

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-8842

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare based on failure to verify income.

Hearing Date: July 16, 2019

Decision Date: August 31, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 18, 2018, Appellant was determined ineligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 16, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector's Hearing Notice (4 pages, dated June 12, 2019)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (5 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 2 pages dated April 12, 2019)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated April 18, 2019)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (7 pages, dated May 11, 2019)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (7 pages, dated April 10, 2019)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 8 Appellant's testimony)
2. Appellant was not enrolled in a Health Connector plan. (Appellant's testimony)
3. Appellant testified that she received the information about his income but did not send it in on time. She has now done so and enrolled in a ConnectorCare plan.

ANALYSIS AND CONCLUSIONS OF LAW

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. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on a 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.

Appellant applied for health insurance coverage through the Connector. She was found eligible for ConnectorCare plans and she was notified that she was required to submit documentation of proof of income to confirm her eligibility. Appellant did not submit the documentation requested. On April 18, 2019, Appellant was notified that she was determined ineligible for Health Connector plans. The new determination was based on

data from other sources because the Appellant did not send in the documents that were requested. On April 29, 2019, Appellant filed for an appeal based on her income.

The Connector made the correct determination based upon the information supplied by the Appellant and obtained from other sources. When Appellant did not supply the required documentation, the Connector changed the determination based on data from other sources

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA198984

Appeal Decision: Appeal allowed. The determination of the Connector is overturned.

Hearing Issue: Whether the Connector correctly determined that the appellants were eligible to purchase health insurance through the Connector without financial help because of the appellants' failure to submit acceptable proof of income on time.

Hearing Date: July 15, 2019

Decision Date: August 16, 2019

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedure from the appellant. Appellant testified. At the end of the hearing, the record was left open until July duress for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 6, 2019, the Connector determined that the appellants were eligible to purchase health insurance through the Connector without financial assistance.

HEARING RECORD

One of the appellants appeared at the hearing which was held by telephone on July 15, 2019. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with the appellant, marked as exhibits, and admitted in evidence with no 30, 2019 in order to obtain documents from the Connector. A document was received from the Connector which was marked as an exhibit and admitted in evidence. The record is now closed.

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 Appellant's file, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated June 4, 2019 addressed to Appellant for a hearing on July 15, 2019
- Exhibit 3: Connector Appeals Unit letter dated May 15, 2019 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Connector Appeals Unit Staff Notes dated May 15, 2019
- Exhibit 3b: Appeals Unit staff e-mails to Appellant dated May 15, 2019
- Exhibit 4: Hearing Request Form submitted by Appellants on May 14, 2019
- Exhibit 5: Connector letter dated April 6, 2019 to Appellant regarding eligibility for a Health Connector plan without financial assistance

- Exhibit 6: Summary and results of Appellants' application for Connector plan dated April 6, 2019
- Exhibit 7: Connector letter to Appellant dated November 28, 2018 requesting information and documents
- Exhibit 8: Summary and results of Appellants' application for Connector plan dated November 28, 2018
- Exhibit 9: MassHealth Central Office processing center print-out showing receipt of documents from Appellants on February 22, 2019 with a disposition date of April 5, 2019
- Exhibit 10: Documents sent in to the processing center by the appellants (utility bill and 2017 Federal Tax return, including Schedule SE) received on February 22, 2019
- Exhibit 11: Connector letter to Appellants dated April 5, 2019 regarding eligibility for ConnectorCare coverage

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter dated November 28, 2018, the Connector notified the appellants that Appellants needed to provide proof of residency and income by February 26, 2019. The Connector notified the appellants that if Appellants already had coverage through the Connector, the coverage was temporary and might be decreased or ended if the required proof was not submitted. A list of acceptable forms of proof was included in the letter (Exhibit 7).
2. On February 22, 2019, the Connector /MassHealth received documents from the appellants, one of whom was self-employed.. Appellants sent in a utility bill as proof of residency and their 2017 Federal Tax return, including their Schedule SE, the most current tax return they had, as proof of income. These documents were not processed and a disposition was not made until April 5, 2019. The proof of income was deemed unacceptable because no Schedule C was included (Exhibits 9 and 10; Testimony of Appellant).
3. Current utility bills are an acceptable form of proof of residency. An applicant's most current Federal Tax return with a Schedule SE, C, or F attached is an acceptable form of proof of income for a self-employed applicant (Exhibit 7).
4. In a letter dated April 5, 2019, the Connector notified the appellants that they were eligible for ConnectorCare plans (Exhibit 11, Testimony of Appellant).
5. In a letter dated April 6, 2019, the Connector notified the appellants that they were eligible for Connector Health plans without any financial assistance (Exhibit 5, Testimony of Appellant).
6. Appellants had had ConnectorCare coverage. They lost this coverage as of April 30, 2019 because they had supposedly not sent in acceptable proof of income by the February 26th deadline (Testimony of Appellant, Exhibit 6).
7. Appellants filed a request for an appeal of the Connector's April 6, 2019 determination. This request was received on May 14, 2019. Appellants pointed out on their request that they had received letters from the Connector on April 5th and April 6th with different determinations (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 6, 2019 that the appellants were eligible to enroll in a Health Connector plan without financial assistance because the appellants had not submitted proof of income and residency by the required deadline.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. If a household's projected income is between 100% and 400% of the Federal Poverty Level, the household members may be entitled to an advance premium tax credit to help cover the cost of health insurance premiums. If additional documentation is requested from an applicant and the documentation is not received, the Connector seeks data from other sources and eligibility to enroll in a plan may be terminated. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5), 956 CMR 12.05 and 12.09(1) which provides that an applicant for health insurance coverage must cooperate with the Connector in providing information necessary to establish and maintain eligibility.

In a letter dated November 28, 2018, the Connector asked Appellants to submit proof of income and residency by February 26, 2019. In the letter, the Connector provided a list of acceptable forms of proof. Utility bills were one way to establish residence. An applicant's most current Federal Tax return was listed as a way to prove income. For self-employed individuals, a Schedule C, F, or SE had to be included. See Exhibit 7. On February 22, 2019, the Connector/MassHealth received documents from the appellants, a utility bill to establish residency, and their 2017 Federal Tax return with Schedule SE to establish income. The 2017 return was the most current return the appellants had. The documents were not processed until April 5, 2019. The proof of income was deemed to be unacceptable because there was no Schedule C attached. See Exhibits 7, 9, and 10; Testimony of Appellant which I find to be credible.

On April 5th, the same day that the appellants' proof of income was deemed unacceptable, the Connector sent a letter to the appellants informing them that they were eligible for a ConnectorCare plan. One day later, a letter had been sent stating that the appellants were only eligible for a Connector Health Plan.l without any financial assistance. Appellants appealed after they received these contradictory letters. Appellants had had ConnectorCare coverage, but had lost it as of April 30th. See Exhibits 5, 9, 11, and the testimony of the appellant which I find to be credible.

What is at issue here is whether the determination made by the Connector was correct on the date it was made. Under the Affordable Care Act and Massachusetts state law (Chapter 111M, Section 2) in order to obtain coverage through the Connector, an applicant, among other things, must establish residency in the Commonwealth and supply proof of income when requested. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5), 956 CMR 12.05 and 12.09(1) which provides that an applicant for health insurance coverage must cooperate with the Connector in providing information necessary to establish and maintain eligibility.

In this matter, Appellants complied with all of the requests of the Connector in a timely fashion. They were asked to send in proof of residency and proof of income by February 26th, 2019. They did that. For some reason, though the documents were received on February 22nd, they were not processed until April 5th, and then they were processed incorrectly. The letter requesting proof of income clearly states that self-employed individuals may send in their most current tax return with a Schedule C, F, or SE attached (emphasis added). When processed, the document was deemed unacceptable because no Schedule C was attached even though a Schedule SE was included. See Exhibits 9 and 10, and the testimony of the appellant which I find to be credible.

Two errors were made at the processing center. The documents were not processed for over six weeks after the appellants sent them in. When they were processed, it was incorrectly determined that the proof

of income was unacceptable, though the appellant had sent in acceptable proof. In addition, two contradictory letters were sent to the appellants, one on April 5th and one on April 6th with different determinations.

I find that the Connector incorrectly determined that the appellants were only eligible for a Connector Health plan without financial assistance in the April 6th letter. Their proof should have been processed in a timely fashion and should have been found to be acceptable since the appellants sent in documents listed in Exhibit 7, the original request for information, as acceptable.

ORDER: Appellants' appeal is allowed. The Connector should redetermine the appellants' eligibility, if that has not already been done. If the appellants wish, their ConnectorCare coverage should be reinstated retroactively to May 1, 2019. Appellants should understand that if the coverage is reinstated, they will be responsible for the monthly premium payments retroactively.

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.

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA198993

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

Hearing Issue:

Whether the Connector correctly determined the appellant's eligibility to purchase a Connector Health plan without financial assistance.

Hearing Date: July 11, 2019

Decision Date: August 19, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 1, 2019, the Connector determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit based upon information supplied by the appellant to the Connector.

ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 11, 2019. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified. At the end of the hearing, the record was left open until August 2, 2019 to give the appellant time to submit additional evidence. Documents were received from the appellant on July 19, 2019 by the Connector. These have been marked as exhibits and entered in evidence. The record for this hearing is now closed.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated

Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 29, 2019 addressed to Appellant for July 11, 2019 hearing

- Exhibit 3: Connector Appeals Unit letter dated May 15, 2019 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated May 15, 2019
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on May 14, 2019 with letter in support attached
- Exhibit 5: Connector letter dated May 1, 2019 to Appellant regarding eligibility
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated May 1, 2019
- Exhibit 7: Connector print-outs detailing income verification for Appellant and spouse received April 12, 2019
- Exhibit 8: Summary and results of Appellant's application for Connector health plan dated April 12, 2019
- Exhibit 9: Connector processing center notes for documents verifying income received from Appellant on April 9, 2019 and processed April 12, 2019
- Exhibit 10: Summary and results of Appellant's application for Connector health plan dated January 14, 2019
- Exhibit 11: Connector Customer Service notes showing contacts with Appellant
- Exhibit 12: Connector letter dated January 14, 2019 to Appellant regarding eligibility termination for spouse
- Exhibit 13: Connector letter to Appellant dated April 12, 2019 regarding eligibility approval
- Exhibit 14: Appellant's Connector enrollment history, May, 2019
- Exhibit 15: Connector health insurance bill for May, 2019 for Appellant's ConnectorCare coverage
- Exhibit 16: Letter from Appellant's credit union dated July 18, 2019 showing automatic withdrawals from Appellant's account to the Health Connector
- Exhibit 17: Health plan Explanation of Benefits sent to Appellant dated June 17, 2019 with note from Appellant included

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant and his spouse had ConnectorCare coverage in 2018. In January, 2019, the appellant and his spouse decided that it might be less expensive to have separate applications and plans. The spouse withdrew her application for coverage; the Connector terminated her eligibility because of her withdrawal. The couple considered themselves to be separated, but they were not divorced at this time. On Appellant's application for coverage, he attested to residing at the same address as his spouse. In 2018, they filed their tax returns jointly. (Testimony of Appellant, Exhibits 6, 10, 12)
2. In January 2019, the appellant attested to a projected income of \$35,097 for him and no projected income for his spouse, even though he also attested to her having a job and an income of \$560 a week. The appellant and his spouse had the same address on the application. The appellant's income equaled 213.23% of the Federal Level Poverty. The Connector determined that Appellant was eligible for a ConnectorCare plan. Appellant called Customer Service to confirm that he was eligible for this plan. He was told he was, but that he needed to send in proof of income (Exhibits 10, 11).
3. In a letter dated March 13, 2019 sent to the appellant, the Connector requested proof of income for the appellant and his spouse. The proof had to be received by April 19, 2019. On April 9th, proof of income was received by the Connector. The documents sent in were processed on April 12th. The appellant's self-attested income was \$40,490 and his spouse's was \$28,676 (Exhibits 7, 9).
4. Based upon the new projected income, the Connector determined that the appellant was eligible for a

Health Connector plan with advance premium tax credits. A letter dated April 12, 2019 was sent to the appellant informing him of this change in plan eligibility. The Connector letter also informed the appellant that he could enroll in a plan with an effective start date of May 1, 2019. On May 1, 2019, the Connector sent a second letter to the appellant informing him that he was eligible for a Connector Health plan with no advance premium tax credit. His attested projected income was now equal to 420.21% of the Federal Poverty Level. He was also informed that he qualified for a special enrollment period and could enroll in a plan through June 30, 2019 (Exhibits 5, 6, 8, and 13).

5. Appellant assumed he was enrolled in a plan because he had ConnectorCare coverage and had paid the premium bill he had received for the month of May. He did not realize that he had to change plans. He did not realize that his ConnectorCare coverage had ended until he tried to get prescriptions filled after seeing his doctor at the beginning of May (Testimony of Appellant, Exhibits 15, 16).
6. Appellant submitted a request for an appeal of the Connector's May 1st determination on May 14, 2019 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on May 1, 2019 that the appellant was eligible to purchase a Connector Health plan with no advance premium tax credit. See Exhibit 5.

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

If an applicant's projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan, the type dependent upon the individual's projected income level. See 956 CMR 12.00 et. seq. If an individual has a projected income equal to more than 300% of the Federal Poverty level, the individual may be eligible for a Connector Health Insurance plan. What percentage of the Federal Poverty Level the individual's projected income equals depends upon the number of household members and the income of tax payers who are part of the household. The income of married couples is considered to be the joint income if both spouses have income. See 42 CFR Section 435.603 and Internal Revenue Code 36B (d).

In this matter, the appellant and his spouse believed that they could have separate applications for coverage through the Connector even though they had filed their 2018 taxes jointly and the appellant had indicated on his application that he and his spouse intended to file jointly again in 2019. The spouse withdrew her application and her coverage was terminated. When requested to provide proof of income, the appellant sent in proof showing a joint income equaling 420.21%. Based upon this determination, the Connector found that the appellant was eligible for a Connector Health plan with no advance premium tax credit. See Exhibits 5 through 9, 11, 12, 13; and the testimony of the appellant which I find to be credible.

Based upon the proof of income that the appellant provided to the Connector, the Connector correctly determined that the appellant was eligible for a Connector Health plan without an advance premium tax credit. As noted above, if individuals are otherwise eligible to purchase health insurance through the Connector and if the individuals have an income which is between 100% and 400% of the Federal Poverty level, the individuals are eligible to purchase a plan with an advance premium tax credit. Once the projected income equals more than 400% of the Federal Poverty Level, no advance premium tax credit is available. In addition, in this case, the appellant did not seem to understand that his income and his spouse's income would be taken into consideration. See cites above for eligibility requirements for an advance premium tax credit and for the method of determining household projected income. On his application, Appellant indicated that he and his spouse filed taxes jointly and intended to continue doing so and that they lived at the same address. See Exhibits 6, 8, and 10. For purposes of establishing projected income, both incomes were considered even if Appellant considered himself to be separated from his spouse.

The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan with no advance premium tax credit is affirmed.

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

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

Addendum: If the appellant's income or that of his spouse has changed, he may wish to contact the Connector and notify the agency of the changes. He may contact the Connector at 1-877-623-6765 or on line at MAhealthconnector.org.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA199002

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

Hearing Issue: Whether the Connector correctly determined that the appellant was ineligible for a special enrollment period so that Appellant could change her health insurance carrier until the next open enrollment period because Appellant did not have a qualifying life event.

Hearing Date: July 15, 2019

Decision Date: August 15, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 16, 2019, the Connector determined that the appellant was ineligible to change her Connector Health plan until the next open enrollment period or until she had a qualifying life event.

ISSUE

Whether the Connector correctly determined pursuant to 45 CFR 155.410 and 420 that the appellant was ineligible to change her health insurance plan through the Connector until the next open enrollment period because Appellant did not have a qualifying life event.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 15, 2019. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. 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 Appellant's file, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated June 4, 2019 addressed to Appellant for July 15, 2019 hearing
- Exhibit 3: Connector Appeals Unit letter dated May 16, 2019 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff case notes dated May 16, 2019

- Exhibit 4: Hearing Request Form submitted by Appellant on May 15, 2019 with letter in support attached
- Exhibit 5: Connector letter dated May 16, 2019 to Appellant regarding ineligibility for a special enrollment period
- Exhibit 6: Summary and results of Appellant's application for Connector plan dated October 9, 2018
- Exhibit 7: Customer Service contact notes showing contacts with Appellant

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance coverage from March, 2018 through May, 2018 and again from August through December, 2018. In November, 2018, Appellant reapplied for coverage. Appellant wanted to make sure that her primary care physician was part of the network of the plan she chose. After inquiring about this, and believing that her doctor was in the network, the appellant enrolled in a plan. She received help from someone in a local hospital. No one at the Connector gave her advice about this (Exhibits 3a, 4, Testimony of Appellant).
2. On April 10, 2019, the appellant called Customer Service at the Connector and asked to change her insurance plan because she had found out that her primary care physician was no longer part of her current carrier's network. Customer Service confirmed that Appellant did not have a qualifying life event or a special enrollment period and then advised the appellant to call her carrier to see if it would allow her to have continuity coverage with her doctor (Exhibit 7).
3. On May 3, 2019, the appellant again called Customer Service and asked for an appeal of the Connector's denial of a special enrollment period (Exhibit 7).
4. On May 15, 2019, the appellant filed a request for a hearing so that she could appeal the denial of a special enrollment period (Exhibit 4).
5. On May 16, 2019, the Connector determined that the appellant was not eligible to enroll in a new health connector plan until the next open enrollment period because she did not claim to have a qualifying life event (Exhibit 5).
6. The appellant had no qualifying life event within 60 days of her requesting a change of carrier. She had not lost health insurance coverage, gained a dependent, had a change in marital or immigration status within the past 60 days. She had not moved. Appellant was not Alaska native or native American. She had no other qualifying event and no exceptional circumstances which would allow the Connector to grant her a special enrollment period so she could change plans (Testimony of Appellant, Exhibits 5 and 7).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on May 16, 2019 that the appellant was ineligible to enroll in a new Health Connector plan until the next open enrollment period because she had no qualifying life event and was, therefore, not eligible for a special enrollment period.

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)(13) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq.

45 CFR 155.410 and 420 provide for open enrollment periods during which individuals may enroll in health care plans and for special open enrollment periods when individuals may enroll outside of the open enrollment period if they have a qualifying life event. The Connector's open enrollment period for 2019 coverage began in November, 2018 and ended in mid-January, 2019.

Examples of a qualifying event include the loss of health insurance from a job, moving outside of a health insurer's service area, loss of MassHealth or other health insurance coverage, getting married, a change in household dependents, among other things. If an individual has a qualifying event, the individual may apply for coverage through the Connector within 60 days of the event, even outside of an open enrollment period. There is an exceptional circumstances exception. Examples of exceptional circumstances are given in the Centers for Medicare and Medicaid Services and for Consumer Information and Insurance Oversight Affordable Exchanges Guidance dated March 26, 2014. Examples listed are a natural disaster, or medical emergency.

In this matter, Appellant had no qualifying life event within 60 days of her requesting a change in plan. She had not lost health insurance coverage, gained a dependent, had a change in marital or immigration status within the past 60 days. She had not moved. Appellant was not Alaska native or native American. She had no other qualifying event and no exceptional circumstances which would allow the Connector to grant her a special enrollment period so she could change plans. See the testimony of Appellant which I find to be credible, and Exhibits 5 and 7.

What is at issue here is whether the original determination that Appellant was ineligible for a special enrollment period so that she could change plans until the next open enrollment period was correct at the time it was made. The determination was based upon the attestations made by Appellant on her application concerning qualifying life events when she spoke with Customer Service in April and May, 2019. See Exhibits 5 and 7. At this hearing, Appellant also testified to a lack of a qualifying event. There is no other evidence in the record that the appellant had a qualifying life event at the time she asked to change plans. The Connector's determination was correct at the time it was made. See 45 CFR 155.410 and 420. Because of this, the determination of the Connector is affirmed.

ORDER: The action taken by the Connector regarding Appellant's ineligibility to change her Connector Health plan for another until the next open enrollment period 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

FINAL APPEAL DECISION-9047

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare, based on failure to verify income

Hearing Date: July 30, 2019

Decision Date: August 26, 2019

AUTHORITY

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

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 April 29, 2019, Appellant was determined eligible for Health Connector Plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant only eligible for Health Connector plans without subsidies and not eligible for ConnectorCare, based on the Appellant's failure to verify income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 30, 2019.

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 page, undated)
- Exhibit 2: Health Connector's Hearing Notice (3 pages, dated June 19, 2019)
- Exhibit 3: Health Connector's Acknowledgment of Appeal (6 pages, dated May 28, 2019)
- Exhibit 3(a) Health Connector's Appeals Unit Staff Notes (2 pages)
- Exhibit 4: Appellant's Appeal Request Form (19 pages, dated May 22, 2019)
- Exhibit 5: Health Connector Notice of Eligibility Approval (10 pages, dated April 29, 2019)

Massachusetts Health Connector Appeals Unit



- Exhibit 6: Health Connector's Results Computer Print Out (5 pages, dated May 28, 2019)
- Exhibit 6(a) Virtual Gateway with Supporting Documents (16 pages, dated June 6, 2019)
- Exhibit 7 Letter from Connector Requesting Documents (6 pages, dated January 23, 2019)
- Exhibit 7: Health Connector's Results Computer Print Out (12 pages, undated)
- Exhibit 8: Health Connector's Results Computer Print Out (4 pages, dated June 18, 2019)

FINDINGS OF FACT

The record shows, and I so find:

ANALYSIS AND CONCLUSIONS OF LAW

The record shows, and I so find:

1. On January 23, 2019, the Appellant was reminded to send in documents to verify income with a deadline of April 23, 2019. (Exhibit 7).
2. The Appellant testified he sent in 1099's in March 2019. (Testimony).
3. The Connector does not have record of receiving the income documentation and verification prior to April 23, 2019. (Exhibit 3(a), 4).
4. On April 29, 2019, the Health Connector sent the Appellant an Eligibility Approval for 2019 which stated that the Appellant's eligibility was for a ConnectorCare Plan without financial help. This notice stated that the Health Connector's 2019 determination was based on an income equivalent to 779.01% of the Federal Poverty Level. (Exhibit 5).
5. The Appellant as part of his appeal submission received by the Connector on May 22, 2019 indicated his gross income in 2018 was \$31,326 inclusive of Social Security and his 2018 Adjusted Gross Income ("AGI") was \$20,737. (Exhibit 4).
6. The Appellant testified he was told in June 2019 from someone at the Connector that his annual income was entered in error at approximately \$180,000. (Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans without subsidies based on failure to verify income which used an income and family size equivalent to 779.01%% of the Federal Poverty Level. (Exhibit 5). The Appellant asserts that this determination was incorrect, because the Appellant's actual gross income in 2018 was \$31,326 inclusive of Social Security and his 2018 AGI was \$20,737, and based on those figures the Appellant should therefore have remained eligible for subsidies. (Exhibit 4). Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit ("APTC") if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector

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will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

On January 23, 2019, the Appellant was asked to verify his income, and was provided with a list of acceptable documents to verify income. The Appellant was reminded to send in income verification documents with a deadline of April 23, 2019. (Exhibit 7).

On April 29, 2019, the Health Connector sent the Appellant an Eligibility Approval for 2019 which stated that the Appellant's eligibility was for a ConnectorCare Plan without subsidies. This notice stated that the Health Connector's 2019 determination was based on an income equivalent to 779.01% of the Federal Poverty Level. (Exhibit 5). The Appellant did not send income verification by the deadline and until his appeal submission received by the Connector on May 22, 2019. The Appellant the documents were not acceptable and the Appellant failed to send in additional documents by the deadline. On April 29, 2019, because the Appellant failed to verify his income, the Health Connector reverted to electronic data sources, and found that the Appellant's household income was equivalent to 779.01 % of the Federal Poverty Level. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). Even though the Appellant now asserts that Appellant's income for 2019 will only be \$28,889.72 or 226.38 % of the Federal Poverty Level, the Appellant failed to verify this income and the Health Connector, as required by law, relied on data it had available in other sources to issue a new determination. The Appellant was found eligible for Health Connector plans, without subsidy, and is the correct determination for a person whose household income is 779.01% of the Federal Poverty Level. 26 CFR § 1.36B-2 and 45 CFR § 155.305(f).

While the Appellant has now sent in documents verifying income, on April 29, 2019 the Health Connector correctly found that the Appellant was eligible for Health Connector plans without subsidies, based on electronic data sources after the Appellant failed to verify income, and that determination is upheld.

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.

William F. O'Connell
Hearing Officer

Massachusetts Health Connector Appeals Unit



Cc: Health 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 2019 from the federal government will be reconciled when you file your 2019 federal income tax return (usually in the spring of 2020). 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 2019 (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 2017 (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 2019 will be paid to you when you file your 2019 federal income tax return.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9079

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for Health Connector plans based on failure to verify residency.

Hearing Date: July 16, 2019

Decision Date: August 31, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 18, 2019, Appellant was determined ineligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify residency.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was ineligible for Health Connector plans, based on the Appellant's failure to verify residence.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 16, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector's Hearing Notice (4 pages, dated June 12, 2019)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (8 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 1 page dated May 28, 2018)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated May 18, 2019)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated May 18, 2019)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (5 pages, dated February 12, 2019)
- Exhibit 9: Historical Notices and Printouts (12 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 7 &8, Appellant's testimony)
2. Appellant was notified that she had to provide proof of residency. However, the Appellant did not do so (Exhibit 6 and Appellant's testimony).
3. During Appellant's testimony she indicated that she did not notify the Health Connector.
4. Appellant indicated that she had moved in February 2019 and had difficulty receiving her mail.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to verify residency. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' residency status, in accordance with 45 CFR § 155.315(d). Where the Health Connector cannot verify applicants' residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

The Appellant was determined eligible for Connector Care Plans and was asked to verify her residency. The Appellant failed to send in documents verifying his residency, and was determined ineligible for Health Connector plans on May 18, 2019, for not being a resident of Massachusetts. This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f), and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a).

The Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on May 18, 2019, and that determination is upheld.

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 requested to contact Customer Service in regard to her current status as to residency.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9162

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: July 29, 2019

Decision Date: August 13, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 27, 2019, Appellant was denied eligibility to obtain health insurance through the Connector because Appellant was not found to be lawfully present in the United States.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on July 29, 2019. The procedures to be followed during the hearing were reviewed with Appellant. Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Correspondence from Connector Appeals Unit addressed to Appellant
- Exhibit 3: Hearing Request Form dated June 5, 2019

Exhibit 4: Connector letter dated April 27, 2019, denying Appellant's eligibility to obtain health insurance through the Connector

Exhibit 5: Eligibility Results and application summary

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied to obtain health insurance through the Connector on or about April 27, 2019 (Exhibit 4).
2. Appellant's eligibility to obtain health insurance through the Connector was denied on April 27, 2019 because Appellant did not establish lawful presence in the United States (Exhibit 4).
3. Appellant appealed the Connector's action on June 5, 2019, stating that Appellant could not afford to pay for health insurance and that Appellant could not prove immigration status (Exhibit 3).
4. Appellant did not submit documents showing lawful presence (Testimony of Appellant).
5. Appellant did not have documents showing lawful presence (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant applied for health insurance coverage through the Connector on or about April 27, 2019. On April 27, 2019, the Connector denied Appellant's eligibility for health insurance because Appellant was determined not to be lawfully present in the United States. Appellant appealed the Connector's denial on June 5, 2019, stating that Appellant could not prove immigration status. See Testimony of Appellant which I find to be credible and Exhibits 3, 4 and 5.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR 155.305(a)(1).

Since Appellant could not establish lawful presence in the United States, the Connector's action in denying Appellant eligibility to purchase health insurance through the agency is affirmed.

ORDER

The action taken by the Connector at the time of Appellant's application denying Appellant's eligibility is affirmed. 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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9167

Appeal Decision: Appeal Denied

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

Hearing Date: August 6, 2019

Decision Date: August 19, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 9, 2019, the Appellant was determined eligible for Health Connector plans with APTC, but was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant's mother appeared at the hearing, which was held by telephone, on August 6, 2019. The hearing was recorded. The hearing record consists of the Appellant's mother's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (7-2-19) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (6-11-19) (1 page);
- Exhibit 4: Outreach notes and email (4 pages);
- Exhibit 5: Hearing Request form (6-9-19) (1 page);
- Exhibit 6: Special Enrollment Decision (6-9-19) (8 pages); and

Exhibit 7: Eligibility detail printout and application summary printout (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through her parent (Appellant's mother's testimony).
2. Appellant was turning age 26 years as of August 10, 2019, and applied for health insurance through the Health Connector in June 2019 in order to be proactive (Appellant's mother's testimony, Exhibits 5 and 7).
3. As of June 9, 2019, when Appellant applied, Appellant was still on the health insurance of her parent, and had not had a qualifying event (Appellant's mother's testimony, Exhibits 5, 6 and 7).
4. Appellant's application was administratively opened to allow her to enroll as of the date of the hearing.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector plans with APTC, but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2019 will likely be in November. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. In this case, Appellant was trying to be proactive and enroll in health insurance through the Health Connector prior to losing her coverage that she had through a parent when she turned age 26 years. She therefore applied on or about June 9, 2019, whereas she would not be turning age 26 years and losing the coverage she had with her parent until August 10, 2019.

On June 9, 2019, the Appellant was determined eligible for Health Connector plans with APTC, but was found not eligible for a special enrollment period due to failure to have a qualifying life event due to failure to have a qualifying life event. Appellant had not yet turned age 26 years, and had not lost insurance coverage from her parent. The Appeals Unit had granted Appellant ability to enroll as of the date of the hearing. However, because the Appellant had not experienced a qualifying event as of the date of her application, the Health Connector's determination that the appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420.

ORDER

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

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9173

Appeal Decision Appeal Denied

Hearing Issue: Eligibility for a Special Enrollment Period to enroll in a subsidized Health Connector plans

Hearing Date: July 29, 2019

Decision Date: August 16, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 20, 2019, Appellant was determined eligible for a ConnectorCare Plan Type 3A based upon Appellant's application. On May 23, 2019, Appellant was denied a Special Enrollment Period. On June 13, 2019, the Health Connector administratively granted Appellant a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for a ConnectorCare Plan Type 3A and whether Appellant should have been granted a Special Enrollment Period in order to enroll outside of open enrollment. The issue was resolved prior to the hearing.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on July 29, 2019.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Correspondence from Appeals Unit of Health Connector
- Exhibit 3: Hearing Request Form and support documents dated June 6, 2019
- Exhibit 4: Notices on Appeal

Exhibit 5: Eligibility Results and application summary

FINDINGS OF FACT

The record shows, and I so find:

1. During 2018 and early 2019, Appellant had been enrolled in MassHealth (Testimony of Appellant).
2. In March, 2019, Appellant was found eligible for ConnectorCare Plan 3A (Exhibit 5).
3. When Appellant tried to enroll in the ConnectorCare Plan on May 23, 2019, Appellant was not able to enroll because Appellant had been denied a Special Enrollment period (Exhibit 4 and Testimony of Appellant).
4. Appellant filed an appeal on June 6, 2019, based on income (Exhibit 3).
5. On or about June 13, 2019, the Health Connector granted Appellant a Special Enrollment Period to permit Appellant to enroll in the Connector Care Plan until August 11, 2019 (Exhibit 5).
6. At the time of the hearing, Appellant did not dispute income and Appellant agreed that Appellant wanted to be covered by the ConnectorCare Plan 3A (Testimony of Appellant).
7. At the time of the hearing on July 29, 2019, Appellant still had not enrolled in the ConnectorCare Plan (Testimony of Appellant).
8. At the time of the hearing, Appellant was not aware that Appellant was eligible to enroll in a ConnectorCare Plan 3A and Appellant was planning on enrolling right after the hearing (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

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. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on a 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.

During 2018 and early 2019, Appellant was enrolled in MassHealth. In March 2019, Appellant was found eligible for ConnectorCare Plan 3A. Appellant tried to enroll in the ConnectorCare Plan in May 2019, but at that time Appellant was denied a Special Enrollment Period in order to enroll outside of open enrollment. Appellant filed an appeal based on income on June 6, 2019. On or about June 13, 2019, Appellant was given a Special Enrollment Period which permitted Appellant to enroll until August 11, 2019. At the time of the hearing, Appellant did not go forward on income, as stated on the Appeal. Appellant was not aware that Appellant could enroll and Appellant planned to enroll right after the hearing. See Exhibits 2, 3, and 4 and Testimony of Appellant, which I find to be credible.

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.

ADDENDUM

Appellant was given the number for the Health Connector (1-877 623-6765) so that Appellant could enroll in the plan that Appellant had been approved for.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9182

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare, reinstatement

Hearing Date: August 6, 2019

Decision Date: August 19, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 9, 2019, the Appellant's coverage was terminated for non-payment of premiums. Appellant sought reinstatement but was not reinstated.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant should not be reinstated.

HEARING RECORD

The Appellant and Appellant's mother-in-law appeared at the hearing, which was held by telephone, on August 6, 2019. The hearing was recorded. The hearing record consists of the Appellant's and the Appellant's mother-in-law's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (7-2-19) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (6-18-19) (2 pages);
- Exhibit 4: Outreach notes and email (3 pages);
- Exhibit 5: Hearing Request form (6-10-19) (2 pages);
- Exhibit 6: Termination for non-payment letter (3-9-19) (4 pages);

- Exhibit 7: Termination warning letter (1-30-19) (6 pages);
Exhibit 8: Eligibility detail printout and application summary printout (5 pages);
Exhibit 9: Salesforce form (10 pages); and
Exhibit 10: Payment history information (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Health Connector during 2018 and continuing into 2019 (Appellant testimony, Exhibits 8 and 10).
2. Appellant had missed or was late on some of the premium payments (Exhibit 10).
3. Appellant's premium was raised by one dollar for 2019 (Exhibit 10 and Appellant's testimony).
4. Appellant was sent a Termination warning letter dated January 30, 2019.
5. Appellant sent in payment but not in the correct amount, and not in a timely manner.
6. As a result, Appellant's coverage was terminated, and Appellant was informed by letter dated March 9, 2019, that she could reinstate the coverage if she made full payment of past due amount as well as an additional amount for the next month within 35 days (Exhibit 6).
7. Appellant did not make the payments needed in order to be reinstated within the time period required.
8. Appellant indicated that she had tried to reach the Connector, but there was no record at the Connector of her calls.
9. The amount in arrears was small, but Appellant nonetheless did not meet the requirements for reinstatement.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit (APTC) if their household income is at or below 400% of the Federal Poverty Level (FPL). 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. If a member does not pay premiums, she may be terminated for non-payment of premiums. 956 CMR § 12.11(3). Under Policy NG-6B, a member may be reinstated if they pay all amounts due as well as the following month's payment within 35 days of the date of termination of coverage. 956 CMR § 12.11(4).

In this case, Appellant's coverage was terminated for non-payment of premiums. The termination is not an appealable issue. Whether the reinstatement policy was properly followed is appealable. In this case, the Appellant did not fully pay the amounts owed within the time required, and, therefore, the reinstatement was not approved. The Appellant was informed that her application was unlocked to allow her to enroll going forward. Therefore, the determination of the Health Connector was correct.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9189

Appeal Decision Appeal Denied

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

Hearing Date: July 29, 2019

Decision Date: August 14, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 28, 2019, Appellant was determined eligible for a Health Connector Plan with Advance Premium Credit based upon Appellant's application. Appellant requested a Special Enrollment Period in order to enroll outside of the Open Enrollment Period. On May 28, 2019, Appellant was denied a Special Enrollment Period. Appellant appealed the decision on the Special Enrollment Period on June 7, 2019. On July 9, 2019, Appellant was found ineligible for a Health Connector Plan because Appellant was found not to be lawfully present in the United States.

ISSUE

The original issue appealed by Appellant was the denial of a Special Enrollment Period to enroll in a Health Connector Plan outside of open enrollment. However, at the time of the Appeal, Appellant had been found not eligible for Health Connector Plans, based on the Appellant's failure to establish lawful presence in the United States

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, July 29, 2019.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated

- Exhibit 2: Correspondence from Appeals Unit of Health Connector
- Exhibit 3: Hearing Request Form and support documents dated June 5, 2019
- Exhibit 4: Notices on Appeal
- Exhibit 5: Eligibility Results and application summary

FINDINGS OF FACT

The record shows, and I so find:

1. On May 28, 2019, Appellant applied for a Health Connector Plan with subsidies (Exhibit 4).
2. On May 28, 2019, Appellant was found eligible for Health Connector Plans with Advance Premium Tax Credit (Exhibit 4).
3. On May 28, 2019, Appellant was not found eligible for a Special Enrollment Period in order to enroll outside of open enrollment (Exhibit 4).
4. On June 7, 2019, Appellant filed an appeal based on the denial of a Special Enrollment Period (Exhibit 3).
5. On or about July 9, 2019, Appellant was denied coverage on Health Connector Plans because Appellant was determined not to be lawfully present in the United States.
6. At the time of the hearing, Appellant was no longer eligible for a Health Connector Plan with advance premium tax credit, and Appellant did not proceed with the hearing on a Special Enrollment period (Testimony of Appellant and Exhibit 5).
7. Appellant did not have documents showing lawful presence in the United States (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant applied for subsidized health insurance on May 28, 2019. Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit. On May 28, 2019, Appellant was not found eligible for a Special Enrollment period. Appellant filed an appeal of the denial of the Special Enrollment period on June 7, 2019. On or about July 9, 2019, Appellant was denied coverage on a Health Connector Plan because Appellant was determined not to be lawfully present in the United States. Appellant did not have documents showing lawful presence. Appellant did not proceed on the hearing about the denial of a Special Enrollment period. See Testimony of Appellant, which I find to be credible and Exhibits 3, 4, and 5.

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. The law also permits these premium tax credits to be paid in advance on an applicant’s behalf, based on a 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. Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR155.305(a)(1).

Since Appellant could not establish lawful presence in the United States, the Connector’s action in denying Appellant’s eligibility to purchase health insurance through the agency is affirmed.

ORDER

The action taken by the Connector denying Appellant’s eligibility is affirmed. 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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9202

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, based on failure to verify residency

Hearing Date: August 6, 2019

Decision Date: August 20, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 25, 2019, the Appellant's eligibility for Health Connector plans was terminated, due to failure to verify residency.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 6, 2019. The hearing was recorded. The hearing record consists of the Appellant's testimony, through an interpreter, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (7-2-19) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (6-17-19) (9 pages);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (6-3-19) (2 pages);
- Exhibit 6: Eligibility Termination letter (5-25-19) (14 pages);

- Exhibit 7: Eligibility detail printout and application summary printout (12 pages);
Exhibit 8: Request for Documents letter (2-19-19) (4 pages); and
Exhibit 9: Account Dashboard information.

FINDINGS OF FACT

The record shows, and I so find:

1. In a prior eligibility determination, the Appellant was found eligible for ConnectorCare Plan Type 2A on February 19, 2019, and was asked to send in documents verifying the Appellant's residency (Exhibits 7, 8).
2. The Appellant's eligibility was terminated on May 25, 2019, after failing to send in documents verifying residency (Exhibit 6).
3. Appellant lives in Massachusetts, but did not send in documents verifying residency by the deadline (Appellant testimony).
4. Appellant has now sent in documents verifying residency and is eligible to enroll (Exhibit 9, Appellant testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's eligibility for Health Connector plans was terminated based on failure to verify residency. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' residency status, in accordance with 45 CFR § 155.315(d). where the Health Connector cannot verify applicants' residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On February 19, 2019, the Appellant was determined eligible for ConnectorCare Plan Type 2A, and was asked to verify their residency. The Appellant failed to send in documents verifying their residency, and the eligibility was terminated on May 25, 2019, for not being a resident of Massachusetts. This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f), and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a).

While the Appellant has not sent in documents verifying eligibility, the Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on May 25, 2019, and that determination is upheld.

ORDER

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

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

FINAL APPEAL DECISION: ACA19-9246

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for Health Connector plans, based on failure to verify residency

Hearing Date: August 6, 2019

Decision Date: August 26, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 30, 2019, Appellant was determined ineligible for Health Connector plans with coverage ending on May 31, 2019, due to failure to verify residency.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 6, 2019.

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 page, undated)
- Exhibit 2: Health Connector's Hearing Notice (4 pages, dated July 19, 2019)
- Exhibit 3: Health Connector's Acknowledgment of Appeal (6 pages, dated June 20, 2019)
- Exhibit 3(a) Health Connector's Appeals Unit Staff Notes (1 page)
- Exhibit 4: Appellant's Appeal Request Form (3 pages, dated June 19, 2019)
- Exhibit 5: Health Connector Notice of Eligibility Termination (6 pages, dated May 30, 2019)

- Exhibit 6: Appellant's Application Summary Results (6 pages, dated June 19, 2019)
Exhibit 7: Health Connector Information Request to Appellant, requesting documents verifying the Appellant's residency (4 pages, dated February 22, 2019).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant was sent a Request for Information on February 22, 2019 requesting the Appellant send in Proof of Residency with a due date of May 23, 2019. (Exhibit 7)
2. The Appellant indicated on her Appeal Request she faxed on 6/19/19 "I am not sure what I need. I have not received anything before this." (Exhibit 4, Pages 1,2).
3. The Appellant testified she sent a letter she received from the Health Connector back to the Health Connector at the end of April or beginning of May believing that would suffice for proof of residency. (Appellant's Testimony).
4. The Appellant testified she spoke with someone at the Connector in March or the beginning of April and understood that as long as she sent something with her name and address same would suffice for proof of residency. (Testimony).
5. The Connector's Notes reflect no document from the Appellant was received prior to May 23, 2019. (Exhibits 3(a)).
6. The Appellant was determined ineligible for Health Connector plans on May 30, 2019 with coverage ending on May 31, 2019 after failing to send in documents verifying residency. (Exhibit 1, Exhibit 5)
7. The Appellant indicated she had lived at the current address as referenced in the correspondence dated February 22, 2019 and May 30, 2019 sent by the Connector for the last 1.3 years and had been receiving mail at that residence. (Testimony, Exhibits 2,3, 5).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to verify residency. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' residency status, in accordance with 45 CFR § 155.315(d). Where the Health Connector cannot verify applicants' residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On February 22, 2019 the Appellant was asked to verify her residency. The Appellant was reminded to send in residency verification documents. (Exhibit 7). The Appellant failed to send in documents verifying her residency, and was determined ineligible for Health Connector plans on May 30, 2019 with her coverage ending on May 31, 2019. (Exhibit 5). This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f), and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a).

The Appellant testified that she had mailed back a document she received from the Connector with her address at the end of April or beginning of May believing that would suffice for proof of residency. The Connector has no

record of receipt of residency verification from the Appellant prior to May 23, 2019. The Connector did not receive proof of residency document from the Appellant. (Exhibit 3(a)).

Based upon the evidence in the record, it is concluded that the Connector's determination on May 30, 2019, regarding the appellants' eligibility for Health Connector Plan 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. 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 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 2019 from the federal government will be reconciled when you file your 2019 federal income tax return (usually in the spring of 2019). 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 2019 (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 2019 (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 2019 will be paid to you when you file your 2019 federal income tax return.

FINAL APPEAL DECISION: ACA19-9341

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare based on failure to verify income.

Hearing Date: August 28, 2019

Decision Date: September 27, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 18, 2018, Appellant was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for ConnetoCare Plans, based on the Appellant's failure to verify income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 28, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector's Hearing Notice (5 pages, dated July 27, 2019)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (9 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 3 pages dated June 30, 2019)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated May 18, 2019)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated May 18, 2019)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (4 pages, dated February 11, 2019)
- Exhibit 9: Historical Notices and Printouts (6 Pages)
- Exhibit 10: Health Connector's Determination Results and Review Computer Printout (5 pages, dated May 30, 2019)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 5, 6, 7 & 8 Appellant's testimony)
2. Appellant went from a ConnectorCare plan to an unsubsidized plan due to failure to send in income. (Exhibit 4, 6 8, & 10, Appellant's testimony)
3. Appellant testified that he received the information about his income but did not send it in on time. He has now done so and will enroll in a ConnectorCare plan.

ANALYSIS AND CONCLUSIONS OF LAW

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. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on a 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.

Appellant applied for health insurance coverage through the Connector. He was found eligible for ConnectorCare plans and he was notified that he was required to submit documentation of proof of income to confirm his eligibility. Appellant did not submit the documentation requested. On May 18, 2019, Appellant was notified that he was determined eligible for Health Connector plans. The new determination was based on data from other sources because the Appellant did not send in the documents that were requested. On July 2, 2019, Appellant filed for an appeal based on his income.

The Connector made the correct determination based upon the information supplied by the Appellant and obtained from other sources. When Appellant did not supply the required documentation, the Connector changed the determination based on data from other sources

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-9456

Appeal Decision: Appeal Denied

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

Hearing Date: August 27, 2019

Decision Date: September 16, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On July 5, 2019, the Appellant was determined eligible for ConnectorCare Plan Type 3A, but was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 27, 2019. The hearing was recorded. The hearing record consists of the Appellant's testimony, through an interpreter, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (7-22-19) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (7-19-19) (5 pages);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (7-12-19) (2 pages);
- Exhibit 6: Special Enrollment Decision (7-5-19) (18 pages); and

Exhibit 7: Eligibility detail printout and application summary printout (5 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Health Connector, and lost coverage on April 30, 2019 due to nonpayment of premiums (Exhibit 4).
2. Appellant applied again for insurance and was deemed eligible for ConnectorCare Plan Type 3A but was not eligible to enroll due to lack of a qualifying event (Exhibits 4, 6, 7, and Appellant's testimony).
3. Appellant was deemed ineligible for a special enrollment on July 5, 2019 (Exhibit 6).
4. Appellant's application was administratively opened to allow him to enroll until September 16, 2019 (Exhibit 4).
5. Appellant also raised an issue about the amount of premiums but that is not a subject of this appeal (Appellant's testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for ConnectorCare Plan Type 3A, but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2019 will likely be in November. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. In this case, Appellant had lost coverage due to nonpayment of premium, and that does not qualify as a qualifying event.

On July 5, 2019, the Appellant was determined eligible for ConnectorCare Plan Type 3A, but was found not eligible for a special enrollment period due to failure to have a qualifying life event. The Appeals Unit had granted Appellant ability to enroll as of the date of the hearing. However, because the Appellant had not experienced a qualifying event as of the date of her application, the Health Connector's determination that the appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420.

ORDER

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

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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