

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA19-9360

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** August 29, 2019

**Decision Date:** September 29, 2019

---

### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 26, 2019, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

### ISSUE

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

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 29, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector’s Hearing Notice (8 pages, dated July 22, 2019)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal (5 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form (1 page dated July 4, 2019)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated June 26, 2019)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (3 pages, dated June 26, 2019)
- Exhibit 8: Health Connector’s Determination Results and Review Computer Printout (2 pages, dated July 22, 2019)
- Exhibit 9: Historical Notices and Printouts (4 pages)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was determined eligible for Health Connector Plans but was determined ineligible because she did not have a life qualifying event. (Exhibit 6 & 8)
2. Appellant had moved to Massachusetts in February 2019 but did not provide any document to the Health Connector within sixty days of moving to Massachusetts of her recent residency. (Appellant testimony)
3. Appellant did not testify to or produce any documents that showed a life qualifying event.

## **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant was found eligible for ConnectorCare Plans but was determined ineligible and not granted a special enrollment period because she did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2019 was November 1, 2018 to January 23, 2019. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

Appellant was determined eligible for Connector Care plans. Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant did not testify to or produce any

records that would indicate that she had a life qualifying event. The Health Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR s. 155.

## **ORDER**

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

## **ADDENDUM**

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA19-9517

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** September 17, 2019

**Decision Date:** September 25, 2019

---

### **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 July 5, 2019, the Appellant was determined eligible for Health Connector plans without subsidies, but was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

### **ISSUE**

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

### **HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on September 17, 2019. The hearing was recorded. The hearing record consists of the Appellant's testimony, through an interpreter, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (8-5-19) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (7-25-19) (10 pages);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (7-20-19) (2 pages);
- Exhibit 6: Special Enrollment Decision (7-5-19) (8 pages);

Exhibit 7: Eligibility detail printout and application summary printout (4 pages); and  
Exhibit 8: AVV form (1 page).

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant had health insurance previously, but was wanting to add her father to her household, although she was not eligible to do so as she does not claim her father as a dependent on her taxes (Appellant Testimony).
2. Appellant had purchased a home with her father, but he had misled her and she ended up in financial difficulty (Appellant Testimony).
3. Appellant applied again for insurance and was deemed eligible for Health Connector plans without financial assistance based on a federal poverty level of 477.21%. Appellant was not eligible to enroll due to lack of a qualifying event (Exhibits 4, 6, 7, and Appellant's testimony).
4. Appellant was deemed ineligible for a special enrollment on July 5, 2019 (Exhibit 6).
5. Appellant also raised an issue about the coverage and amount of premiums but that is not a subject of this appeal (Appellant's testimony).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant was found eligible for Health Connector plans, but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2019 will likely be in November. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. In this case, Appellant wanted to add her father to her household, but was not eligible to do so.

On July 5, 2019, the Appellant was determined eligible for Health Connector plans, but was found not eligible for a special enrollment period due to failure to have a qualifying life event. Because the Appellant had not experienced a qualifying event as of the date of her application, the Health Connector's determination that the appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420.

## **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

---

### **ADDENDUM**

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

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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA19-9550

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** September 24, 2019

**Decision Date:** September 29, 2019

---

### 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 17, 2019, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

### ISSUE

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

### HEARING RECORD

The Appellant's father appeared at the hearing, which was held by telephone, on September 24, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant's father was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector's Hearing Notice (4 pages, dated August 7, 2019)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (5 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form (4 pages dated July 24, 2019)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated July 17, 2019)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated July 17, 2019)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was determined eligible for ConnectorCare Plan 2B but was determined ineligible because he did not have a life qualifying event. (Exhibit 6)
2. Appellant had received notice of renewal but thought he was automatically renewed without having to enroll in a ConnectorCare Plan. (Appellant's father's testimony and Exhibit 6 & 7)
3. Appellant's father did not testify to or produce any documents that showed a life qualifying event.

## **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant was found eligible for ConnectorCare Plans but was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2019 was November 1, 2018 to January 23, 2019. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

Appellant was determined eligible for Connector Care plans. Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant's father testified that the Appellant thought he was automatically enrolled and that he did not have to pick a plan or enroll in a plan. Appellant did not testify to or produce any records that would indicate that he had a life qualifying event. The Health

Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR s. 155.

**ORDER**

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

**ADDENDUM**

Appellant was granted an administrative SEP and was going to call and enroll with customer service.