

## FINAL APPEAL DECISION

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

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

**Hearing Date:** March 5, 2024

**Decision Date:** August 16, 2024

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### **AUTHORITY**

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

### **JURISDICTION**

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

### **ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

On November 30, 2024, the Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence and on the appellant's tax filing status information provided on the application to the Health Connector.

### **ISSUE**

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

### **HEARING RECORD**

The Appellant appeared at the hearing. After swearing in the Spanish Interpreter and the Appellant, the Interpreter was having a coughing episode and couldn't continue. While waiting for a new interpreter, a representative with the Appellant said she spoke Spanish. I explained to the Appellant and the representative that we were waiting for a new Interpreter, that the issues were unlawful presence and tax filing, and that the Appellant could also call customer service to update her application with proof of immigration documentation and also that the Appellant would need to attest to tax filing status in order to become eligible. Both the Appellant and the representative left the call before the new interpreter came on. No exhibits were introduced nor was testimony taken.

# Massachusetts Health Connector Appeals Unit



## Decision

The Appellant was found ineligible for Health Connector Plans based on failing to establish lawful presence and for tax filing status. Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector.

However, the Appellant left the hearing approximately fifteen (15) minutes into the call before a second interpreter joined the call. Accordingly, the Appellant's appeal is denied for failure to prosecute the appeal, 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. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Health Connector Appeals Unit

## ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2024 from the federal government will be reconciled when you file your 2024 federal income tax return (usually in the spring of 2025). 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 2024 (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 2024 (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.

## Massachusetts Health Connector Appeals Unit



*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 2024 will be paid to you when you file your 2024 federal income tax return.

**FINAL APPEAL DECISION**

**Appeal Decision:** Appeal Denied, premium determination upheld

**Hearing Issue:** Appellant seeks subsidized plan via the Health Connector

**Hearing Date:** July 2, 2024

**Decision Date:** August 15, 2024

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**AUTHORITY**

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, §1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, §155.500 *et seq.*; M.G.L. Chapters 176Q and 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, §12.00.

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

Appellant was notified by the MHC on January 25, 2024 that he qualified for a MHC Plan with no financial help. In this notice, Appellant was informed that additional information was required due to the open enrollment period having closed. On April 20, 2024 Appellant presented information on his income and was told it was inadequate via a letter from the MHC staff. In addition, the MHC staff informed Appellant (via email) on May 23, 2024 that he needed to contact the MHC with proof of income. Appellant did not provide additional proof of income to the MHC after the April 20, 2024 notice from MHC.

**ISSUE**

The issue addressed on this appeal is whether the MHC made the correct determination for 2024 regarding the eligibility of Appellant for a MHC insurance plan.

## HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 2, 2024. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit - Appeal Request (7 pages)
- Exhibit 2: Eligibility on Appeal (25 pages)
- Exhibit 3: Research and Resolution (2 pages)
- Exhibit 4: Notices from Appeal Unit (4 pages)
- Exhibit 5: Response to Open Record Form dated July 2, 2024 by MHC regarding submissions by Appellant (10 pages)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant filed his 2023 tax return as single (Appellant Testimony and Exhibit 5).
2. The Appellant's applied for a MHC insurance plan on January 25, 2024. In response to the Appellant's application the MHC informed Appellant that he would need to provide both proof of a qualifying life event since the open enrollment season was closed; and additional information on his income. In addition, the MHC informed Appellant that he was denied financial help due to his income level (Appellant Testimony and Exhibit 2).
3. Appellant had health insurance via the private market and paid a monthly premium of \$1,400 and stated he could no longer afford this expense and needed a subsidized plan from the MHC (Appellant Testimony).
4. The Appellant testified that in the March 2024 timeframe he provided all requested documents regarding his income to MHC (Appellant Testimony).
5. The MHC staff sent Appellant an email on May 23, 2024 informing him of his appeal and that he needed to update his income information with MHC Customer Service (Exhibit 3).
6. The Hearing Officer submitted an Open Record Form to the MHC concerning documentation submitted to MHC by the Appellant. The MHC responded with documents regarding the Appellant's income and stated that what he submitted in April of 2024 was not sufficient to support his application (Exhibit 5).

**ANALYSIS AND CONCLUSIONS OF LAW**

On January 25, 2024 the Appellant was found qualified to enroll in a MHC Plan with no financial assistance. The MHC notified Appellant that he needed to provide additional documentation regarding a qualifying life event and income information to support his application to obtain this plan. The Appellant asserted that this was incorrect, and the MHC had all appropriate documentation to demonstrate his income and he should qualify for a plan.

The information provided by the MHC in response to the July 2, 2024, Open Record request does not reveal any documentation or information that would deem Appellant qualified for a plan. Rather, the information reveals the MHC notified Appellant on January 25, 2024 that more documentation was need and the MHC received the documents on April 20, 2024 and deemed them insufficient. The MHC staff informed the Appellant via letter the same day, that absent a qualifying event, he does not qualify for a plan due to the open enrollment season having ended (Exhibit 2). In addition, the MHC staff sent an email on May 23, 2024 to Appellant informing him to submit additional income information to customer service. The MHC made the correct decision based on the information in its possession on January 25, 2024, when it found Appellant eligible for a plan with no financial help and that he was not eligible to enroll in a plan until he provided additional information on a qualifying life even and income information. Appellant did not provide information to the MHC in response to several requests to do so.

The timely submission of documentation to support an application or other updates is the obligation of the Appellant. Applicants and enrollees for MHC benefits have an obligation to cooperate and are responsible for the timely reporting of changes to their economic positions. See 956 CMR §12.09.

Appellant can attempt to amend his application with the MHC by supplying adequate information or apply at the beginning of the open enrollment season in November of this year. The Appellant may also consider reviewing MHC Policy on the submission of documentation. The MHC will decide on the information it has in its possession if a change (such as income of the applicant) cannot be verified. See: <https://www.mahealthconnector.org/about/policy-center/policies>.

In this case ample notice was given to the Appellant to produce documents in his possession. His contention that the information was in the possession of the MHC is contradicted by the evidence received from MHC as a result of the Open Record Form and in other exhibits.

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 45 CFR § 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.

## Massachusetts Health Connector Appeals Unit



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: Health 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:** August 6, 2024

**Decision Date:** August 22, 2024

**AUTHORITY**

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

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

On May 7, 2024, the Appellant was determined ineligible for a Special Enrollment Period (“SEP”) for Health Connector plans due to failure to have a qualifying life event.

**ISSUE**

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

**HEARING RECORD**

The Appellant appeared at the hearing which was held by telephone on August 6, 2024. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	( 1 P, undated )
Exhibit 2:	Appellant’s Appeal Request Form	( 2 PP, received 5/7/2024 )
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	( 1 P, dated 6/10/ 2024)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	( 1 P, dated 7/1/2024)
Exhibit 5:	Health Connector’s Application Summary	( 3 PP, dated 4/17/ 2024)
Exhibit 6:	Health Connector’s Eligibility Results	( 3 PP, dated 4/17/2024)
Exhibit 7:	Health Connector’s SEP Denial	( 8 PP, dated 5/7/2024)



# Massachusetts Health Connector Appeals Unit



Exhibit 8:	Medicaid Household Determination	(8 PP, dated	4/17/ 2024)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	6/10/ 2024)
Exhibit 10:	Health Connector’s Eligibility Approval	(8 PP, dated	5/7/2024)
Exhibit 11:	Residency Documents (License, Passenger Lease)	(13 PP, dated	3/9/ 2024)
Exhibit 12:	Health Connector’s Application Summary	(8 PP, dated	11/14/ 2023)
Exhibit 13:	Health Connector’s Eligibility Results	(3 PP, dated	11/14/ 2023)
Exhibit 14:	Health Connector’s Documents Needed Reminder	(3 PP, dated	1/14/ 2024)
Exhibit 15:	Health Connector’s Application Summary	(8 PP, dated	5/14/ 2024)
Exhibit 16:	Health Connector’s Eligibility Results	(3 PP, dated	5/14/ 2024)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had previously been enrolled in Connectorcare but lost coverage on March 31, 2024, due to not submitting proof of required residency. (Exhibits 1,9, and 14).
2. The Appellant was sent a Documents Reminder Notice from the Connector dated January 14, 2024, which referenced that coverage could be cancelled if proof of residency documents were not received by February 12, 2024. (Testimony, Exhibits 1,9, and 14).
3. The Appellant updated and submitted the required proof of residency on April 15, 2024, and was eligible to enroll in a Connectorcare Plan. (Exhibits. 1,5, and 11).
4. The Appellant reapplied for coverage but was not granted a Special Enrollment Period (“SEP”) because the loss of coverage due to not providing proof of residency is not a qualifying life event. (Exhibits 1,7, and 9).
5. As of May 23, 2023, the Appellant had not experienced a qualifying life event. (Exhibits 1, 7 and 9).
6. The Appellant was subsequently granted a special enrollment and was eligible to enroll as of the hearing date.
7. The Appellant testified he had obtained Employer Sponsored Insurance (ESI) in May 2024. (Exhibits 1, 11 and 12).

## ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Connectorcare with Advanced Premium Tax Credits (“APTC’s”) until he lost coverage for failure to provide proof of residency. (Exhibits 1,9, and 14). The Appellant testified he had submitted residency documentations twice. (Testimony, Exhibits 1 and 2). The Appellant applied again on April 17, 2024, outside of the open enrollment period, and was not granted a Special Enrollment Period because he did not have a qualifying life event, and therefore could not enroll in new coverage. (Exhibits 1,7, and 9). The Appellant asserts that this determination was incorrect and should not have lost coverage and should have been permitted to enroll under and SEP for coverage through the Health Connector.

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2024 was November 1, 2023, to January 23, 2024. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420.

## Massachusetts Health Connector Appeals Unit



On May 7, 2024, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period (“SEP”) due to failure to have a qualifying life event. The Appellant’s loss of coverage because of non-failure to provide proof of residency is not a qualifying life event. (Appellant Testimony, Exhibits 1,7, and 14).

At the hearing, the Appellant did not adduce any testimony or evidence whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector’s policy NG-1E. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was subsequently granted an SEP because was eligible to enroll but obtained ESI.

### **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/>.

**10Massachusetts Health Connector Appeals Unit**

**FINAL APPEAL DECISION: ACA 24-22831**

**Appeal Decision:** Appeal denied

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

**Hearing Date:** August 6, 2024

**Decision Date:** August 22, 2024

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**AUTHORITY**

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

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

By notice dated May 2, 2024, the Appellant was advised that her and her spouse were being terminated from determined eligible from ConnectorCare effective May 31, 2024 for failure to provide proof and verification of income. The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7).

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for Health Connector Plan without subsidies or APTC's based on the Appellant not having timely submitting requested income information and having unknown income used in the Health Connector's verification process.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone on August 6, 2024, and testified under oath. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector's Hearing Record Affidavit	( 1 P, undated )
Exhibit 2:	Appellant's Appeal Request Form	( 2 PP, received 7/8/2024 )
Exhibit 3:	Health Connector's Acknowledgment of Appeal	( 1 P, dated 6/10/ 2024 )
Exhibit 4:	Health Connector's Notice of Appeal Hearing	( 1 P, dated 7/1/2024 )
Exhibit 5:	Health Connector's Application Summary	( 3 PP, dated 5/2/ 2024 )

Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated	5/2/2024)
Exhibit 7:	Health Connector's Eligibility Termination	(8 PP, dated	5/2/2024)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	5/2/ 2024)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	( 1 P, dated	6/10/ 2024)
Exhibit 10:	Income and Residency Documents (Property Tax Bill, 2023;1099)	(2 PP, dated	12/14/ 2023) 2/28/ 2024)
Exhibit 11:	Health Connector's Application Summary	(8 PP, dated	12/14/ 2023)
Exhibit 12:	Health Connector's Eligibility Results	(3 PP, dated	12/14/ 2023)
Exhibit 13:	Health Connector's Documents Needed Reminder	(3 PP, dated	2/13/ 2024)
Exhibit 14:	Health Connector's Request for Information	(3 PP, dated	12/14/ 2023)
Exhibit 15:	Health Connector's Application Summary	(8 PP, dated	5/9/ 2024)
Exhibit 16:	Health Connector's Eligibility Results	(3 PP, dated	5/9/ 2024)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant's Connectorcare health insurance was terminated on May 31, 2024, due to not verifying income and residence. (Testimony, Exhibits 1, 7,9, 14, and 15).
2. The Appellant testified the household consisted of her and her Spouse. (Testimony, Exhibit 1,5).
3. The Appellant was sent a Request for Information on December 14, 2023, from the Connector requesting proof of income and residency documents by March 13, 2024. (Exhibits 1, 12).
4. The Appellant was sent a Documents Needed Reminder dated February 13, 2023, from the Connector requesting proof of income documents by March 13, 2024. (Exhibits 1, 12).
5. As of May 9, 2024, the Appellant's application was updated with proof of residency but still needed proof of income. (Exhibits 1,9, 11, 16, and 17).
6. The Appellant and her spouse had provided a W2 and Property Tax Bill. (Exhibits 1 and 11)
7. I find the record does not reflect that the income verification documents were submitted by the Appellant prior to the deadline of March 13, 2024. (Exhibits 1, 7, 11, 15 and 16).
8. The Appellant is now eligible for Connectorcare but needs to verify income. (Exhibit 1,9, and 15).
9. The Appellant was encouraged to contact the Connector to provide verification of income documents as needed and enroll.

## **ANALYSIS AND CONCLUSIONS OF LAW**

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04.

One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including government sponsored health insurance such as Medicare. 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

The Appellant' Connectcare was terminated on May 31, 2024, due to not verifying income and residence. (Exhibits 1, 7,9, 14, and 15). The Appellant's income was verified on May 2, 2024, but the Appellant did not qualify for financial help because proof of income was needed where the Appellant did not send documents as requested (Exhibits 1, 7, 9). The Appellant asserts that this determination is incorrect and that that she had submitted proof of income and residency (including a deed), and that she was not currently working. (Testimony).

The Appellant testified she submitted the requested income verification documents prior. (Testimony, Exhibits 1, 13, and 14). I find that the record does not reflect that the income verification documents were submitted by the Appellant prior to the deadline of March 20, 2023. (Exhibits 1, 5,6,7, and 9). As such, I conclude that The Connector's notice on May 2, 2024, is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant. (Exhibits 1,5-7, and 9). This was used to determine that there was an unknown income. (Exhibits 1, 5-6). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on May 2, 2024, regarding the termination of the Appellant's Health Connector Plans was correct. The Appellant was advised to call Customer Service and the Appeals Unit to report any changes in income and provide verification of income documents as needed.

## **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 2024 from the federal government will be reconciled when you file your 2024 federal income tax return (usually in the spring of 2025). 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 2024 (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 2024 (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 2024 will be paid to you when you file your 2024 federal income tax return.

# Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-22566

**Appeal Decision** Appeal Denied

**Hearing Issue:** The primary issue for the hearing is to address the Appellant's failure to provide documentation for lawful presence in the United States

**Hearing Date:** Wednesday, August 7, 2024      **Decision Date:** Tuesday, August 27, 2024

## 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

The Health Connector determined, on 03/11/2024, that the appellant does not qualify or is not eligible to shop for health insurance coverage through the Massachusetts Health Connector because they were not able to show that they were lawfully present in the United States.

## HEARING RECORD

Appellant appeared at the hearing which was held by telephone on Wednesday, August 7, 2024 at 9:00 AM. 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:	Hearing Request Form	1 page
Exhibit 2:	Health Connector Appeals Unit Affidavit (signed by T.C.)	1 page
Exhibit 3:	Eligibility Denial Notice(s), dated 3/11/2024	1 page

Exhibit 4:	Health Connector's Hearing Notice	3 pages
Exhibit 5:	Health Connector's Acknowledgement of Appeal	1 page
Exhibit 6:	Appeals Unit Staff Case Notes	1 page
Exhibit 7:	Appellant's appeal request form	1 page

## **FINDINGS OF FACT**

1. On Monday, March 11, 2024, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 3).
2. On Monday, March 11, 2024, the Health Connector found that the appellant does not qualify or is not eligible to shop for health insurance coverage through the Massachusetts Health Connector because he was not able to show that he was lawfully present in the United States. (Exhibit 3).
3. The Appellant is currently 57 years old.
4. The Health Connector's assessment is not incorrect with regards to his immigration status. (Appellant's Testimony).
5. The Appellant's current situation is that his green card has expired. (Appellant's Testimony).
6. The Appellant provided testimony indicating that he is working with an immigration attorney to address this matter. (Appellant's Testimony).
7. The Appellant anticipates receiving a new green card next year; however, for the current year, he is unable to provide documentation demonstrating his legal residency status. (Appellant's Testimony).
8. The Appellant testified that he expects to be able to furnish such proof in the coming year. (Appellant's Testimony).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue on appeal is whether the Health Connector correctly determined on March 11, 2024 that the appellant was ineligible to purchase health insurance through the Connector. See Exhibit 3. According to his application, he was not a citizen of the United States, and he had no document which would establish that he was lawfully present. (Appellant's Testimony).

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR155.305(a)(1).

The Health Connector's decision to deny the applicant's eligibility for health insurance coverage is upheld. As previously stated, lawful presence is a prerequisite for coverage eligibility. Based on the applicant's testimony, he did not meet the criteria for lawful presence at the time of application. The Health Connector made an accurate determination of ineligibility using the information provided by the applicant during the application process.



This determination is further supported by the Appellant's own testimony during the hearing. The Appellant acknowledged that he is currently unable to provide documentation of his legal residency status. He stated that he is working with an immigration attorney and anticipates receiving a new green card next year. However, he confirmed that for the current year, he cannot furnish proof of lawful presence. The Appellant indicated that he expects to be able to provide such documentation in the coming year. (Appellant's Testimony).

## **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.

John Taylor  
Hearing Officer

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-22885

**Appeal Decision:** Appeal is denied.

**Hearing Issue:** Whether the Health Connector correctly determined that the Appellant did not have a qualifying life event that would make them eligible for a special enrollment period in which to enroll in health insurance.

**Hearing Date:** August 2, 2024

**Decision Date:** August 8, 2024

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### **AUTHORITY**

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

On April 29, 2024, the Health Connector issued a special enrollment period decision to the Appellant that stated that, based on the information provided by the Appellant to the Health Connector, it appeared that the Appellant did not have a qualifying life event that would allow the Appellant to enroll in health insurance outside of the open enrollment period.

### **ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined on April 29, 2024 that, based on the information provided by the Appellant, the Appellant did not have a qualifying life event that would allow them to enroll in health insurance outside of the open enrollment period.

## HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on August 2, 2024. The Appellant was informed of the hearing procedures and sworn in. The hearing record consists of the Appellant's testimony and the following documents that were admitted into evidence:

- Exhibit 1: Hearing Request Form, received by the Health Connector on 5/17/24 (2 pages)
- Exhibit 2: Health Connector Appeals Unit Affidavit (1 page)
- Exhibit 3: Health Connector Special Enrollment Period Decision, dated 4/29/24 (6 pages).
- Exhibit 4: Health Connector Eligibility Results, dated 4/29/24 (2 pages)
- Exhibit 5: Medicaid Household Determination, dated 4/29/24 (4 pages)
- Exhibit 6: Application summary, dated 4/29/24 (3 pages)
- Exhibit 7: Email from Health Connector to Appellant, dated 5/30/24 and Office of Patient Protection 2024 Insurance Open Enrollment Waiver Information and Instructions (7 pages)
- Exhibit 8: Screenshot of Health Connector outreach notes (1 page)
- Exhibit 9: Unpaid Premium Termination Warning, dated 1/29/24 (1 page)
- Exhibit 10: Unpaid Premium Termination, dated 2/29/24 (2 pages)
- Exhibit 11: Notice of August 2, 2024 hearing (3 pages)
- Exhibit 12: Acknowledgement of appeal, dated 5/30/24 (1 page)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant lost health insurance coverage through the Health Connector as of January 31, 2024 because of failure to pay health insurance premiums. (Exhibits 9 and 10).
2. The Appellant applied for health insurance through the Health Connector on April 29, 2024. (Exhibit 6).
3. The Health Connector issued a special enrollment period decision to the Appellant on April 29, 2024, in which the Health Connector stated that based on the information provided by the Appellant, the Health Connector concluded that the Appellant did not have a qualifying life event that would enable the Appellant to enroll in health insurance outside of the open enrollment period. (Exhibit 3).
4. The Appellant appealed the April 29, 2024 special enrollment period decision by submitting a hearing request form to the Health Connector, which the Health Connector marked as received on May 17, 2024. (Exhibit 1). In the hearing request form, the appellant circled "qualifying event to enroll" as the reason for their appeal and wrote the following: "I enrolled in Insurance during the last enrollment period. This is a new process for me and thought my employer was contributing and misunderstood how the premiums work. I have 2 medical conditions that require regular treatment in order for me to keep my job . . . I would ask if you could allow me to

re-enroll so I can get my medication. I now understand how the premiums work and will ensure these are paid timely.” (Exhibit 1).

5. On May 30, 2024, the Health Connector sent an email the Appellant that stated the following: “Hello, I am emailing you from the MA Health Connector in the Appeals Unit to help resolve your issue with your application for health coverage. We are in the process of scheduling your appeal for a hearing with a Hearing Officer. You were not granted special enrollment because you did not have a qualifying life event. I want to refer you to the Office of Patient Protection where you can fill out their waiver and see if you can receive open enrollment through them.” The email attached the Office of Patient Protection 2024 Insurance Open Enrollment Waiver Information and Instructions. (Exhibit 7).
6. The Appellant testified that they started working at a new job in October 2023 and that their employer did not provide health insurance because it was a small office.
7. The Appellant testified that after a waiting period, their employer told them to pick a health insurance plan through the Health Connector. The Appellant testified that they enrolled in a plan and that they thought they paid around \$1000 upon enrollment.
8. The Appellant testified that they were not familiar with the Health Connector and that they mistakenly thought that their employer would be making payments for their premiums.
9. The Appellant testified that they “screwed up” and did not make payments to the Health Connector, which resulted in the cancellation of their health insurance.
10. The Appellant testified that they learned of the cancellation when they went to the doctor’s office and that they do not know whether they received a termination notice from the Health Connector.
11. The Appellant testified that their health insurance was cancelled because they did not pay their premiums. The Appellant testified that they did not put on their health insurance application that they had gotten married or had new dependents. The Appellant further testified that they lived in Massachusetts throughout 2023 and 2024, that they are a lawful permanent resident, and that they are not an American Indian or an Alaska Native.

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue in this appeal is whether the Health Connector correctly determined that the Appellant did not have a qualifying event that would allow them to purchase health insurance outside of the open enrollment period.

Under federal and state law, enrollment in health insurance plans is limited to certain times of the year, known as open enrollment. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.410(a). See also M.G.L. c. 176J, § 4. The annual open enrollment period for 2024 coverage ended on January 23, 2024.

There are exceptions to this rule, known as “special enrollment periods,” that are allowed only under certain circumstances known as “qualifying events.” Qualifying events include: losing access to minimum essential coverage other than because of the failure to pay premiums; gaining or becoming a dependent through marriage, birth, adoption, placement for adoption, placement in foster care, or court-ordered care for a child; losing pregnancy-related coverage or medically needy coverage once per year under the Social Security Act; gaining access to new Health Connector health or dental plans as a result of a permanent move, which includes release from incarceration; gaining or maintaining status as an American Indian or Native Alaskan; becoming newly eligible for Health Connector enrollment due to satisfying requirements for citizenship, status as a national, or lawful presence; unintentional, inadvertent, or erroneous enrollment or no enrollment in a health or dental plan due to the error, misrepresentation, misconduct, or in action of an officer, employee or agent, of the Health Connector, the U.S Department of Health and Human Services (HHS), or non-exchange entities providing enrollment activities; becoming newly eligible for ConnectorCare; being a victim of domestic abuse or spousal abandonment; and complete cessation of employer or government subsidies for COBRA continuation coverage. See 45 C.F.R. § 155.420(d) and [Policy NG-5 Mid-Year Life Events or Qualifying Events \(mahealthconnector.org\)](https://mahealthconnector.org).

Here, the Appellant testified that the reason that they lost health insurance coverage in January 2024 was because they did not pay their health insurance premiums. Finding of Fact No. 11. Further, the Appellant did not testify that they had a qualifying event that would have allowed them to purchase health insurance through a special enrollment period and outside of the open enrollment period. Finding of Fact No. 11. As a result, I conclude that the Health Connector correctly determined that the Appellant did not qualify for a special enrollment period, and I deny the Appellant’s 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 to Suffolk Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

cc: Connector Appeals Unit

**ADDENDUM**

I let the Appellant know during the hearing that they have the option of applying for a waiver of the open enrollment restriction. The waiver can be granted by the state's Office of Patient Protection (OPP). M.G.L. c. 176J, § 4(a)(4). To apply for a waiver, the Appellant must complete and submit an application form that can be found at this website: [Request an Open Enrollment Waiver | Massachusetts Health Policy Commission \(masshpc.gov\)](https://www.masshpc.gov/Request-an-Open-Enrollment-Waiver)

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-22503

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

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

**Hearing Date:** July 2, 2024

**Decision Date:** August 13, 2024

### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 1, 2024, Appellant was found eligible for a Connector Care Plan Type 3C beginning on January 1, 2024

### ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for a Connector Care Plan Type 3C, based upon Appellant's income.

### HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on July 2, 2024. The Hearing Record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

1. Affidavit and Appeal Request dated April 10, 2024
2. Eligibility on Appeal dated April 5, 2024
3. Research and Resolution
4. Historic notices Eligibility dated March 7, 2024 and March 14, 2024
5. Recent Determination NONE
6. Notice from Appeal Unit dated June 30, 2024

### FINDINGS OF FACT

The record shows, and I so find:

1. On March 7 and March 14, 2024, Appellant applied for subsidized health insurance for 2024 (Exhibit 4).
2. On April 5, 2024, Appellant provided more documentation of income and new eligibility results and a new determination was made on April 5, 2024 (Exhibit 2).
3. On April 5, 2024, Appellant was found eligible for a Connector Care Plan 3C based on a federal poverty level of 374.49% (Exhibit 2).
4. Appellant's Appeal of April 10, 2024 states that Appellant's income is less than the income used by the Health Connector when the Health Connector made the determination (Exhibit 1 and Testimony of Appellant).
5. Appellant was married at the time of the hearing (Testimony of Appellant).
6. Appellant had not reported the marriage and change of household to the Health Connector (Testimony of Appellant).

### **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 depending on their household income. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 500% FPL qualify for additional state subsidies through the Health Connector's Connector Care 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 2024. After submitting further information, Appellant was found to have a Federal Poverty Level of 374.49% and found eligible for a Connector Care Plan 3C. The income used for the determination was what Appellant had submitted.

The Health Connector made the correct determination on April 5, 2024. See 956 CMR 12.04.

### **ORDER**

The Appeal is denied.

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

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



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

## **ADDENDUM**

**Appellant should update the application with current income and change in family size. Appellant should note that if you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a Connector Care plan (which also includes Advance 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 from the federal government will be reconciled when you file your 2024 federal income tax return. 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 2024 (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 2024 (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.**

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA2422670

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

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

**Hearing Date:** July 8, 2024

**Decision Date:** August 16, 2024

### 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 15, 2024, 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. Appellant was denied a special enrollment period. On January 5, 2024, the Connector found that Appellant was eligible to purchase a Connector Health Insurance plan without an advance premium tax credit.

### HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 8, 2024. A Spanish interpreter was also present. 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. The appellant stated that she did not understand whether she should object to the admission of documents in evidence or not. Appellant did not answer the question about whether she objected or not. The appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of appeals files
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 30, 2024 addressed to Appellant for July 8, 2024 hearing
- Exhibit 3: Connector Appeals Unit letter dated May 3, 2024 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated May 3, 2024 and July 1, 2024
- Exhibit 3b: Appeals Unit email to Appellant dated May 3, 2024

- Exhibit 3c: Member information print-out showing eligibility for partial health safety net
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on April 29, 2024
- Exhibit 5: Connector letter dated April 15, 2024 to Appellant denying a Special Enrollment Period (in Spanish and English).
- Exhibit 5a: Connector letter dated January 5, 2024 to Appellant regarding eligibility to purchase a Health Connector plan without an advance premium tax credit
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated January 5, 2024
- Exhibit 7: Medicaid Household determination dated January 5, 2024
- Exhibit 8: Appellant's waiver request for an open enrollment period signed June 3, 2024
- Exhibit 9: Letter to Appellant from MassHealth denying eligibility dated April 15, 2024 (in English and Spanish).

## **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant applied for health insurance coverage through the Connector on January 5, 2024, during the 2024 open enrollment period. On her application, Appellant listed her husband as deceased as of 2022 in two sections of the application. She also included her husband's income and his status as a non-tax filer. The Connector notified the appellant by mail on the date of her application that she was eligible for a Health Connector plan without an advance premium tax credit. The Connector determined that the appellant had a projected income equal to 242% of the Federal Poverty Level (Testimony of Appellant, Exhibits 5a and 6).
2. The Connector notified the appellant of her eligibility for a Health Connector Plan without an advance premium tax credit in a letter dated January 5, 2024. As a reason for the determination the Connector stated that the appellant's income was too low (under 100% of the Federal Poverty Level) or too high, that the appellant's tax filing status did not meet the requirements for aid, that the appellant received a tax credit in the past and did not file the necessary tax forms, or that the appellant appeared to be eligible for MassHealth and did not follow through with the requirements for the MassHealth application or had access to other health insurance. In a Connector print-out showing Appellant's eligibility, the Connector notified the appellant that she needed to complete a MassHealth annual review before her eligibility for a tax credit could be determined (Exhibits 5a,6).
3. According to a MassHealth print-out dated January 5, 2024, Appellant was eligible for the Partial Health Safety Net as of February 1, 2024. In the past, Appellant had Limited MassHealth (Exhibit 7).
4. Appellant did not enroll in a plan after the January 5, 2024 determination and she did not seek an appeal of the determination. Appellant felt the expense of purchasing a plan was too great (Exhibits 5 and 8, Testimony of Appellant).
5. In a letter from the Connector dated April 15, 2024, the appellant was informed that she was eligible to purchase a Health Connector plan without an advance premium tax credit, but that she was not eligible to enroll in a plan until the next open enrollment period or until the appellant had a qualifying event. In the letter denying Appellant a special enrollment period, Appellant was informed that she could apply for a waiver of the special enrollment period requirement through the Office of Patient Protection. Appellant filed for a waiver in early June, 2024 (Exhibits 5, 8).
6. Appellant did not have any qualifying life events which would allow her to enroll in a health insurance plan through the Connector outside of the Connector's open enrollment period, unless she

was granted a waiver by the Office of Patient Protection. She answered the questions regarding qualifying life events on her application for coverage. Appellant had not moved, gotten married, had a child, or added dependent to her family in the 60 days prior to her new application. The Appellant was not a Native American or an Alaska indigenous person. There was no change in Appellant's immigration status (Testimony of Appellant, Exhibit 3a).

7. On April 29, 2024, Appellant appealed the determination by the Connector which denied her a Special Enrollment Period (Exhibit 4).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue on appeal is whether the Connector correctly determined on April 15, 2024 that Appellant was eligible for health insurance through the Connector, but was not eligible to enroll until the next open enrollment period or until Appellant had a qualifying life event. The appellant has appealed this determination. See Exhibits 4 and 5.

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

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 this matter, Appellant who had had Limited MassHealth until mid-January, 2024, applied for coverage through the Connector on January 5, 2024. The Connector determined that Appellant was eligible to purchase health insurance through the Connector without an advance premium tax credit. The reason for this determination appears to be that the appellant had not responded to a request by MassHealth to complete an annual review. See Exhibits 5a, 6, 7, and 3c.

The Connector notified the appellant of her eligibility for a Health Connector Plan without an advance premium tax credit in a letter dated January 5, 2024. As a reason for the determination the Connector stated that the appellant's income was too low (under 100% of the Federal Poverty Level) or too high, that the appellant's tax filing status did not meet the requirements for aid, that the appellant received a tax credit in the past and did not file the necessary tax forms, or that the appellant appeared to be eligible for MassHealth and did not follow through with the requirements for the MassHealth application or had access to other health insurance. In a Connector print-out showing Appellant's eligibility, the Connector notified the appellant that she needed to complete a MassHealth annual review before her eligibility for a tax credit could be determined (Exhibits 5a,6).

It appears that the appellant did not enroll after receiving her January, 2024 determination. She testified that she could not afford expensive health insurance, despite working 30 to 40 hours a week. It also appears from the record that the appellant did not appeal the determination. Instead, four months later, she contacted the Connector again, seeking coverage. This time, the Connector informed the appellant that 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. The determination was based upon information given by the appellant on her application. Appellant was notified of the decision by mail. In the letter denying the appellant a special open enrollment period,

dated April 15, 2024, Appellant was informed that she could apply for a waiver of the denial by applying to the Office of Patient Protection. See Exhibits 3a, 5, and the testimony of Appellant which I find to be credible. Appellant applied for a waiver, but not until June, 2024. See Exhibit 8. There is no evidence in the record as to the decision of the Office of Patient Protection.

Appellant had no qualifying events 60 days prior to reapplying for coverage. Appellant had not moved, gotten married, or had a child or added a dependent to her family in the 60 day. Appellant was not a Native American or an Alaska indigenous person. There was no change in Appellant's immigration status. See the testimony of the appellant which I find credible. I, therefore, find that the Connector's determination that Appellant was not eligible for a special enrollment period should be affirmed. As noted above, the determination was based upon information given to the Connector by the appellant. See cites above including 45 CFR Section 155. 420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period.

**ORDER:** The action taken by the Connector regarding Appellant's ineligibility to obtain health insurance through the Connector until the next open enrollment period or until she 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

Addendum: If the appellant has not already done so, she may wish to contact Customer Services and amend her application, changing information on the application regarding her husband who is deceased. Appellant can contact Customer Services at 1-877-623-6765.

**Connector Appeals Unit**

**FINAL APPEAL DECISION: ACA24-22704**

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Eligibility for ConnectorCare based on income.

**Hearing Date:** August 7, 2024

**Decision Date:** August 21, 2024

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**AUTHORITY**

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

**JURISDICTION**

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.13.

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

Appellant submitted an application for subsidized health insurance on April 23, 2024. The Health Connector determined the Appellant to be eligible for a ConnectorCare plan with Advance premium Tax credits.

**ISSUE**

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

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on August 7, 2024. 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 July 2, 2024)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 pages)
- Exhibit 5: Appellant's appeal request form (7 pages dated April 29, 2024)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated April 23, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (11 pages, dated April 23, 2024)
- Exhibit 7: Historical Notices and Printouts (5 pages)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant is a 54 year old married male (Exhibit 7)
2. The Appellant has a household of three. (Exhibit 7 )
3. On his application, dated April 23, 2024 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$40,317.00 (Exhibit 7)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 114.73% of the 2024 Federal Poverty Level (FPL). The Health Connector determined from other sources that the Appellant's annual modified adjusted gross income (MAGI) would place her at 241.44% of the 2024 Federal Poverty Level (FPL).
5. An individual at that income level would be eligible for subsidized coverage under the ACA, with Advanced Premium Tax Credits because subsidized coverage through the state's ConnectorCare

program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.

6. The Appellant testified that his income was based on unemployment benefits which expired in April 2024. He felt that the Health Connector based his income on income for the full year. Appellant testified that his income for unemployment stopped in 2024 and that he is still unemployed. The Appellant did not know that he had to notify the Health Connector that his income had changed. The Appellant had not notified the Health Connector about his change of income.

## **ANALYSIS AND CONCLUSIONS OF LAW**

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

The Health Connector correctly found The Appellant eligible for ConnectorCare Plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

## **ORDER**

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

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

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



Hearing Officer

Cc: Connector Appeals Unit

**ADDENDUM**

The Appellant is urged to contact the Health Connector Customer Service and inform the Health Connector that his income has changed.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA 24-22827

**Appeal Decision:** Denied

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

**Hearing Date:** August 2, 2024

**Decision Date:** August 6, 2024

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 24, 2024 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 2, 2024. 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 1, 2024.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period (SEP) Decision Denial dated April 24, 2024.
- Exhibit 5: 2024 Eligibility Results with an Application Summary dated April 24, 2024.
- Exhibit 6: Medicaid Household Determination Printout dated April 24, 2024.
- Exhibit 7: Health Connector Eligibility Approval Notice dated April 24, 2024.

- Exhibit 8: MassHealth Denial Notice dated April 24, 2024.
- Exhibit 9: The Appellant's Hearing Request Form received on May 13, 2024.
- Exhibit 10: Health Connector Appeals Unit May 21, 2024 Email to MassHealth Board of Hearings advising MassHealth of the Appellant's request to dispute the MassHealth Denial issued on April 24, 2024.
- Exhibit 11: Health Connector Appeals Unit May 21, 2024 Outreach Email to the Appellant referring the Appellant to the Office of Patient Protection to request a Waiver of the SEP denial.
- Exhibit 12: On May 21, 2024 the Health Connector Appeals Unit mailed the Appellant a MassHealth Disability Supplement to complete and return to MassHealth.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was enrolled in MassHealth for the period of January 29, 2015 through January 19, 2024 when the Appellant's MassHealth was terminated.
2. The Appellant completed an application for subsidized Health insurance on April 24, 2024. The Appellant reported annual income of \$103,521 which Health Connector determined is equal to 710.02% of the federal poverty level for the Appellant's household of one. The Appellant reported on this application that they had access to employer sponsored health insurance (Exhibit 5).
3. MassHealth denied the Appellant's application because the Appellant's income exceeds MassHealth program's limits (Exhibit 8).
4. On April 24, 2024 Health Connector determined the Appellant eligible for Health Connector plans with no financial assistance based on the Appellant's access to other health insurance (Exhibit 7).
5. On April 24, 2024 Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) to enroll in a plan because the Appellant failed to verify that they had experienced a Qualifying Life Event within sixty days of the April 24, 2024 application (Exhibit 4).
6. I take administrative notice of the fact that for tax year 2024 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2023 through January 23, 2024.
7. The Appellant filed an Appeal on May 13, 2024 to dispute the actions taken by the Health Connector and MassHealth. The Appellant alleges eligibility due to disability (Exhibit 9 and Appellant Testimony).
8. On May 21, 2024 the Health Connector Appeals Unit referred the Appellant's MassHealth appeal request to the MassHealth Board of Hearings (Exhibit 10).
9. On May 21, 2024 the Health Connector Appeals Unit referred the Appellant to the Office of Patient Protection (OPP) to request a Waiver. The Appeals Unit also sent the Appellant a MassHealth Disability Supplement (Exhibit 11).
10. The Appellant testified that they do have a federal insurance plan due to their employment by a federal agency. The Appellant did not dispute their reported income. The Appellant said that they want

additional insurance for the things not covered by this plan. The Appellant reported that they did request a Waiver from the OPP, but it was denied a few weeks ago. The Appellant indicated that they sent in a MassHealth Disability Supplement but do not know the status of that case (Appellant Testimony).

### **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant was enrolled in a MassHealth plan that was terminated effective January 19, 2024. The Appellant applied for subsidized health insurance on April 24, 2024. The Appellant reported income equal to 710.02% of the federal poverty level for their household of one. The Appellant also reported access to other employer sponsored health insurance. Because of the access to other insurance, the Appellant is not eligible for state or federal subsidies. 45 CFR § 155.305(f)(1)(ii)(B). The Appellant was determined otherwise eligible for Health Connector plans.

On April 24, 2024, Health Connector denied the Appellant's request for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their attempted enrollment. Open Enrollment for tax year 2024 was from November 1, 2023 through January 23, 2024. The Appellant filed an appeal on May 13, 2024.

The Appellant was advised that actions taken by MassHealth are not reviewable under the Health Connector regulations. 956 CMR 12.02. The Health Connector Appeals Unit forwarded the Appellant's request for an appeal of their MassHealth eligibility to the MassHealth Board of Hearings on May 21, 2024.

Under 45 CFR § 155.420 and 956 CMR 12.10(1), 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 evidence in this administrative record verifies that on April 24, 2024 Health Connector correctly denied the Appellant's request for an SEP to enroll in a Health Connector plan because the Appellant did not verify that they experienced a qualifying life event in the sixty-day period preceding the April 24, 2024 application and attempt to enroll in a Health Connector Plan. 45 CFR § 155 and 956 CMR 12.10(5).

### **ORDER**

The Appeal is Denied.

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

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

Cc: Connector Appeals Unit

**ADDENDUM**

The Appellant is reminded that they may contact MassHealth Customer Service at 1-800-841-2900 for information regarding the status of their disability claim.