

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216122

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

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

Hearing Date: April 19, 2022

Decision Date: July 22, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 4, 2022, the Connector determined Appellant to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellant had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing which was held by telephone on April 19, 2022. The procedures to be followed during the hearing were reviewed with the 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 May 11, 2022 to give the appellant and the Connector time to submit additional documents. The Connector submitted documents which have been marked as exhibits and admitted in evidence. The appellant did not submit any additional 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 Appeals files

Exhibit 2: Connector Appeals Unit Notice of Hearing dated March 14, 2022 addressed to Appellant

- for April 19, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated March 9, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated March 9, 2022
- Exhibit 4: Hearing Request Form received by the Connector on March 4, 2022
- Exhibit 5: Connector letter dated March 4, 2022 to Appellant regarding the special enrollment period
- Exhibit 5a: Connector letter dated March 4, 2022 to Appellant regarding eligibility for Health Connector plan with an advance premium tax credit
- Exhibit 5b: Connector letter dated October 9, 2021 to Appellant regarding eligibility for 2022
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated March 4, 2022
- Exhibit 7: MassHealth Member Benefits print-out regarding Appellant's household determination, March 4, 2022
- Exhibit 8: Connector Customer Service Notes, March 4, 2022
- Exhibit 8a: Connector print-out showing record of Appellant's calls to Customer Service: November 27, 2020, December 1, 2020, and March 4, 2022
- Exhibit 8b: Connector print-out showing history of Appellant's multiple accounts with Connector

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied to the Connector for health insurance in October, 2021. On October 9, 2022 the Connector determined that the appellant was eligible for a Health Connector Plan with an advance premium tax credit for 2022. The Connector notified the appellant of this determination in a letter of the same date. Appellant was also informed that if she enrolled in a plan and paid her January premium by December 23rd, Appellant would have coverage as of January 1, 2022. The open enrollment dates were also given in the letter, November 1, 2021 through January 23, 2022 (Exhibit 5b).
2. Appellant did not try to enroll until March 4, 2022 when the Connector determined that Appellant, trying to enroll outside of the open enrollment period, was not eligible for a special enrollment period. Appellant, therefore, could not enroll until the next open enrollment period or when Appellant had a qualifying life event (Exhibit 5 and 5b).
3. Appellant did not have any of the common qualifying life events when she tried to enroll in a plan on March 4, 2022. Appellant had not lost health insurance. She had not been married and had not added a dependent to her household. Nor had she moved, or had a change in immigration status. She is not a Native American or an Alaskan Native (Testimony of Appellant).
4. Appellant claimed that she called the Connector many times to straighten out an administrative problem. Appellant had three account numbers at one point. Appellant claimed that she received many letters from the Connector, each with a different determination, because of the mix-up with her account numbers, and that she tried to point out this problem to the Connector (Testimony of Appellant).
5. Appellant called the Connector once after receiving the October 9, 2021 determination. That call was made approximately six months after the determination. There were earlier calls made in 2020 (Exhibit 8a).
6. Appellant appealed the Connector's March 4, 2022 determination that she was ineligible for a special enrollment period (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on March 4, 2022 that the appellant was eligible for a Health Connector plan, but was not eligible to enroll until the next open enrollment period or until Appellant had a qualifying life event. The appellant has appealed this determination. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. 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 and enroll within 60 days of the event. In addition to having a qualifying life event, a person may be allowed to enroll in a plan outside of the open enrollment period for certain administrative reasons, including if the Connector determines that exceptional circumstances exist. See 45 C.F.R. 155.420(d)(9).

In this matter, Appellant applied to the Connector for health insurance in October, 2021. On October 9, 2021 the Connector determined that the appellant was eligible for a Health Connector Plan with an advance premium tax credit for 2022. The Connector notified the appellant of this determination in a letter of the same date. Appellant was also informed that if she enrolled in a plan and paid her January premium by December 23rd, Appellant would have coverage as of January 1, 2022. The open enrollment dates were also given in the letter, November 1, 2021 through January 23, 2022. See Exhibit 5b.

Appellant did not try to enroll until March 4, 2022 when the Connector determined that Appellant, trying to enroll outside of the open enrollment period, was not eligible for a special enrollment period. Appellant, therefore, could not enroll until the next open enrollment period or when Appellant had a qualifying life event. See Exhibits 5 and 5b.

After Appellant tried to enroll on March 4, 2022, the Connector determined and notified the appellant that while she was eligible to purchase health insurance through the Connector, she was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow her to enroll outside of an open enrollment period. See the testimony of the appellant, which I find credible, and Exhibits 5, 5a, 6.

As noted above, according to 45 Code of Federal Regulations Section 155.420 (d)(3) and Section 155.305(a), establishing residency in a new location, losing health insurance, adding a dependent to one's household, marriage, among other events, are all qualifying life events. Another reason for being eligible for a special enrollment period is an administrative issue. If an individual, otherwise eligible to purchase coverage through the Connector, has a qualifying event, the individual has 60 days from the date of the event to enroll in a plan. The 60 day period is known as a special enrollment period. See 45 CFR 155.420(c)(1). After 60 days, if the individual has not enrolled in a plan, the individual is no longer eligible for a special enrollment period and must wait to enroll until the next open enrollment period, or until the individual has another qualifying life event or there are exceptional circumstances. See 45 CFR 155.420 (d)(9).

The appellant in this matter, had none of the common qualifying life events when she tried to enroll in a plan on March 4, 2022. Appellant had not lost health insurance. She had not been married and had not added a dependent to her household. Nor had she moved, or had a change in immigration status. She is not a Native American or an Alaskan Native. But, Appellant had three account numbers at one point.

Appellant claimed that she called the Connector many times to straighten out an administrative problem, and that she received many letters from the Connector, each with a different determination, because of the mix-up with her account numbers. Appellant claimed that she tried to point out this problem to the Connector. See the testimony of the appellant.

Appellant could have enrolled for 2022 coverage after she received the Connector's October 9th, 2021 determination. She could have enrolled at any time after receiving this determination until January 23rd when the open enrollment period ended. See Exhibit 5. There is no evidence in the record regarding why the appellant failed to enroll during that period other than Appellant's claim that she received conflicting notifications from the Connector.

Given the facts summarized above, I determine that the appellant's appeal should be allowed and the Connector should give the appellant a special enrollment period. It is unclear from the record whether confusion over account numbers prevented the appellant from enrolling, but I give the appellant the benefit of the doubt.

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

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

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

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: July 19, 2022

Decision Date: July 29, 2022

AUTHORITY

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

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 January 17, 2022, the Appellant was determined eligible for Health Connector plans without financial help due to tax filing status. On May 4, 2022, the Appellant was denied 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 July 19, 2022.

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:	Appellant’s Appeal Request Form	(6 pages, received 5/17/2022)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 page, dated 6/1/ 2022)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 page, dated 6/10/ 2022)
Exhibit 5:	Health Connector’s Application Summary	(3 pages, dated 1/17/ 2022)

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Exhibit 6:	Health Connector’s Eligibility Results	(3 pages, dated	1/17/2022)
Exhibit 7:	Health Connector’s Notice	(7 pages, dated	1/17/2022)
Exhibit 8:	Medicaid Household Determination	(5 pages, dated	1/17/ 2022)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(2 pages, dated	5/26/ 2022)
Exhibit 10:	SEP Denial Notice	(7 pages, dated	5/4/2022)
Exhibit 11:	Email from Connector to Appellant	(1 Page, dated	6/1/2022)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is twenty-six (26) years old, is single, filed 2021 tax returns and intends on filing 2022 tax returns. (Appellant testimony).
2. The Appellant was insured through his parent’s health insurance plan until February 13, 2022, when he turned 26 years old. (Appellant testimony).
3. The Appellant does not have access to insurance through his employer and is also a student. (Appellant testimony).
4. The Appellant applied for insurance through the Connector in January 2022 and mistakenly did not provide tax filing status despite having filed taxes in 2021 with an intention to file taxes in 2022(Appellant’s Testimony, Exhibits 1, 7, and 9).
5. The Appellant was eligible for unsubsidized insurance on January 17, 2022 because he did not provide the required tax filing status on the application.
6. The Appellant was not sure if he was enrolled and thought coverage may was terminated because he had missed a payment.
7. The Appellant attempted to reapply but was denied a special enrollment plan because he did not have a qualifying life event and was not eligible while on the on the unsub sized plan. (Exhibits 1, 7, 9, and 10).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans without financial help on January 17, 2022. The Appellant was not sure if he was enrolled but testified his coverage was discontinued because of a non-payment. (Appellant’s Testimony). The Appellant applied for Connectorcare on May 4, 2022, 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 2022 was November 1, 2021, to January 31, 2022. Outside of open enrollment an individual may be grated a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. Cancellation of coverage due to failure to pay premium is not a qualifying life event. 45 CFR § 155.420(e)(1).

On January 17, 2022, the Appellant was determined eligible for Health Connector plans without financial help because he did not indicate he was a tax filer on the application. (Exhibits 1,5-9). The Appellant testified he was not sure if he was enrolled and thought coverage may was terminated because he had missed a payment. The Appellant attempted to reapply but was found not eligible for a special enrollment period due to failure to have a qualifying life event. The Appellant’s loss of Connectorcare without financial help is not a qualifying life

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event. At hearing, I asked the Appellant whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector's policy NG-1E. The Appellant testified to not experiencing any qualifying life event other than that he was no longer eligible for coverage under his parent's plan since turning age 26 in February 2022. Because the Appellant did not experience a qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was encouraged to update his application with the Connector to correct his tax filing status. The Appellant was also encouraged to contact the Massachusetts Office of Patient Protection ("OPP") regarding an enrollment waiver.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

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

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

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FINAL APPEAL DECISION: ACA 22-16853

Appeal Decision: Appeal denied

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

Hearing Date: July 26, 2022

Decision Date: July 29, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated May 5, 2022, the Appellants were advised determined eligible for ConnectorCare Plans with advance premium tax credits. The Appellant's determination was a result of the Health Connector's verification process. (Ex. 5). The Appellants filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.9)

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were eligible for Health Connector Plans with subsidies for 2022, based on the income submitted by the Appellants in their application and information used in the Health Connector's verification process.

HEARING RECORD

The Appellant Spouses ("Appellants") appeared at the hearing, which was held by telephone on July 26, 2022, and testified under oath. Both Spouses testified at the hearing. The hearing record consists of their testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector's Hearing Record Affidavit	(1 page, undated)
Exhibit 2:	Appellants Appeal Request Form	(6 pages, received 5/25/2022)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 page, dated 6/3/ 2022)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 page, dated 6/14/ 2022)
Exhibit 5:	Health Connector's Application Summary	(3 pages, dated 5/5/ 2022)

Exhibit 6:	Health Connector's Eligibility Results	(3 pages, dated	5/5/2022)
Exhibit 7	Health Connector's Eligibility Approval	(9 pages, dated	5/5/2022)
Exhibit 8:	Medicaid Detail	(5 pages, dated	5/5/ 2022)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 page, dated	6/3/ 2022)
Exhibit 10:	Email from Connectorcare to Appellant	(1 page, dated	6/3 /2022)
Exhibit 11	Virtual Gateway	(2 pages, dated	6/3/2022)
Exhibit 12:	Paystub for Appellant	(4 pages, dated	3/19/2022)
Exhibit 13	Virtual Gateway	(2 pages, dated	6/3/2022)
Exhibit 14:	SSA Correspondence for Appellant	(4 pages, dated	5/3/2022)
Exhibit 15:	Income detail for Appellant	(3 pages, dated	3/10/ 2022)
Exhibit 16:	Income detail for Appellant	(3 pages, dated	3/10/ 2022)
Exhibit 17:	Health Connector's Eligibility Results	(3 pages, dated	4/7/2022)
Exhibit 18:	Health Connector's Application Summary	(3 pages, dated	4/7/ 2022)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellants are married individual who plans to file a federal income tax return for tax year 2022. (Exhibits 1 and 5).
2. On May 5, 2022, the Health Connector sent the Appellants Notice which stated that the Appellants were eligible for a HealthConnector plan with Advance Premium Tax Credits. This notice stated that the Health Connector's 2022 determination was based on an income equivalent to 609.01% of the Federal Poverty Level ("FPL"). (Exhibits 1,5-7).
3. The Appellants testified that their attested income and their manual verified income of \$570.29 every 2 weeks for one spouse and \$7,271 monthly income for the other spouse which included retirement income and Social Security were correct. (Exhibits 1,5-7, and Testimony).
4. The Appellants testified that they became eligible for Connectorcare on January 1, 2022, and were charged a monthly premium of \$987.34 and after numerous requests for income verification which the Appellants testified, they provided, the premium was increased to \$1,583.34 without notice. (Testimony, Exhibits 1,1).
5. The Appellants testified after they provided additional documents including tax returns the premium was reduced to \$1,064.34. (Exhibits 1,2 and Testimony).
6. As a result, the Appellants paid the additional amount of \$1,583.34 for one (1) month and have requested a credit for the additional amount of the premium. (Exhibits 1,2 and Testimony).
7. The Appellants testified they were promised a credit by a representative in Connectorcare that would be applied for the month when their payment increased because of the increase in FPL and reduction of their APTC's. (Exhibits 1,2 and Testimony).
8. The Appellants submitted documentation including a pay stub and social security correspondence from March 2022 which were used in the verification process resulting in the April 7, 2022, determination. (Exhibits 1, 7, 15 and 16).

9. The Appellants testified that their income that resulted in the adjustment of their FPL to 1,029.42% in April 2022 resulting in a substantial decrease on the amount of Advanced Premium Tax Credits (APTC), and thus increasing the amount of their premium for which they are seeking a credit, was correct. (Testimony, Exhibits 1, 18, and 19).
10. The Appellants testified they had been informed by a representative at the ConnectorCare that a reduction of APTC's could not be credited. (Testimony) and submitted an appeal. (Testimony, Exhibits 1, 2).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for a HealthConnector plan with Advance Premium Tax Credits for 2022 based on the Health Connector's verification process, which used an income and family size equivalent to 609.01% of the Federal Poverty Level. The Appellant asserts that this determination was correct but was appealing the reduction of their APTC's as a result of the Connector's verification process in April 2022. The Appellant testified that the income used on April 7, 2022, and on May 5, 2022 was correct. (Appellants testimony, Exhibits 1,6,7, and 14-17). Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if they meet the criteria. Applicants who qualify for APTC and who have projected yearly MAGI according to the above regulations qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

On May 5, 2022, the Appellants were found eligible for a Health Connector plan with Advance Premium Tax Credits. This notice stated that the Health Connector's 2022 determination was based on an income equivalent to 609.01% of the Federal Poverty Level. The Appellants attested their manual verified income of \$570.29 every 2 weeks for one spouse and \$7,271 monthly income monthly income. (Exhibits 1,5-7, and Testimony).

The Connector's determination on May 5, 2022, asked the Appellant to review this information and report any changes within 30 days if it was incorrect. The Appellant did not report any changes after receiving the eligibility notice. This is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant, based on the Appellant's attestation on the application that their manual verified income of \$570.29 every two (2) weeks for one spouse and \$7,271 monthly income monthly income. (Exhibits 1,5-7, and Testimony). This was used to determine a household income equivalent to 609.01% of the Federal Poverty level. 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335.

The Appellant also adduced during the appeal, and what appeared to be the primary reason for their appeal, that they should be credited the increase in the premium for the month in which their premium was increased. As stated above, the increase resulted from a loss of the Appellant's APTC's due to their income being verified at an FPL of 1029.42% should not have occurred because they submitted the requested income verification documents. Notwithstanding whether the Appellant's timely submitted same, I find their income was properly verified according to the above regulations resulting in a decrease in their APTC's, which effectively resulted in an increase in their premium for one month, before being reduced again after verification on May 5, 2022. Moreover, APTC's cannot be credited retroactively. Therefore, the determination issued by the Health Connector was correct.

ORDER

The appeal is denied.

Based upon the totality of the evidence, it is concluded that the Connector's determination on May 5, 2022, regarding the Appellant's eligibility for Health Connector Plans with subsidies was correct.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2022 from the federal government will be reconciled when you file your 2022 federal income tax return (usually in the spring of 2022). 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 2022 (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 2022 (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 2022 will be paid to you when you file your 2022 federal income tax return.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility because of access to Medicare.

Hearing Date: August 1, 2022

Decision Date: August 10, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on May 7, 2022 that he was not eligible to receive subsidized health insurance through the Health Connector because he was eligible for Medicare.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for health insurance through the Health Connector because he was eligible for Medicare.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on August 1, 2022. The hearing record consists of Appellant's testimony and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (5/2/2022) (7 pages)
- Exhibit 2: Health Connector Record Affidavit (1 page)
- Exhibit 3: Eligibility Denial Notice (5/7/22) (6 pages)
- Exhibit 4: Medicaid Eligibility determination (7 pages)
- Exhibit 5: Screen shot of eligibility summary (5 pages)

- Exhibit 6: Screen Shot of Application Summary (7 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email from Appeals Unit (1/13/22) (1 page)
- Exhibit 9: Request for Information (5/3/22) (3 pages)
- Exhibit 10: Hearing Notice (6/28/22) (1 page)
- Exhibit 11: Acknowledgement of Appeal (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellant is 61 years old. Exhibit 6. He is married and has three children. Exhibit 6.
2. Appellant has been receiving Social Security Disability Insurance (SSDI) for some period of time.
3. Prior to May 2022, Appellant had been receiving Connector Care through the Health Connector. His wife and eldest child also receive Connector Care, while the two younger children are covered through MassHealth, the state's Medicaid agency.
4. At some point in early 2022, Appellant became eligible to receive Medicare because he had been receiving SSDI income for a period of time.
5. Appellant was enrolled in Part A of Medicare. However, he opted not to enroll in Part B.
6. When the Health Connector learned that Appellant had become eligible for Medicare, it determined that he was no longer eligible to receive health insurance through the Health Connector. The Health Connector notified Appellant of this determination by notice dated May 7, 2022. Exhibit 3.
7. Appellant submitted a timely appeal of the denial of coverage. Exhibit 1.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for insurance through the Health Connector because had access to or was enrolled in Medicare.

The Health Connector determines eligibility of individuals to receive federal subsidies to purchase health insurance under the Affordable Care Act (ACA). 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). Additionally, the Health Connector determines eligibility for Connector Care. That is a program under which state-funded subsidies are added to the APTCs for eligible individuals. To be eligible for Connector Care, an individual must be eligible to receive APTCs. 956 C.M.R. § 12.04.

The eligibility criteria for APTCs are established by federal law. 26 U.S.C. § 36B. That federal statute provides that an individual is not eligible for APTCs if that individual is eligible for "minimum essential coverage." *Id.* § 36B(c)(2)(b). In turn, "minimum essential coverage" means coverage through certain designated programs, specifically including Medicare. *Id.* § 5000A(f)(1)(A). Thus, an individual who is eligible for Medicare is *not* eligible under federal law for APTCs and accordingly is not eligible under state regulation for Connector Care. Indeed, it is

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unlawful for any entity to provide a health insurance plan to anyone who is entitled to benefits under Medicare Part A. 42 U.S.C. § 1395ss(d)(3)(a)(i).

In this case, Appellant was eligible for and entitled to Medicare. He was enrolled in Part A of Medicare and was eligible for Part B, but had elected not to enroll. Thus, the Health Connector correctly denied Appellant eligibility. Therefore, the appeal is denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Determination of amount of Advance Premium Tax Credits based on income as a percentage of the Federal Poverty Limit.

Hearing Date: August 1, 2022

Decision Date: August 10, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by letter from the Health Connector dated April 26, 2022 that he qualified for Advance Premium Tax Credits in an amount of \$119 a month based on a household income that was 534.13% of the Federal Poverty level.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined the percentage of the Federal Poverty Level for Appellant's income and the amount of Advance Premium Tax Credits to which Appellant was entitled based on that income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 1, 2022. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Appeals Request Form (5/13/2022) (1 page)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)

- Exhibit 3: Eligibility Notice (4/26/22) (6 pages)
- Exhibit 4: Medicaid Eligibility determination (4 pages)
- Exhibit 5: Screen Shot of Eligibility Summary (3 pages)
- Exhibit 6: Screen Shot of Application Summary (3 pages)
- Exhibit 7: Appeals Unit database notes (1 pages)
- Exhibit 8: Verification documents (including paystub and W2) (6 pages)
- Exhibit 9: Verification documents (paystub) (2 pages)
- Exhibit 10: Verification Department notes (4/20/2022) (1 page)
- Exhibit 11: Verification Department notes (4/26/22) (1 page)
- Exhibit 12: Request for Information (10/22/21) (2 pages)
- Exhibit 13: Summary of income change (4 pages)
- Exhibit 14: Screen shot of Application summary (10/22/21) (2 pages)
- Exhibit 15: Screen shot of Eligibility summary (10/22/21) (2 pages)
- Exhibit 16: Notice of Appeal Hearing (6/8/22) (3 pages)
- Exhibit 17: Acknowledgement of Appeal Request (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellant is an individual with no tax dependents. Exhibit 5.
2. Appellant lost a job in the summer of 2020 due to work stoppage resulting from the Covid-19 pandemic. At that point, he applied for and received Connector Care through the Health Connector.
3. When he applied for Connector Care, Appellant stated that his income consisted of unemployment compensation, which amounted to about \$442 a week.
4. In October 2021, the Health Connector, as part of its annual re-determination of eligibility, sent Appellant a notice that he should send in proof of his current income. Exhibit 12. Appellant did not immediately respond to this request.
5. At the end of 2021, Appellant obtained a new job. In that job, he was paid \$1,765.89 every two weeks.
6. In April 2022, Appellant responded to the request for proof of income by sending in a pay stub from his job showing income of \$1,765.89 every two weeks. Exhibit 8.
7. However, Appellant did not update his on-line application to report the new job income and to remove the unemployment compensation from his income.
8. Based on the proof submitted, the Health Connector calculated that Appellant was earning \$45,913 annually. That income was added to the unemployment compensation income that Appellant had earlier reported. As a result, Appellant's annual income was calculated to be \$68,897. Exhibit 5.
9. At that income Appellant was determined to be at approximately 534 % of the federal poverty limit. Based on that income range, he was not eligible for Connector Care, but was eligible to receive \$119 in federal tax credits.

10. The federal poverty limit for a household of one person, like Appellant's, is \$13,590. See Federal Poverty Level Chart (available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>).
11. Appellant was notified of this new eligibility determination by letter dated April 26, 2022. Exhibit 3.
12. Appellant filed a timely appeal of that notice. Exhibit 1.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant's income as a percent of the federal poverty level for purposes of determining his eligibility for subsidized health insurance.

The Health Connector determines eligibility for advance premium tax credits (APTCs.) APTCs are federal subsidies provided under the Affordable Care Act (ACA). 26 U.S.C. § 36B. The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percentage of the Federal Poverty Limit. The FPL is a threshold determined annually by the federal government based on household size and income; it is used to determine eligibility for a range of federal assistance programs. See 42 U.S.C. § 9902(2). In 2022, the federal poverty limit for a household of one person, like Appellant's, is \$13,590. See Federal Poverty Level Chart (available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>).

The Health Connector also determines eligibility for Connector Care, which is a program of subsidized health insurance jointly funded by the state and federal governments. In order to be eligible for Connector Care, an individual's household income must be below 300 percent of the federal poverty limit (FPL). 956 C.M.R. § 12.04. For a household of one person like Appellant's, 300 percent of the FPL is \$40,770.

When a person applies for health insurance subsidies through the Health Connector, they are required to state their income and household size in their application. Eligibility is determined based on the amount of income stated in the application if that amount is verified. Applicants are advised to update their application if their income changes, because increases or decreases in income will affect both eligibility and the amount of subsidies received.

When Appellant initially applied for health insurance subsidies, his income was \$442 a week in unemployment insurance. This amounted to \$22,984 a year. At that amount, he was within the eligibility range for Connector Care, and he was enrolled in that program.

However, when he obtained his new job, his income increased to \$1,765 every two weeks, which amounts to \$45,913 annually. At that income level, he was no longer eligible for Connector Care. Thus, the Health Connector correctly determined in April 2022 that he was no longer eligible for Connector Care. He was still eligible for APTCs.

Unfortunately, Appellant did not update his application with the new information about his income, which is that he stopped receiving unemployment compensation and began receiving a salary. Instead, he sent in a pay stub that established his salary. The amount of the salary was then added to the amount of unemployment compensation that remained in his application. This was done because Appellant had never notified the Health Connector that he had stopped receiving unemployment compensation. Thus, the Health Connector was required to calculate Appellant's eligibility and the amount of his APTCs, based on the information that it had in his

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application, i.e., the amount of both his salary and his unemployment compensation. This resulted in him receiving less in APTCs than he should be receiving based on his actual income.

Appellant can fix this error by updating his application to state his actual income. He can do this on-line through the Health Connector's website at www.mahealthconnector.org. Alternately, he can call the Health Connector at 1-877-623-6765 and speak to a customer service representative about updating his application.

Because the Health Connector correctly determined Appellant's eligibility in accordance with the information provided to it in Appellant's application and verification, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Determination of amount of Advance Premium Tax Credits based on income as a percentage of the Federal Poverty Limit.

Hearing Date: August 15, 2022

Decision Date: August 19, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by letter from the Health Connector dated June 7, 2022 that her household income had been calculated as 509.26 percent of the federal poverty level, and based on that amount, she was not eligible to receive any advance premium tax credits.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined the percentage of the Federal Poverty Level for Appellant's income and the amount of Advance Premium Tax Credits to which Appellant was entitled based on that income.

HEARING RECORD

The Appellant and her husband (who will be referred to herein as Husband) both appeared at the hearing, which was held by telephone, on August 15, 2022. The hearing record consists of the Appellant's and Husband's testimony and the following documents which were admitted into evidence:

Exhibit 1: Appeals Request Form (6/23/2022) (2 pages)

- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility Notice (6/7/22) (8 pages)
- Exhibit 4: Screen Shot of Eligibility Summary (3 pages)
- Exhibit 5: Screen Shot of Application Summary (4 pages)
- Exhibit 6: Medicaid determination summary (5 pages)
- Exhibit 7: Appeals Unit database notes (1 pages)
- Exhibit 8: Email to Appellant from Appeals Unit (6/24/22) (1 page)
- Exhibit 9: Notes from the Verification department (2 pages)
- Exhibit 10: Income detail notes (Appellant) (4 pages)
- Exhibit 11: Income detail notes (Husband) (3 pages)
- Exhibit 12: Copy of 2021 1040 forms (6 pages)
- Exhibit 13: Request for information (5/24/22) (4 pages)
- Exhibit 14: Screen shot of eligibility summary (5/24/22) (3 pages)
- Exhibit 15: Screen shot of application summary (5/24/2022) (3 pages)
- Exhibit 16: Notice of Appeal Hearing (7/1/22) (3 pages)
- Exhibit 17: Acknowledgement of Appeal Request (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellant is a married individual living in Middlesex County. Exhibit 5.
2. Appellant works as a part-time cashier at a grocery store.
3. Appellant had been receiving Connector Care through the Health Connector for some time prior to 2022.
4. In her application for health insurance through the Health Connector, Appellant stated that her income was \$7,722 annually and identified her employer by name. Exhibit 15.
5. In May 2022, the Health Connector sent Appellant a notice requesting her to provide proof of income. Exhibit 13.
6. In response, Appellant sent in documentation including a partial copy of the tax forms filed for 2021 by Appellant and Husband. Exhibit 12. The tax return showed that, in 2021, Appellant reported income of \$7,722, which matched the amount in her application. Exhibit 4.
7. Appellant also submitted documentation showing weekly pay of \$192 weekly. This would amount to \$9,984 a year, which is higher than the amount of income stated in Appellant's application. Moreover, the documentation that Appellant sent had a corporate name for the employer, which did not match the commonly-used name of the store, which is the name used by Appellant in her application. Exhibit 10. Apparently the Health Connector verification department treated this as an additional source of income to the income listed in the application. As a result of this error, Appellant's earned income was more than doubled to the amount of \$17,737. Exhibit 4.
8. Husband is retired. He is not seeking health insurance from the Health Connector because he is on Medicare.

9. Husband receives Social Security benefits and a pension. He also has a retirement savings plan, from which he sometimes withdraws money. Those withdrawals would be considered income for tax purposes and for eligibility determination purposes.
10. In 2021, according to the tax return that he filed and submitted to the Health Connector, he reported income of \$67,038. Exhibit 12. In Appellant's application for health benefits, Husband's projected 2022 income is stated as \$70,975. Exhibit 5.
11. At the hearing, Appellant was unable to state what his income in 2022 would be.
12. The income for Appellant of \$17,737 and the income for Husband of \$70,975, which were the figures contained in the Health Connector's eligibility system, were added together to determine Appellant's eligibility for health benefits.
13. Based on those figures, it was determined that Appellant's household income was 509.26 percent of the federal poverty limit. Based on that amount, she was not entitled to receive any advance premium tax credits.
14. Appellant was notified of this new eligibility determination by letter dated June 7, 2022. Exhibit 3.
15. Appellant filed a timely appeal of that notice. Exhibit 1.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant's income as a percent of the federal poverty level for purposes of determining his eligibility for subsidized health insurance.

The Health Connector determines eligibility for advance premium tax credits (APTCs.) APTCs are federal subsidies provided under the Affordable Care Act (ACA). 26 U.S.C. § 36B. The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percentage of the Federal Poverty Limit. The FPL is a threshold determined annually by the federal government based on household size and income; it is used to determine eligibility for a range of federal assistance programs. *See* 42 U.S.C. § 9902(2). In 2022, the federal poverty limit for a household of two persons, like Appellant's, is \$18,312. *See* Federal Poverty Level Chart (available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>).

The Health Connector also determines eligibility for Connector Care, which is a program of subsidized health insurance jointly funded by the state and federal governments. In order to be eligible for Connector Care, an individual's household income must be below 300 percent of the federal poverty limit (FPL). 956 C.M.R. § 12.04. For a household of two person like Appellant's, 300 percent of the FPL is \$54,936.

In determining eligibility for advance premium tax credits, the Health Connector must follow procedure set forth in federal regulations. These regulations require that eligibility be re-determined annually. 45 C.F.R. § 155.335(a). In keeping with this requirement, the Health Connector sent Appellant a request for information in May 2022. Exhibit 13. Unfortunately, the information provided by Appellant did not match the amount she had provided in her application, because it reflected a weekly salary that was higher than what she had reported and that had a different employer name. However, the documentation Appellant provided indicated that her earnings are higher than what she reported in her application.

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Additionally, the Health Connector used information for Husband's income based on the 2021 tax return that Appellant provided as proof of income. At the hearing, Husband said this amount was higher than what his income will be in 2022, but he was unable to state what his 2022 income was.

If the information about Appellant's and Husband's incomes is incorrect, Appellant can update that information by entering corrected information in the on-line application through the Health Connector's website at www.mahealthconnector.org. Alternately, Appellant can contact the Health Connector's customer service department at 1-877-623-6765 and speak to a customer service representative about updating his application. The corrected information will lead to a new eligibility determination.

Because the Health Connector determined Appellant's eligibility in accordance with the information provided to it in Appellant's application and verification, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Determination of ineligibility for a special enrollment period.

Hearing Date: August 25, 2022

Decision Date: August 28, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by letters from the Health Connector dated July 7, 2022 that he did not qualify for a special enrollment period, which would have allowed him to enroll outside the annual open enrollment period.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that the Appellant did not qualify for a special enrollment period.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 25, 2022. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Appeals Request Form (7/11/2022) (1 page)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility Notice (7/7/22) (9 pages)
- Exhibit 4: Screen Shot of Eligibility Summary (5 pages)
- Exhibit 5: Screen Shot of Application Summary (3 pages)

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- Exhibit 6: Medicaid eligibility determination (6 pages)
- Exhibit 7: SEP Denial Notice (7/7/22) (6 pages)
- Exhibit 8: Appeals Unit database notes (1 page)
- Exhibit 9: Email to Appellant (1 page)
- Exhibit 10: Request for Information (7/7/22) (3 pages)
- Exhibit 10: Notice of Appeal Hearing (7/15/2022) (3 pages)
- Exhibit 11: Acknowledgement of Appeal Request (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellant moved to Massachusetts at the start of January 2022 to begin a new job.
2. At the time he started his new employment, Appellant was offered health insurance by his employer, but he did not effectively complete enrollment. He learned some time later in 2022 that he was not enrolled.
3. In July 2022, Appellant applied for health insurance through the Health Connector. Exhibit 5.
4. Appellant was told by the Health Connector that he was not eligible to enroll at that time because it was outside open enrollment. Exhibit 7.
5. The annual open enrollment to purchase Health Connector plans for 2022 was from November 1, 2021 to January 23, 2022. <https://www.mahix.org/individual/>.
6. Appellant was notified of that determination by notice dated July 7, 2022. Exhibit 7.
7. Appellant filed a timely appeal of that notice. Exhibit 1.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant did not qualify for a special enrollment period.

Under federal law, enrollment in health insurance plans is limited to certain times of the year, called open enrollment. *See* 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.410(a). The annual open enrollment period for 2022 coverage ended on January 23, 2022.

Exceptions to this rule, known as special enrollment periods, are allowed only under certain circumstances, known as “qualifying events.” Moving to a new state may have constituted a qualifying event for a special enrollment period. *See* 45 C.F.R. § 155.420(d)(7). However, the individual must enroll in new health insurance within 60 days after the qualifying event. *Id.* §155.420(c)(1). In this case, Appellant moved to Massachusetts on or about January 1, 2022, but did not seek to enroll in health insurance through the Health Connector until July 7, 2022, well after the 60-day special enrollment period. Appellant did not offer any other circumstance that would constitute grounds for a special enrollment period.

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Appellant can seek an open enrollment waiver from the Office of Patient Protection, a state agency that has the authority to grant waivers of the open enrollment rule. To apply for such a waiver, an individual must fill out a required form and submit it on line or by mail. Information on how to apply for the waiver is available at <https://www.mass.gov/request-an-open-enrollment-waiver>.

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

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16419

Appeal Decision: Denied

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

Hearing Date: August 5, 2022

Decision Date: August 9, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 11, 2022 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on August 5, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 28, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period Decision denial notice dated April 11, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated December 27, 2021.
- Exhibit 6: The Appellant's Online Appeal Request dated April 11, 2022.
- Exhibit 7: Health Connector Notice of Non-Payment of Premium dated January 30, 2022.

- Exhibit 8: 2022 Eligibility Results with an Application Summary dated May 11, 2022.
Exhibit 9: 2022 Eligibility Results with an Application Summary dated June 23, 2022.
Exhibit 10: Health Connector Customer Service Sales Force Case Notes.
Exhibit 11: 2022 Eligibility Results with an Application Summary dated April 19, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. On December 27, 2021 the Appellant's reported household of one was found eligible for ConnectorCare 2B based on reported income equal to 171.61% of the federal poverty level (Exhibit 5).
2. By Notice dated January 30, 2022 Health Connector Terminated the Appellant's coverage effective December 31, 2021 citing non-payment of the full premium amount due (Exhibit 7).
3. On April 11, 2022 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period to enroll in a ConnectorCare plan because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibits 3, 4).
4. The Appellant filed an Appeal on April 11, 2022 (Exhibit 6).
5. I take Administrative Notice of the fact that for tax year 2022 the Health Connector Open Enrollment period was November 1, 2021 through January 23, 2022.
6. On April 19, Health Connector determined the Appellant's household of one eligible for ConnectorCare 2A based on income reported to be 145.36% of the federal poverty level. Health Connector granted the Appellant a Special Enrollment Period. The Appellant was given until June 18, 2022 to enroll in a plan (Exhibit 11).
7. The Appellant testified that they are appealing the fact that in June 2022 their ConnectorCare plan was changed from 2A to 3A. The Appellant said that they wanted the 2A Plan. The Appellant also testified that they are currently unemployed and may have a dependent living with them (Appellant Testimony).
8. The Appellant was advised that the subject matter for their April 11, 2022 appeal was Health Connector's denial of their request for a Special Enrollment Period. This was resolved in the Appellant's favor on April 19, 2022. There were documents in the file indicating that based on income verification submitted by the Appellant on June 13, 2022 Health Connector determined that prior eligibility was calculated using a net income figure and that the mistake was corrected and resulted in the change (Exhibits 9, 10).
9. The Appellant was informed that the eligibility determination made after the Appellant filed their Appeal on April 11, 2022 could not be litigated at this administrative proceeding. The Appellant was advised to contact Health Connector Customer Service to report all changes and a new eligibility determination would be made based on the reported changes.

ANALYSIS AND CONCLUSIONS OF LAW

On December 27, 2021 the Appellant was determined eligible for ConnectorCare Plan 2B based on their reported household size of one and attested income equal to 171.61% of the federal poverty level. 26 IRC § 36B and 45 CFR § 155.305(f) and 956 CMR § 12.04. On January 30, 2022 Health Connector notified the Appellant that their eligibility was terminated effective December 31, 2021 because Health Connector determined the Appellant had not paid the full amount of their monthly premium. The Appellant was given until March 6, 2022 to contact the Health Connector to request reinstatement. (See Health Care Policy number NG-17).

On April 11, 2022 Health Connector determined that the Appellant was not eligible for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their request. On April 11, 2022 the Appellant filed an appeal to dispute that determination.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances. As of April 11, 2022 the Appellant had not verified that they experienced a qualifying life event. Health Connector correctly denied the Appellant's request for a Special Enrollment Period on April 11, 2022.

On April 19, 2022 the Appellant updated their application by telephone. The Appellant was determined eligible for ConnectorCare Plan 2A based on reported income equal to 145.36% of the federal poverty level. On April 19, 2022 Health Connector granted the Appellant's request for a Special Enrollment Period to enroll in a plan. The Appellant enrolled as of May 1, 2022. This determination resolved the issue raised in the Appellant's April 11, 2022 appeal.

The Appellant attempted to litigate an eligibility determination made approximately two months after the Appellant filed this appeal. As explained at the hearing, the regulations allow for an appeal of adverse action thirty days after the receipt of the notice of the Appealable Action. 956 CMR 12.12, 12.13(2)(a). The Appellant also reported that they are unemployed and anticipating a change in their household size. The Appellant was advised to report all changes to the Health Connector. 956 CMR 12.09(2).

ORDER

The Appeal is denied.

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant was advised that they could contact Health Connector Customer Service at 1-877-623-6765 to report any changes in income and/or household composition.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-17055

Appeal Decision: Denied

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

Hearing Date: August 19, 2022

Decision Date: August 23, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 10, 2022 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on August 19, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated July 29, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period Decision denial notice dated June 10, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated June 10, 2022.
- Exhibit 6: Medicaid Household Determination Printout dated June 10, 2022.
- Exhibit 7: The Appellant's Online Appeal Request received on June 27, 2022.

Exhibit 8: Health Connector Appeals Unit Outreach Email with contact information for the Office of Patient Protection as well as a Waiver Application sent on June 30, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on June 10, 2022 and reported income equal to 606.95% of the federal poverty level for their household of one (Exhibit 5).
2. On June 10, 2022 Health Connector determined that the Appellant was eligible for Health Connector Plans but was not eligible for a Special Enrollment Period because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibits 3, 4, 5).
3. The Appellant filed an Appeal on June 27, 2022 and reported losing their employer sponsored health insurance when they changed jobs (Exhibit 7).
4. On June 30, 2022 Health Connector Appeals Unit sent the Appellant information to apply for a Waiver at the Office of Patient Protection (Exhibit 8).
5. I take Administrative Notice of the fact that for tax year 2022 the Health Connector Open Enrollment period was November 1, 2021 through January 23, 2022.
6. The Appellant testified that their employer sponsored health insurance ended in March 2022. The Appellant said that they thought they had 90 days to obtain new health insurance (Exhibit 7 and Appellant Testimony).
7. It is undisputed that the Appellant did not submit an application for health insurance during the sixty-day period following the termination of their health insurance in March, 2022 (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on June 10, 2022 and reported income equal to 606.95% of the federal poverty level for their household of one. Although the Appellant met eligibility criteria for Health Connector Plans, Health Connector determined on June 10, 2022 that the Appellant was not eligible for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their application. On June 27, 2022 the Appellant filed an appeal to dispute that determination.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances. The Appellant experienced a qualifying life event on some unspecified date in March 2022 when they lost access to their employer sponsored health insurance. The Appellant was eligible for a special enrollment period at that time. The special enrollment period is a sixty-day open enrollment period. The

Appellant did not apply for health insurance at the Health Connector until June 10, 2022. By the time the Appellant attempted to enroll in a health insurance plan, the sixty-day special enrollment period had expired. Open Enrollment through the Health Connector ended on January 23, 2022.

The Appellant testified that they thought they had 90 days to enroll in a new health insurance plan after they lost their coverage. As explained at the Hearing Health Connector regulations require a Hearing Officer to make a determination based on the evidence and testimony in the record as well as the applicable regulations. There is no provision that allows a Hearing Officer to waive the Open Enrollment regulations. 956 CMR 12.11, 12.12. The Appellant was referred to the Office of Patient Protection to request a waiver.

It is undisputed that the Appellant did not experience a second qualifying life event within the sixty-day period prior to filing their June 10, 2022 application. Because the Appellant did not experience a qualifying life event, the Health Connector correctly determined on June 10, 2022 that the Appellant is not eligible for a special enrollment period. 45 CFR § 155.420.

ORDER

The Appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant was advised that they could contact the Office of Patient Protection at 1-800-436-7757 to inquire about a Waiver Request.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216551

Appeal Decision: Appeal Denied

Hearing Issue: Appellant’s eligibility for insurance based on SEP; tax filing status

Hearing Date: June 9, 2022

Decision Date: August 2, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 April 7, 2022, the Appellant was determined eligible for Health Connector plans with no financial help, based on tax filing status of married filing separately. On April 14, 2022, Appellant 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. And whether the Health Connector correctly determined that Appellant was eligible for health connector plans with no financial help based on tax filing status of married filing separately.

HEARING RECORD

The Appellant and Appellant’s representative appeared at the hearing, which was held by telephone, on June 9, 2022.

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

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (5-13-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (5-6-22) (1 page);
- Exhibit 4: Outreach notes and emails (3 pages);
- Exhibit 5: Hearing Request form (4-24-22) (2 pages);
- Exhibit 6: SEP decision letter (4-14-22) (6 pages);
- Exhibit 7: Eligibility detail printout and applications summary printouts (6 pages);
- Exhibit 8: Eligibility Approval letter (4-7-22) (4 pages);
- Exhibit 9: Request for information (4-7-22) (5 pages); and
- Exhibit 10: Medicaid Household Determination (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is married to someone in another country but they have no contact. Appellant is seeking health insurance for many health problems and issues. (Appellant testimony; Exhibit 5).
2. The Appellant submitted documents on residency, income and citizenship. (Exhibit 6, Appellant testimony).
3. Appellant did not experience a qualifying life event that would allow enrollment during a special enrollment period.
4. Appellant is not able to file married filing jointly as Appellant has no contact with the wife in another country. (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans with no financial help, based on being married but filing taxes as married filing separately. In addition, Appellant 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 2022 began on November 1, 2021. 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. There is a sixty-day time limit to enroll after a qualifying event. In addition, one requirement to be eligible for APTC applies to married couples. In general, married applicants must attest that they will file a joint tax return in order to claim APTC (even if only one spouse is seeking coverage). 26 CFR § 1.36B-2T(b)(2)(i). There are some exceptions and applicants should consult with tax advisors with regard to this issue.

On April 7, 2022, the Appellant was determined eligible for Health Connector plans with no financial help, based on tax filing status. In addition, on April 14, 2022, Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. At hearing, Appellant did not indicate that there were any qualifying



life events, as listed in the Health Connector’s policy NG-1E. Because the Appellant did not experience a qualifying life event within sixty days of application, the Health Connector’s determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. In addition, Appellant indicated that they were married, but that the spouse was in another country and Appellant had no contact with the spouse. Appellant was advised to seek tax advice assistance with regard to this issue.

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.

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

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

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216585

Appeal Decision: Appeal Denied

Hearing Issue: Appellant's eligibility for insurance based on SEP; tax filing status

Hearing Date: June 9, 2022

Decision Date: August 2, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 October 19, 2021, the Appellant was determined eligible for Health Connector plans with no financial help, based on tax filing status of married filing separately. On April 19, 2022, Appellant 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. And whether the Health Connector correctly determined that Appellant was eligible for health connector plans with no financial help based on tax filing status of married filing separately.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 9, 2022.

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

Massachusetts Health Connector Appeals Unit



- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (5-13-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (5-5-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (4-8-22) (with documents) (6 pages);
- Exhibit 6: SEP decision letter (4-19-22) (6 pages);
- Exhibit 7: Eligibility detail printout and applications summary printouts (13 pages);
- Exhibit 8: Final Renewal Notice (10-20-21) (11 pages); and
- Exhibit 9: Medicaid Household Determinations (12 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is married as of last year and inadvertently indicated filing single. (Appellant testimony; Exhibit 5).
2. The Appellant was out of the country and did not find the letter regarding enrollment until it was too late to respond. (Exhibit 5, Appellant testimony).
3. Appellant did not experience a qualifying life event that would allow enrollment during a special enrollment period.
4. Appellant will correct the application to indicate married filing jointly. (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans with no financial help, based on being married but not attesting to filing taxes married filing jointly. In addition, Appellant 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 2022 began on November 1, 2021. 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. There is a sixty-day time limit to enroll after a qualifying event.

In addition, one requirement to be eligible for APTC applies to married couples. In general, married applicants must attest that they will file a joint tax return in order to claim APTC (even if only one spouse is seeking coverage). 26 CFR § 1.36B-2T(b)(2)(i).

On October 20, 2021, the Appellant was determined eligible for Health Connector plans with no financial help, based on tax filing status. In addition, on April 19, 2022, Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. At hearing, Appellant did not indicate that there were any qualifying life events, as listed in the Health Connector's policy NG-1E. Because the Appellant did not experience a qualifying life event within sixty days of application, the Health Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420. In addition, Appellant indicated that they were married last year, and that Appellant inadvertently did not attest to filing taxes married filing jointly.

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.

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

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

ADDENDUM

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

Massachusetts Health Connector Appeals Unit



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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216667

Appeal Decision: Appeal Approved

Hearing Issue: Appellant's eligibility for insurance based on SEP

Hearing Date: July 12, 2022

Decision Date: August 2, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 April 22, 2022, the Appellant 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 July 12, 2022.

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

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (6-8-22) (3 pages);

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- Exhibit 3: Acknowledgement of Appeal (5-19-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (4-30-22) (with letter) (4 pages);
- Exhibit 6: SEP decision letter (4-22-22) (6 pages);
- Exhibit 7: Eligibility detail printout and applications summary printout (6 pages); and
- Exhibit 8: Medicaid Household Determination (5 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant previously had health insurance through the Health Connector. (Appellant testimony; Exhibit 5).
2. The Appellant's premium increased and Appellant contacted the Health Connector. The representative made an adjustment that lowered the premium. Appellant sent in the payment but it was one day late. (Exhibit 5, Appellant testimony).
3. Appellant's insurance was cancelled and Appellant was unable to re-enroll due to not having a qualifying life event. (Exhibit 5, Appellant testimony).
4. Appellant indicated that they had contacted the Office of Patient Protection but was told they had to wait until after the hearing to apply. (Appellant testimony).
5. Appellant did not experience a qualifying life event that would allow enrollment during a special enrollment period.
6. Appellant did make several attempts to comply and obtain health insurance. (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant 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 2022 began on November 1, 2021. 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. There is a sixty-day time limit to enroll after a qualifying event.

On April 22, 2022, the Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Prior to that, Appellant had missed a payment by one day and then the insurance was cancelled, and Appellant made attempts to reinstate the insurance. At hearing, Appellant did not indicate that there were any qualifying life events, as listed in the Health Connector's policy NG-1E. However, given the circumstances and Appellant's concerted efforts to obtain and reinstate the insurance, Appellant's appeal will be allowed.

ORDER

The Connector determination was correct. However, due to the circumstances, he appeal is being allowed.

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.

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

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

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216758

Appeal Decision: Appeal Approved

Hearing Issue: Appellant's eligibility for insurance based on SEP

Hearing Date: July 12, 2022

Decision Date: August 2, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 April 28, 2022, the Appellant 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 July 12, 2022.

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

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (7-11-22) (3 pages);

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- Exhibit 3: Acknowledgement of Appeal (6-2-22) (1 page);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (5-12-22) (6 pages);
- Exhibit 6: SEP decision letter (4-28-22) (6 pages);
- Exhibit 7: Eligibility detail printout and applications summary printout (4 pages); and
- Exhibit 8: Waiver of 15-day notice (7-11-22) (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant previously had health insurance through the Health Connector. (Appellant testimony; Exhibit 5).
2. The Appellant's premiums were paid through their bank online and an error occurred whereby the payments were not made, but Appellant did not receive notice that payments were not made, as Appellant was not at home for those months. Appellant then tried to pay online but was locked out. Appellant sent in the payment it was not cashed so Appellant sent another payment. That payment was cashed but Appellant was deemed outside of the 60 days allowed to reinstate. (Exhibit 5, Appellant testimony).
3. Appellant's insurance was cancelled and Appellant was unable to re-enroll due to not having a qualifying life event. (Exhibit 5, Appellant testimony).
4. Appellant did not experience a qualifying life event that would allow enrollment during a special enrollment period.
5. Appellant did make several attempts to comply and obtain health insurance. (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant 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 2022 began on November 1, 2021. 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. There is a sixty-day time limit to enroll after a qualifying event.

On April 28, 2022, the Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Prior to that, Appellant had missed two payments due to an error with the online payments, and made several attempts to pay but when the second check was finally cashed, it was outside the 60 day window to reinstate. At hearing, Appellant did not indicate that there were any qualifying life events, as listed in the Health Connector's policy NG-1E. However, given the circumstances and Appellant's concerted efforts to obtain and reinstate the insurance, Appellant's appeal will be allowed.

ORDER

The Connector determination was correct. However, due to the circumstances, he appeal is being allowed.

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.

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

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

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit



Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216073

Appeal Decision: Appeal is allowed. Connector should allow Appellant to obtain coverage retroactively if Appellant wishes to do so.

Hearing Issue:

Whether the Connector correctly determined that the appellant's was ineligible to purchase health insurance through the Connector because the appellant did not submit proof of residency by the deadline set by the Connector.

Hearing Date: May 26, 2022

Decision Date: July 29, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 8, 2022, the Connector determined that the appellant was ineligible to purchase a Health Connector plan because the appellant had not submitted information asked for by the Connector.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on May 26, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated April 20, 2022 for May 26, 2022 hearing addressed to Appellant
- Exhibit 2a: Connector Appeals Unit Notice of Hearing dated March 14, 2022 for April 20, 2022 hearing addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated March 7, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated March 3, 2022
- Exhibit 3b: Appeals Unit email to Appellant dated March 7, 2020

Exhibit 3c: Appeals Unit email to Connector staff dated March 7, 2020 regarding Appellant's accounts
Exhibit 4: Hearing Request Form from Appellant received by the Connector on March 1, 2022
Exhibit 5: Connector letter dated February 8, 2022 to Appellant regarding denial of eligibility
Exhibit 5a: Connector letter dated November 1, 2021 to Appellant requesting proof of residency by January 30, 2022
Exhibit 6: Summary and results of Appellant's application for Connector health plan dated February 8, 2022
Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated March 7, 2022
Exhibit 7: MassHealth Member Benefits print-out determination, February 8, 2022
Exhibit 7: MassHealth Member Benefits print-out determination, March 7, 2022
Exhibit 8: Connector print-outs showing receipt and processing of Appellant's proof of income on November 15, 2021
Exhibit 8a: Appellant's proof of residency sent to Connector, received November 15, 2021

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance coverage through the Connector in the fall of 2021. In a letter dated November 1, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by January 30, 2022. The letter included a list of acceptable forms of proof (Exhibit 5a).
2. Appellant had two account numbers with the Connector. After Appellant received the request for information, Appellant sent in acceptable proof of residency on November 15, 2021. While the proof was acceptable and processed by the Connector, it was applied to the wrong account (Testimony of Appellant,, Exhibits 3a, 3c, 8, and 8a).
3. The error in applying the proof of residency to the wrong account was not discovered and fixed by the Connector until after the Connector sent the appellant a denial of eligibility notice dated February 8, 2022 and after the appellant appealed the denial on March 1, 2022 (Testimony of Appellant, Exhibit 3c, 4, 6a).
4. As of March 7, 2022, Appellant was eligible for a Health Connector plan and had until May 6, 2022 to enroll in a plan (Exhibit 6a).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on February 8, 2022 that the appellant was ineligible to purchase health insurance through the Connector. 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. One of the requirements for eligibility to purchase health insurance through a state exchange (in Massachusetts, the Connector) is residency. See 45 Code of Federal Regulations 155.305(a)(3). Pursuant to 45 CFR 155.320 the Connector may verify information obtained from the applicant by checking with other data sources.

In this matter, Appellant applied for health insurance coverage through the Connector in the fall of 2021. In a letter dated November 1, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by January 30, 2022. The letter included a list of acceptable forms of proof. See Exhibit 5a. Appellant had two account numbers with the Connector. After Appellant received the request for information, Appellant sent in acceptable proof of residency on November 15, 2021. While the proof was acceptable and processed by the Connector, it was applied to the wrong account. The error in applying the proof of residency to the wrong account was not discovered and fixed by the Connector until after the Connector sent the appellant a denial of eligibility notice dated February 8, 2022 and after the appellant appealed the denial on March 1, 2022. See the testimony of the appellant which I find to be credible, and Exhibits 3a, 3c, 4, 5, 6, 6a, 8a.

The determination denying Appellant the opportunity to purchase health insurance through the Connector was incorrect at the time it was made. The denial was based upon the appellant's failure to send in proof of residency. But, the appellant had sent in acceptable proof well before the January 30, 2022 deadline. Because of an administrative error, the proof was attached to the wrong account, one of the two opened in Appellant's name. There is no evidence in the record regarding how the appellant came to have two account numbers. Even if it was a result of the appellant's own actions, the error was fixable. In fact, once the appellant appealed the denial of eligibility, the error was easily fixed and appellant was allowed to enroll in a plan. See Exhibits 3b, 3c, and 6a.

The February 8, 2022 determination of the Connector is, therefore, overturned. Appellant should be allowed to obtain coverage retroactively if she wishes to do so. Appellant should be aware, however, that if she chooses to obtain coverage retroactively, she will have to pay premiums for the past months.

ORDER: The determination by the Connector regarding Appellant's ineligibility to purchase a health insurance plan through the Connector is overturned. Appellant's appeal is allowed. Appellant should be allowed to obtain coverage retroactively if she wishes to do so.

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

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

Cc: Connector Appeals Unit

Hearing Officer

Addendum: Appellant testified at the hearing that she had been trying to send in proof of income, but she believed the proof she was sending in was still being attached to the wrong account. Appellant, if she wishes to do so, may contact Customer Service and notify them of the outcome of this appeal. In an email sent to Appellant on March 7th, 2020, Appellant was given the correct account number to use when

dealing with Customer Service. Appellant should reference that email and submit proof of income with the correct number noted on any documents submitted.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16342

Appeal Decision: Appeal denied

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

Hearing Date: May 25, 2022

Decision Date: August 11, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated March 21, 2022, the Connector advised the appellant that he did not qualify to enroll in a new or different insurance plan because he did not have a qualifying event. (Ex. 4) The appellant filed an appeal dated April 1, 2022. (Ex. 6) The matter was referred to a hearing after receipt of the appeal. (Ex. 10)

ISSUE

Is the appellant eligible for a special enrollment period for health insurance coverage pursuant to 45 C.F.R.155.420 and 956 CMR 12.10(5)?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on May 25, 2022 and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1— Health Connector’s Eligibility Determination Results based on a program determination date of March 8, 2022 (2 pages)
- Ex. 2—Health Connector’s Review of Application (3 pages)
- Ex. 3—Health Connector’s Notice of Eligibility Approval dated March 8, 2022 (8 pages)
- Ex. 4—Health Connector’s Notice of Special Enrollment Period Decision dated March 21, 2022 (6 pages)
- Ex. 5—Medicaid Household Determination document (5 pages)

- Ex. 6—Hearing Request Form dated April 1, 2022 (4 pages)
- Ex. 7—Acknowledgment of Appeal dated April 14, 2022 (1page)
- Ex. 8—Health Connector email dated April 14, 2022 (1 page)
- Ex. 9—Appeals Unit notes (1 page)
- Ex. 10—Notice of Hearing (3 pages)
- Ex. 11—Affidavit of Connector representative (1 page)

The record was held open at the conclusion of the hearing until June 8, 2022, for documentation requested by the hearing officer. An extension was requested and granted until July 13, 2022. Nothing was received in response to the request and the record was closed thereafter.

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 28 -years-old, is married and has a tax household size of one. ¹ (Testimony, Ex. 2)
2. The appellant was employed for approximately four-and-a-half years by the same employer until June, 2021, when he was terminated. Shortly after his separation, he left the country and got married. He returned to the U.S. in August, 2021, and contacted the Health Connector at some point thereafter about health insurance options. He subsequently left the country again and returned in early March, 2022. He believes that he contacted MassHealth in January, 2022, about eligibility and received a letter requesting that he submit proof of income. At that point, the appellant believed that because he had started the insurance process within the open enrollment period, he could continue his enrollment after the period ended. (Testimony, Ex. 6)
3. After his return in March, 2022, the appellant applied for health insurance through the Health Connector. By notice dated March 8, 2022, the Health Connector notified the appellant that he was eligible for Health Connector Plans with no financial help. By notice dated March 21, 2022, the Connector notified the appellant that he did not qualify to enroll in a new or different health insurance plan because he did not have a qualifying event. (Testimony, Exs. 1,3,4)
4. The appellant filed an appeal dated April 1, 2022, in which he stated in part that he lost his job in June, 2021, and left the country shortly thereafter to see his family. He further stated that he contacted MassHealth and did not have any luck. Finally, he stated that he was not familiar with the process of applying for health insurance. (Testimony, Ex. 6)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 956 CMR 12.10 (5), an individual may enroll in a health plan outside of the open enrollment period during a special enrollment period (SEP) established by the Connector only for one of the following reasons: (a) the enrollee experiences a triggering event, as set forth in 45 CFR 155.420 and applicable state law; (b) a qualified individual is determined newly eligible for a ConnectorCare plan in accordance with 956 CMR 12.08; (c) the enrollee changes plan types in accordance with 956 CMR 12.04(3); or (d) the enrollee has been approved for a hardship waiver in accordance with 956 CMR 12:11; or (e) the enrollee's hardship waiver period has ended. Enrollees have sixty (60) days to enroll in a health plan from the date of one of the aforesaid events. Outside of open enrollment an individual may be granted a SEP, during which the individual can enroll in coverage, because s/he experiences a qualifying life event, such as a change in household composition or loss of coverage.

¹ The appellant got married in June, 2021. His wife lives overseas and he did not include her in his household on his application.

I take administrative notice of the fact that the open enrollment period for health insurance for 2022 ended on January 23, 2022, for the commercial non-group market, and that closed enrollment runs from January 24, 2022 to October 31, 2022.

The appellant testified that he was enrolled in employer health insurance until June, 2021, when he was terminated. He testified that he left the country shortly thereafter and returned in August, at which point he contacted the Health Connector about insurance options. He testified that he subsequently left the country again and returned in March, 2022. He testified that he contacted MassHealth in January, 2022, and received a letter requesting proof of income. He testified that he thought his request and MassHealth's response kept him within the open enrollment period, even though he had not completed the enrollment process. Finally, he testified that he applied for insurance in March, 2022.

The appellant does not dispute that he applied for health insurance for 2022 after the open enrollment period closed on January 23, 2022, but maintains that he thought he had begun enrollment before the period closed, and would be able to continue enrollment after the period ended. He further claimed that he was unfamiliar with the application process for insurance.

The record was held open for the appellant to submit evidence of his communication with MassHealth, including the letter he purportedly received in January requesting that he submit proof of income. He did not submit anything in response, thereby weakening his credibility with respect to any efforts he made to enroll prior to the end of the open enrollment period.

Based on the foregoing, it is concluded that the appellant had several opportunities to apply for health insurance both after the termination of his employment and during the open enrollment period for 2022, and failed to establish that he experienced a qualifying life event in order to be eligible for a SEP.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to contact the Office of Patient Protection to request a waiver of the open enrollment period at <https://www.mass.gov/how-to/how-to-request-an-open-enrollment-waiver>, or by calling 800-436-7757.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216412

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

Hearing Issue:

Whether the Connector correctly determined the appellant's eligibility to enroll in a ConnectorCare plan with an advance premium tax credit

Hearing Date: May 26, 2022

Decision Date: August 2, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 24, 2022, the Connector determined that the appellant was eligible to purchase a ConnectorCare plan with an advance premium tax credit based upon the most current information from other income data sources. On March 31, 2022, the Connector determined that the appellant was not eligible for ConnectorCare coverage; instead, the appellant was found to be eligible for a Health Connector Plan without an advance premium tax credit.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on May 26, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated April 20, 2022 for May 26, 2022 hearing addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated April 19, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated April 19, 2022
- Exhibit 3b: Appeals Unit email to Appellant dated April 19, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on April 12, 2022

Exhibit 5: Connector letter dated March 24, 2022 to Appellant regarding eligibility
Exhibit 5a: Connector letter dated March 31, 2022 to Appellant regarding eligibility
Exhibit 5b: Connector letter dated February 16, 2022 to Appellant, reminder of proof of income due by March 10, 2022
Exhibit 6: Summary and results of Appellant's application for Connector health plan dated March 24, 2022
Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated March 31, 2022
Exhibit 7: MassHealth Member Benefits print-out determination, March 24, 2022
Exhibit 7: MassHealth Member Benefits print-out determination, March 31, 2022
Exhibit 8: Connector letter to Appellant dated March 24, 2022 regarding premium for coverage
Exhibit 9: Print-out showing Appellant's investment earnings, December, 2021

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance coverage through the Connector in the fall of 2021. In a letter dated February 16, 2022, the Connector reminded the appellant that Appellant needed to send in proof of income by March 10, 2022. The letter included a list of acceptable forms of proof (Exhibit 5b).
2. When the appellant did not send in proof of income by March 10th, on March 24, 2022, the Connector determined that the appellant was eligible for a ConnectorCare Plan with an advance premium tax credit based upon information about income from other data sources. Based upon the information about the appellant's income from other data sources, the Connector determined that the appellant's projected annual income equaled 176.48% of the Federal Poverty Level (Exhibits 5 and 6).
3. On March 31, 2022, well after the March 10th deadline, the appellant either gave the Connector current information about his projected annual income or the Connector received more current information from other data sources. Based upon the new information, the Connector determined that the appellant's income was 93.17% of the Federal Poverty Level. Appellant was determined to be eligible for a Connector Health Plan without an advance premium tax credit.
4. Appellant submitted a request for an appeal of the Connector's determination on April 12, 2022. Appellant appealed the March 24, 2022 determination (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on March 24, 2022 that the appellant was eligible to purchase a ConnectorCare plan with an advance premium tax credit. See Exhibits 4 and 5.

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

If an applicant's projected income is 100% or more of the Federal Poverty Level, the applicant is eligible for an advance premium tax credit to help cover the cost of premiums if other eligibility requirements are met. 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. Pursuant to 45 CFR 155.320 the Connector may verify information obtained from the applicant by checking with other data sources.

In this matter, Appellant applied for health insurance coverage through the Connector in the fall of 2021. In a letter dated February 16, 2022, the Connector reminded the appellant that Appellant needed to send in proof of income by March 10, 2022. The notification included a list of acceptable forms of proof. On March 24, 2022, Connector determined that the appellant was eligible for a ConnectorCare Plan with an advance premium tax credit based upon information about income from other data sources. The appellant gave the Connector information about his projected annual income on March 31, 2022, after the deadline. See Exhibits 5, 5a, 6, 6a.

When the appellant did not send in an acceptable form of proof of income by the March 10, 2022 deadline, the Connector verified the appellant's income from other data sources. See Exhibit 6. The Connector determined that according to the other data sources, the appellant's annual income came to 176.48% of the Federal Poverty Level. Based upon that income level, the appellant was determined to be eligible for a ConnectorCare plan with an advance premium tax credit. See Exhibits 5 and 6. The determination was correct at the time it was made based upon the data the Connector had. The determination of the Connector is, therefore, affirmed.

I note that the Connector's determination regarding Appellant's eligibility changed as of March 31, 2022. See Exhibits 5a and 6a. Appellant did not appeal this determination. See Exhibit 4, Appellant's request for a hearing.

ORDER: The determination by the Connector regarding Appellant's eligibility to purchase a ConnectorCare plan with an advance premium tax credit is affirmed.

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

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

Cc: Connector Appeals Unit

Hearing Officer

Addendum: As of March 31, 2022, the Connector determined that Appellant's income was below 100% of the Federal Poverty Level. If that information is still correct, Appellant may be eligible for MassHealth. If Appellant has not already contacted MassHealth, he may wish to do so by calling 1-800-841-2900.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216462

Appeal Decision: Appeal denied. The Connector's determination of Appellants' eligibility to obtain a Health Connector plan during the next open enrollment period or when Appellants had a qualifying life event is affirmed.

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

Hearing Date: May 26, 2022

Decision Date: August 7, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 20, 2022, the Connector determined Appellants to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellants had a qualifying life event.

HEARING RECORD

One of the appellants appeared at the hearing which was held by telephone on May 26, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files and verification of data
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated April 20, 2022 addressed to Appellant for May 26, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated April 20, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated April 20, 2022
- Exhibit 3b: Appeals Unit email to Appellant dated April 20, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on April 18, 2022 with child's birth certificate attached

Exhibit 5: Connector letter dated March 20, 2022 to Appellant regarding special enrollment period

Exhibit 5a: Connector letter dated March 20, 2022 to Appellant regarding eligibility

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

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant lost his job in September, 2021. He had had health insurance through his job. He applied for health insurance through the Connector for himself, his spouse, and his three children. He and his family obtained coverage which he had until March 31, 2022. As of April 1, 2022, Appellant had a new job and health insurance offered by his employer (Testimony of Appellant).
2. When his fourth child was born in January, 2022, instead of trying to add her immediately to his coverage through the Connector, he decided to wait until he had the child's Social Security number. Once he obtained the number, Appellant and his spouse applied for health insurance through the Connector on March 20, 2022. They applied for themselves and their children, including their daughter who was born on January 17, 2022. Appellant thinks that instead of going into his original application, he may have started a new one (Testimony Appellant, Exhibit 4, 6).
3. In a letter from the Connector dated March 20, 2022, the Connector determined and notified the appellant that while he and his family were eligible to purchase health insurance through the Connector, they were not eligible to enroll in a plan until the next open enrollment period or until Appellants had a qualifying life event which would allow them to enroll outside of an open enrollment period (Exhibits 5, 5a).
4. Appellant and his spouse did not seek to add their newborn to their coverage until March 20, 2022, more than sixty days after the birth of the child (Testimony of Appellant, Exhibit 6).
5. The appellant has been receiving bills for the birth of his child. Appellant appealed the March 20th decision because of these bills. He and his family have had health insurance without interruption since the fall of 2021, so he would like these bills to be covered by the insurance. Appellant submitted his request for an appeal of the Connector's determination on April 18, 2022 because he wants coverage for these bills (Testimony of Appellant, Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on March 20, 2022 that the appellant and his family were eligible for a Health Connector plan, but were not eligible to enroll until the next open enrollment period or until Appellants had a qualifying life event. The appellants have appealed this determination. See Exhibit 4.

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

a plan outside of an open enrollment period, if otherwise eligible. In 2022, the open enrollment period ran from November 1, 2021 to January 23, 2022.

According to 45 Code of Federal Regulations Section 155.420 (c)(1) and 155.420 (d)(1)(i), the loss of health insurance coverage is a qualifying life event. If an individual, otherwise eligible to purchase coverage through the Connector, has a qualifying event, the individual has 60 days from the date of the event to enroll in a plan. The 60 day period is known as a special enrollment period. After 60 days, if the individual has not enrolled in a plan, the individual is no longer eligible for a special enrollment period and must wait to enroll until the next open enrollment period, or until the individual has another qualifying life event.

In this matter, Appellant lost his job in September, 2021. He had had health insurance through his job. He applied for health insurance through the Connector for himself, his spouse, and his three children. He and his family obtained coverage which he had until March 31, 2022. As of April 1, 2022, Appellant had a new job and health insurance offered by his employer. When his fourth child was born in January, 2022, instead of trying to add her immediately to his coverage through the Connector, he decided to wait until he had the child's Social Security number. Once he obtained the number, Appellant and his spouse applied for health insurance through the Connector on March 20, 2022. They applied for themselves and their children, including their daughter who was born on January 17, 2022. Appellant thinks that instead of going into his original application, he may have started a new one. See the testimony Appellant which I find to be credible, and Exhibits 4, and 6.

In a letter from the Connector dated March 20, 2022, the Connector determined and notified the appellant that while he and his family were eligible to purchase health insurance through the Connector, they were not eligible to enroll in a plan until the next open enrollment period or until Appellants had a qualifying life event which would allow them to enroll outside of an open enrollment period. See Exhibit 5.

Appellant and his spouse did not seek to add their newborn to their coverage until March 20, 2022, more than sixty days after the birth of the child. The appellant has been receiving bills for the birth of his child. Appellant appealed the March 20th decision because of these bills. He and his family have had health insurance without interruption since the fall of 2021, so he would like these bills to be covered by the insurance. Appellant submitted his request for an appeal of the Connector's determination on April 18, 2022. See the testimony of Appellant which I find to be credible, and Exhibit 4.

I determine that the Connector's determination that Appellant and his family were not eligible for a special enrollment period should be affirmed. Appellant missed being able to enroll outside of the open enrollment period (November 1, 2019 through January 23, 2020 in Massachusetts) because he did not apply and enroll within 60 days after the birth of his daughter. Whether he and his spouse and three children already had coverage and Appellant did not add his newborn until March 20th or whether the appellant's March 20th application for him, his spouse, and four children was a new application, more than sixty days had gone by his the birth of his daughter. The birth was the qualifying event.

There is no evidence in the record that Appellants had any other qualifying life event within 60 days of their application for coverage.

I note that Appellants had no gap in coverage. Appellant testified that he, his spouse and three children had coverage through the Connector until March 31st and that they, including their newborn, obtained a new plan as of April 1st.

ORDER: The action taken by the Connector regarding Appellants' ineligibility to enroll in a Health Connector plan until the next open enrollment period or until they had a qualifying life event is affirmed.

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

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

cc. Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216469

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

Hearing Issue:

Whether the Connector correctly determined the appellant's termination of eligibility to purchase and enroll in a health insurance plan through the Connector.

Hearing Date: June 2, 2022

Decision Date: August 10, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 7, 2022, the Connector determined that the appellant was no longer eligible to purchase and enroll in any health insurance plan through the Connector.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 2, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 5, 2022 for a June 2, 2022 hearing addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated April 25, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated April 25, 2022
- Exhibit 3b: Appeals Unit staff email to Appellant dated April 25, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on April 19, 2022 with Appellant's driver's license attached
- Exhibit 5: Connector letter dated April 7, 2022 to Appellant regarding termination of eligibility
- Exhibit 5a: Connector letter dated November 22, 2021 to Appellant requesting proof of income

by February 20, 2022

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated April 7, 2022

Exhibit 7: MassHealth Member Benefits print-out determination, April 7, 2022

Exhibit 8: Connector print-outs showing receipt and processing of Appellant's proof of residency on February 28, 2022 with document submitted

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance coverage through the Connector in 2021. In a letter dated November 22, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by February 20, 2022. The letter included a list of acceptable forms of proof (Exhibits 5a).
2. The appellant sent in a copy of his Massachusetts driver's license on February 28, 2022. A driver's license is not an acceptable form of proof of residency. The Connector found it to be unacceptable (Testimony of Appellant, Exhibits 5a and 8).
3. After the appellant did not send in acceptable proof of residency, on April 7, 2022, the Connector determined that the appellant was no longer eligible to obtain health insurance through the Connector. The Connector sent a notice to the appellant dated April 7th informing him that his coverage was going to be terminated as of April 30, 2022. The notice informed him that this action was being taken because he had not sent in acceptable proof of residency (Exhibits 5 and 6).
4. Appellant submitted a request for an appeal of the Connector's determination on April 19, 2022. (Exhibit 4, Testimony of Appellant).
5. By the date of this hearing, Appellant had not sent in any other documents acceptable as proof of residency (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 7, 2022 that the appellant was no longer eligible to be enrolled in a health insurance plan through the Connector. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) which sets out eligibility standards for purchase of coverage through state exchanges. Pursuant to 45 CFR 155.320 the Connector may verify information obtained from the applicant by checking with other data sources.

In this matter, Appellant had health insurance coverage through the Connector in 2021. In a letter dated November 22, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by February 20, 2022. The notification included a list of acceptable forms of proof. The appellant sent in a copy of his Massachusetts driver's license on February 28, 2022. A driver's license is not an acceptable form of proof of residency. The Connector found it to be unacceptable. See the testimony of Appellant which I find to be credible, and Exhibits 5a and 8).

After the appellant did not send in acceptable proof of residency, on April 7, 2022, the Connector determined that the appellant was no longer eligible to obtain health insurance through the Connector. The Connector sent a notice to the appellant dated April 7th informing him that his coverage was going to be terminated as of April 30, 2022. The notice informed him that this action was being taken because he had not sent in acceptable proof of residency. See Exhibits 5 and 6. Appellant submitted a request for an appeal of the Connector's determination on April 19, 2022. See Exhibit 4. By the date of this hearing, Appellant had not sent in any other documents as proof of residency. See the testimony of the appellant which I find to be credible.

The April 7, 2022 determination was correct at the time it was made based upon the failure to send in an acceptable form of proof of residency. The document that the appellant sent in, his driver's license, was not an acceptable form of proof, and the document was not submitted by the February 20th deadline set by the Connector. Without proof of residency, the appellant was no longer eligible for coverage through the Connector. See 45 Code of Federal Regulations 155.305(a)(1 through 3). Residency in the exchange's state is a requirement for eligibility. The determination of the Connector is, therefore, affirmed.

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

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

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16601

Appeal Decision: Appeal Denied

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

Hearing Date: August 11, 2022

Decision Date: August 29, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 18, 2022, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 11, 2022. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (3 pages, dated June 30, 2022)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form 6 pages dated May 9, 2022)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated March 18, 2022)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (7 pages, dated March 18, 2022)
- Exhibit 8: Historical Notices and Printouts (9 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. (Exhibit 6)
2. Appellant had a Health insurance in 2021 from the Health Connector. Appellant did not apply for health insurance in 2022 until March 18, 2022 (Exhibit 6)
3. Appellant did not testify to or produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant previously had health insurance and then had a Health Connector plan in 2021. When Appellant then re-applied to the Health Connector for health insurance on March 18, 2022, he was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2021 to January 23, 2022. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant should contact the Office of Patient Protection at 800-436-7757 to seek a waiver of the Open Enrollment Period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216666

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

Hearing Issue: Whether the Connector correctly determined the appellant's ineligibility to purchase health insurance through the Connector because of Appellant's access to or enrollment in Medicare.

Hearing Date: July 8, 2022

Decision Date: August 18, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 26th and May 12th, 2022, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector because Appellant had access to or was enrolled in Medicare.

ISSUE

Whether the Connector correctly determined that the appellant was ineligible to purchase health insurance through the Connector because the appellant had access to or was enrolled in Medicare.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 8, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. 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 3, 2022 addressed to Appellant for a hearing on July 8, 2022
- Exhibit 3: Connector Appeals Unit letter dated May 19, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated May 19, 2022
- Exhibit 4: Hearing Request Form signed by Appellant received by the Connector on May 5, 2022
- Exhibit 5: Connector letter dated April 26, 2022 to Appellant denying eligibility
- Exhibit 5a: Connector letter dated May 12, 2022 to Appellant denying eligibility

Exhibit 5b: Connector letter dated May 12, 2022 to Appellant requesting proof of income
Exhibit 6: Summary and results of Appellant's application dated April 26, 2022
Exhibit 6: Summary and results of Appellant's application dated May 12, 2022
Exhibit 7: MassHealth Member Benefits print-out, Appellant's household determination,
April 26, 2022
Exhibit 7a: MassHealth letter to Appellant dated May 12, 2022 denying eligibility for MassHealth

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Connector on April 26, 2022 (Exhibits 5 and 6).
2. On April 26, 2022 and again on May 12, 2022, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector because Appellant either had access to Medicare or was enrolled in Medicare. According to Appellant's application, Appellant was enrolled in Medicare (Exhibits 5 and 6).
3. Appellant filed a request for an appeal of the Connector's determination which was received by the Connector on May 5, 2022 (Exhibit 4).
4. Appellant has been enrolled in Medicare Part A since October 1, 2066 and Part B since September 1, 2018. Appellant has a serious and chronic medical condition (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant applied for health insurance in April, 2022. The Connector determined that Appellant was ineligible to enroll in coverage through the Connector because the appellant had access to Medicare or was already enrolled in the program. Appellant appealed the Connector's determination on May 5, 2021. See Exhibits 4, 5, 6.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain help paying for health insurance through an advance premium tax credit, an individual, among other things, must not have access to other health insurance coverage which meets minimum essential coverage standards. See 45 Code of Federal Regulations Section 155.305(f)(1)(ii)(B) and 26 Code of Federal Regulations 1.36B-2(a)(2). The Social Security Act, Section 1882(d)(3)(A)(i) states: "It is unlawful for a person to sell or issue to an individual entitled to benefits under part A or enrolled under part B of this title . . . a health insurance policy with knowledge that the policy duplicates health benefits to which the individual is otherwise entitled under this title or title XIX." In other words, the Social Security Act provides that anyone who is eligible for Part A Medicare coverage cannot be sold coverage through the Connector, since that coverage would duplicate Part A coverage. See also 42USC 1395(d)(3)(A)(i).

Appellant was enrolled in Medicare at the time Appellant applied for health insurance through the Connector. Appellant has had Part A coverage since October 1, 2006 and Part B coverage since September 1, 2018. See the testimony of the appellant which I find to be credible, and Exhibits 5, and 6.

The Connector correctly determined that because Appellant was enrolled in Medicare, Appellant was ineligible to purchase any health insurance plan through the Connector. This determination was based upon information on the appellant's application. The information was accurate. See citations above. This determination is 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 decision. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216678

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income verification

Hearing Date: July 12, 2022

Decision Date: August 19, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 April 29, 2022, the Appellants were determined eligible for Health Connector plans with no financial help.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were eligible for Health Connector plans with no financial help, based on the Appellant's reported and verified income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on July 12, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (6-8-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (5-16-22) (1 page);
- Exhibit 4: Outreach notes (2 pages);
- Exhibit 5: Hearing Request form (5-5-22) (6 pages);
- Exhibit 6: Eligibility approval letter (4-29-22) (7 pages);
- Exhibit 7: Eligibility detail printouts and application summary printouts (29 pages);

Exhibit 8: Request for information (10-26-21) (6 pages);
Exhibit 9: Workspace form and documents (76 pages); and
Exhibit 9: Medicaid Household Determination (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants had health insurance through the Health Connector in 2021. (Testimony, Exhibit 7).
2. Appellants received a Request for Information to submit documents regarding income in October 2021. (Exhibit 8).
3. Appellants did not submit the information requested at that time although subsequently submitted it. (Testimony, Exhibit 9).
4. The Health Connector determined that Appellants were eligible for Health Connector plans with no financial help based on income information available to the Health Connector. (Exhibits 6, 7).
5. Appellants appealed. (Exhibit 5, Appellant Testimony)
6. Appellants submitted follow up applications because an error was made on an earlier application. Appellant has multiple sources of income and it is a complicated situation (Testimony). Appellant's latest application indicates access to Mass Health, and Appellant is not sure that is correct either. (Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellants were deemed eligible for Health Connector plans with no financial assistance based on income verification issues. 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' income, in accordance with 45 CFR § 155.320(c). 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 or provide unacceptable information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On April 29, 2022, the Appellants were determined eligible for Health Connector plans with no financial assistance based on Appellant's income as reported not being verified from other sources. Appellants believed the insurance was not affordable for them. The process for the determination on April 29, 2022 complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the information available to the Health Connector. 45 CFR § 155.305(f). Appellants had been requested to submit information confirming income and had not done so within the time frame. Appellants subsequently submitted the documents and have been found eligible for Mass Health on June 1, 2022. Appellant is still not sure that is correct, and will follow up with that.

The Health Connector correctly found that the Appellants were eligible for Health Connector plans with no financial assistance on April 29, 2022, 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.

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216696

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, TCE income and immigration

Hearing Date: July 12, 2022

Decision Date: August 19, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 April 7, 2022, the Appellants were determined ineligible for Health Connector plans based on failure to submit requested information and documents.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on April 27, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (6-8-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (5-20-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (5-2-22) (with documents) (13 pages);

- Exhibit 6: Eligibility termination letter (4-7-22) (7 pages);
- Exhibit 7: Eligibility detail printouts and application summary printouts (14 pages);
- Exhibit 8: Request for Information (6-29-21) (5 pages);
- Exhibit 9: Workspace form and documents (9 pages);
- Exhibit 10: Medicaid Household Determination (6 pages);
- Exhibit 11: Reminder letter re documents (2-16-22) (4 pages); and
- Exhibit 12: Eligibility Approval letter (5-11-22) (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellants had health insurance through the Health Connector in 2021, and had been requested to submit documents regarding income and lawful presence (Exhibits 7, 8, and 11).
2. The Appellants were determined not eligible for Health Connector plans, on April 7, 2022, after failing to send in documents verifying income, and citizenship. (Exhibits 6, 7).
3. Appellants did not submit the documents requested within the time frame required although they subsequently submitted the documents (Appellant Testimony, Exhibits 6, 9).
4. One of Appellants was subsequently deemed eligible for Health Connector plans with APTC. (Exhibit 12).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellants were found ineligible for Health Connector Plans based on failing to verify income, and failure to submit proof of U.S. citizenship. The Appellants appealed. Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' 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 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). In addition, if the applicant fails to submit requested documents, the applicant will be determined ineligible for Health Connector plans.

In 2021, the Appellants were determined eligible Health Connector plans with APTC, based on having a household income equivalent to 373% of the Federal Poverty Level, was asked to verify their income, and was provided with a list of acceptable documents to verify income, and was also asked to submit proof of citizenship. On February 16, 2022, Appellants were reminded again to submit the documents. The Appellants failed to verify their income, and failed to submit the requested proof of citizenship, the Health Connector terminated the Appellants eligibility to have health insurance through the Health Connector. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). The Appellant was found ineligible for Health Connector plans, and that is the correct determination based on the failure to submit the documents. The Appellants subsequently submitted the documents and one of Appellants was determined eligible for Health Connector plans with APTC on May 11, 2022.

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.

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216712

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, TCE income and unknown FPL

Hearing Date: July 12, 2022

Decision Date: August 22, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 April 12, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance based on failure to submit requested information and documents.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's failure to provide requested documents and information.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on July 12, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (6-8-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (5-20-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (4-29-22) (with documents and letter) (21 pages);

- Exhibit 6: Eligibility approval letter (4-12-22) (8 pages);
- Exhibit 7: Eligibility detail printout and application summary printout (6 pages);
- Exhibit 8: Request for Information (10-20-21) (4 pages);
- Exhibit 9: Workspace form and documents (21 pages);
- Exhibit 10: Medicaid Household Determination (5 pages); and
- Exhibit 11: Reminder letter re documents (2-16-22) (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had health insurance through the Health Connector in 2021, and had been requested to submit documents regarding income (Exhibits 7, 8, and 11).
2. The Appellant was determined eligible for Health Connector plans without financial assistance, on April 12, 2022, after failing to send in documents verifying income. (Exhibits 6, 7).
3. Appellant did not submit the documents requested within the time frame required although they subsequently submitted the documents (Appellant Testimony, Exhibits 6, 9).
4. During testimony, Appellant realized that they still needed to submit additional documents regarding an inherited IRA. (Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans without financial assistance based on failing to verify income. The Appellant appealed. Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' 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 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).

In 2021, the Appellant applied for health insurance through the Health Connector, and was asked to verify their income, and was provided with a list of acceptable documents to verify income. On February 16, 2022, Appellant was reminded again to submit the documents. The Appellant failed to verify their income and provide the documents, and the Health Connector determined that the Appellant therefore was eligible for Health Connector plans with no financial assistance. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). The Appellant was found eligible for Health Connector plans with no financial assistance, and that is the correct determination based on the failure to submit the documents. The Appellants subsequently submitted some documents and still needed to submit additional documents as of the hearing date.

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.

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216713

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, TCE income and unknown FPL

Hearing Date: July 12, 2022

Decision Date: August 22, 2022

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 April 7, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance based on failure to submit requested information and documents.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's failure to provide requested documents and information.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on July 12, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (6-8-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (5-20-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (5-6-22) (2 pages);

- Exhibit 6: Eligibility approval letter (4-7-22) (8 pages);
- Exhibit 7: Eligibility detail printouts and application summary printouts (10 pages);
- Exhibit 8: Request for Information (12-3-21) (4 pages);
- Exhibit 9: Medicaid Household Determinations (10 pages); and
- Exhibit 11: Reminder letter re documents (2-25-22) (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had applied for health insurance through the Health Connector in 2021, and had been requested to submit documents regarding income (Exhibits 7, 8, and 11).
2. The Appellant was determined eligible for Health Connector plans without financial assistance, on April 7, 2022, after failing to send in documents verifying income. (Exhibits 6, 7).
3. Appellant did not submit the documents requested within the time frame required although they subsequently submitted the documents (Appellant Testimony, Exhibits 6, 9).
4. Appellant was redetermined on May 12, 2022, and determined eligible for Health Connector plans with Advanced Premium Tax Credits based on a Federal Poverty Level (FPL) of 447% (Exhibit 7).
5. However, based on Appellant's appeal request, that determination may not be up to date and Appellant needs to review income and update application. (Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans without financial assistance based on failing to verify income. The Appellant appealed. Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' 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 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).

In 2021, the Appellant applied for health insurance through the Health Connector, and was asked to verify their income, and was provided with a list of acceptable documents to verify income. On February 25, 2022, Appellant was reminded again to submit the documents. The Appellant failed to verify their income and provide the documents, and the Health Connector determined that the Appellant therefore was eligible for Health Connector plans with no financial assistance. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). The Appellant was found eligible for Health Connector plans with no financial assistance, and that is the correct determination based on the failure to submit the documents. The Appellants subsequently submitted some documents and still needed to confirm income as of the hearing date.

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 was us was too high), you will get the rest of the tax credits you are owed when you file your taxes.

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216820

Appeal Decision Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for subsidized health insurance plans, based on income

Hearing Date: August 2, 2022

Decision Date: August 23, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 12, 2022, Appellant was determined eligible for Health Connector Plans without subsidies. The Appellant's determination came after Appellant's failure to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plans without subsidies based upon Appellant's failure to verify income

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on August 2, 2022. Also present was Appellant Spouse. The hearing record consists of the testimony of Appellant and Appellant Spouse and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Health Connector
- Exhibit 1A: Hearing Request Form, dated May 23, 2022
- Exhibit 2: Eligibility results and Summary dated May 12, 2022
- Exhibit 3: Appeals Unit outreach notes
- Exhibit 4: Request for proof of income dated October 6, 2021, March 21, 2022 and April 28, 2022
- Exhibit 5: Correspondence from Health Connector dated May 25, 2022, and June 2022 regarding documents not acceptable and correspondence dated May 29, regarding termination for non-payment
- Exhibit 6: Correspondence from Health Connector dated June 28, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. On October 6, 2021, Appellant applied for subsidized health insurance for 2022. Appellant was notified that Appellant was required to provide proof of income by January 4, 2022 (Exhibit 4).
2. On March 21, 2022, the Health Connector sent Appellant a letter that they still needed proof of income and that Appellant's plan would end unless the information was received by the Health Connector by April 20, 2022 (Exhibit 4).
3. Appellants made numerous calls to the Health Connector in an attempt to get information so that they could provide the correct documents (Testimony of Appellant).
4. Appellants made several attempts to provide the Health Connector with the requested information (Testimony of Appellant).
5. On April 28, 2022, the Health Connector sent Appellant a letter that the documents that they had sent were not acceptable and asked for further documents (Exhibit 4).
6. On May 12, 2022, Appellant was found eligible for Health Connector Plans without subsidies. They were notified that they were not eligible for subsidies because the Connector did not have enough recent information about their household information and that they should update their application with the most recent income information. (Exhibit 2).
7. Appellant provided further documents on May 23, 2022 and June 3, 2022, but the documents did not match the sources of income listed by Appellants (Exhibit 3).
8. Appellant filed an appeal on May 23, 2022.

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 if their household income is at or below 400% of the Federal Poverty Level. The American Rescue Plan Act has increased some of the Federal Poverty Level thresholds for eligibility for APTC subsidies for 2021 and 2022. 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 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).

Appellant applied for subsidized health insurance for 2022. Appellant was notified that Appellant was required to provide proof of income by January 4, 2022. On March 21, 2022, Appellant was notified that the Health Connector still needed proof of income. Appellant made numerous phone calls to the Health Connector and provided documents to the Health Connector. However the documents were not complete and did not match the sources of income listed by Appellant. As a result, the Health Connector notified Appellant that since the Connector did not have enough information about recent household income, Appellant did not qualify for subsidies. On May 12, 2022, The Health Connector found that the Appellant was eligible for Health Connector Plans without subsidies. This was the correct determination See with 45 CFR § 155.315(f)(5), 155.320(c)(3)(i)(D) and Exhibits 2,3, 4, 5, and Testimony from 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:

If Appellant has not already done so, Appellant should immediately contact the Health Connector to report a change in income and to provide the updated sources of income as well as projected income.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16911

Appeal Decision Appeal Denied. The Connector's determination of Appellant's ineligibility for a Special Enrollment Period outside of Open Enrollment is upheld

Hearing Issue: Whether the Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of Open Enrollment.

Hearing Date: August 2, 2022

Decision Date: August 12, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 5, 2022, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on August 2, 2022. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1: Affidavit of Health Connector

Exhibit 1A: Hearing Request Form, dated June 2, 2022

Exhibit 2: Eligibility Results and Summary dated May 5, 2022

- Exhibit 3: Appeals Unit outreach notes
- Exhibit 4: None
- Exhibit 5: None
- Exhibit 6: Correspondence from Health Connector, dated June 28, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. On May 5, 2022, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 2).
2. On May 5, 2022, Appellant was found to be eligible for a Health Connector Plan (Exhibit 2).
3. On May 5, 2022, Appellant was found not eligible for a Special Enrollment Period due to not having a qualifying life event that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 2).
4. Appellant did not have any of the changes in circumstances that would allow Appellant to enroll outside of the Open Enrollment Period (Testimony of Appellant).
5. On June 2, 2022, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1A).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. Appellant had applied for a Health Connector Plan on May 5, 2022, which was outside of the open enrollment period. Appellant did not have any of the changes in circumstances that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 and Exhibits 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant’s appeal is denied.

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

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

ADDENDUM

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16922

Appeal Decision Appeal Denied. The Connector's determination of Appellant's ineligibility for a Special Enrollment Period outside of Open Enrollment is upheld

Hearing Issue: Whether the Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of Open Enrollment.

Hearing Date: August 10, 2022

Decision Date: August 23, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 8, 2022, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan outside of the Open Enrollment Period

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on August 10, 2022. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1: Affidavit of Health Connector

Exhibit 1A: Hearing Request Form, dated June 5, 2022

Exhibit 2: Eligibility Results and Summary dated June 8, 2022

Exhibit 3: Appeals Unit outreach notes

Exhibit 4: None

Exhibit 5: None

Exhibit 6: Correspondence from Health Connector, dated June 30, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. On June 8, 2022, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 2).
2. On June 8, 2022, Appellant was found to be eligible for a Health Connector Plan with Advance Premium Tax Credit (Exhibit 2).
3. On June 8, 2022, Appellant was found not eligible for a Special Enrollment Period due to not having a qualifying life event within sixty days that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 2).
4. Appellant lost insurance coverage under Appellant's parent's plan when Appellant turned 26 in September 2021 (Exhibit 1A and Testimony of Appellant).
5. Appellant was then covered by Cobra insurance, which ended in January 2022 (Exhibit 1A).
6. Appellant did not have any of the changes in circumstances within sixty days that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 1A, 2 and Testimony of Appellant).
7. On June 5, 2022, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1A).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. Appellant applied for a Health Connector Plan on June 8, 2022, which was outside of the open enrollment period. Appellant did not have any of the changes in circumstances within sixty days that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 and Exhibits 1A, 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant's appeal is denied.

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

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

ADDENDUM

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16957

Appeal Decision Appeal Denied, Eligibility determination upheld

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

Hearing Date: August 2, 2022

Decision Date: August 17, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 12, 2022 Appellants were determined ineligible for Health Connector plans, due to failure to verify residency.

ISSUE

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

HEARING RECORD

The Appellants appeared at the hearing, which was held by telephone, on August 2, 2022. The hearing record consists of the Appellants' testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Health Connector
- Exhibit 1A: Hearing Request Form received June 10, 2022
- Exhibit 2: Eligibility results and Summary dated May 12, 2022
- Exhibit 3: Appeals Unit outreach notes
- Exhibit 4: Requests for information of residency and income, dated November 9, 2021 and March 21, 2021
- Exhibit 5: Eligibility results dated June 14, 2022
- Exhibit 6: Correspondence from Health Connector dated June 28, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. On November 9, 2021, Appellants applied for subsidized health insurance through the Health Connector (Exhibit 2)
2. On November 9, 2022, Appellants were notified that they were required to provide proof of income by January 16, 2022 and proof of residency by February 7, 2022 in order to continue coverage and subsidies by the Health Connector (Exhibit 2).
3. On March 21, 2022, Appellants were notified that they still needed to provide proof of income and proof of residency and that if they failed to do so by April 20, 2022 they could lose their coverage or lose their subsidies (Exhibit 4).
4. On May 12, 2022, Appellants were determined ineligible for Health Connector plans after failing to send in documents verifying residency (Exhibit 2).
5. Appellants filed an Appeal on June 10, 2022 (Exhibit 1A)
6. On June 14, 2022, Appellants sent in documents and were found eligible for Health Connector Plans with Advance Premium Tax Credit (Exhibit 5).

ANALYSIS AND CONCLUSIONS OF LAW

Appellants were found ineligible for Health Connector Plans as Health Connector records indicated that Appellants did not live in Massachusetts. 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 November 9, 2021, and again on May 12, 2022, Appellants were asked to verify residency. Appellants failed to send in proper documents verifying residency. On May 12, 2022, Appellants were determined ineligible for Health Connector plans for not being residents 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 decision by the Health Connector on May 12, 2022 correctly found that the Appellants were no longer eligible for Health Connector plans 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 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:

On June 14, 2022, Appellants sent in documents and they were determined eligible for Health Connector Plans with Advance Premium Tax Credit. They had not enrolled as of the date of the hearing. If Appellants have not yet enrolled they should contact the Health Connector at 1 877 623-6765 to enroll and to provide any income information that is requested.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17007

Appeal Decision: Denied

Hearing Issue: Eligibility for Health Connector Plans with Advance Premium Tax Credits.

Hearing Date: August 12, 2022

Decision Date: August 16, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 26, 2022, the Appellant and their Spouse were determined eligible for Health Connector Plans with Advance Premium Tax Credits. The Appellants' children remained eligible for MassHealth. The decision was based on income verification submitted by the Appellants.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Household's financial eligibility based on the income information submitted.

HEARING RECORD

The Appellant Spouse appeared at the hearing, which was held by telephone on August 12, 2022. The Appellant Head of Household did not attend. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 30, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector's Eligibility Approval Notice dated May 26, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated May 26, 2022.

- Exhibit 6: Medicaid Household Determination Printout dated May 26, 2022.
Exhibit 7: Hearing Request Form dated June 17, 2022.
Exhibit 8: Health Connector Appeals Unit Outreach Email dated April 17, 2022.
Exhibit 9: 2022 Eligibility Results with an Application Summary dated April 27, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. On April 27, 2022 Health Connector determined the Appellant and their Spouse eligible for ConnectorCare 3B effective June 1, 2022 based on the income documentation submitted to the Health Connector. The Appellants two children were determined eligible for MassHealth Family Assistance effective April 17, 2022. Eligibility was determined based on verified income Health Connector determined to be equal to 252.85% of the federal poverty level for the household of four (Exhibits 3, 9).
2. The Appellant updated their income in May 2022. On May 26, 2022 the Appellant and their Spouse were determined eligible for Health Connector Plans with Advance Premium Tax Credits (APTC) of \$393 monthly. The Appellants' children remained eligible for MassHealth. Eligibility was determined based on verified income Health Connector determined to be equal to 371.04% of the federal poverty level for the household of four (Exhibits 4, 5, 6).
3. The Appellants filed an appeal on June 17, 2022 (Exhibit 7).
4. The Appellant testified that both adult household members are self-employed. The Appellant said that their business is new and growing and that they reported additional income in May because they do not want to be in a position to receive more APTC than they are eligible for. The Appellant also questioned MassHealth eligibility for their children in April 2022 (Exhibit 7 and Appellant Testimony).
5. The income information for the May 26, 2022 determination was reviewed. The Appellant Head of Household had attested to having monthly income of \$3,387.91 but verified monthly income of \$2,540.87. The Appellant Spouse attested to \$4,805.83 monthly income but verified \$3,604.42 (Exhibit 5).
6. Although the Household's April 27, 2022 eligibility determination was not the subject for this appeal, the Appellant was informed that similar to May 26, 2022 the Household's eligibility was determined based on the income verifications submitted, not the income amounts attested (Exhibit 9).
7. The Appellant was advised that they could contact MassHealth for information regarding their children's eligibility. The Appellant was also advised to submit updated income information to the Health Connector at any time and their eligibility would be redetermined.

ANALYSIS AND CONCLUSIONS OF LAW

On April 27, 2022 the Appellant and their Spouse were determined eligible for ConnectorCare 3B effective June 1 and their two children eligible for MassHealth Family Assistance effective April 17, 2022, based on income verification submitted. The household of four was determined to have income equal to 252.85% of the federal poverty level.

In May 2022 the Appellants updated their income and submitted verification of the additional income. On May 26, the Appellant and their Spouse were determined eligible for Health Connector Plans with APTC of \$393 effective July 1, 2022 and their two children remained eligible for MassHealth. This determination was made based on verified income equal to 371.04% of the federal poverty level for the household of four. On June 17, 2022 the Appellants filed an appeal. The Appellant questions the MassHealth eligibility determination for their children.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. As a result of the federal American Rescue Plan, for Plan Years 2021 and 2022 only, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 6/1/21). The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant questioned the determination of MassHealth eligibility for their children. The Appellant was advised that MassHealth eligibility determinations are not reviewable by the Health Connector. 956 CMR 12.02. There is also a time limit on the right of appeal. The request for an appeal must be received within 30 days of the receipt of notice of the Appealable action. 956 CMR 12.13(2)(a). The Appellant filed an Appeal on June 17, 2022. This was timely to dispute the May 26, 2022 eligibility determination.

The Appellant expressed their concern that they are being given more APTC than they are eligible for. As explained at the Hearing, Health Connector reviews eligibility and updates an application based on information received. 956 CMR 12.07. The Appellant and their Spouse verified income less than their attested income. Based on the income documentation submitted by the Appellants, on May 26, 2022, Health Connector determined the Appellant's income equal to 371.04% of the federal poverty level. Health Connector therefore correctly determined on May 26, 2022 that the Appellant and their Spouse are eligible for Health Connector Plans with APTC. 26 IRC § 36B and 45 CFR § 155.305(f).

ORDER

This appeal is denied.

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

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Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they may contact MassHealth at 1-800-841-2900 with questions regarding eligibility for their children.

The Appellants may submit updated income documentation to the Health Connector at any time. Health Connector Customer Service may be contacted at 1-877-623-6765 for questions regarding eligibility.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17017

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: August 11, 2022

Decision Date: August 26, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 2, 2022, 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 only eligible for Health Connector plans 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 August 11, 2022. 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 (3 pages, dated June 30, 2022)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 6 pages dated June 21, 2022
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated June 2, 2022)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (8 pages, dated June 2, 2022)
- Exhibit 8: Historical Notices and Printouts (29 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, Appellant's testimony)
2. Appellant is appealing because his wife and daughter need health insurance. (Appellant's testimony)
3. The Health Connector sent a notice to Appellants, dated March 20, 2022 requesting information regarding Appellant's income be sent to the Health Connector by April 19, 2022. (Exhibit 8)
4. Appellant testified that he did not send his wife's or daughter's information in to the Health Connector until June 21, 2022.

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 Health Connector plans and he was notified that he was not eligible for ConnectorCare plans because he did not send in the information regarding his income as requested. Appellant did not submit the documentation requested. On June 2, 2022, Appellant was notified that he was determined eligible for a 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 June 21, 2022, 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. Appellant failed to send in such information.. 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

Appellant has since sent in information to the Health Connector to establish his income. Appellant is urged to contact the Health Connector Customer Service Department to verify that it has received all documentation necessary to verify Appellant's income.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17019

Appeal Decision: Appeal Denied

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

Hearing Date: August 11, 2022

Decision Date: August 29, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 31, 2022, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 11, 2022. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (3 pages, dated June 30, 2022)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form 6 pages dated June 22, 2022)
- Exhibit 6: Notice of Eligibility Determination (16 pages, dated May 31, 2022)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (6 pages, dated May 31, 2022)
- Exhibit 8: Historical Notices and Printouts (6 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. (Exhibit 6)
2. Appellant had health insurance with his employer in 2021. The company was bought out in April 2021 and his health insurance was cancelled. Appellant bought another health insurance but it did not cover his medications for gout and arthritis. Appellant applied to the Health Connector in May of 2022. (Exhibit 6)
3. Appellant did not testify to or produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant previously had health insurance and then had an insurance plan that did not cover his medications. Appellant applied for the Health Connector in May of 2022.. When Appellant then applied to the Health Connector for health insurance on May 31, 2022, he was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2021 to January 23, 2022. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant should contact the Office of Patient Protection at 800-436-7757 to seek a waiver of the Open Enrollment Period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17079

Appeal Decision: Appeal Denied

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

Hearing Date: August 22, 2022

Decision Date: August 29, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 29, 2022, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 22, 2022. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (3 pages, dated July 15, 2022)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (2 pages)
- Exhibit 5: Appellant’s appeal request form 6 pages dated June 30, 2022)
- Exhibit 6: Notice of Eligibility Determination (16 pages, dated June 29, 2022)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (5 pages, dated October 6, 2021)
- Exhibit 8: Historical Notices and Printouts (16 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. (Exhibit 6)
2. Appellant had health insurance with his partner’s company. Appellant was bought out but assumed that his ex-partner would pay his health insurance out of their joint account but the ex-partner closed that account. Appellant’s insurance was cancelled but the Appellant did not know that because he was travelling out of state and the country during this time. Appellant re-applied to the Health Connector in June of 2022. (Exhibit 6)
3. Appellant did not testify to or produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant previously had health insurance with his ex-partner and then assumed that the ex-partner would keep paying out of an account that they had but the ex-partner closed the account. Appellant applied for the Health Connector in June of 2022.. When Appellant then applied to the Health Connector for health insurance on June 29, 2022, he was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2021 to January 23, 2022. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant should contact the Office of Patient Protection at 800-436-7757 to seek a waiver of the Open Enrollment Period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17124

Appeal Decision: Appeal Denied

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

Hearing Date: August 24, 2022

Decision Date: August 30, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 21, 2022, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 24, 2022. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (3 pages, dated July 15, 2022)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (2 pages)
- Exhibit 5: Appellant’s appeal request form 2 pages dated June 22, 2022)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated June 21, 2022)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (6 pages, dated June 21, 2022)
- Exhibit 8: Historical Notices and Printouts (9 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. (Exhibit 6)
2. Appellant had health insurance with the Health Connector in 2021. Appellant lost his health insurance on January 31, 2022 for failure to provide proof of his income (Exhibit 4). Appellant re-applied to the Health Connector on June 21, 2022. (Exhibit 6)
3. Appellant did not testify to or produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant had health insurance with the Health Connector in 2021. Appellant lost his health insurance on January 31, 2022 for failure to provide proof of his income (Exhibit 4). Appellant re-applied for the Health Connector on June 21, 2022. He was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2021 to January 23, 2022. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant did not testify to or produce any records that would indicate that he had a life qualifying event. The

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant should contact the Office of Patient Protection at 800-436-7757 to seek a waiver of the Open Enrollment Period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17126

Appeal Decision: Appeal Denied

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

Hearing Date: August 24, 2022

Decision Date: August 30, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 22, 2022, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 24, 2022 with her agent Alex Petetsky. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant and her agent were sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (3 pages, dated July 15, 2022)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (2 pages)
- Exhibit 5: Appellant’s appeal request form 2 pages dated July 2, 2022)
- Exhibit 6: Notice of Eligibility Determination (16 pages, dated June 22, 2022)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (6 pages, dated June 22, 2022)
- Exhibit 8: Historical Notices and Printouts (21 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because she did not have a life qualifying event. (Exhibit 6)
2. Appellant had health insurance with the Health Connector in 2022. Appellant lost her health insurance on April 30, 2022, for failure to provide proof of her citizenship (Exhibit 4). Appellant re-applied to the Health Connector on June 22, 2022. (Exhibit 6)
3. Appellant did not testify to or produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant had health insurance with the Health Connector in 2022. Appellant lost her health insurance on April 30, 2022, for failure to provide proof of her citizenship (Exhibit 4). Appellant re-applied for the Health Connector on June 22, 2022. She was determined ineligible and not granted a special enrollment period because she did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2021, to January 23, 2022. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant has been granted a Special Enrollment Period through October 13, 2022. Appellant should enroll with a carrier and contact the Health Connector Customer Service at # 877-623-6765 to verify coverage.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17073

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare Plans

Hearing Date: August 19, 2022

Decision Date: August 24, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 31, 2022, the Appellant was determined eligible for ConnectorCare Plan Type 2B with Advance Premium Tax Credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's financial eligibility based on the income information provided.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on August 19, 2022. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Affidavit of Hearing Record
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated July 14, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated May 31, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated May 31, 2022.
- Exhibit 6: Medicaid Household Determination Printout dated May 31, 2022.
- Exhibit 7: The Appellant's Hearing Request Form submitted on June 30, 2022.
- Exhibit 8: Health Connector Request for Information dated May 17, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant's application for their reported household of three was updated on May 31, 2022. The Appellant reported bi-weekly income of \$1,640 that Health Connector determined equal to 194.20% of the federal poverty level (Exhibit 5).
2. On May 31, 2022 Health Connector determined the Appellant eligible for ConnectorCare 2B with Advance Premium Tax Credits because the Appellant's verified projected income placed their household at more than 150.1% but less than 200% of the Federal Poverty Level. The Appellant's Spouse and child were determined eligible for MassHealth (Exhibits 4, 5, 6).
3. The Appellant filed an appeal on June 30, 2022 (Exhibit 7).
4. The Appellant testified that they were also receiving MassHealth prior to reporting the birth of their child. The Appellant argued that MassHealth policy precluded MassHealth from terminating their eligibility due to the pandemic. The Appellant said that the emergency is still in effect, and they should be eligible for MassHealth. The Appellant said that the income reported on May 31, 2022 is correct (Appellant Testimony).
5. The Appellant was advised that their appeal request would be forwarded to the MassHealth Board of Hearings because MassHealth eligibility determinations are not reviewable by Health Connector.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's application for subsidized health insurance for their household of three was updated on May 31, 2022. The Appellant reported bi-weekly income of \$1,640 that Health Connector determined to be equal to 194.20% of the federal poverty level. Health Connector determined the Appellant eligible for ConnectorCare Plan 2B. The Appellant's Spouse and child were determined eligible for MassHealth. The Appellant filed an appeal on June 30, 2022.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. As a result of the federal American Rescue Plan, for Plan Years 2021 and 2022 only, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 6/1/21). The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant's verified income was determined to be less than 300% of the Federal Poverty Level and rendered the Appellant financially eligible for state and federal subsidies. Since the Appellant's projected MAGI was more than 150.1% but less than 200% of the Federal Poverty Level, the Health Connector determined the Appellant eligible for ConnectorCare Plan Type 2B. 956 CMR 12.04(3). The Appellant's spouse and child were determined eligible for MassHealth.

The Appellant argues that they were receiving MassHealth prior to reporting the birth of their child. The Appellant does not dispute the income amount used to determine their eligibility for ConnectorCare. The Appellant argues that due to the pandemic and the state of emergency that is still in existence, they should not have been determined ineligible for MassHealth. As explained at the Hearing, MassHealth eligibility determinations are not reviewable by the Health Connector appeals unit. 956 CMR 12.02, 12.12. The Appellant was advised that their June 30, 2022 appeal request would be forwarded to the MassHealth Board of Hearings for review.

Based on the income information for the Appellant's reported household of three as of May 31, 2022, Health Connector's May 31, 2022 eligibility determination was correct.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact MassHealth Customer Service at 1-800-841-6765 and/or MassHealth Board of Hearings at 1-617-847-1200 for further assistance.