

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2320154

Appeal Decision: Appeal Denied

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

Hearing Date: November 2, 2023

Decision Date: December 20, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 August 22, 2023, 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 November 2, 2023.

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 (10-13-23) (3 pages);

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- Exhibit 3: Acknowledgement of Appeal (9-11-23) (1 page);
- Exhibit 4: Outreach notes and email (2 page);
- Exhibit 5: Hearing Request form (8-20-23) (6 pages);
- Exhibit 6: SEP decision letter (8-22-23) (6 pages); and
- Exhibit 7: Eligibility detail printout and applications summary printout (5 pages).

FINDINGS OF FACTS

The record shows, and I so find:

1. The Appellant previously had health insurance through the Connector and had set up autopay for the current year. (Appellant testimony; Exhibit 5).
2. Appellant was not aware that there was any issue until Appellant went to urgent care in August 2023. Apparently, there was an issue with the autopay. (Exhibit 5, Appellant testimony).
3. Appellant applied for health insurance through the Health Connector again on August 22, 2023, and a Special Enrollment Period (SEP) was denied (Exhibit 6, Exhibit 7).
4. Appellant was provided information to contact the Office of Patient Protection. (Exhibit 4).

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 2023 began on November 1, 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 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 August 22, 2023, the Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant had lost coverage due to an issue with the autopay. Appellant was given information to apply for a waiver through OPP.

ORDER

The Connector determination was correct. Therefore, 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.

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/>.

FINAL APPEAL DECISION

Appeal Decision: Appeal Allowed.

Hearing Issue: Calculation of eligibility based on income.

Hearing Date: October 25, 2023

Decision Date: October 31, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on August 21, 2023, that he was not eligible for Connector Care based on a household income that was 383.90 percent of the federal poverty limit.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined Appellant's household income as a percentage of the federal poverty limit.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on October 25, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (8/25/23) (6 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Eligibility Notice (8/21/23) (8 pages)
- Exhibit 4: Screen Shot of Eligibility Determination (3 pages)
- Exhibit 5: Screen Shot of Application Summary (3 pages)

- Exhibit 6: Summary of Medicaid eligibility (6 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Record of document uploads (1 page)
- Exhibit 9: Record of income calculation (3 pages)
- Exhibit 10: My WorkSpace notes (8/25/23) (2 pages)
- Exhibit 11: My WorkSpace notes (8/17/2023) (2 pages)
- Exhibit 12: Pay Stub (Sakonnet Golf) (1 page)
- Exhibit 13: Pay Stub (Sakonnet Golf) (1 page)
- Exhibit 14: Screen shot of application summary (8/17/2023) (3 pages)
- Exhibit 15: Screen shot of eligibility determination (8/17/2023) (3 pages)
- Exhibit 16: Notice of Appeal Hearing (9/7/23) (3 pages)
- Exhibit 17: Acknowledgement of Appeal (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellant is a single individual with no dependents. Exhibit 5.
2. Appellant applied for subsidized health insurance through the Health Connector on August 17, 2023. Exhibit 14. At the time, he had no health insurance.
3. In that application, Appellant reported that he had income from a job at a golf course amounting to \$20,160 for 2023. Exhibit 14. Appellant had just started that job at the beginning of August, the month he applied for health insurance. The job is seasonal because it involves grounds work at a golf course.
4. Additionally Appellant reported in his application that he received a disability pension of \$707 monthly. Exhibit 14. Annualized, that pension income amounts to \$8,484 yearly.
5. Thus, Appellant's annual income for 2023 was \$28,644, which is the amount of his golf course salary and his disability pension combined.
6. A person in a household of one person, like Appellant, with an annual income of \$28,644 has income that falls between 200 and 250 percent of the federal poverty level, as calculated for 2023. [See Federal Poverty Level \(FPL\) – Massachusetts Health Connector \(mahealthconnector.org\)](#).
7. Based on that income, Appellant should have been determined eligible for Connector Care, which is a program of subsidized health insurance available to individuals with household incomes below 300 percent of the federal poverty level.
8. After applying, Appellant was requested to submit proof of his income. He did this by submitting a pay stub from the golf course where he worked. Exhibits 10, 11.
9. The pay stub was for the week ending August 10, 2023. Exhibit 12. That pay stub clearly shows that Appellant earned \$960 for that week and that his year-to-date earnings were \$960. This established that this was his first week of employment.
10. Despite this clear evidence, the Health Connector staff member responsible for verifying income annualized this week's earning. In other words, the staff member calculated that Appellant had been

earning this weekly amount for the entire calendar year 2023. As a result, the staff member determined that Appellant's 2023 earnings at the golf course would be \$49,920. Exhibit 5.

11. This miscalculation changed Appellant's 2023 total earnings to \$52,172. Exhibit 5. At that income level, Appellant was determined to have household income amounting to 352 percent of the federal poverty level. Exhibit 5. Based on that erroneous figure, the Health Connector determined that Appellant was not eligible for Connector Care. Instead, the Health Connector determined that Appellant was eligible for only a small amount of subsidy. Exhibit 4. The Health Connector notified Appellant of this determination by notice dated August 21, 2023. Exhibit 3.
12. The eligibility determination stated in the August 21 notice was an error, caused by a miscalculation by the Health Connector staff person who reviewed the pay stub.
13. Appellant filed a timely appeal of the August 21 notice. Exhibit 1.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant's household income as a percentage of the federal poverty level.

The Health Connector determines eligibility of individuals to receive federal and state subsidies to purchase health insurance. Federal subsidies to purchase health insurance are provided under the Affordable Care Act. 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percent of the federal poverty limit (FPL). *Id.* The FPL is a threshold determined annually by the federal government based on household income and size; it is used to determine eligibility for a range of federal assistance programs. *See* 42 U.S.C. § 9902(2). In 2023, when Appellant's eligibility calculation was made, the FPL for a household of one person, like Appellant's, was \$13,590. *See* [Federal Poverty Level \(FPL\) – Massachusetts Health Connector \(mahealthconnector.org\)](https://mahealthconnector.org). Thus, the income of \$28,644, which is what Appellant reported in his application, fell between 200 and 250 percent of FPL. *Id.*

Persons with incomes below 300 percent of FPL are eligible for Connector Care, a program of subsidized health insurance under which APTCs are combined with state-funded subsidies to reduce the cost of health insurance. *See* 956 C.M.R. § 12.04. Thus, given that Appellant's income was below 250 percent of the FPL, he should have been determined eligible for Connector Care.

However, this did not happen in this case because procedures regarding the verification of income were not followed. When Appellant first applied on August 17, he indicated a weekly salary and a total yearly amount for his job, which indicated that the year did not last 12 months in 2023. Exhibit 14. Thus, the amount on his first week's pay stub should not have been annualized because there was indication that this was not an annual amount. Further, the pay stub itself clearly that Appellant's earnings for the first week of August were the same as his 2023 year-to-date earnings.

Because Appellant's eligibility was incorrectly determined based on an error annualizing his income, I am required to allow this appeal and order that Appellant's eligibility be re-determined using the correct figure, which he submitted in his application.

ORDER

The appeal is allowed. The Health Connector is ordered to correct the verified income figure for Appellant's golf course work to \$20,160, which is the figure Appellant provided in his application. Appellant should not be required to provide further verification. Further, the Health Connector is ordered to re-determine his eligibility based on that figure, determining him eligible for Connector Care.

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 based on income appeal.

Hearing Issue: Appellant's eligibility for subsidized insurance based on access to Medicare; income

Hearing Date: November 7, 2023

Decision Date: December 26, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On August 16, 2023, the Appellant was determined ineligible for Health Connector plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is enrolled in Medicare.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant's spouse was not eligible for Health Connector plans, based on the Appellant's spouse's access to Medicare. In addition, the issue is whether the Health Connector correctly determined that the Appellant was eligible for ConnectorCare Type 3A based on the income information.

HEARING RECORD

The Appellant's representative and Appellant's spouse appeared at the hearing, which was held by telephone, on November 7, 2023. The hearing record consists of the Appellant's representative's and Appellant's spouse's testimony and the following documents which were admitted into evidence:

Exhibit 1: Health Connector notice of eligibility determinations (12 pages, dated August 16, 2023 and August 24, 2023)

- Exhibit 2: Appellant's appeal request form (13 pages, dated August 31, 2023, with documents)
- Exhibit 3: Health Connector's Eligibility Determination Results and application Computer Print Outs (19 pages, undated)
- Exhibit 4: Health Connector's Acknowledgment of Appeal (1 page, dated September 15, 2023)
- Exhibit 5: Health Connector's Hearing Notice (3 pages, dated October 13, 2023)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)
- Exhibit 7: Outreach notes (1 page, undated)
- Exhibit 8: Mass Health Termination letter (6 pages)
- Exhibit 9: Medicaid Household Determinations (14 pages, undated)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant's spouse was determined ineligible for Health Connector plans on August 16 and 24, 2023, based on being eligible for Medicare. (Exhibit 1, Exhibit 3). Appellant was determined eligible for Connector Care Plan Type 3A, and previously had MassHealth (Exhibit 3, Exhibit 7, Testimony).
2. The Appellant's spouse is eligible for Medicare but was not appealing. (Exhibit 3, Appellant Testimony). Appellant and Appellant's spouse have similar name and may have caused confusion regarding the nature of this appeal.
3. The Appellant's determination of ConnectorCare Type 3A was based on self-reported income and verified income. (Exhibit 3).

ANALYSIS AND CONCLUSION OF LAW

Under 42 USC 1395ss(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare.

When the Appellant's spouse's eligibility for coverage was determined on August 16 and 24, 2023, the federal government provided information to the Health Connector that the Appellant's spouse was eligible for Medicare. The Appellant's spouse confirmed at hearing that they are eligible for Medicare. Because the Appellant's spouse is eligible for Medicare, the Health Connector found that the Appellant's spouse was not eligible for Health Connector plans. The Appellant was correctly determined to be eligible for ConnectorCare Type 3A based upon self-reported income and verified income. This was the correct determination and the Appellant's appeal is therefore 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

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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.

Cc: Health Connector Appeals Unit

Addendum

The Appellant is advised to look into the **S**erving the **H**ealth **I**nsurance **N**eeds of **E**veryone (SHINE) program, which is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare.

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

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility to obtain Health Connector insurance.

Hearing Date: December 13, 2023

Decision Date: December 19, 2023

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set 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 September 28, 2023, that she was eligible for health insurance through the Health Connector without any financial assistance.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for financial assistance to purchase health insurance through the Health Connector.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on May 3, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (9/28/23) (6 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Eligibility Notice (9/28/23) (8 pages)
- Exhibit 4: Screen Shot of Eligibility Determination (3 pages)
- Exhibit 5: Screen Shot of Application Summary (3 pages)

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- Exhibit 6: Medicaid eligibility determination (5 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Record of MassHealth eligibility (1 page)
- Exhibit 9: Sales Force notes (1 page)
- Exhibit 10: Notice of Appeal Hearing (11/9/23) (3 pages)
- Exhibit 11: Acknowledgement of Appeal (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. At the start of 2023, Appellant was enrolled in coverage through MassHealth, which is the Medicaid agency in Massachusetts. She stated that she had received MassHealth for a number of years before then.
2. At some point in 2023, Appellant received a notice that she read as saying that she was no longer enrolled in MassHealth. She said that she called someone in customer service for MassHealth who told her to apply through the Massachusetts Health Connector for insurance.
3. In her application with the Health Connector, Appellant stated that she had two minor children. She reported that her total household income for the family of three was \$33,404. Exhibit 5. This income level put the household at 129.37 percent of the federal poverty line. Exhibit 5.
4. Appellant was determined not to be eligible for Connector Care, which is the program of subsidized health insurance offered by the Health Connector. Exhibit 4. Instead, she was only eligible to purchase health insurance without any financial assistance.
5. She was notified by letter dated September 28, 2023 that she was not eligible for financial assistance. The amount she would have to pay for health insurance without financial assistance would not have been affordable to her. Exhibit 3.
6. Appellant's children were both eligible for and receiving coverage through the MassHealth children's insurance program. Exhibit 4.
7. Appellant filed a timely appeal of the September 28, 2023 notice. Exhibit 1.
8. Although Appellant believed that she was not eligible for MassHealth, business records from the MassHealth eligibility system indicate that she is in fact eligible for MassHealth. Exhibit 8.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to obtain financial assistance to purchase health insurance through the Health Connector.

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

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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 Medicaid. *Id.* § 5000A(f)(1)(A)(i),(ii). Thus, an individual who is eligible for Medicaid is *not* eligible under federal law for APTCs and is accordingly not eligible under state regulation for Connector Care. In this case, records indicate that Appellant is eligible for MassHealth, which is the state’s Medicaid program. Thus, she would not qualify for APTCs and consequently would also not qualify for Connector Care.

Further, Appellant would not be eligible for APTCs for another reason. Under the ACA, APTCs are available only to persons whose household income is above 133 percent of the federal poverty limit. *See* 26 U.S.C. § 36B(3)(A)(1). Based on Appellant’s reported income and household size, her household income was calculated to be 129.37 percent of the federal poverty limit. *See* Exhibit 4. As a result, she was below the income limit to receive APTCs from the Health Connector under the ACA. The Health Connector is governed by federal law in determining eligibility to receive APTCs, which is a federally-funded benefit. Thus, the Health Connector was required to deny Appellant eligibility for financial assistance based on the clear requirements of the ACA and the undisputed fact that Appellant’s reported income was below 133 percent of the federal poverty line.

It may seem anomalous that having no income disqualifies a person from receiving subsidies. However, the ACA, which establishes this requirement, anticipated that persons with incomes below the federal poverty line would qualify for Medicaid, a joint federal-state program of free health care coverage for low-income persons.

In this case, it appears that Appellant was in fact eligible for MassHealth coverage. The Health Connector is a different entity than MassHealth, which runs the state’s Medicaid program. The Health Connector and MassHealth serve different populations and have different eligibility criteria. Appellant was urged to call the MassHealth customer service line to determine her coverage and ensure that she was enrolled.

Because the Health Connector correctly determined that Appellant was not eligible for financial assistance to purchase health insurance through the Health Connector, I am required to deny 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

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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: ACA23-20421

Appeal Decision: Appeal Denied.

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

Hearing Date: December 6, 2023

Decision Date: December 12, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On August 22, 2023, the Appellant was determined ineligible for ConnectorCare plans because they failed to demonstrate that they are lawfully present in Massachusetts.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on December 6, 2023. Interpreter services were provided at the Appellant's request. The Appellant's Authorized Representative did not attend the Hearing. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant.

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

- Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated November 14, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.

- Exhibit 4: Health Connector Eligibility Denial Notice dated August 22, 2023.
Exhibit 5: 2023 Eligibility Results with an Application Summary dated August 22, 2023.
Exhibit 6: Medicaid Household Determination Printout dated August 22, 2023.
Exhibit 7: The Appellant's Hearing Request Form, with attachments dated September 27, 2023.
Exhibit 8: Health Connector Appeals Unit Outreach Email dated October 11, 2023.
Exhibit 9: 2023 Eligibility Results with an Application Summary dated October 13, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. On August 22, 2023, the Appellant applied for health insurance. The Appellant is not US citizens. The Appellant did not report any immigration status for themselves on the application. The Appellant reported having income equal to 189.85% of the federal poverty level for their household of one (Exhibits 3, 5, 6).
2. On August 22, 2023 Health Connector denied the Appellant's application because the Appellant failed to verify that they are lawfully present in Massachusetts. Health Connector was unable to determine the Appellant's immigration status (Exhibits 3, 4, 6).
3. The Appellant filed an appeal on October 13, 2023 and submitted proof of income and Massachusetts residency with the Appeal request. No documentation of the Appellant's immigration status was submitted (Exhibit 7).
4. On October 11, 2023, the Health Connector Appeals Unit contacted the Appellant via Email and advised the Appellant that their proof of income and residency was received but the Appellant still needed to submit proof of their immigration status (Exhibit 8).
5. On October 11, 2023 the Appellant's application was updated. Health Connector determined the Appellant has income equal to 191.59% of the federal poverty level but remains ineligible for ConnectorCare because the Appellant has failed to verify lawful status in Massachusetts (Exhibits 3, 9).
6. The Appellant did not dispute the fact that they did not submit documentation of their immigration status. The Appellant testified that they are over age fifty and have lived in the US for 23 years. The Appellant said that they are not legally present but need health insurance (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on August 22, 2023. The Appellant is not a US citizen. The Appellant did not identify any immigration status on their application. Health Connector was unable to determine the Appellant's immigration status. The Appellant was notified that they are not eligible for health insurance through the Health Connector because the Appellant failed to submit the documentation needed to demonstrate that they are lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant did not dispute the fact that they did not submit proof of lawful status as requested. The Appellant testified that they are not lawfully present but have lived in the United States for twenty-three years. The Appellant said that they are over

age fifty and need health insurance. The Appellant was referred to Legal Services to seek assistance with obtaining documentation. Health Connector correctly denied the Appellant's August 22, 2023 application for ConnectorCare.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-20614

Appeal Decision: Appeal Denied.

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

Hearing Date: December 11, 2023

Decision Date: December 13, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 2, 2023, the Appellant and another household member were determined ineligible for ConnectorCare plans because they failed to demonstrate that they are lawfully present in Massachusetts.

ISSUE

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

HEARING RECORD

The Appellant Head of Household did not attend the hearing. The Appellant domestic partner of the Head of Household appeared at the hearing, which was held by telephone on December 11, 2023. Interpreter services were provided at the Appellant's request. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant.

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

Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.

Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated November 14, 2023.

- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
Exhibit 4: 2024 Eligibility Results with an Application Summary dated October 2, 2023.
Exhibit 6: Medicaid Household Determination Printout dated October 2, 2023.
Exhibit 7: The Appellant's Hearing Request Form, with attachments dated October 16, 2023.
Exhibit 8: Health Connector Appeals Unit Outreach Email dated October 26, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. On October 2, 2023, the Appellant Head of Household applied for health insurance for their household of six. The Appellant is not a US citizen but has been receiving MassHealth since September, 2022. Three of the Appellant's children are US citizens and were determined eligible for MassHealth. The Appellant's Domestic Partner and a five year old child are not US citizens. The Appellant did not report any immigration status for these two household members on the application. The Appellant reported having zero income (Exhibits 3, 4, 5).
2. On October 2, 2023 Health Connector determined that the Appellant Domestic Partner and their five year old child were not eligible for ConnectorCare because the Appellants failed to verify that all household members are lawfully present in Massachusetts. Health Connector was unable to determine the immigration status for these household members (Exhibits 3, 4, 5).
3. The Appellant filed an appeal on October 16, 2023 and submitted documents with the Appeal request (Exhibit 6)
4. On October 26, 2023, the Health Connector Appeals Unit contacted the Appellant via Email and advised the Appellant that their documents were received and uploaded but that the Appellant is required to contact Customer Service to report the immigration status for all household members since the Appellant answered no to both immigration related questions on their October 2, 2023 application (Exhibit 7).
5. The Appellant testified that they do have proof of their immigration status. The Appellant said that they sent in the documentation and also submitted it to the Department of Transitional Assistance (Appellant Testimony).
6. The Appellant was advised to contact Health Connector customer service to report their immigration status and for assistance submitting any documentation needed.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance for tax year 2024 for themselves, their domestic partner and four children through the Health Connector on October 2, 2023. Three household members are not US citizens. The Appellant and three children were determined eligible for MassHealth. The Appellant did not identify any immigration status for the domestic partner and the five year old child on their application. Health Connector was unable to determine the family members' immigration status. The Appellant was notified that the domestic partner and the five year old child are not eligible for health insurance through the Health Connector because the Appellant failed to submit the documentation needed to demonstrate that all household members are lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant did submit some documentation with their appeal request on October 16, 2023. The Appeals Unit uploaded this information to the Appellant's file and on October 26, 2023 contacted the Appellants to advise them to contact Health Connector Customer Service to report the immigration status for all household members and for assistance with submitting any other required documentation. Health Connector correctly determined on October 2, 2023 that the Appellant's domestic partner and one child were not eligible for ConnectorCare because the household failed to submit proof of lawful status prior to October 2, 2023.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for assistance with reporting their immigration status and submitting required documents.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-20679

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare Plans

Hearing Date: December 7, 2023

Decision Date: December 12, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On September 3, 2023 the Appellant was determined eligible for ConnectorCare Plan Type 3A 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 December 7, 2023. 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 Affidavit of Hearing Record
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated November 1, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated September 3, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated September 3, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated September 3, 2023.
- Exhibit 7: MassHealth Eligibility Denial Notice dated September 3, 2023.
- Exhibit 8: The Appellant's Hearing Request Form submitted on October 20, 2023.
- Exhibit 9: 2022 Eligibility Results with an Application Summary dated June 7, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant and two children were determined eligible for MassHealth in June 2022 (Exhibit 9).
2. On September 3, 2023 the Appellant's application was updated. The Appellant reported income equal to 203.81% of the federal poverty level for their household of three (Exhibit 5).
3. On September 3, 2023 MassHealth notified the Appellant that they were not financially eligible for MassHealth (Exhibit 7).
4. On September 3, 2023 based on the income reported, Health Connector determined the Appellant eligible for ConnectorCare Plan 3A. The Appellant's children are eligible for MassHealth Family Assistance (Exhibits 4, 5, 6).
5. The Appellant filed an appeal on October 20, 2023 (Exhibit 7).
6. The Appellant testified that the income reported on their September 3, 2023 application is correct but the premium amount for their chosen plan is too high. The Appellant said their income only increased a small amount from when they were receiving MassHealth (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's application for subsidized health insurance for their household of three was updated on September 3, 2023. Health Connector determined based on the income reported that the Appellant's household had income equal to 203.81% of the federal poverty level. Health Connector determined the Appellant eligible for ConnectorCare Plan 3A. The Appellant's two minor children were determined eligible for MassHealth Family Assistance. The Appellant filed an appeal on October 20, 2023.

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, 2022 and 2023, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 6/1/21). The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL in 2023¹ 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 200.1% but less than 250% of the Federal Poverty Level, the Health Connector determined the Appellant

¹ For tax year 2024 and 2025 this is increased to 500% of the federal poverty level.

eligible for ConnectorCare Plan Type 3A with APTC of \$309. 956 CMR 12.04(3). The Appellant's minor children were determined eligible for MassHealth Family Assistance.

The Appellant argues that their income did not increase that much from June 2022 when they were receiving MassHealth. As explained at the Hearing, during the Covid Public Health Emergency (PHE) MassHealth put in place certain policy protections. Persons receiving MassHealth Medicaid coverage did not lose or have a decrease in benefits during this period except in certain limited circumstances. These protections ended on May 11, 2023.

On September 3, 2023 MassHealth determined the Appellant financially ineligible for MassHealth. Eligibility determinations made by MassHealth are not reviewable by the Health Connector Appeals Unit. 956 CMR 12.02.

Based on the income information reported by the Appellant for their household of three on September 3, 2023, Health Connector correctly determined the Appellant's financial eligibility for ConnectorCare (956 CMR 12.04).

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded to update their 2024 application to report any changes in income.

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for information needed to request a premium waiver or reduction due to financial hardship.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-20684

Appeal Decision: Appeal Denied.

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

Hearing Date: December 6, 2023

Decision Date: December 12, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On September 2, 2023, the Appellant's household of three was determined ineligible for ConnectorCare plans because they failed to demonstrate that they are lawfully present in Massachusetts.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on December 7, 2023. Interpreter services were provided at the Appellant's request. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant.

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

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

- Exhibit 4: Health Connector Eligibility Denial Notice dated September 2, 2023.
Exhibit 5: 2023 Eligibility Results with an Application Summary dated September 2, 2023.
Exhibit 6: Medicaid Household Determination Printout dated September 2, 2023.
Exhibit 7: The Appellant's Hearing Request Form, with attachments dated October 20, 2023.
Exhibit 8: Health Connector Appeals Unit Outreach Email dated October 24, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. On September 2, 2023, the Appellant applied for health insurance for their household of three. The Appellant, spouse and child are not US citizens. The Appellant did not report any immigration status for household members on the application. The Appellant reported having zero income (Exhibits 3, 4, 5, 6).
2. On September 2, 2023 Health Connector denied the Appellant's application because the Appellant failed to verify that all household members are lawfully present in Massachusetts. Health Connector was unable to determine the household's immigration status (Exhibits 3, 4, 6).
3. The Appellant filed an appeal on October 20, 2023 and submitted proof of income and residency with the Appeal request. No documentation of the immigration status for the Appellant, spouse and child was submitted (Exhibit 7).
4. On October 24, 2023, the Health Connector Appeals Unit contacted the Appellant via Email and advised the Appellant that their proof of income and residency was received but the Appellant still needed to submit proof of their family's immigration status (Exhibit 8).
5. The Appellant testified that they do have proof of their immigration status. The Appellant said that they are waiting to receive a green card (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance for themselves, their spouse and one child through the Health Connector on September 2, 2023. The three household members are not US citizens. The Appellant did not identify any immigration status for the household members on their application. Health Connector was unable to determine the family's immigration status. The Appellant was notified that they are not eligible for health insurance through the Health Connector because the Appellant failed to submit the documentation needed to demonstrate that all household members are lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant did not dispute the fact that they did not submit proof of lawful status as requested. The Appellant testified that they do have some documentation and are waiting for their green card. The Appellant was advised to contact Health Connector Customer Service to report their immigration status and to submit required documentation for all household members. Health Connector correctly denied the Appellant's September 2, 2023 application for ConnectorCare.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for assistance with reporting their immigration status and submitting required documents.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2319541

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase and enroll in a ConnectorCare plan, Type 3B with advance premium tax credit.

Hearing Date: October 12, 2023

Decision Date: December 28, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 2, 2023, the Connector determined that the appellant was eligible to purchase and enroll in a ConnectorCare plan, Type 3B, with an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase and enroll in a ConnectorCare plan with an advance premium tax credit.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on October 12, 2023. 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. Appellant had no objection to the documents being admitted in evidence. 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 by the Connector
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated June 27, 2023 addressed to Appellant for August 23, 2023 hearing
- Exhibit 2a: Email dated August 28, 2023 from Appellant requesting vacating of dismissal
- Exhibit 2b: Notice of Hearing sent to Appellant dated September 7, 2023 for October 12, 2023 hearing
- Exhibit 3: Appeals Unit outreach notes dated June 27, 2023 and August 28, 2023
- Exhibit 3a: Appeals Unit email to Appellant dated June 27, 2023
- Exhibit 4: Hearing Request Form from Appellant received on June 26, 2023

- Exhibit 5: Connector letter dated June 2, 2023 to Appellant regarding eligibility approval
Exhibit 6: Summary and results of Appellant's application for Connector health plan dated June 2, 2023
Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated March 22, 2023
Exhibit 7: Medicaid household determination print-outs dated March 22, 2023 and June 2, 2023
Exhibit 7a: MassHealth letter dated June 2, 2023 to Appellant regarding termination of benefits

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had MassHealth coverage until May 23, 2023 when MassHealth terminated Appellant's coverage (Exhibits 6a and 7a; Testimony of Appellant).
2. In June, 2023 the appellant applied for health insurance coverage through the Connector. The appellant attested to a projected income of \$36,076 for 2023 on Connector application. Based on this attestation or from information from other data sources, the Connector determined that the appellant's income was equal to 265% of the Federal Poverty Level and that the appellant was eligible to enroll in a ConnectorCare, Plan Type 3B plan (Testimony of Appellant, Exhibits 5, 6).
3. The Connector notified the appellant of this determination of eligibility in a letter dated June 2, 2023 (Exhibit 5).
4. As of the date of this hearing, Appellant's projected income was still \$36,076 (Testimony of Appellant).
5. Appellant submitted a request for an appeal of the Connector's June 2nd determination on June 26, 2023. In the request for a hearing the appellant stated that Appellant could not afford the premiums for a ConnectorCare plan (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on June 2, 2023 that the appellant was eligible to purchase and enroll in a ConnectorCare plan Type B3 based upon information supplied by the appellant to the Connector and/or by other data sources. Appellant submitted a request for an appeal of the Connector's June 2nd determination on June 26, 2023. See Exhibits 4, 5, and the testimony of Appellant.

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 is otherwise eligible to purchase health insurance through the Connector, the applicant's projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is

otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq. and Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.

In this matter, Appellant had MassHealth coverage until May 23, 2023 when MassHealth determined that the appellant was no longer eligible for the coverage. See Exhibit 7a. In June, 2023 the appellant applied for health insurance coverage through the Connector. The appellant attested to a projected income of \$36,076 for 2023 on Connector application. Based on this attestation, the Connector determined that the appellant's income was equal to 265% of the Federal Poverty Level and that the appellant was eligible to enroll in a ConnectorCare, Plan Type 3B plan. The Connector notified the appellant of this determination of eligibility in a letter dated June 2, 2023. See the testimony of Appellant which I find to be credible and Exhibits 5, 6. Appellant requested an appeal of the Connector's determination, claiming that the appellant could not afford to pay the premiums for the ConnectorCare plan. See Exhibit 4.

What is at issue on appeal is whether the Connector made the correct determination when it was made based upon the information available to the Connector at that time, on June 2, 2023. As noted above, the Connector's determination was based upon information supplied to the Connector by the appellant. See Exhibit 6. During this hearing, Appellant confirmed the attestation on the Connector application. With a projected annual income of 265% of the Federal Level, Appellant was eligible for a ConnectorCare Type 3B plan, as the Connector determined. See 956 CMR 12.04(3)(b).

The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a ConnectorCare planType 3B 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: If Appellant's income has changed since the hearing date, Appellant should contact Customer Service to report the change. Appellant may do this by calling 1-877-623-6765,

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19935

Appeal Decision: Appeal denied.

Hearing Issue: Appeal of eligibility for Health Connector plans based on access to Medicare

Hearing Date: December 5, 2023

Decision Date: December 13, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated July 19, 2023, the appellant was advised that she did not qualify for health insurance through the Health Connector because she had access to or was enrolled in Medicare. (Ex. 3) The appellant filed an appeal which was received on August 11, 2023. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Exs. 11,14)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector plans correct at the time of its determination on July 19, 2023, pursuant to 42 U.S.C. 1395ss?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 5, 2023, and testified under oath. The hearing record consists of her 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 July 19, 2023 (2 pages)
- Ex. 2—Health Connector's Review of Application (3 pages)
- Ex. 3—Health Connector's Notice of Eligibility Denial dated July 19, 2023 (6 pages)
- Ex. 4—Medicaid Household Determination document (5 pages)

- Ex. 5—Health Connector’s Eligibility Determination Results based on a program determination date of June 24, 2022 (2 pages)
- Ex. 6—Health Connector’s Review of Application (3 pages)
- Ex. 7—Online Appeal Form received on August 11, 2023 (2 pages)
- Ex. 8—Acknowledgement of Appeal dated August 15, 2023 (1 page)
- Ex. 9—Appeals Unit notes (1 page)
- Ex. 10—Health Connector email dated August 15, 2023 (1 page)
- Ex. 11—Notice of Hearing dated September 7, 2023 (3 pages)
- Ex. 12—Health Connector’s Notice of Dismissal of Appeal dated October 12, 2023 (1 page)
- Ex. 13—Request to Vacate Dismissal of Appeal dated October 20, 2023 (1 page)
- Ex. 14—Notice of Hearing dated November 9, 2023 (1 page)
- Ex. 15—Affidavit of Connector representative (1page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 66-years-old, is single and has a tax household size of one. (Testimony, Exs. 2,6)
2. The appellant has been enrolled in health insurance through Medicare since May, 2022. (Testimony)
3. The appellant was determined eligible for MassHealth Standard on June 24, 2022, but lost her benefits from May 1, 2022, until August 2, 2023, due to failure to return the annual MassHealth review forms. (Exs. 5,9)
4. The appellant was not aware that she had lost her MassHealth benefits. (Testimony)
4. By notice dated July 19, 2023, the Health Connector advised the appellant that she was not eligible for health insurance through the Health Connector because she had access to or was enrolled with Medicare. (Ex. 3)
5. The appellant appealed the Connector’s July 19th decision on August 11, 2023, on the basis of denial of coverage. (Ex. 7)

ANALYSIS AND CONCLUSIONS OF LAW

In general, an individual may purchase health insurance through the Health Connector if s/he satisfies the eligibility standards at 45 CFR § 155.305(a). However, for individuals who are eligible for Medicare, there is an additional legal standard that must be considered, specifically the “anti-duplication rule” found in the Social Security Act, 42 USC 1395ss(d)(3)(A)(i), and implemented in federal regulations at 45 CFR § 147.106 and 45 CFR § 148.122. The rule prohibits health insurance issuers from selling insurance to Medicare-eligible individuals if that insurance would duplicate the benefits provided by Medicare, including where the individual only has Medicare Part A. The Health Connector, as a seller of commercial individual market health insurance, only sells insurance that would be duplicative of benefits provided by Medicare. The Connector also must take precautions to ensure that the issuers whose coverage it sells are not put in the position of violating the anti-duplication rule.

For new sales, the Health Connector is prohibited by the anti-duplication rule from ever selling coverage to an individual eligible for Medicare. For renewals, where individuals are seeking to continue in coverage after the end of a plan year and which health insurance issuers are generally required to provide (45 CFR § 147.106), the federal government has clarified the applicability of the anti-duplication rule, by noting that health insurance issuers

would not violate that rule if they allowed Medicare-eligible enrollees to renew their “same policy or contract of insurance.” See 45 CFR § 147.106 and 45 CFR § 148.122; and discussion generally at 81 FR 94068, December 22, 2016. In choosing this standard, the federal government indicated a clear directive to not renew the individual market coverage of Medicare-eligible individuals except in the narrowest of circumstances, and regardless of whether the individual might otherwise satisfy the eligible criteria at 45 CFR § 155.305(a).

The appellant does not dispute that she has been enrolled in Medicare since May, 2022. Based on that information, the Connector determined that she was not eligible for health insurance through the Health Connector. It appears that the appellant was seeking supplemental coverage through MassHealth and she was advised to contact customer service at 800-841-2900 to follow up on the matter.

Accordingly, it is concluded that the Connector’s determination on July 19, 2023, regarding the appellant’s eligibility for health insurance through the Health Connector based on access to Medicare 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

The appellant was also advised to contact SHINE at 1-800-243-4636 for assistance with her MassHealth coverage.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2320185

Appeal Decision: Appeal Denied

Hearing Issue: Appellant's eligibility for insurance based on administrative closure

Hearing Date: November 2, 2023

Decision Date: December 26, 2023

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 August 7, 2023, the Appellant was determined eligible for Health Connector plans with no financial assistance due to an administrative closure by MassHealth. In addition, the Appellant's income was under 100% of the Federal Poverty Level and therefore, would not qualify for health insurance through the Health Connector, but instead would need to pursue MassHealth.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector plans with no financial assistance through the Health Connector.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on November 2, 2023. 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 (10-13-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (9-11-23) (1 page);
- Exhibit 4: Outreach notes (1 page);

- Exhibit 5: Hearing Request form (8-30-23) (2 pages);
Exhibit 6: Eligibility Approval letter (8-7-23) (8 pages);
Exhibit 7: Eligibility detail printouts and applications summary printouts (12 pages); and
Exhibit 8: Medicaid Household Determinations (13 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for Health Connector plans with no financial assistance on August 7, 2023. (Exhibit 6, Exhibit 7).
2. The Appellant was found ineligible for subsidized health insurance through the Health Connector because there had been an administrative closure by MassHealth. (Exhibit 4, Exhibit 6). In addition, Appellant's income was under 100% of the Federal Poverty Level, and the Health Connector does not provide health insurance in this circumstance. (Exhibit 4).
3. Appellant needs to contact MassHealth. (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant stated in the appeal request that they had sent in information and did not know what other information was needed.

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 (and above 100% FPL) 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.

Appellant had an administrative closure by MassHealth. In addition, Appellant's income was below 100% FPL, and therefore, health insurance through the Health Connector is not available to Appellant. The denial of eligibility for subsidized insurance (and approval for health connector plans with no financial assistance) was correct on these reasons. The Appellant's appeal is therefore denied.

The Appellant should follow up with MassHealth.

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: ACA2320187

Appeal Decision: Appeal Denied

Hearing Issue: Appellant's eligibility for insurance based on administrative closure

Hearing Date: November 7, 2023

Decision Date: December 26, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On July 28, 2023, the Appellant was determined eligible for Health Connector plans with no financial assistance due to an administrative closure by MassHealth. In addition, the Appellant's income was under 100% of the Federal Poverty Level and therefore, would not qualify for health insurance through the Health Connector, but instead would need to pursue MassHealth.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector plans with no financial assistance through the Health Connector.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on November 7, 2023. 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 (10-13-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (9-11-23) (1 page);
- Exhibit 4: Outreach notes (1 page);

- Exhibit 5: Hearing Request form (8-30-23) (2 pages);
Exhibit 6: Eligibility Approval letter (7-28-23) (8 pages);
Exhibit 7: Eligibility detail printouts and applications summary printouts (10 pages); and
Exhibit 8: Medicaid Household Determinations (13 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for Health Connector plans with no financial assistance on July 28, 2023. (Exhibit 6, Exhibit 7).
2. The Appellant was found ineligible for subsidized health insurance through the Health Connector because there had been an administrative closure by MassHealth. (Exhibit 4, Exhibit 6). In addition, Appellant's income was under 100% of the Federal Poverty Level, and the Health Connector does not provide subsidized health insurance in this circumstance. (Exhibit 4).
3. Appellant needs to contact MassHealth. (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant stated in the appeal request that they needed health insurance and did not know how to proceed.

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 (and above 100% FPL) 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.

Appellant had an administrative closure by MassHealth. In addition, Appellant's income was below 100% FPL, and therefore, health insurance through the Health Connector is not available to Appellant. The denial of eligibility for subsidized insurance (and approval for health connector plans with no financial assistance) was correct on these reasons. The Appellant's appeal is therefore denied.

The Appellant should follow up with MassHealth.

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: ACA23-20381

Appeal Decision: Appeal denied.

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

Hearing Date: December 5, 2023

Decision Date: December 17, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated September 20, 2023, the appellant was advised that she did not qualify for health insurance coverage through the Health Connector because records indicated that she did not reside in Massachusetts. (Ex. 3) The appellant filed an appeal which was received on September 20, 2023. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 14)

ISSUE

Was the Connector's decision regarding denying the appellant's qualification for health insurance coverage through the Health Connector correct on September 20, 2023, pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 5, 2023, and testified under oath. The hearing record consists of her 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 September 20, 2023 (3 pages)

Ex. 2--Health Connector's Review of Application (4 pages)

Ex. 3—Health Connector's Notice of Eligibility Denial dated September 20, 2023 (6 pages)¹

¹ The numbering of the exhibits following Ex. 3 is incorrect due to omission of the number four.

- Ex. 4—Medicaid Household Determination Document (4 pages)
- Ex. 5—Health Connector’s Notice of Eligibility Determination Results based on a program determination date of December 28, 2022 (3 pages)
- Ex. 6—Health Connector’s Review of Application (4 pages)
- Ex. 7—Online Appeal Form with attachments received on September 20, 2023 (6 pages)
- Ex. 8—Acknowledgement of Appeal dated October 3, 2023 (1 page)
- Ex. 9—Appeals Unit case notes (2 pages)
- Ex. 10—My Workspace document dated September 20, 2023 (2 pages)
- Ex. 11—Health Connector letter regarding proof of residence and affidavit of residence dated October 3, 2023 (2 pages)
- Ex. 12—Health Connector’s Eligibility Determination Results showing a program determination date of December 1, 2023 (2 pages)
- Ex. 13—Health Connector’s Review of Application (3 pages)
- Ex. 14—Notice of Hearing (1 page)
- Ex. 15—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 56-years-old, is single and has a tax household size of two consisting of herself and her child. (Testimony, Exs. 2,6,13)
2. The appellant was determined eligible for MassHealth Care Plus on December 28, 2022. On the application on which the determination was based, she listed an address in Essex County, MA. (Exs. 5,6)
3. For many years, the appellant has visited her uncle in Maine for approximately three-four weeks each year and has had her mail forwarded to his address there. At the end of her stays, mail delivery was supposed to resume at her address in Essex County. At some point in February, 2023, her mail continued to be delivered to her uncle’s house in Maine. On February 23, 2023, February 25, 2023, March 1, 2023, and April 14, 2023, the appellant filed notices with her local post office either in person or online indicating that delivery of her mail to Maine should stop and should be resumed in Massachusetts. She was eventually advised by the post office that she had done something incorrect online which caused the problem and was told how to resolve the issue with a change of address. In April, 2023, she began to receive mail at her address in Massachusetts. (Testimony, Ex. 7)
4. By notice dated September 20, 2023, the Health Connector advised the appellant that she no longer qualified for coverage because its records indicated that she did not live in Massachusetts. On the application on which the September 20th determination was based, the appellant listed an address in Maine. (Ex. 2)
5. The appellant appealed the Connector’s September 20, 2023, determination on the same day and stated in part that MassHealth canceled her insurance based on the mistaken belief that she was a permanent resident of Maine where she only stayed for a brief period of time. She submitted a copy of her driver’s license and an automobile insurance statement dated August 18, 2023, both of which listed an address in Essex County, MA. The documents were received by the Connector on September 20, 2023. (Testimony, Exs. 7,10)
6. By letter dated October 3, 2023, the Connector advised the appellant to submit a copy of her residency documentation to the agency. The notice contained a list of acceptable documentation including an affidavit of residence which was included with the letter. (Testimony, Ex. 11)

7. On October 26, 2023, the appellant submitted an affidavit of residence and a utility bill to the Connector. (Testimony, Ex. 9)

8. On December 1, 2023, the appellant was determined eligible for MassHealth Care Plus and was asked to submit proof of residence. (Ex. 12)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant's behalf, based on a projected yearly MAGI. Taxpayers who qualify for an APTC, who are residents of Massachusetts, and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04 and 12.08 (1).

The appellant does not dispute that she listed an address in Maine on her application and that her mail continued to be delivered to that address for a period of time in early 2023 due to incorrect information she had provided to her local post office. After the error was corrected, mail delivery to her Massachusetts address resumed in April, 2023. Although the issue with her mail was resolved, she did not change the address on her application which resulted in the Connector's determination on September 20, 2023, denying coverage because records continued to indicate that she did not reside in the state. The appellant submitted acceptable proof of residence to the Connector on October 26, 2023, but still had not changed her address on her application at the time of the hearing.

Based on the totality of the evidence, it is concluded that the Connector's determination on September 20, 2023, regarding the appellant's eligibility for health insurance was correct, and is therefore affirmed.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to report her address change to the Connector by either updating her application online at mahealthconnector.org or by contacting customer service at 1-877-623-6765.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-20385

Appeal Decision: Appeal denied.

Hearing Issue: Appeal of eligibility for Health Connector plans

Hearing Date: December 5, 2023

Decision Date: December 17, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated August 3, 2023, the appellant was advised that he no longer qualified for health insurance through the Health Connector effective August 31, 2023. (Ex.3) The appellant filed an appeal which was received on September 20, 2023. (Ex. 9) The matter was referred to a hearing after receipt of the appeal. (Ex. 16)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector Plans on August 3, 2023, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 5, 2023, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

Ex. 1—Health Connector's Eligibility Determination Results based on a program determination date of August 3, 2023 (2 pages)

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

Ex. 3—Health Connector's Notice of Eligibility Termination dated August 3, 2023 (6 pages) ¹

¹ The exhibits were incorrectly numbered beginning with the next exhibit which should have been marked as Ex. 4.

- Ex. 5—Health Connector’s Eligibility Determination Results based on a program determination date of April 25, 2023 (2 pages)
- Ex. 6—Health Connector’s Review of Application (3 pages)
- Ex. 7—Health Connector’s Request for Information dated April 25, 2023 (3 pages)
- Ex. 8—Health Connector’s Reminder of Documents Needed Notice dated June 24, 2023 (3 pages)
- Ex. 9—Online Appeal Form received on September 20, 2023 (6 pages)
- Ex. 10—Acknowledgment of Appeal dated October 4, 2023 (1 page)
- Ex. 11-- Appeals Unit case notes (2 pages)
- Ex. 12—My Workspace document dated September 20, 2023 (2 pages)
- Ex. 13—Health Connector letter regarding proof of income dated October 4, 2023 (2 pages)
- Ex. 14—Health Connector’s Eligibility Determination Results based on a program determination date of September 21, 2023 (3 pages)
- Ex. 15—Health Connector’s Review of Application (3 pages)
- Ex.16—Notice of Hearing (3 pages)
- Ex. 17—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 62-years-old and has a tax household size of one. (Testimony, Exs. 2, 6, 15)
2. The appellant was determined eligible for ConnectorCare Plans on April 13, 2021, effective May 1, 2021. He moved to a new address in March, 2023, and did not notify the Health Connector of the change. (Testimony, Ex.11)
3. By notice dated April 25, 2023, the appellant was determined eligible for Health Connector Plans with no financial help based on data from other sources, effective June 1, 2023. (Testimony, Ex. 5)
4. By letter of the same date, the appellant was asked to submit proof of residence by July 24, 2023. The notice contained a list of acceptable documents to prove residence. The appellant believes that he “probably” received the request and was not sure whether he responded. (Testimony, Ex.7)
5. By letter dated June 24, 2023, the Health Connector sent the appellant a notice reminding him to submit proof of residence by July 24, 2023. He did not respond to the request. (Testimony, Ex. 8)
6. By notice dated August 3, 2023, the appellant was advised that he no longer qualified for insurance coverage through the Health Connector because it did not receive the information it needed to verify his eligibility to purchase a Health Connector plan. He was further advised that his coverage would terminate on August 31, 2023, but that if he submitted the requested documentation, he might qualify for insurance again. (Testimony, Exs. 1,3)
7. The appellant appealed the Connector’s August 3, 2023, determination on September 20, 2023, and submitted a utility bill with his current address as well as proof of income which had previously been requested. The utility bill was accepted as proof of residence, but the income documentation was not. (Testimony, Ex. 12)
8. By letter dated October 4, 2023, the Health Connector advised the appellant that it needed proof of income and included a list of acceptable documentation. (Ex. 13)

7. The appellant called the Appeals Unit regarding the Connector's request and has been unable to connect with a representative. (Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant's behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, for plan years 2021 and 2022 only, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

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

The appellant does not dispute that he was asked to submit proof of residence to the Health Connector on April 25, 2023, and did not submit the requested documentation by July 24, 2023. Accordingly, the appellant's coverage was terminated on August 31, 2023, because the Connector could not verify his eligibility to purchase insurance.

Based upon the totality of the evidence, it is concluded that since the requested information was not submitted by the required date, the Connector relied on other data it had available from other sources to issue its determination. Accordingly, the Connector's determination on August 3, 2023, regarding the appellant's lack of eligibility for insurance through the Health Connector was correct, and is therefore affirmed.

ORDER

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

At the time of the hearing, the appellant had submitted acceptable proof of residence, but there was still an outstanding request for proof of income. He was advised to contact customer service at 1-877-623-6765 for assistance with the request.