 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percent of

the federal poverty limit (FPL). Id. The FPL is a threshold determined annually by the federal government based on household income and size; it is used to determine eligibility for a range of federal assistance programs. See 42 U.S.C. § 9902(2). In 2023, when Appellant's eligibility calculation was made, the FPL for a household of one person, like Appellant's, was $13,590. See Federal Poverty Level (FPL) – Massachusetts Health Connector (mahealthconnector.org).

Thus, an income of $86,365, which is what Appellant reported, is more than six times or over 600 percent of the federal poverty limit. Based on that percentage, the amount of APTCs for which an individual is eligible would be low. That amount is reflected in the eligibility determination for Appellant made by the Health Connector. This determination was not an error, because it was correctly based on the information Appellant provided.

According to Appellant's testimony at the hearing, the information that he entered in his application is incorrect because he did not realize income of $53,771 in 2023 due to his rental property. Appellant should correct this error by revising his application and entering a correct figure for rental income. When that figure is corrected, Appellant's eligibility will be re-determined.

Appellant can correct the error in his application by going on-line at the Health Connector's website, which is found at www.mahealthconnector.org. Alternatively, he can call the Health Connector's customer service department at 877-623-6765, and explain that he wishes to update and amend his application for financial assistance.

Because the Health Connector correctly determined Appellant's eligibility based on the income figures that Appellant provided, I must deny this appeal.

**ORDER**

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-19231

**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:** September 14, 2023 **Decision Date:** October 24, 2023

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 1, 2023, Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits. On May 1, 2023, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan.

### ISSUE

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

### HEARING RECORD

Appellant appeared at the hearing which was held by telephone on September 14, 2023. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

The hearing record consists of the testimony of Appellant and the following documents which were admitted in evidence:
Exhibit 1: Affidavit and Appeal Request dated May 9, 2023
Exhibit 2: Eligibility on Appeal dated May 1, 2023
Exhibit 3: Appeals Unit Research and Resolution

Exhibit 4: None
Exhibit 5: None
Exhibit 6: Notice from Appeals Unit dated August 11, 2023

## FINDINGS OF FACT

The record shows, and I so find:

1. On May 1, 2023, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 2).
2. On May 1, 2023, Appellant was found to be eligible for a Health Connector Plan with Advance Premium Tax Credit (Exhibit 2).
3. On May 1, 2023, Appellant was not found eligible for a Special Enrollment Period due to not having a qualifying life event that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 2).
4. On May 1, 2023, Appellant was covered by health insurance through an ex-spouse's health insurance policy (Exhibit 1 and Testimony of Appellant).
5. Appellant's application of May 1, 2023 stated that Appellant would lose coverage under the ex-spouse's policy when the ex-spouse remarried (Exhibit 1 and Testimony of Appellant).
6. Appellant's application stated that the ex-spouse's remarriage and termination of Appellant's health insurance were expected to occur in June 2023 (Exhibit 1 and Testimony of Appellant).
7. At the time of the hearing on September 14, 2023, the ex-spouse had not yet remarried, and Appellant still had coverage under the ex-spouse's policy (Testimony of Appellant).
8. Appellant did not have any of the changes in circumstances that had occurred within the previous sixty days or the applicable time period that would allow Appellant to enroll outside of the Open Enrollment Period (Testimony of Appellant).
9. On June 1, 2023, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1).

## ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. Appellant had applied for a Health Connector Plan on May 1, 2023, which was outside of the open enrollment period. Appellant was covered by a health insurance policy of an ex-spouse on May 1, and was still covered by the policy on the date of the hearing. Although Appellant was expecting that Appellant would lose the health insurance when the ex-spouse remarried, at the time of the application Appellant was still covered by insurance. Since Appellant was still insured, 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 and Exhibits 1, 2, 3 and Testimony of Appellant, which I find to be credible.

## ORDER

Appellant's appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals 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

**If Appellant loses the present health insurance coverage, Appellant can apply again and seek a special enrollment period.**

**During the hearing, Appellant stated that employer sponsored health insurance was available to Appellant through Appellant's employment. Appellant did not state that such insurance was available on the application for health insurance. Appellant was encouraged to update the application with the Health Connector with information about the Appellant's employer's health insurance as this may affect the ability of the Appellant to be eligible for subsidies.**

# Massachusetts Health Connector Appeals Unit

# FINAL APPEAL DECISION: ACA2319660

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** September 18, 2023 **Decision Date:** October 25, 2023

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## AUTHORITY

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

## JURISDICTION

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

## ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 4, 2023, the Appellant's eligibility for Health Connector plans was terminated based on failure to submit requested information and documents.

## ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant's eligibility should be terminated for Health Connector plans, based on the Appellant's failure to provide requested documents and information.

## HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on September 18, 2023. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

Exhibit 1: Affidavit of Record Verification and procedures (1 page);
Exhibit 2: Notice of Hearing (8-16-23) (3 pages);
Exhibit 3: Acknowledgement of Appeal (8-2-23) (1 page);
Exhibit 4: Outreach notes and email (3 pages);
Exhibit 5: Hearing Request form (7-7-23) (with document) (6 pages);

Exhibit 6: Eligibility termination letter (5-4-23) (6 pages);
Exhibit 7: Eligibility detail printouts and applications summary printouts (10 pages);
Exhibit 8: Request for Information and reminder (1-11 and 3-12-23) (6 pages);
Exhibit 9: Medicaid Household Determinations (12 pages);
Exhibit 10: Letter requesting vacate dismissal (7-15-23) (2 pages); and
Exhibit 11: Insufficient document notice (7-13-23) (3 pages).

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had health insurance through the Health Connector in early 2023 and had been requested to submit documents regarding residency (Exhibits 7, 8).
2. The Appellant's eligibility was terminated for Health Connector plans, on May 4, 2023, after failing to send in documents proving residency. (Exhibits 6, 7).
3. Appellant submitted a document, but it was determined insufficient. (Exhibit 11).
4. Appellant did not submit sufficient documents requested within the time frame required (Appellant Testimony, Exhibits 6, 8).

### ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to submit proof residency. The Appellant appealed. Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' residency, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D). In addition, if the applicant fails to submit requested documents, the applicant will be determined ineligible for Health Connector plans.

In early 2023, the Appellant was determined eligible Connector Care plans 2B, and was asked to submit proof of residency. On March 12, 2023, Appellant was reminded again to submit the documents. The Appellant failed to submit the requested proof of residency, the Health Connector terminated the Appellant's eligibility to have health insurance through the Health Connector. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). The Appellant was found ineligible for Health Connector plans, and that is the correct determination based on the failure to submit the documents.

### ORDER

The Connector determination was correct. The appeal is therefore denied.

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

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

Cc: Connector Appeals Unit

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**ADDENDUM**

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

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

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

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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2319817

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

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

**Hearing Date:** September 20, 2023 **Decision Date:** October 24, 2023

### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On July 19, 2023, the Connector determined Appellant to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellant had a qualifying life event. The Connector denied Appellant a special enrollment period.

### HEARING RECORD

The appellant appeared at the hearing which was held by telephone on September 20, 2023. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection. The appellant testified.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of appeals files
Exhibit 2: Connector Appeals Unit Notice of Hearing dated August 16, 2023 addressed to Appellant for September 20, 2023 hearing
Exhibit 3: Connector Appeals Unit letter dated August 3, 2023 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
Exhibit 3a: Appeals Unit outreach notes dated August 3, 2023
Exhibit 3b: Appeals Unit letter to Appellant dated August 3, 2023 regarding the Office of Patient Protection with application for waiver attached
Exhibit 4: Hearing Request Form from Appellant received by the Connector on July 26, 2023
Exhibit 5: Connector letter dated July 19, 2023 to Appellant denying a Special Enrollment Period
Exhibit 5a: Connector letter dated July 19, 2023 to Appellant regarding eligibility to purchase a plan

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated July 19, 2023
Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated July 27, 2023
Exhibit 7: Medication Household determination dated July 19, 2023
Exhibit 8: Connector Customer Service print-out showing receipt of proof of income on July 17th and 26th, 2023

## FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Connector in July, 2023 (Testimony of Appellant; Exhibits 5, 5a, and 6).

2. The appellant answered the CAN I SHOP questions on the application. Appellant did not have any qualifying life events which would allow him to enroll in a health insurance plan through the Connector outside of the Connector's open enrollment period. Within the past 60 days, Appellant had not lost health insurance, had not moved, gotten married, or had a child or added a dependent to his family. The appellant was not a Native American or an Alaska indigenous person. There was no change in Appellant's immigration status (Testimony of Appellant, Exhibit 3a).

3. Based upon the information attested to by the appellant on his application, the Connector determined on July 19, 2023 that though the appellant was eligible to purchase health insurance through the Connector, the appellant was not eligible for a special enrollment period. Appellant would have to wait until the next open enrollment period or until he had a qualifying life event (Exhibits 3a, 5, 5a, and 6).

4. In a letters from the Connector dated July 19, 2023, the appellant was informed that he was eligible to purchase a Health Connector plan with an advance premium tax credit, but that he was not eligible to enroll in a plan until the next open enrollment period or until the appellant had a qualifying event. (Exhibits 5, 5a,).

5. On July26, 2023 Appellant appealed the determination by the Connector which denied him a special enrollment period (Exhibit 4).

## ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on July 19, 2023 that the appellant was eligible for health insurance through the Connector, but was not eligible to enroll until the next open enrollment period or until Appellant had a qualifying life event. The appellant has appealed this determination. See Exhibits 4 and 5.

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

a plan outside of an open enrollment period, if otherwise eligible. According to 45 Code of Federal Regulations Section 155.420 (c)(1) and 155.420 (d)(1)(i), the loss of health insurance coverage is a qualifying life event. The open enrollment period for 2023 coverage ran from November 1, 2022 through January 23, 2023.

In this matter, Appellant applied for health insurance through the Connector in July, 2023 outside of the open enrollment period. The appellant answered the CAN I SHOP questions on the application. Appellant did not have any qualifying life events which would allow him to enroll in a health insurance plan through the Connector outside of the Connector's open enrollment period. Within 60 days of applying, Appellant had not lost health insurance, had not moved, gotten married, or had a child or added a dependent to his family. The appellant was not a Native American or an Alaska indigenous person. There was no change in Appellant's immigration status. Based upon the information attested to by the appellant on his application, the Connector determined on July 19, 2023 that though the appellant was eligible to purchase health insurance through the Connector, the appellant was not eligible for a special enrollment period. Appellant would have to wait until the next open enrollment period or until he had a qualifying life event. In a letters from the Connector dated July 19, 2023, the appellant was informed of these determinations. See Exhibits 3a, 5, 5a, 6 and the testimony of Appellant which I find to be credible.

Appellant applied for health insurance coverage outside of the open enrollment period. Appellant had no qualifying event 60 days prior to applying. He attested to this on his application and confirmed the information when he testified at this hearing. Given this, I find that the Connector's determination that Appellant was not eligible for a special enrollment period should be affirmed. See cites above including 45 CFR Section 155. 420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period.

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

**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 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. Appeals Unit

Hearing Officer

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