

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 23-18405

Appeal Decision: Appeal denied

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

Hearing Date: April 7, 2023

Decision Date: April 19, 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

By notice dated January 3, 2023, the Appellant was advised that he was determined eligible for ConnectorCare with subsidies and Advanced Premium Tax Credits ("APTC's"). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7)

ISSUE

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

HEARING RECORD

The Appellant and the Appellant's authorized representative appeared at the hearing, which was held by telephone on April 7, 2023, and testified under oath. The Appellant's authorized representative 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	(14 PP, received 2/14/2023)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated 2 /7/ 2023)

Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated	3/9/ 2023)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated	11/15/ 2022)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated	12/15/2022)
Exhibit 7:	Health Connector Notice of Eligibility	(8 PP, dated	12/15/2022)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	12/15/ 2022)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	2/13/ 2023)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	2/3/2022)
Exhibit 11:	Health Connector's Application Summary	(3 pages, dated	1/3/ 2023)
Exhibit 13:	Health Connector's Eligibility Results	(3 pages, dated	1/3/2023)
Exhibit 14:	Medicaid Household Determination	(8 PP, dated	1/3/ 2023)
Exhibit 15:	Health Connector Notice of Eligibility	(8 PP, dated	1/3/2023)
Exhibit 16:	Informal Resolution Appeal	(2PP, dated	2/7/2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is eligible for and enrolled in Connectcare Plan Type 2B since February 1, 2023. (Exhibits 1 and 9).
2. At one time the Appellant was enrolled in Connectorecare with subsidies and APTC's. (Testimony, Exhibits 1,5-9).
3. The Appellant's income was verified on December 15, 2022 and because the household income was less than 100% of Federal Poverty Level, MassHealth was requesting verification of income documentation. (Testimony, Exhibits 1, 2, 5-6).
4. The Appellant testified they spoke with customer service and were told to mail the income verification documents to Portland Street in Boston, which they did including a W2. (Testimony, Exhibits 1, 2)
5. Once the documents were received, the Appellant's income was redetermined to an income equivalent to 178.80 % of the Federal Poverty Level("FPL"). (Exhibits 1, 5-6, and 10-11).
6. The Appellant became eligible on February 1, 2023, for a Connectcare Plan Type 2B. (Testimony, Exhibits 1, 5-8).
7. The Appellant's testified that they should be refunded the increased premium for January 2023 because their income did not change. (Testimony, Exhibits 1,2,).
8. Any documents that were submitted by the by the Appellant and those documents submitted by the Appellant are not part of this appeal because the only issue to be decided was whether the Connector's income determination on January 3, 2023, was correct and properly verified. (Exhibits 1, 6,7, and 10 -15).
9. This appeal addresses the issue of the Connector's income eligibility determination on January 3, 2023 in verification of the Appellant's income. (Exhibits 1,9-,11-16).

10. The Appellant was advised the appeal only addresses the issue of whether the Connector's decision regarding eligibility based on income and not refunds of premiums paid, and they were encouraged to contact customer service regarding any requests for refunds of premiums paid in January 2023.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant is eligible for and enrolled in Connectcare Plan Type 2B since February 1, 2023. (Exhibits 1 and 15). At one time the Appellant was enrolled in Connectorecare Plan and the premium was low and included subsidies and APTC's. (Testimony). The Appellant's income was verified on December 15, 2022, wherein it was determined their FPL was less than 100% and they were to submit verification documents to MassHealth. (Testimony, Exhibits 1 and 5). The Appellant asserts that this determination is incorrect because their income did not change, and they should have stayed in their prior current ConnectorCare plan with reduced premiums. The Appellant sent in 2021 W2's and were redetermined on January 3, 2023, with determination of an 178.80% of the Federal Poverty Level("FPL"), for an effective date of February 1, 2023 (Testimony, Exhibits 1,5-7, 9-15).

The Appellant's testified this income is correct but that because they were told to send the documents into Portland Street in Boston, they should receive a refund for the increased premium for January 2023 which they needed to pay to keep health insurance until it was readjusted effective February 1, 2023. (Testimony, Exs. 1, 2,5-7, 9-15).

The Connector's notice on December 15, 2023, asked the Appellant to review this information and report any changes within 30 days if it was incorrect. (Exhibits 1, 7). The Appellant sent in verification documents which were accepted and processed on January 3, 2023. This is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant, based on the Appellant's documents. (Exhibits 1,11-15). This was used to determine a household income equivalent to 178.80% of the Federal Poverty Level. (Exhibits 1,11-15). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on January 3, 2023, regarding the Appellant's eligibility for Health Connector Plans with subsidies was correct. The Appellant was advised to call Customer Service and the Appeals Unit to report any changes in income, any other information on their application, or issues with respect to refunds of premiums paid for January 2023.

ORDER

The appeal is denied.

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

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

you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2023 from the federal government will be reconciled when you file your 2023 federal income tax return (usually in the spring of 2024). This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during 2023 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2023 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2023 will be paid to you when you file your 2023 federal income tax return.

10Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 23-18458

Appeal Decision: Appeal denied

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

Hearing Date: March 29, 2023

Decision Date: April 12, 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

By notice dated February 3, 2023, the Appellant was advised that he was determined eligible for ConnectorCare with Advanced Premium Tax Credits (“APTC’s”). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7).

ISSUE

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

HEARING RECORD

The Appellant household consists of the Appellant and Spouse. The Appellant Husband appeared at the hearing, which was held by telephone on March 29, 2023, and testified under oath. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant’s Appeal Request Form and Statement	(6 PP, received 2/7/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 2/10/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 2/15/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 2/3/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 2/3/2023)
Exhibit 7	Health Connector’s Notice	(9 PP, dated 2/3/2023)

Exhibit 8:	Medicaid Household Determination	(8 PP, dated	10/28/ 2022)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	2/10/ 2023)
Exhibit 10:	Income Verification Documents Spouse 2022-1099	(1PP, dated	10/12/2022)
Exhibit 11:	Income Verification Documents	(2 PP, dated	12/31 /2022)
Exhibit 12	Health Connector's Application Summary	(2 PP, dated	12/21 /2022)
Exhibit 13:	Health Connector Document Request Notice	(3 PP, dated	11/6/ 2022)
Exhibit 14:	Health Connector Request for Information	(3 PP, dated	9/7/2022)
Exhibit 15:	Health Connector's Application Summary	(3 PP, dated	12/21/ 2022)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant has a household of two and is eligible for and enrolled in a plan with Advanced Premium Tax Credits since March 1, 2023. (Exhibits 1 and 9).
2. Previously the Appellant was enrolled in Connectorcare Plan Type 2A. (Testimony, Exhibits 1,5-9).
3. On his application dated February 3, 2023 the Appellant entered a manual verified annual modified adjusted gross income of \$23,958.24 per year, or 125.85 % of the Federal Poverty Level ("FPL"). (Exhibit 6)
4. The Health Connector's determined from other sources that the Appellant's annual modified adjusted gross income (MAGI) would place them at an income equivalent to 994.93 % of the Federal Poverty Level("FPL"). (Exhibits 1, 5-6, 7, and 10-11).
5. This determination was based on manual verified income of \$176.212 consisting of capital gains income consisting of employment and retirement income. (Exhibits 1, 5-8, and 11).
6. An individual at that income level would be eligible for unsubsidized coverage under the Affordable Care Act ("ACA"), with Advanced Premium Tax Credits because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.
7. The Appellant's testified that attested amount of W2 earned income, IRA distributions and dividends was correct, but the Capital Gains income of \$11,934 per month was inaccurate because it was from 2021 when he received a large capital gains distribution totaling over \$100,000 Dollars. (Testimony, Exhibits 1, 6, and 13).
8. The Appellant testified that his 2022 capital gains income was substantially less and reflected on the amount of income for which he attested (Testimony, Exhibits 1, 6, and 13).
9. Appellant then filed his appeal on February 7, 2023 because he indicated that the Health Connector was using information from his income tax return from 2021, that reflected that he had a onetime source of income that was not repeated in 2022.
10. The Appellant's testified he had submitted to the Connector several documents including his Spouses 2022 1099-R as well as income verification reflecting the reduced amount compared to the 2021 distribution and that this should have been used to determine their income. (Testimony, Exhibits 1,10, and 11).

11. The Appellant submitted some of the income verification documents after December 6, 2022, deadline referenced in the RFP and Reminder Letters. (Exhibits 11,13, and 14).
12. The Appellant testified he recently filed his 2022 tax returns which had not yet been accepted. (Testimony).
13. The Appellant was encouraged to contact the Connector to update their income.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including government sponsored health insurance such as Medicare. 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

The Appellant is eligible for and enrolled in Connectcare Plan with APTC's since March 1, 2023. (Exhibits 1 and 9). Previously the Appellant was enrolled in Connectorcare Plan Type 2A. (Testimony, Exhibits 1,5-9). The Appellant's income was verified on February 3, 2023 wherein the Appellant testified that the attested amounts of W2 earned income, IRA distributions and dividends and \$2,682 annual income consisting of employment and retirement income was correct, but that the 11,934.41 per month in capital gains income. (Testimony, Exhibits 1, 5-8). The Appellant asserts that this determination is incorrect and that based on their 2021 income the premium should not have increased (Testimony).

The Appellant submitted some of the income verification documents after December 6, 2022, deadline referenced in the RFP and Reminder Letters. (Exhibits 11,13, and 14). The Connector's notice on February 3, 2023, is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant. (Exhibits 1,5-7 and 11). This was used to determine a household income equivalent to 994.93 % of the Federal Poverty Level. (Exhibits 1, 5-6). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on February 3, 2023, regarding the Appellant's eligibility for Health Connector Plans with subsidies was correct. The Appellant was advised to call Customer Service and the Appeals Unit to report any changes in income or any other information on the application.

ORDER

The appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30)

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2023 from the federal government will be reconciled when you file your 2023 federal income tax return (usually in the spring of 2024). This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during 2023 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2023 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2023 will be paid to you when you file your 2023 federal income tax return.

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: March 29, 2023

Decision Date: April 12, 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.*

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 February 7, 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("SEP"), 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 March 29, 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 and Statement	(6 PP, received	2/6/2023)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated	2/12/ 2023)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated	2/15/ 2023)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated	10/19/ 2023)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated	10/19/2023)
Exhibit 7	Health Connector's Notice of Denial of SEP	(9 PP, dated	2/7/2023)

Massachusetts Health Connector Appeals Unit



Exhibit 8:	Medicaid Household Determination	(8 PP, dated	10/19/ 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	2/12/ 2023)
Exhibit 10:	Health Connector’s OPP Instructions	(3 PP, dated	2/12/2023)
Exhibit 11	Office of Patient Protection Form 2023	(6 PP, undated)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was on the Health Connector until sometime in 2022 but was disenrolled due to non-payment (NPP). (Appellant testimony, Exhibits 1,2,7,9, and 11).
2. The Appellant was eligible for healthcare with Advanced Premium Tax Credits (“APTC’s”) on October 19, 2022, but did not enroll during open enrollment. (Exhibits 1, 5 and 6).
3. The Appellant applied for coverage on February 7, 2023 during the open enrollment period but the Appellant was denied under a Special Enrollment Period. (Exhibits 1 and 7).
4. The Appellant asserts that she is eligible for a Connector plan with Advanced Premium Tax Credits and should be eligible. (Appellant testimony, Exhibits 1,2,7, and 8).
5. Although the Appellant became eligible for the Health Connector with APTC’s she was unable to enroll in the SEP period because she did not have a qualifying life event. (Exhibits 1,3-7, and 9).
6. As of February 7, 2023, the Appellant had not experienced a qualifying life event and was denied a Special Enrollment Period(“SEP”). (Appellant Testimony, Exhibits 1,3-7, and 9).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant previously was enrolled in Health Connector Plans but was disenrolled in 2022 for non-payment. (Appellant Testimony, Exhibits 1,2,7,9, and 11). The Appellant was eligible for healthcare with APTCs on October 19, 2022 but did not enroll during open enrollment. (Exhibits 1, 5 and 6). The Appellant applied for Connectcare on February 7, 2023 and although she was eligible for a Connectcare Plan with APTC’s based on household income and a Federal Poverty Level(“FPL”) of 344.4%2, but did not did not have qualifying life event and therefore could not enroll in coverage.

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 was November 1, 2021, 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. Cancellation of coverage due to failure to pay premium is not a qualifying life event. 45 CFR § 155.420(e)(1).

On February 7, 2023, the Appellant was determined ineligible for Health Connector plans under a special enrollment period decision due to failure to have a qualifying life event. The Appellant’s disenrollment in 2022 is not a qualifying life event. At hearing, the Appellant 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.

Massachusetts Health Connector Appeals Unit



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/>.

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: April 7, 2023

Decision Date: April 19, 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.*

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 February 8, 2023, the Appellant was determined ineligible for a special enrollment period ineligible 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 April 7, 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	(5 PP, received	2/16/2023)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated	2 /21/ 2023)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated	3/9/ 2023)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated	2/8/ 2023)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated	2/8/2023)
Exhibit 7	Health Connector's SEP Denial Notice	(8 PP, dated	2/8/2023)

Massachusetts Health Connector Appeals Unit



Exhibit 8:	Medicaid Household Determination	(8 PP, dated	2/8/ 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	2/21/ 2023)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	2/21/2022)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant testified she applied for Connectorcare in November 2022 after she moved to an employer that did not offer health insurance. (Testimony).
2. The Appellant said she called Connectorcare in November,2022 after receiving a letter from Connectorcare and was told she should have submitted any documents or information online. (Testimony).
3. The Appellant testified she was not allowed to make her first payment and received the letter after the due date of the first payment. (Testimony, Exhibits 1 and 2).
4. The Appellant applied for Connectorcare on February 8, 2023, and was not granted a Special Enrollment Period. (Exhibits 1,5, 6, and 7).
5. As of February 8, 2023, the Appellant had not experienced a qualifying life event. (Exhibits 1 and 7).
6. The Appellant had never been enrolled in Connectorcare. (Exhibits 1,9).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant had never been enrolled in Connectorcare. (Exhibits 1,9). The Appellant testified she applied for Connectorcare in November 2022, but she was not allowed to make her first payment. (Testimony, Exhibits 1 and 2). The Appellant applied again on February 8, 2023, outside of the open enrollment period and was not granted a Special Enrollment Period because she did not have a qualifying life event, and therefore could not enroll in coverage. (Exhibits 1,5, 6, and 7). 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 2022 was November 1, 2022, to January 23, 2023. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420.

On February 8, 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. The loss of health insurance 60 days prior to the application or failure to make a payment resulting previously is not a qualifying life event. (Exhibits 1, 2, and 7). 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.

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 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.

Massachusetts Health Connector Appeals Unit



Cancellation of coverage or non-enrollment due to failure to pay premium is not a qualifying life event. 45 CFR § 155.420(e)(1).

On February 8, 2023, the Appellant was determined ineligible for Health Connector plans under a special enrollment period decision due to failure to have a qualifying life event. At hearing, the Appellant 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 enrollment 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

FINAL APPEAL DECISION: ACA22-17595

Appeal Decision: Appeal denied.

Hearing Issue: Appeal of eligibility for subsidized Health Connector plans and Advance Premium Tax Credit

Hearing Date: February 9, 2023

Decision Date: March 29, 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

By notice dated April 12, 2022, the appellant was advised that he no longer qualified for a ConnectorCare Plan and Advanced Premium Tax Credit (APTC) effective on April 30, 2022. (Ex. 11) The appellant filed an appeal which was received on October 3, 2022. (Ex. 13) The matter was referred to a hearing after receipt of the appeal. (Ex. 23)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for ConnectorCare Plans with APTC on April 12, 2022, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on February 9, 2023, and testified under oath. He was represented by an attorney. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results showing a program determination for July 25, 2022 (2 pages)
- Ex. 2-- Health Connector's Review of Application (3 pages)
- Ex. 3—Health Connector's Notice of Eligibility Termination dated July 25, 2022 (6 pages)
- Ex. 4—Medicaid Household Determination Document (6 pages)
- Ex. 5—Health Connector's Eligibility Determination Results showing a program determination date of February 12, 2022 (2 pages)

- Ex. 6—Health Connector’s Review of Application (3 pages)
- Ex. 7—Health Connector’s Request for Information dated November 8, 2021 (5 pages)
- Ex. 8—Health Connector’s Reminder Notice dated February 16, 2022 (3 pages)
- Ex. 9—Health Connector’s Eligibility Determination Results based on a program determination date of April 12, 2022 (2 pages)
- Ex. 10—Health Connector’s Review of Application (3 pages)
- Ex. 11—Health Connector’s Notice of Eligibility Termination dated April 12, 2022 (6 pages)
- Ex. 12—Health Connector’s Notice of Unacceptable Proof dated May 2, 2022 (7 pages)
- Ex. 13—Online Appeal Form received on October 3, 2022 (6 pages)
- Ex. 14—Acknowledgment of Appeal dated November 1, 2022 (1 page)
- Ex. 15—Health Connector’s Notice of Dismissal of Appeal dated October 6, 2022 (1 page)
- Ex. 16—Appellant’s Appeal of Health Connector’s Dismissal dated October 17, 2022 (9 pages)
- Ex. 17—Health Connector’s Notice of Invalid Appeal dated October 27, 2022 (1 page) ¹
- Ex. 18—Authorized Designated Representative Form dated February 1, 2023 (1 page)
- Ex. 19—My Workspace Document dated July 1, 2022 (2 pages)
- Ex. 20—My Workspace Document dated May 2, 2022 (2 pages)
- Ex. 21—Affidavit of Residence received on July 1, 2022 (2 pages)
- Ex. 22-- Appeals Unit case notes (1 page)
- Ex. 23—Notice of Hearing (3 pages)
- Ex. 24—Affidavit of Connector representative (1 page)

The record was held open at the conclusion of the hearing for documentation requested by the hearing officer of the appellant and the Health Connector. The documentation was submitted in a timely manner and was marked as follows:

- Ex. 25—Health Connector customer service log of communications with the appellant for the period of 5/4/2022-6/23/2022 (15 pages)
- Ex. 26—Log of communications with MassHealth customer service and the appellant for the period of April 29, 2022-May 24, 2022 (1 page)
- Ex. 27—Health Connector Response to Open Record Request undated (1 page)
- Ex. 28—Appellant’s Post-Hearing Memorandum dated March 6, 2023 (18 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 65-years-old, is single, and has a tax household size of one. (Testimony, Exs. 2,6,10)
2. The appellant moved to Massachusetts in October, 2021, and enrolled in health insurance with MassHealth at some point thereafter. (Testimony)
3. By notice dated November 8, 2021, the Health Connector advised the appellant that it needed more information to verify that he qualified for insurance coverage. He was further advised to submit proof of residence and proof of income by February 6, 2022. The notice contained a list of acceptable documents including a notarized affidavit supporting residency in the category of residence proof. (Ex. 7)
4. It is not known whether the appellant received the November 8, 2021, notice. (Testimony)

¹ The exhibits on the Hearing Attendance Sheet were misnumbered beginning with Exhibit 17.

5. By notice dated February 12, 2022, the appellant was advised that he was determined eligible for ConnectorCare Plan Type 2B with an APTC of \$625.00/month effective March 1, 2022. The appellant enrolled in a plan effective on March 1, 2022. (Testimony, Ex. 5)
6. By notice dated February 16, 2022, the Health Connector notified the appellant that proof of residency was due on March 18, 2022, and that failure to submit the requested information could result in the end of his health plan or loss of financial help with his insurance. The notice contained a list of acceptable documents including an affidavit of residency signed under the penalties of perjury which did not have to be notarized. (Ex. 8)
7. The appellant did not respond to the notice of February 16, 2022. (Testimony)
8. By notice dated April 12, 2022, the Health Connector advised the appellant that that he did not qualify for ConnectorCare Plan Type 2B with APTC as of April 30, 2022, because it did not receive the proof of residence it requested to verify his eligibility to purchase insurance pursuant to 45 CFR 155.315(f). The notice further advised the appellant that if he submitted the requested documentation on or before May 17, 2022, and it was approved, he could request retroactive reinstatement of his plan. (Testimony, Exs. 9,11)
9. The November 8, 2021, February 16, 2022 and April 12, 2022, Connector notices were sent to the same address. (Exs. 7,8,11)
10. On April 29, 2022, the appellant contacted MassHealth customer service about his termination notice and was advised how to submit paperwork and also "self attest". (Testimony, Ex. 26)
11. The appellant uploaded a copy of his car insurance and a bank statement to his application which was received and processed by the Connector on May 2, 2022. On that same date, the Connector determined that the documentation was unacceptable. (Testimony, Ex. 12)
12. On May 4, 2022, the Connector advised the appellant that the documentation he submitted was unacceptable and referred him to SOP 45 for "acceptable documents of address". (Exs. 25,27)
13. On May 10, 2022, the appellant contacted MassHealth customer service about the proof of residence that was rejected by the Connector, and was "educated" on acceptable documentation of residence. (Ex. 26)
14. The appellant uploaded residence documentation (car insurance and bank statement) to his application a second time. (Testimony)
15. On May 13, 2022, the appellant contacted MassHealth customer service and was advised that his residence documents could not be located. He was further advised that he could submit a self-attested letter of residence. (Ex. 26)
16. On May 17, 2022, the appellant contacted MassHealth customer service and was advised that it had not received a "self attestation form for address". He was provided with a mailing address to submit his documentation. (Ex. 26)
17. On June 23, 2022, the appellant contacted customer service at the Health Connector and was advised that no new residence documents had been received. The appellant indicated that he planned to submit acceptable documents and was provided with a mailing address. (Ex. 25)

18. On July 1, 2022, the Connector received a notarized statement of residence from the appellant. (Exs. 19,21)
19. By notice dated July 25, 2022, the Health Connector advised the appellant that he did not qualify for health insurance coverage through the Connector because he either had access to or was enrolled in Medicare. (Ex. 3)
20. The appellant appealed the Connector's April 12, 2022, determination on October 3, 2022, and stated in part that he had submitted adequate proof of residence which was rejected. (Ex. 13)
21. By letter dated October 6, 2022, the Connector advised the appellant that his appeal was not accepted because it was submitted late. The letter further stated that appeals must be filed within 30 days of receipt of the notice on appeal. (Ex. 15)
22. The appellant filed an appeal of the October 6, 2022, determination which was received by the Connector on October 26, 2022. The appellant stated in part that he submitted several proofs of residence, all of which were not accepted except for the last. He stated that after his last submission, he was advised to remit \$60.32 and his insurance for the month of May would be reinstated. He stated that customer service should have verified his address over the phone pursuant to "pandemic protocol". He stated that he started calling to rectify the situation after he was notified of the April 12, 2022, decision, and was advised that he did not have to appeal because he was actively trying to rectify the issue. Finally, he stated that the October 3, 2022, appeal was a "farce" because he never "received a copy". He requested that he be reimbursed for payment of two medical bills he incurred in May, 2022, in the amounts of \$79.00 and \$647.84. (Ex. 16)
23. By letter dated October 27, 2022, the Health Connector notified the appellant that his appeal was dismissed because it was not filed within 30 days of the date of the notice of his eligibility determination pursuant to 45 CFR section 555.505(b). (Ex. 17)
24. At some point thereafter, the Connector vacated the dismissal and scheduled the appeal for a hearing. (Ex. 23)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant's behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The Health Connector attempts to verify an applicant's eligibility by checking electronic data sources to confirm the information provided by the applicant, including the applicant's income, in accordance with 45 CFR 155.320(d). When the Connector cannot verify an applicant's information electronically, it requests verifying information, in accordance with 45 CFR 155.315(f). If an applicant does not provide verifying information, the Health Connector will revert to electronic data sources, and issue a new eligibility determination, in accordance with 45 CFR 155.315(f).

According to the appellant's testimony, he initially had health insurance with MassHealth after he moved to Massachusetts in October, 2021. Subsequently, by letter dated November 8, 2021, the Health Connector advised him that it needed more information, specifically proof of residence and income, in order to determine if he was qualified for insurance coverage. The letter stated that the proof was due on or before February 6, 2022, and contained a list of acceptable documents in the category of residence proof, including a notarized affidavit of residency. The appellant testified that he did not receive the November 8th letter and did not submit the requested proof. On February 12, 2022, the appellant was determined eligible for ConnectorCare Plan Type 2B with APTC effective March 1, 2022. By letter dated February 16, 2022, the Health Connector notified the appellant that proof of residence was due on or before March 18, 2022, and that failure to submit the requested documentation could result in the end of his coverage. The letter contained a list of acceptable documents in the category of residence proof including an affidavit of residency which did not have to be notarized. The appellant testified that he did not respond to the notice. By notice dated April 12, 2022, the Connector advised the appellant that he no longer qualified for ConnectorCare insurance as of April 30, 2022, because he had not submitted the requested proof of residence needed to verify his eligibility to purchase insurance. The notice further advised the appellant that if he submitted the requested information on or before May 17, 2022, and it was accepted, he could request retroactive reinstatement of his plan. Beginning on April 29, 2022, and continuing through June 23, 2022, the appellant made several calls to customer service at the Health Connector and MassHealth regarding the termination notice and submission of residence proof. On two occasions in May, 2022, he uploaded a copy of his bank statement and car insurance to his application which was rejected on the grounds that it was unacceptable proof. On July 1, 2022, he submitted a notarized statement of residence. On July 25, 2022, the Health Connector advised the appellant that he was not eligible for health insurance because he either had access to or was enrolled in Medicare.

The first issue to consider is the appellant's knowledge of the Connector notices regarding proof of residence. He testified that he did not receive the November 8th notice and did not respond to the February 16th notice. There is no dispute that he received the April 12th notice regarding the termination of his insurance inasmuch as he began a series of telephone inquiries on April 29th to determine what type of documentation was required for proof of residence. The appellant's credibility regarding the November 8th notice was weakened by the fact that he received the April 12th notice and seemed to imply that he also received the February 16th notice, and simply chose to ignore it. All of the notices were sent to the same address, and it is curious that the appellant selectively acknowledged some, but not all, of them. Accordingly, it is concluded that the evidence demonstrates that the appellant received both the notices in question and the Connector's decision to terminate his insurance on April 30, 2022, based on an absence of required documentation, was correct.

The second issue concerns the type of documentation the Connector requested from the appellant as proof of residence. The appellant argues in his post-hearing memorandum that Eligibility Operations Memo 21-17, dated November 2021, permitted the Connector to accept self-attestation of certain eligibility factors including residence. The memo in question pertains to MassHealth and its ongoing response to Covid 19, and indicates that MassHealth could continue to accept self-attestation of residence if verification was not available through electronic data sources or if the individual could not produce documentation due to the pandemic emergency. While MassHealth and the Health Connector are often confused and used interchangeably, they are two separate agencies with separate rules and policies that serve different population groups. The Health Connector was not bound by the cited memo in that it was promulgated only for MassHealth. The Health Connector's requirements for proof of residence were clearly set forth in the list of acceptable documents attached to the November 8th and February 16th notices. It is noted that the November 8th notice lists a notarized affidavit of residence as an option and the February 16th notice lists an affidavit of residence which did not have to be notarized as an option. It is not known why the requirement for notarization was dropped between the two notices, but the appellant is estopped

from claiming that notarization was still required by the time his insurance was terminated. Furthermore, there is no provision on the list for an insurance or credit card statement. Nonetheless, the appellant submitted copies of those documents to the Connector on two occasions in his initial response to the termination of his insurance, and they were deemed unacceptable.

The appellant maintains that he self-attested to his residence in a phone conversation with a MassHealth customer service representative on April 29, 2022, and that no further requests for proof of residence should have been made. Once again, the appellant fails to distinguish between MassHealth and the Health Connector and has mistaken MassHealth requirements for those of the Health Connector. The logs of communications that were produced in response to the Open Record Request indicate that the appellant was communicating with both MassHealth and the Health Connector subsequent to the loss of his insurance. (He had a separate appeal with the MassHealth Board of Hearings which was heard on October 3, 2022 relative to the Medicare determination.) While some confusion is understandable given the parallel conversations, there is no evidence in any of the conversations with the Health Connector customer service representatives that he was advised that he could self-attest to his residence. Au contraire, on May 4th, the Health Connector referred the appellant to SOP 45 for an acceptable list of proof. It was not until July 1st that the appellant submitted a notarized affidavit of residence to the Connector, a form of proof that he chose but was not required. At that point, he was well beyond the May 17th date for receipt of acceptable documentation and a possible reinstatement of his plan.

The appellant had multiple opportunities to avoid the termination of his insurance and to have it reinstated. The Health Connector provided substantial and credible evidence which established that on each occasion, he either ignored the Connector's notices or its guidelines for submission of acceptable proof of residence. Had he read the February 16th notice, he could have submitted an affidavit of residence that did not require notarization and retained his insurance. Likewise, he could have done the same to have it restored.

Based upon the totality of the evidence, it is concluded that since the appellant failed to submit the requested residence information by the required date, the Connector relied on other data it had available from other sources to issue its determination. Accordingly, the Connector's determination on April 12, 2022, regarding the appellant's lack of eligibility for a ConnectorCare Plan with APTC was correct, and is therefore affirmed.

ORDER

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18426

Appeal Decision: Appeal Denied.

Hearing Issue: Household members eligibility for ConnectorCare plans based on lawful presence

Hearing Date: March 31, 2023

Decision Date: April 4, 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 January 10, 2023, the Appellant and their spouse were determined ineligible for ConnectorCare plans because they failed to demonstrate that they are lawfully present in Massachusetts and their income was unknown.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant and their spouse are not eligible for ConnectorCare plans, based on the household's failure to establish lawful presence to the Health Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on March 31, 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 February 15, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Denial Notice dated January 10, 2023

- Exhibit 5: 2023 Eligibility Results with an Application Summary dated January 10, 2023
Exhibit 6: Medicaid Eligibility Determination Printout dated January 10, 2023.
Exhibit 7: The Appellant's Hearing Request Form dated February 3, 2023.
Exhibit 8: Health Connector Appeals Unit Outreach Email dated February 6, 2023.
Exhibit 9: 2021 Eligibility Results with an Application Summary dated May 7, 2021.
Exhibit 10: Health Connector Request for Information dated October 3, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. On January 10, 2023, the Appellant applied for health insurance for themselves and their spouse. The Appellant did not apply for their child. The Appellant and their spouse are not US citizens. The Appellant reported having income equal to 267.17% of the federal poverty level for their household of three (Exhibits 3, 5, 6).
2. The Appellant received ConnectorCare in tax year 2021 (Exhibits 3, 9).
3. On October 3, 2022 Health Connector notified the Appellant that they must send updated proof of income and immigration status for both adult household members (Exhibit 10).
4. As of January 10, 2023 the Appellant did not submit the requested updated proof of income and immigration status (Exhibits 3, 4, 5 and Appellant Testimony).
5. On January 10, 2023 Health Connector denied the Appellant's and application for ConnectorCare because the Appellant failed to establish that they and their spouse are lawfully present in Massachusetts and their income could not be verified (Exhibits 4, 5, 6).
6. The Appellant filed an appeal on February 3, 2023 and stated that they needed more time to obtain documents (Exhibit 7).
7. On February 6, 2023, the Health Connector Appeals Unit contacted the Appellant via Email and advised the Appellant to submit proof of income and immigration status for both household members (Exhibit 8).
8. The Appellant did not dispute the fact that they did not submit documentation of their immigration status and income. The Appellant testified that due to a backlog and they waited almost eleven months to receive the information. The Appellant said that they received the proof of immigration status on March 30, 2023 (Appellant Testimony).
9. The Appellant was advised to contact Customer Service and submit documentation as soon as possible.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant and their spouse applied for health insurance through the Health Connector on January 10, 2023. The Appellant did not apply for their child. The Appellant and their spouse are not US citizens. The Appellant had received ConnectorCare in 2021 but as of January 10, 2023 their immigration documentation had expired. The Appellant's spouse did not identify any immigration status on their application. The Appellant was notified that

they and their spouse were not eligible for health insurance through the Health Connector because the Appellant failed to submit the documentation needed to demonstrate that they are lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant did not dispute the fact that they did not submit proof of lawful status as requested. The Appellant testified that due to a backlog they were unable to submit documentation in a timely manner. Health Connector' correctly denied the application for the Appellant and their spouse on January 10, 2023.

The Appellant testified that they received their immigration paperwork on March 30, 2023. The Appellant was advised to contact Customer Service and submit the required documentation as soon as possible. The Appellant was also reminded that they must verify income for all household members in order to be eligible for help paying for health insurance. 45 CFR § 155.305(f), 956 CMR § 12.04.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765. Documents may be mailed to:

Health Insurance Processing Center
PO Box 4405

Taunton, MA 02780 (Appellant should include their name and member ID on all correspondence).

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: March 29, 2023

Decision Date: April 12, 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.*

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 February 6, 2023, the Appellant was determined ineligible for a Special Enrollment Period (“SEP”) 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 March 29, 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	(1P, undated)
Exhibit 2:	Appellant’s Appeal Request Form and Statement	(6 PP, received 2/6/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 2/11/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 2/15/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 2/3/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 2/3/2023)
Exhibit 7	Health Connector’s Notice of Denial of SEP	(9 PP, dated 2/6/2023)

Massachusetts Health Connector Appeals Unit



Exhibit 8:	Medicaid Household Determination	(8 PP, dated	2/3/ 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	2/11/ 2023)
Exhibit 10:	Health Connector’s Eligibility Results	(3 PP, dated	1/16/2023)
Exhibit 11:	Eligibility Denial Notice	(6 PP, dated	1/16 /2023)
Exhibit 12:	Health Connector’s Application Summary	(2 PP, dated	1/16 /2023)
Exhibit 13:	Health Connector’s OPP Instructions	(3 PP, dated	2/11/2023)
Exhibit 14:	Office of Patient Protection Form 2023	(6 PP,	undated)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for the Health Connector on January 16, 2023 but was denied do to an administrative closure because she had voluntary withdrawn from Connectorcare on August 24, 2022. (Appellant testimony, Exhibits 1,2,7,9, and 11).
2. The Appellant applied for Connectorcare on January 16, 2023 during the open enrollment period but testified she did not know she was not eligible when she applied on January 16, 2023. (Appellant Testimony).
3. By notice from the Connector to the Appellant dated January 16, 2023 the Appellant was denied to do her voluntary withdrawal from Connectorcare. (Exhibits 1 and 11).
4. The Appellant asserts that she is eligible for a Connector plan with Advanced Premium Tax Credits. (“APTC’s). (Appellant testimony, Exhibits 1,2,7, and 9).
5. The administrative closure was removed on February 3, 2023 when the Appellant became eligible for the Health Connector with Advanced Premium Tax Credits (“APTC’s”) but she was unable to enroll in the SEP period because she did not have a qualifying life event. (Exhibits 1,3-7, and 9).
6. After the administrative closure was removed on February 3, 2023, the Appellant was not eligible because she was outside of the open enrollment period and did not have a qualifying life event (Testimony, Exhibits 1,2, 5, and 6).
7. As of February 6, 2023, the Appellant had not experienced a qualifying life event and was denied a Special Enrollment Period (Appellant Testimony, Exhibits 1,3-7, and 9).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant previously was found eligible for Health Connector Plans but voluntary withdrew on August 24, 2022, reapplied for Connectcare but was denied because of the withdrawal, and was notified of the denial. (Exhibits 9-12). The Appellant was not granted a special enrollment when she reapplied on February 3, 2023 although she was eligible for a Connectcare Plan with APTC’s because she did not have qualifying life event and therefore could not enroll in coverage(Exhibits 7,9). The Appellant asserts that this determination was incorrect because she had applied on January 16, 2023 during the open enrollment period, qualified for a plan with APTC’s and should be permitted to enroll in coverage through the Health Connector. The Appellant referenced that she did not know she was denied when she applied on January 16, 2023 because the application referenced submitted. (Testimony, Exhibits 1 and 2). However, the Connector notified the Appellant by notice dated January 16, 2023 that she was denied. (Exhibit 11). After the administrative closure was removed on February 3, 2023, the Appellant was not eligible for an SEP because she did not have a qualifying life event. (Exhibits 1,3-7, 9, and 11).

Massachusetts Health Connector Appeals Unit



Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 was November 1, 2021, to January 23, 2023. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. Cancellation of coverage due to failure to pay premium is not a qualifying life event. 45 CFR § 155.420(e)(1).

On February 3, 2023, the Appellant was determined ineligible for Health Connector plans under a special enrollment period decision due to failure to have a qualifying life event. The Appellant's voluntary withdrawal on August 24, 2023, is not a qualifying life event. At hearing, the Appellant 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 enrollment 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/>.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility based on household income.

Hearing Date: April 6, 2023

Decision Date: April 13, 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 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 January 31, 2023, that he was not eligible for a special enrollment period in which to purchase health insurance.

ISSUE

The issue addressed on 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 April 6, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (2/13/23) (2 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Eligibility Denial Notice (12/13/22) (8 pages)
- Exhibit 4: Screen Shot of Application Summary (3 pages)
- Exhibit 5: Screen Shot of Eligibility Summary (2 pages)

- Exhibit 6: Summary of Medicaid eligibility (6 pages)
- Exhibit 7: Denial of Special Enrollment Period notice (1/31/23) (6 pages)
- Exhibit 8: Appeals Unit database notes (1 page)
- Exhibit 9: Email from Health Connector to Appellant (2/15/23) (1 page)
- Exhibit 10: Notice of Appeal Hearing (3/9/23) (3 pages)
- Exhibit 11: 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. Thus, he is in a household of one person.
2. Appellant applied for subsidized health insurance through the Health Connector in December 2022. Exhibits 3,4. Before then he had not had health insurance for some time.
3. Appellant provided information as part of his application indicating that he earned \$89,479 annually. Exhibit 4. That amount of income for a one-person household is equivalent to 658.42 percent of the federal poverty limit.
4. The income information provided by Appellant was derived from two pay stubs that he had received in December. One pay stub was for a job at a restaurant and another for a job at an ice cream store. Exhibit 4. Appellant stated that the pay stubs were submitted to the Health Connector by a worker at a social service agency acting on his behalf. If the amount in those pay stubs is annualized, the combined amounts equal \$89,479.
5. In fact, Appellant has not worked at both jobs throughout 2023. He only worked at one of the jobs, and only worked there for nine months out of the year.
6. Appellant stated that his 2022 income was approximately \$39,800. That amount is between 250 and 300 percent of the federal poverty limit.
7. Appellant believed that his 2023 income would be roughly the same as what he earned in 2022.
8. Based on information that Appellant's income was \$89,479, the Health Connector determined that he was not eligible to receive any financial assistance to purchase health insurance. The Health Connector sent him a notice of that determination on December 13, 2022. Exhibit 3.
9. Appellant then attempted to purchase insurance at the end of January 2023. At that time, the annual open enrollment period to purchase insurance had already ended.
10. The Health Connector determined that he did not qualify for a special enrollment period, which would have permitted him to purchase unsubsidized health insurance outside the annual enrollment period. He was notified of that fact on January 31, 2023. Exhibit 7.
11. On February 13, 2023, Appellant appealed the denial of the special enrollment period. Exhibit 1.

CONCLUSIONS OF LAW

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

Under federal law, enrollment in health insurance plans is limited to certain times of the year, called open enrollment. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.401(a). The annual open enrollment period for 2023 coverage ended on January 23, 2023. See <https://www.mahealthconnector.org/get-ready-to-enroll>.

Exceptions to this rule, known as 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 recent loss of a job or divorce, or has a new dependent as a result of a birth or adoption. See 42 U.S.C. § 18031(c)(6)(C), incorporating 26 U.S.C. § 9801(f). See also 45 C.F.R. § 155.420.

In this case, Appellant did not seek to purchase insurance during the open enrollment period. When he did do so, the open enrollment season had ended. He did not experience a qualifying event that would have entitled him to a special enrollment period. Thus, the Health Connector correctly determined on January 31, 2023 that he did not qualify for a special enrollment period and could not purchase health insurance.

It appears that the underlying problem is that the income reported for Appellant is too high. This issue is not a subject of this appeal, because Appellant did not timely appeal the December 13, 2022 notice stating that he was not eligible for subsidized insurance because his income was too high. However, based on his testimony, it appears that this determination was based on erroneous information. If that information is corrected, it is possible that Appellant would be able to obtain insurance.

The determination of his income in December appears to have occurred because he submitted information from pay stubs for two separate jobs in a way that indicated that each job was a full-time year-round job. See Exhibit 4. Based on that information, Appellant’s income was determined to be \$89,479.

This amount was too high to qualify for subsidies to purchase health insurance. 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 2022, when Appellant’s eligibility calculation was made, the FPL for a household of one person, like Appellant’s, was \$13,590. See <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>. Thus, Appellant’s reported income of \$89,479 constituted 658.41 percent of the FPL in 2022. At that level, the formula under federal law determined that Appellant was not entitled to any APTCs.

However, at the hearing, Appellant indicated that his income was considerably less than what had been reported on his behalf. He stated that in 2022, he had earned \$39,827 and that he expected his 2023 earnings to be

Massachusetts Health Connector Appeals Unit



roughly the same. The FPL for 2023 is \$14,580. See <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. Thus, \$39,827 would constitute about 273 percent of the FPL.

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. Persons who are determined eligible for Connector Care may enroll within 60 days of being determined eligible, even if that falls outside of open enrollment period. See <https://www.mahealthconnector.org/get-started/special-enrollment-period>. Thus, if Appellant were to update his application by providing correct information about what he will earn in 2023, he could be determined eligible for Connector Care and, if that happened, he could enroll in health insurance right away.

Appellant should update the information in his application to provide a correct income figure for 2023. He can do this by calling the Health Connector's customer service department at 877-623-6765 and saying he wants to provide updated income information. Or he could update his on-line application at www.mahealthconnector.org. If Appellant wants assistance in filling out the application, he can contact an enrollment assister. A list of enrollment assisters who can help can be found at <https://my.mahealthconnector.org/directory/categories/navigator>.

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

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility to purchase insurance due to lack of proof of residency.

Hearing Date: April 12, 2023

Decision Date: April 14, 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 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 January 23, 2023, that she was not eligible to purchase health insurance due to a lack of proof of residency.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible to purchase insurance because of a lack of proof of residency.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on April 12, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (2/22/23) (w/ attachments) (10 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Eligibility Denial Notice (1/23/23) (6 pages)
- Exhibit 4: Screen Shot of Eligibility Determination (2 pages)
- Exhibit 5: Screen Shot of Application Summary (2 pages)

- Exhibit 6: Medicaid eligibility determination (6 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Appellant (1 page)
- Exhibit 9: Eligibility results (2/24/23) (2 pages)23
- Exhibit 10: Application summary (2/24/23) (3 pages)
- Exhibit 11: Notice of Appeal Hearing (3/9/23) (3 pages)
- Exhibit 12: 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 moved to Massachusetts from out of state in 2021. She moved into a house owned by her mother for whom she was the full-time caretaker.
2. Appellant applied for health insurance through the Health Connector. At the time, she stated that she had no income, which would have qualified her for MassHealth, the state's Medicaid program.
3. Because the Health Connector could not verify her Massachusetts address, it requested that Appellant provide some proof of residency. Appellant did not respond at that time.
4. In January, Appellant's eligibility was reviewed. Appellant was determined to be ineligible to obtain subsidized health insurance because there was no proof of her Massachusetts residency provided. The Health Connector notified Appellant of this decision by notice dated January 23, 2023. Exhibit 3.
5. Appellant filed a timely appeal of this notice on February 22, 2023. Exhibit 1.
6. Attached to her appeal request, Appellant attached various forms of proof that she was a Massachusetts resident, including an affidavit from her mother's legal guardian stating that Appellant lived in the mother's Massachusetts residence. Exhibit 1.
7. The Health Connector used that information to verify Appellant's Massachusetts residence. Exhibits 7, 8.
8. As a result of that verification, a new eligibility determination was performed, and Appellant was determined eligible for a MassHealth program. Exhibits 9, 10.
9. At the hearing, Appellant testified that she was enrolled in the MassHealth program at that time.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to purchase insurance because of lack of proof of residency.

The Health Connector is a health insurance exchange authorized under the federal Affordable Care Act (ACA.) In that role, the Health Connector offers health insurance policies for sale to Massachusetts residents and determines eligibility for federal and state subsidies to purchase health insurance. These activities are governed by the ACA.

Massachusetts Health Connector Appeals Unit



Under that law, an individual is able to obtain health insurance from the Health Connector only if that person is a resident of Massachusetts, the state in which the Health Connector operates as an exchange. See 42 U.S.C. § 18032(f)(1)(a)(ii). See also 45 C.F.R. § 155.305(a)(3). Further, in order to be determined eligible to receive federal subsidies from the Health Connector to purchase health insurance, an individual must be a resident of Massachusetts. See 26 U.S.C. § 36B(c)(2)(A)(ii). Finally, in order to receive MassHealth, which is the Medicaid program in Massachusetts, an individual must be a Massachusetts resident. 130 C.M.R. § 503.002. Thus, determination of residency is a critical step in the eligibility determination process.

Further, federal law requires an exchange like the Health Connector to verify an applicant's claimed residency in state. See 45 C.M.R. § 155.315(d). Under that law, the Health Connector must first attempt to find evidence of residency in available electronic databases. Id. § 155.315(d)(2), (3). If it cannot obtain confirmation from those sources, it must then request the applicant to provide proof of residency in documentary form. Id. § 155.315(f). If the applicant does not respond within an allotted time, the Health Connector must determine eligibility based on a lack of proof of residency, in other words determine that the applicant is not eligible. Id. § 155.315(f)(5).

The Health Connector followed that legally-required procedure in this case. Because it could not confirm Appellant's residency through electronic databases used for verification and because Appellant did not respond to a request for proof of residency, the Health Connector determined in January 2023 that Appellant was not eligible to obtain health insurance in Massachusetts. Exhibit 3.

Fortunately, Appellant responded to this notification by providing adequate proof of residency. Exhibits 1, 8. As a result, Appellant's eligibility was re-determined based on her verified status as a Massachusetts resident. She was then determined to be eligible for a MassHealth program and was enrolled in that program as of the date of the hearing.

Because the Health Connector correctly followed legally-required procedures in determining Appellant to be ineligible to obtain health 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

Massachusetts Health Connector Appeals Unit



Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318189

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

Hearing Issue:

Whether the Connector correctly determined that Appellant was ineligible for health insurance coverage through the Connector because Appellant did not submit timely proof of residency.

Hearing Date: March 14, 2023

Decision Date: March 23, 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 November 1, 2022, the Connector determined that the appellant was ineligible for health insurance coverage through the Connector because of Appellant's failure to submit proof of residency.

HEARING RECORD

The appellant and a Spanish interpreter appeared at the hearing which was held by telephone on March 14, 2023. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. The interpreter was also sworn in. Exhibits were 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, and verification of data, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated February 14, 2023 for a March 14, 2023 hearing, addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated February 7, 2023 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated January 4th and February 7th, 2023
- Exhibit 3b: Appeals Unit email to Appellant dated January 4, 2023
- Exhibit 4: Hearing Request from Appellant dated January 3, 2023
- Exhibit 5: Connector letter dated November 1, 2022 to Appellant, denial of eligibility
- Exhibit 5a: Connector letter dated June 9, 2022 to Appellant requesting proof of residency due September 7, 2022 with list of acceptable forms of proof attached

Exhibit 6: Summary and results of Appellants' application for Connector health plan dated November 1, 2022

Exhibit 6a: Summary and results of Appellants' application for Connector health plan dated October 20, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Connector in the spring of 2022. In a letter dated June 9, 2022, the Connector notified the appellant that Appellant needed to send in proof of residency and income by September 7, 2022. The letter included a list of acceptable forms of proof (Exhibit 5a, Testimony of Appellant).
2. The appellant sent in proof of income, but did not send in proof of residency. Appellant lived with relatives and did not have any utility bills in her name. The appellant failed to send in any other form of proof of residency by September 7, 2022 (Testimony of Appellant).
3. In a letter from the Connector dated November 1, 2022, Appellant was informed that she was ineligible for coverage through the Connector because of her failure to submit proof of residency by the deadline (Exhibit 5, Exhibit 6).
4. Appellant submitted a request for an appeal of the Connector's determination on January 3, 2023 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on November 1, 2022 that the appellant was ineligible to be enrolled in a health insurance plan through the Connector because of her failure to submit proof of residency in a timely fashion. Appellant appealed the 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) which sets out eligibility standards for purchase of coverage through state exchanges. These requirements include, among other things, residency in the state where the state exchange is located. See 45 CFR 155.305. Pursuant to 45 CFR 155.320 the Connector may verify information obtained from the applicant by checking with other data sources.

In this matter, the appellant failed to send in proof of residency by September 7, 2022 as she was requested to do by the Connector. She submitted proof of income, but did not send in the other proof required despite being sent a list of acceptable forms of proof of residency by the Connector. See Exhibit 5a and the testimony of the appellant which I find to be credible. Because of this failure, the Connector determined that the appellant was ineligible to obtain health insurance through the exchange.

The November 1, 2022 determination was correct at the time it was made based upon Appellant's failure to send in an acceptable form of proof of residency. Without proof of residency, the appellant was no longer eligible for coverage through the Connector. See 45 Code of Federal Regulations 155.305(a)(1 through 3). Residency in the exchange's state is a requirement for eligibility. The determination of the Connector is, therefore, affirmed.

ORDER: The determination by the Connector terminating Appellant's coverage through the Connector is affirmed.

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

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18240

Appeal Decision: Appeal denied.

Hearing Issue: Appeal of eligibility for Health Connector plans based on failure to establish lawful presence.

Hearing Date: March 24, 2023

Decision Date: April 16, 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

By notice dated January 5, 2023, the appellant was advised that he did not qualify for health insurance coverage through the Health Connector because its records indicated that he was not lawfully present in the United States. (Ex. 3) The appellant filed an appeal which was received on January 5, 2023, based on lawful presence. (Ex. 4) The matter was referred to a hearing after receipt of the appeal. (Ex. 8)

ISSUE

Was the Connector's decision regarding the appellant's qualification for health insurance through the Health Connector correct at the time of its determination on January 5, 2023, pursuant to 45 C.F.R. section 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on March 24, 2023, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

Ex. 1— Health Connector's Eligibility Determination Results showing a program determination for January 5, 2023 (3 pages)

Ex. 2— Health Connector's Review of Application (3 pages)

Ex. 3— Health Connector's Notice of Eligibility Denial dated January 5, 2023 (7 pages)

- Ex. 4—Online Appeal Form received on January 5, 2023 (6 pages)
- Ex. 5—Acknowledgement of Appeal dated January 11, 2023 (1 page)
- Ex. 6—Health Connector letter regarding immigration documents needed dated January 11, 2023 (2 pages)
- Ex. 7—Appeals Unit case notes (2 pages)
- Ex. 8—Notice of Hearing (3 pages)
- Ex. 9—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 43-years-old and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant is a citizen of the Dominican Republic and moved to the U.S. in 2018. He married a U.S. citizen on August 19, 2022. In December, 2022, he applied to the U.S. Department of Homeland Security to change his immigration status based on his recent marriage and is waiting for a decision. (Testimony, Ex. 4)
3. By notice dated January 5, 2023, the Health Connector notified the appellant that he did not qualify for health insurance because it did not have information to show that he was lawfully present in the U.S. (Ex. 3)
4. The appellant appealed the Connector's January 5, 2023, determination on the same date, based on lawful presence, and stated in part that he was in the process of changing his status based on his recent marriage. (Ex. 4)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 45 CFR section 155.305(a)(1), in order to be eligible for enrollment in a qualified health plan (QHP) through the Exchange, an applicant must be a citizen or national of the United States, or a non-citizen who is lawfully present in the United States, and is reasonably expected to be a citizen, national or a non-citizen who is lawfully present for the entire period for which enrollment is sought.

The appellant does not dispute that at the time of the Connector's January 5, 2023, determination., he did not have any documentation to indicate that he was lawfully present in the U.S. He testified that he applied to change his immigration status in December, 2022, based on his recent marriage to a U.S. citizen, and is waiting for a decision.

Based on the totality of the evidence, it is concluded that the Connector's January 5, 2023, determination that the appellant was not eligible for health insurance was correct because he had not established lawful presence pursuant to 45 CFR § 155.305(a)(1).

ORDER

The appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line at 1-877-369-0130. The mailing address

is: Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to update his application with immigration documents once he receives them or to contact customer service at 1-877-623-6765 for assistance with the process.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18425

Appeal Decision: Appeal Denied.

Hearing Issue: Eligibility for ConnectorCare based on access to other affordable insurance.

Hearing Date: March 31, 2023

Decision Date: April 4, 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 December 13, 2022, the Appellant's household was determined ineligible for ConnectorCare. The reason the Appellants were denied subsidies is because the Appellants' application indicated that household members had access to other affordable health insurance.

ISSUES

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellants were not eligible for subsidies, based on their reported access to other insurance that met Massachusetts standards.

Did the Appellants file a timely appeal to dispute the disposition of their September 2022 application?

HEARING RECORD

The Appellant and their Spouse appeared at the hearing, which was held by telephone, on March 31, 2023. The procedures to be followed during the hearing were reviewed with the Appellants who were then sworn in. The hearing record consists of the testimony of the Appellant and Spouse and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated February 15, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.

- Exhibit 4: Health Connector Eligibility Denial Notice dated December 13, 2022.
Exhibit 5: 2023 Eligibility Results with an Application Summary dated December 13, 2022.
Exhibit 6: Medicaid Household Determination Printout dated December 13, 2022.
Exhibit 7: The Appellants' Hearing Request Form received on February 3, 2023.
Exhibit 8: Health Connector Appeals Unit Outreach Email dated February 6, 2023.
Exhibit 9: Health Connector Request for Information dated September 8, 2022.
Exhibit 10: Health Connector Eligibility Approval Notice dated January 12, 2023.
Exhibit 11: 2023 Eligibility Results with an Application Summary dated January 12, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellants applied for subsidized health insurance on December 13, 2022 and reported income equal to 266.98% of the federal poverty level for their household of two. The Appellants reported having access to other health insurance that met Massachusetts standards on this application (Exhibit 5).
2. The Appellant Spouse is a non-citizen. As of December 13, 2022 proof of their immigration status was noted to be expired (Exhibit 5).
3. The Appellants' application was denied on December 13, 2022 because MassHealth took an action affecting eligibility and Health Connector determined that the Appellants had not submitted the information needed to determine their eligibility (Exhibit 5).
4. On September 8, 2022 Health Connector notified the Appellant Spouse that they were required to send in proof of their immigration status in order for Health Connector to determine their eligibility (Exhibit 9).
5. On January 13, 2023 the Appellants' application was updated. The Appellants reported income equal to 262.15% of the federal poverty level for their household of two. The Appellant Spouse was determined lawfully present in Massachusetts. The Appellants reported that they did not have access to other health insurance (Exhibit 11).
6. On January 13, 2023 the Appellant and Spouse were determined eligible for ConnectorCare 3B (Exhibit 10).
7. As of February 1, 2023 the Appellants are enrolled in ConnectorCare (Exhibit 3 and Appellant Testimony).
8. On February 3, 2023 the Health Connector Appeals Unit received the Appellants' request to dispute their eligibility for tax year 2002 (Exhibit 7).
9. The Appellant testified that they had private health insurance for their household of two in tax year 2021 and the beginning of tax year 2022. The Appellant stated that the insurance was not covering costs for specialists for their Spouse, so they cancelled the insurance in February 2022 and paid privately for their healthcare needs. In September the Appellant Spouse required hospitalization. The Appellant said that they applied for health insurance through the Health Connector in September 2022. The Appellant requested retroactive eligibility. The Appellant alleges that they were given incorrect information by

Customer Service, and this caused the delay in determining eligibility. The Appellant said that Customer Service told them to report access to other insurance because they had it in tax year 2022. The Appellant also testified that they applied for MassHealth and MassHealth told them to deal with Health Connector (Appellant Testimony).

10. The Appellant Spouse testified that they must have spoken with ten different Customer Service representatives and were given different instructions by various representatives (Spouse Testimony).

11. The time limit on the right of appeal was explained to the Appellants.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for ConnectorCare for themselves and their Spouse on December 13, 2022. The Appellants reported income Health Connector determined equal to 266.98% of the federal poverty level for their household of two. The Appellants also reported having access to other health insurance. The Appellant Spouse is not a US citizen. On September 9, 2022 the Appellant was notified that the Appellant must submit proof of their Spouse's immigration status in order to demonstrate the Spouse is lawfully present in Massachusetts. 45 CFR §155.305(a). On December 13, 2022 Health Connector denied the Appellants' application for the reason MassHealth took an action affecting eligibility and Health Connector did not have the information needed to determine eligibility for the household. 45 CFR § 155.305.

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including health insurance through an employer. 45 CFR § 155.305(f)(1)(ii)(B). Since the Appellants reported access to other health insurance on their December 13, 2022 application Health Connector correctly determined they were not eligible for ConnectorCare.

On January 12, 2023 the Appellants updated their application. The Appellant Spouse was determined lawfully present, and the Appellants reported that they did not have access to other health insurance. The Appellants updated their income. On January 12, 2023 the Appellants were determined eligible for ConnectorCare 3B based on their reported income equal to 262.15% of the federal poverty level. The couple enrolled in a plan effective February 1, 2023.

The Appellants filed an appeal on February 6, 2023 to dispute their tax year 2022 eligibility. The Appellants argue that they applied in September 2022 and should be eligible for insurance retroactive to this application period. As explained at the Hearing, to be timely, an appeal request must be filed 30 days¹ after receipt of the notice of Appealable action and 120 days from the date of an Appealable Action if MassHealth or Health Connector fail to issue written notice or fail to act on a request for an eligibility determination. 956 CMR 12.13(2). The Appellant may not dispute their September 2022 application as their request to do so was not filed timely.

¹ Time limit in effect prior to March 2023.

As of January 12, 2023 Health Connector had the information needed to determine the Appellants' eligibility for ConnectorCare as this is the date the Appellants reported that they did not have access to other insurance. 45 CFR § 155.305(a), (f)(1)(ii)(B).

ORDER

This Appeal is Denied.

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

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 23-18445

Appeal Decision: Denied

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

Hearing Date: March 31, 2023

Decision Date: April 4, 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 January 31, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on March 31, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated February 15, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period (SEP) Decision Denial dated January 31, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated January 22, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated January 22, 2023.
- Exhibit 7: The Appellant's Online appeal request dated February 5, 2023.

Exhibit 8: Health Connector Bank Payment Cancelled Notice dated January 27, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on January 22, 2023 and reported income equal to 336.57% of the federal poverty level for their household of one. The Appellant was determined eligible for Health Connector Plans with monthly Advance Premium Tax Credits (APTC) of \$109 (Exhibit 5).
2. On January 31, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period (SEP) because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 4).
3. I take administrative notice of the fact that for tax year 2023 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2022 through January 15, 2023.
4. On January 27, 2023 Health Connector notified the Appellant that their recently submitted payment had been cancelled by their bank (Exhibit 8).
5. The Appellant filed an Appeal on February 5, 2023 (Exhibit 7).
6. The Appellant testified that they made several attempts to apply for health insurance at the Health Connector in December 2022 but was unable to complete the process because they had trouble with the web site. The Appellant said that they contacted their bank about the cancelled payment and was told the bank had no record of this. The Appellant said they received approval and picked a plan, but the web site would not accept their payment (Appellant Testimony).
7. The Appellant was given contact information for the Office of Patient Protection and was advised that they could file a Waiver of the SEP regulations.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on January 22, 2023. The Appellant reported income equal to 336.57% of the federal poverty level and was determined eligible for Health Connector Plans with (APTC). Although the Appellant met eligibility criteria, Health Connector determined on January 31, 2023 that the Appellant was not eligible for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their application. Open Enrollment for tax year 2023 was from November 1, 2022 through January 15, 2023. The Appellant filed an appeal to dispute that determination.

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

The Appellant argued that they attempted to apply for health insurance during open enrollment but was unable to complete their application due to problems with the web site. The Appellant indicated they had been approved and picked a plan. The Appellant maintains they had trouble getting their payment to go through due to difficulties with Health Connector's web site.

Health Connector had issued a Bank Payment Cancellation notice to the Appellant on January 27, 2023 explaining that the payment the Appellant had made some time prior to January 27, 2023 had been cancelled by the bank. The Appellant was advised that billing and payment issues are not appealable under Health Connector regulations found at 956 CMR 12.08. The Appellant's frustration is certainly understandable.

The evidence in this administrative record verifies that Health Connector correctly denied the Appellant's request for an SEP to enroll in a health plan because the Appellant failed to verify that they experienced a qualifying life event in the sixty-day period preceding the January 22, 2023 application submitted after open enrollment ended on January 15, 2023. 45 CFR § 155 and 956 CMR 12.10(5).

ORDER

The Appeal is Denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18550

Appeal Decision: Denied

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

Hearing Date: April 10, 2023

Decision Date: April 13, 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 February 6, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant and their Parent/Representative appeared at the hearing, which was held by telephone on April 10, 2023. The procedures to be followed during the hearing were reviewed with the parties who were then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant or their Representative. The hearing record consists of the Representative's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated March 9, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period (SEP) Decision Denial dated February 6, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated October 27, 2022.
- Exhibit 6: The Appellant's Online appeal request dated February 18, 2023.

Exhibit 7: Health Connector Appeals Unit Outreach letter dated February 27, 2023 with an Office of Patient Protection Waiver Request and Instructions for completion and submission.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on October 27, 2022. The Appellant did not request financial assistance. The Appellant was determined eligible for Health Connector plans effective January 1, 2023 (Exhibit 5).
2. On February 6, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period (SEP) to enroll in a plan because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 4).
3. I take administrative notice of the fact that for tax year 2023 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2022 through January 15, 2023.
4. The Appellant filed an Appeal on February 18, 2023 (Exhibit 7).
5. The Appellant's Representative testified that they researched plans for the Appellant and planned to enroll in a Tufts plan. The Representative stated that they received a bill with notification that payment must be received by January 23, 2023 for coverage effective February 2023. The Representative said that due to a family event and their busy job they missed the deadline to make the payment. The Representative said that they did submit a Waiver Request to the Office of Patient Protection but do not know the status of the Request (Representative Testimony).
6. The Representative was given contact information for the Office of Patient Protection and was advised that they could telephone the Office to follow up on the Waiver Request.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on October 27, 2022. The Appellant did not request financial assistance and was determined eligible for Health Connector Plans for the period beginning January 1, 2023. As of February 6, 2023 the Appellant had not enrolled in a plan. Although the Appellant met eligibility criteria, Health Connector determined on February 6, 2023 that the Appellant was not eligible for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their attempted enrollment. Open Enrollment for tax year 2023 was from November 1, 2022 through January 15, 2023. The Appellant filed an appeal to dispute that determination.

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

The Appellant's Representative does not dispute the fact that the Appellant did not experience a qualifying life event prior to February 6, 2023. The Representative explained that they helped the Appellant apply on October 27, 2022. The Representative said that they researched, chose a plan, and received a bill with a deadline of January 23, 2023 to submit payment to effect enrollment. 956 CMR 12.10. The Representative explained that due to a family event and their busy job they missed the January 23, 2023 deadline to enroll. The Representative indicated that they had filed a Waiver Application with the Office of Patient Protection at the end of February 2023 and wanted to know the status of that Application. As explained at the Hearing, actions by the Office of Patient Protection are not valid grounds for appeal. 956 CMR 12.12.

The evidence in this administrative record verifies that on February 6, 2023 Health Connector correctly denied the Appellant's request for an SEP to enroll in a Health Connector plan because the Appellant did not verify that they experienced a qualifying life event in the sixty-day period preceding the February 6, 2023 attempt to enroll in a Health Connector Plan. 45 CFR § 155 and 956 CMR 12.10(5).

ORDER

The Appeal is Denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18561

Appeal Decision: Appeal Denied.

Hearing Issue: Eligibility for Health Connector Plans based on income reported.

Hearing Date: April 10, 2023

Decision Date: April 13, 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 January 5, 2023 the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits of \$434 based on the income verification submitted by the Appellants.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant eligible for Health Connector plans with APTC based on the income information submitted.

HEARING RECORD

The Appellant appeared at the hearing that was held by telephone on April 10, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated March 9, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector's Eligibility Approval notice dated January 5, 2023.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated January 5, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated January 5, 2023.
- Exhibit 7: The Appellant's Online Hearing Request received on February 19, 2023.

- Exhibit 8: 2023 Eligibility Results with an Application Summary dated December 9, 2022.
Exhibit 9: Health Connector Request for Information dated December 9, 2022.
Exhibit 10: Health Connector Unpaid Premium Termination Notice dated March 29, 2023.
Exhibit 11: My Workspace Printout of Documents submitted dated January 6, 2023.
Exhibit 12: Health Connector Income Detail Printout dated February 2, 2023.
Exhibit 13: 2023 Eligibility Results with an Application Summary dated February 2, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant's application for health insurance for the period beginning January 1, 2023 was updated on December 9, 2022. The Appellant had reported income equal to 405.93 %of the federal poverty level for their household of three. The Appellant and their Spouse were determined eligible for Health Connector Plans with Advance Premium Tax Credits (APTC) of \$340. The Appellant's child was determined eligible for MassHealth (Exhibit 8).
2. On December 9, 2022 Health Connector issued a notice advising the Appellant that they must submit proof of their partner's citizenship status and proof of income for all household members (Exhibit 9).
3. The Appellant submitted requested documentation on January 5, 2023 (Exhibit 11).
4. On January 5, 2023, based on information provided by the Appellant, Health Connector determined the Appellant had income equal to 375.23% of the federal poverty level. The Appellant and their Spouse were determined eligible for Health Connector Plans with APTC of \$434 effective February 1, 2023. The Appellant's child remained eligible for MassHealth (Exhibits 4, 5, 6).
5. On February 2, 2023 the Appellant reported they had a new job and would have employer sponsored health insurance. The Appellant reported income equal to 317.29% of the federal poverty level. The Appellant and their Spouse were determined eligible for Health Connector Plans effective March 1, 2023 based on having access to employer sponsored health insurance. The Appellant's child remained eligible for MassHealth (Exhibits 3, 13).
6. The Appellant filed an appeal on February 19, 2023 (Exhibit 7).
7. On March 29, 2023 Health Connector terminated the Appellant's Health Connector plan effective January 31, 2023 because the Appellant had failed to pay the monthly health insurance premium. The Notice advised the Appellant that they had until May 5, 2023 to contact Health Connector to request reinstatement and pay the full amount of premium owed (Exhibit 10).
8. The Appellant testified that they are not disputing the eligibility determinations made by the Health Connector. The Appellant said that they went to the MassHealth Enrollment Center in Chelsea on January 10, 2023 to report that they lost their job on January 9, 2023 and had no income. The Appellant said that they signed an Affidavit and assumed it was sent in by the person who helped them when they reported the change. The Appellant said that they are requesting that the amount of the premiums for the months of January and February be reduced based on the loss of the Appellant's job on January 9,

2023. The Appellant said that they found another job in February 2023 and have access to employer sponsored health insurance. The Appellant said that they do not need insurance but would like to pay what they owe and just want the amounts due for January and February reduced (Exhibit 7 and Appellant Testimony).

ANALYSIS AND CONCLUSION OF LAW

On December 9, 2022, the Appellant's application for health insurance for the period beginning January 1, 2023 was reviewed. The Appellant had reported income equal to 405.93% of the federal poverty level for their reported household of three. The Appellant and their Spouse were determined eligible for Health Connector plans with APTC of \$340. The Appellant's child was determined eligible for MassHealth.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. As a result of the federal American Rescue Plan, for Plan Years 2021 and 2022 and 2023, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 6/1/21). The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. 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.

On December 9, 2022 the Appellant was asked to submit proof of their Spouse's immigration status and proof of income. On January 5, 2023 the Appellant submitted the required documentation to the Health Connector. On January 5, 2023, based on the information submitted, Health Connector determined the Appellant had income equal to 375.23% of the federal poverty level. The Appellant and their Spouse were determined eligible for Health Connector plans with APTC of \$434 effective February 1, 2023. On February 2, 2023 the Appellant reported that they had a new job with access to affordable employer sponsored health insurance (ESI). The Appellant projected income equal to 317.29% of the federal poverty level. The Appellant and their Spouse were determined eligible for Health Connector Plans with no financial assistance effective March 1, 2023 based on the Appellant's reporting access to other insurance. 45 CMR §155.305(f)(1)(ii).

On March 29, 2023 the Appellant's Health Connector plan was terminated effective January 31, 2023 because the Appellant did not pay the full amount of the premium due. The Appellant has until May 5, 2023 to contact the Health Connector to request reinstatement and pay the full amount of the premiums due (See Exhibit 10) 956 CMR 12.10(6)(b).

The Appellant filed an appeal but did not dispute the eligibility determinations made by the Health Connector on December 9, 2022 or January 5, 2023. The Appellant explained that they lost their job on January 9, 2023 and reported having zero income on January 10, 2023. The Appellant said that due to this change they are requesting that the amounts of their monthly premiums for the months of January and February be reduced. The Appellant said that they found a new job in February 2023 and have health insurance through their employer. The Appellant was unsure what months they paid for.

As explained at the Hearing, billing issues are not subject to appeal under Health Connector regulations. 956 CMR 12.12. The Appellant was advised to contact Health Connector Customer Service regarding outstanding billing issues.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded to contact Health Connector Customer Service at 1-877-623-6765 for billing information

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18605

Appeal Decision: Appeal Denied

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

Hearing Date: April 11, 2023

Decision Date: April 13, 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 February 21, 2023, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on April 11, 2023. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (2 pages, dated March 9, 2023)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form 6 pages dated February 21, 2023)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated February 21, 2023)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout 5 pages, dated January 16, 2023)
- Exhibit 8: Historical Notices and Printouts (7 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because she did not have a life qualifying event. (Exhibit 6)
2. Appellant had health insurance with her employer in 2022. Appellant left her company in December 2022 and lost her health insurance. Appellant started her new job on January 4, 2023, but did not pay for her insurance that she picked with the Health Connector because her company had a program where it would reimburse employees for their health care. Unfortunately for the Appellant the reimbursement was not provided to the Appellant until after the January 23rd, 2023, deadline. (Appellant testimony)
3. The appellant did not testify to or produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant had health insurance with her employer in 2022. Appellant quit her job in December 2022. Appellant commenced her new job on January 4, 2023 and applied to the Health Connector for health insurance but did not pay for her insurance by January 23, 2023 because she was waiting for reimbursement from her employer according to the company’s policy of reimbursing employees for their health insurance. Appellant 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 2022 was November 1, 2021, to January 23, 2023. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

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

Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18609

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: April 11, 2023

Decision Date: April 13, 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 12.13.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on March 24, 2023. The Health Connector determined the Appellant to be eligible for a ConnectorCare plan with Advance premium Tax credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for a ConnectorCare plan with Advance Premium Tax Credits.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on April 11, 2023. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn

in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (2 pages, dated March 9, 2023)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (11 pages)
- Exhibit 5: Appellant's appeal request form (6 pages dated February 24, 2023)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated February 24, 2023)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (16 pages, dated February 24, 2023)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (9 pages, dated March 24, 2023)
- Exhibit 9: Historical Notices and Printouts (17 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 31 year old married female with two children (Exhibit 7, 8 & 9)
2. The Appellant has a household of four. (Exhibit 7, 8 & 9)
3. The Appellant filled out three applications dated February 9, 2023, February 24, 2023, and March 24, 2023. The Appellant's health insurance increased from January 2023 of \$274.00 to February and March 2023 of \$665.00 each. The Appellant's premium decreased to \$150.00 in April 2023. The Appellant wanted reimbursement for the increased amount in January & February 2023. The Appellant testified that she had a balance of negative \$187.00 for April 2023, which is approximately the amount of her overpayment with credit for the April payment.
4. On her application, dated March 24, 2023 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$53,139.91 (Exhibit 8)

The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place him at 191.50% of the 2023 Federal Poverty Level (FPL). The Health Connector determined from other sources that the Appellant's annual modified adjusted gross income (MAGI) would place her at 191.50% of the 2023 Federal Poverty Level (FPL).

5. An individual at that income level would be eligible for subsidized coverage under the ACA, with Advanced Premium Tax Credits because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.
6. The Appellant testified that she corrected her income by filing documentation with the Health Connector on about March 24, 2023.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including government sponsored health insurance such as Medicare. 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

Appellant's application stated she has corrected her income with the Health Connector on about March 24, 2023. The Health Connector correctly found The Appellant eligible for ConnectorCare Plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

The appeal is denied. The determination by the Connector is affirmed.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention

Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is urged to contact the Health Connector Customer Service and inquire whether she has received the correct credits.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18720

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: April 4, 2023

Decision Date: April 19, 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 February 17, 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 April 4, 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 February 28, 2023

Exhibit 2: Eligibility on Appeal dated February 17, 2023

Exhibit 3: Appeals Unit Research and Resolution

- Exhibit 4: None
- Exhibit 5: None
- Exhibit 6: Notice from Appeals Unit dated March 16, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. On February 17, 2023, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 2).
2. On February 17, 2023, Appellant was found to be eligible for a Health Connector Plan with Advance Premium Tax Credit (Exhibit 2).
3. On February 17, 2023 Appellant was found not 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. Appellant has not had health insurance since August 2022 or earlier (Testimony of Appellant and Exhibit 1).
5. Appellant did not have any of the changes in circumstances that would allow Appellant to enroll outside of the Open Enrollment Period (Testimony of Appellant).
6. On February 17, 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 February 17, 2023, which was outside of the open enrollment period. Appellant did not have any of the changes in circumstances that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 and Exhibits 1, 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant’s appeal is denied.

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

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

ADDENDUM

The Health Connector has provided Appellant with information for applying for a waiver from the Office of Patient Protection. Appellant is encouraged to follow up with the Office of Patient Protection at 1 800 436-7757.