

FINAL APPEAL DECISION: ACA 24-22337

Appeal Decision: Appeal Denied, determination of eligibility for Massachusetts Health Connector plan upheld for failure to establish income

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

Hearing Date: October 17, 2024

Decision Date: December 23, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the MHC on February 1, 2024, that he was no longer eligible for a MHC Plan 2B. This notice informed him that the reason for this determination was the fact that he did not provide adequate information to support his eligibility as required.

The issue addressed on this appeal is whether the MHC made the correct determination for 2024 regarding the eligibility of Appellant for a Massachusetts Health Connector Plan. Appellant submitted proof of residency and income, but both were deemed unacceptable via the MHC notice dated February 14, 2024. On February 19, 2024 Appellant submitted proof of residency which was approved by the MHC. On February 21, 2024, the MHC notified Appellant of acceptable proof required for income as the 1099-NEC he submitted was deemed inadequate¹. Appellant wishes to have retroactive coverage for 2024, due to an error by the MHC to cover bills he received for recent medical treatment.

¹For acceptable forms of proof for income see: <https://www.mass.gov/info-details/masshealth-and-health-connector-acceptableverificationslist#:~:text=Proof%20of%20all%20current%20gross,income%2C%20pay%20stubs%2C%20etc.>

HEARING RECORD

The Appellant appeared at the Hearing, which was held by telephone, on October 17, 2024, and was properly sworn. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Affidavit - Appeal Request (7 pages)

Exhibit 2: Eligibility on Appeal (19 pages)

Exhibit 3: Research and Resolution (4 pages)

Exhibit 4: Notices from Appeal Unit (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant originally applied for a MHC plan on October 23, 2023, and was deemed eligible for a 2B plan. On February 1, 2024 he received a notice from the MHC advising him that he was not eligible for a MHC plan 2B and that he needed to submit proof of income and residency to receive the benefit in 2024 (Exhibit 2 and Appellant Testimony).
2. Appellant submitted proof of residency on February 13, 2024, but these documents were not accepted by the MHC, and he was notified by mail of this fact (Exhibit 7).
3. On February 13, 2024, Appellant submitted a 1099 NEC to prove income. This document was not adequate and Appellant was notified of this fact by letter of February 21, 2024 (Exhibits 3 and 7).
4. Appellant submitted proof of residency that was accepted by the MHC on February 1, 2024 (Exhibits 3 and 7).
5. On February 19, 2024 Appellant's submission for residency was approved by the MHC (Exhibits 3 and 7).
6. On February 21, 2024, Appellant was sent notice of what benefits he was eligible for as well as a list of acceptable forms of proof for income (Exhibit 7).
7. The MHC staff failed to send the Appellant an Eligibility Termination Notice on February 1, 2024. The MHC notified Appellant of this error via letter on February 27, 2024 (Exhibit 7).
8. The MHC staff could find no evidence that Appellant contacted the MHC Customer Service Department as Appellant testified to that he was told the 1099 NEC was adequate proof of income in February 2024 (Appellant Testimony and Exhibit 7).

9. Appellant states that he seeks retroactive coverage back from his application date of February 1, 2024, to cover medical bills, for treatment he received in 2024. He testified that he does not currently have health insurance (Appellant Testimony and Exhibit 1).
10. The Appellant offered no testimony or documentary proof to counter the findings of non-eligibility due to not verifying his income. When asked directly about this topic at the Hearing, Appellant stated he was told the proof offered 1099-NEC was adequate during a telephone conversation with the MHC Customer Service Department (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Health Connector found that the Appellant was not eligible for ConnectorCare due to his lack of documentation to prove income, which was the correct determination. Appellant was sent notification that his income information was inadequate at least three times (October 23, 2023, December 27, 2023, and February 1, 2024) by the MHC. Up to the time of the Hearing Appellant had not submitted adequate proof of income.

Appellant presented no new evidence to justify his receiving a plan via the MHC, nor to amend the finding of the MHC for retroactive coverage. The error he testified to (failure to receive an Eligibility Termination Notice) was rectified and cannot be viewed as an error that caused Appellant harm. The MHC based its decision on the information it had, at least in part, been provided by the Appellant. Additionally, the MHC could produce no evidence of a telephone conversation with the MHC Customer Service Department as the Appellant claimed - to support his testimony that he was told the 1099-NEC was adequate proof of income.

The timely submission of documentation to support an application or other updates is the obligation of the Appellant. Applicants and enrollees for MHC benefits have an obligation to cooperate and are responsible for the timely reporting of information and/or changes to establish and maintain eligibility. See 956 CMR §12.09. Appellant provided inadequate proof of income and was notified of this fact and what constitutes acceptable proof of income on numerous occasions. Appellant was given ample opportunities to amend his original application. Retroactive policy coverage is allowed in certain circumstances, however Appellant did not articulate any reason to justify a change or retroactive coverage in his filings or in his testimony at the Hearing.

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

The Appellant's appeal is therefore denied.

Massachusetts Health Connector Appeals Unit



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

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

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

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-24395

Appeal Decision: Appeal is denied.

Hearing Issue: Whether the Health Connector correctly determined that the Appellant was eligible for a ConnectorCare Plan Type 3C with Advance Premium Tax Credit.

Hearing Date: November 27, 2024

Decision Date: December 29, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On September 27, 2024, the Health Connector issued an Eligibility Approval notice (“Notice”) to the Appellant stating that they were qualified to enroll in a ConnectorCare Plan type 3C with Advance Premium Tax Credit.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on September 27, 2024 that, based on the information the Health Connector had at the time, the Appellant was qualified to enroll in a ConnectorCare Plan Type 3C with Advance Premium Tax Credit.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 27, 2024. The Appellant was informed of the hearing procedures and sworn in. I left the record open for the Health

Connector to provide additional evidence, which the Health Connector so provided. The hearing record consists of the Appellant's testimony and the following documents that were admitted into evidence:

- Exhibit 1: Online Hearing Request Form, received 9/28/24 (6 pages)
- Exhibit 2: Appeals Unit income verification affidavit (1 page)
- Exhibit 3: Eligibility Approval Notice, dated 9/27/24 (9 pages)
- Exhibit 4: Eligibility results, dated 9/27/24 (2 pages)
- Exhibit 5: Medicaid household determination, dated 9/27/24 (4 pages)
- Exhibit 6: Application summary, dated 9/27/24 (3 pages)
- Exhibit 7: Outreach notes (1 pages)
- Exhibit 8: Change verified income details for Appellant (4 pages)
- Exhibit 9: My WorkSpace document (2 pages)
- Exhibit 10: 2023 Consolidated Forms 1099 (20 pages)
- Exhibit 11: 2023 Form 1099-INT (3 pages)
- Exhibit 12: Eligibility results, dated 8/21/24 (2 pages)
- Exhibit 13: Eligibility results, dated 9/13/24 (2 pages)
- Exhibit 14: Request for information, dated 8/21/24 (5 pages)
- Exhibit 15: Application summary, dated 9/13/24 (3 pages)
- Exhibit 16: Application summary, dated 8/21/24 (4 pages)
- Exhibit 17: Notice of 11/27/24 hearing, dated 10/31/24 (1 page)
- Exhibit 18: Acknowledgement of hearing, dated 10/24/24 (1 page)
- Exhibit 19: Open record request to Health Connector, dated 11/27/24 (2 pages)
- Exhibit 20: Health Connector response to open record request, dated 12/10/24

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant submitted an application for health insurance to the Health Connector on September 27, 2024, and the Health Connector found the Appellant qualified for a ConnectorCare Plan Type 3C with Advance Premium Tax Credit. (Exhibits 3 and 6).
2. The Health Connector's September 27, 2024 Eligibility Approval notice sent to the Appellant states that its eligibility determination was based on its belief that the Appellant's household income was 390.99% of the Federal Poverty Level ("FPL"). (Exhibit 3).
3. The summary of the Applicant's September 27, 2024 health insurance application lists a projected yearly income of \$57,006.96, comprised of \$387.83 in monthly capital gains income (\$4,653.96 per year); \$37,715 in yearly investment income, and \$14,638 in yearly unemployment income. (Exhibit 6). The summary also states that the Appellant's self-attested monthly income was \$4750.58; this totals \$57,006.96 per year. (Exhibit 6).

4. I take administrative notice of the FPL numbers for 2024 and note that the FPL for a single person was \$15,060 and that an income of \$57,006.96 was 378% of the 2024 FPL.
5. I take administrative notice of the ConnectorCare Plan Types for 2024 and note that a person whose income is between 300.1 and 400% of the FPL is eligible for a ConnectorCare Plan Type 3C.
6. The Appellant appealed the September 27, 2024 Notice by submitting an online appeal form, which was marked received by the Health Connector on September 28, 2024. The Appellant wrote in the comments section: "When you reviewed my income, you included unemployment that I earned in 2023. That ran out last year and I will not be receiving it this year or next year, so my gross income estimate should be set at \$40,000, not \$57,000, for the purpose of calculating my premium." (Exhibit 1).
7. In connection with this appeal, the Health Connector submitted a sworn affidavit attaching records from the Appellant's file. In the affidavit, the Health Connector wrote that "the appellant's household was asked to send in documents to verify certain information regarding their application, was provided a list of acceptable documents, and did send in documents." (Exhibit 2). The affidavit further stated that the Health Connector "verified the Appellant's eligibility and issued a new determination based on the information contained in the Appellant's submitted documents." (Exhibit 2).
8. The documents submitted by the Health Connector in connection with this appeal include a Form 1099-INT for 2023 from one bank and consolidated 2023 Forms 1099 from another bank. (Exhibits 10 and 11). The documents submitted by the Health Connector do not contain a form showing the Appellant's unemployment compensation.
9. The Appellant testified that they never would have reported unemployment income as part of their September 27, 2024 application and that they did not have unemployment income in 2023. The Appellant testified that they were sure they sent information about unemployment compensation to the Health Connector for a prior year and that they think the Health Connector carried that information forward for the next year. The Appellant testified that the unemployment compensation should not have been included in their income for purposes of the September 27, 2024 application.
10. I left the record open for the Health Connector to provide documents showing how and from what source(s) the Health Connector determined, in connection with the Appellant's September 27, 2024 health insurance application, that the Appellant's projected yearly income included \$14,638 in unemployment compensation. (Exhibit 19).
11. In response to my open record request, the Health Connector's Appeals Unit Manager stated in a December 10, 2024 email in relevant part:

I can confirm that the unemployment was submitted on the application by the appellant when he submitted and attested to his annual income. The information came from him.

A few things just for context, the appellant had to have indicated that the unemployment income was effective 1/1/2024 as this is mandatory section that is built to reflect the most recent year and if older than a year the application gets an error and the application will not be able to be submitted until either that section is removed or updated to current.

(Exhibit 20).

12. I find the Appeals Unit Manager's statement that the Appellant submitted the unemployment compensation information to be more persuasive than the Appellant's theory that prior unemployment compensation information was carried forward to their September 27, 2024 application. According to the Appeals Unit Manager's explanation, which seems plausible, information that is older than a year is not carried forward in Health Connector insurance applications. I therefore find that the Appellant submitted the information about their \$14,638 unemployment compensation in connection with their September 27, 2024 application and that the Health Connector correctly concluded, based on the information it had at the time, that the Appellant's projected yearly income was \$57,006.96.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant is appealing the Health Connector's September 27, 2024 Notice that they qualified for a ConnectorCare Plan 3C with Advance Premium Tax Credit. The basis of their appeal is that \$14,638 in unemployment compensation should not have been included in their projected yearly income. Weighing the Appellant's testimony against information provided by the Health Connector, I found that the Appellant submitted the unemployment compensation information and that the Health Connector correctly concluded that the Appellant's projected yearly income was \$57,006.96. Finding of Fact No. 12. Since an annual income of \$57,006.96 for a single person was 378% of the FPL for 2024, and persons with incomes between 300.1 and 400% of the FPL are eligible for a ConnectorCare Plan 3C in 2024, I conclude that the determination in the Health Connector's September 27, 2024 Notice was correct, and I therefore deny the Appellant's appeal.

ORDER

The appeal is denied.

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

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

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

Hearing Officer

cc: Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-24671

Appeal Decision: Appeal Denied, determination of eligibility and monthly premium for Massachusetts Health Connector plan upheld

Hearing Issue: Appellant seeks a MassHealth Plan with no premium payment and is eligible for a Massachusetts HealthConnector Plan

Hearing Date: December 10, 2024,

Decision Date: December 26, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the MHC on October 8, 2024, that he was eligible for a MHC Plan 2A. This notice informed him of his monthly premium amount.

The issue addressed on this appeal is whether the MHC made the correct determination for 2025 regarding the eligibility of Appellant for a Massachusetts Health Connector Plan and his premium set at \$28 per month.

HEARING RECORD

The Appellant’s niece and Representative (Representative), appeared at the Hearing and stated she had authority to speak for the Appellant¹. The Hearing was held by telephone, on December 10, 2024 and the Representative properly sworn. The hearing record consists of the Representative’s testimony and the following documents which were admitted into evidence:

¹ There was nothing in the file to show a Representative Designation Form was filed. This was however on file with the MHC received by MHC on December 5, 2024, and provided by the Staff after the Hearing.

Massachusetts Health Connector Appeals Unit



- Exhibit 1: Affidavit - Appeal Request (7 pages)
- Exhibit 2: Eligibility on Appeal (19 pages)
- Exhibit 3: Research and Resolution (4 pages)
- Exhibit 4: Notices from Appeal Unit (4 pages)
- Exhibit 5: Authorized Representative Designation Form demonstrating Appellant's niece as authorized representative (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for a MHC plan on February 8, 2024, and was deemed eligible for a ConnectorCare Plan Type 2A (Exhibit 2 and Representative Testimony).
2. Appellant's plan required a premium payment of \$28 per month. The plan he was eligible in 2025 for is the same plan Appellant had in 2024 for which he paid no premium (Exhibit 2 and Representative Testimony).
3. Appellant's Representative testified that Appellant desires to be enrolled in MassHealth and he currently has an appeal with that entity (Representative Testimony).
4. Appellant has a discrepancy (increased weekly hours) in his income that the MHC desires clarification for his 2025 policy (Exhibit 3).
5. The Representative offered no testimony or documentary proof to counter the findings of Appellant's eligibility and the monthly premium. (Representative Testimony).
6. The Representative indicated she had two documents she wished to be entered into the record, one is a form authorizing her to represent Appellant, the other a notice from MassHealth denying him benefits (Appellant Testimony).
7. Appellant was sent an Open Record Form and no information was received by the MHC at the deadline of December 24, 2024 (Exhibit 5).

ANALYSIS AND CONCLUSIONS OF LAW

The Health Connector found that the Appellant was eligible for a ConnectorCare 2A for 2025. Appellant was eligible for the same plan as 2024, with a premium for 2025 of \$28 per month.

The MHC had information that Appellant's income had changed - earning more income due to more hours worked with his employer. In addition, the MHC based its decision on the information it had, at least in part, been provided by the Appellant. The timely submission of documentation to support an application or other updates is the obligation of the Appellant. Applicants and enrollees for MHC benefits have an obligation to cooperate and are responsible for the timely reporting of information and/or changes to establish and maintain eligibility. See 956 CMR §12.09.

Appellant was informed by letter of February 8, 2024, that he had an obligation to inform the MHC of any changes in income. There is no evidence that he or his Representative reached out to the MHC to clarify this income issue. Appellant's Representative did not offer documents or testimony that would support a different conclusion than that reached by the MHC regarding Appellant's plan. The Representative credibly testified that Appellant's preference was for a MassHealth plan, which he applied for and he is in the process of appealing that decision. Appellant's Representative was informed that MassHealth is a different and separate entity than the MHC and this hearing will not decide any of the MassHealth issue of Appellant.

Appellant can attempt to amend his application with the MHC by supplying new and adequate information. The Appellant should contact the MHC to resolve this income question. In addition, he can reference the MHC website which has information regarding income and premiums. See:

<https://www.mahealthconnector.org/wp-content/uploads/ConsumerGuideToSubsidies-2024.pdf>.

Appellant can also consider reviewing MHC Policy on the submission of documentation. The MHC will decide on the information it has in its possession if a change (such as income of the applicant) cannot be verified. See: <https://www.mahealthconnector.org/about/policy-center/policies>.

The Appellant's appeal is therefore denied.

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

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-24733

Appeal Decision: Appeal Denied

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

Hearing Date: December 12, 2024

Decision Date: December 30, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 25, 2024, the Appellant was determined ineligible for Health Connector plans with Advance Premium Tax Credits, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on December 12, 2024. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (3 pages, dated November 20, 2024)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form 6 pages dated November 20, 2024)
- Exhibit 6: Notice of Eligibility Determination (15 pages, dated October 25, 2024)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout 5 pages, dated October 25, 2024)
- Exhibit 8: Historical Notices and Printouts (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. (Exhibit 6)
2. Appellant stated that he lost his health insurance due to being laid off in March 2024. Appellant had health coverage from Cobra in April and May 2024. Appellant was doing contract work and he forgot to get health insurance.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant lost his job in which she had health insurance in March of 2024. Appellant had Cobra insurance for the months of April and May 2024. Appellant applied to the Health Connector on October 25, 2024. Appellant was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2024 was November 1, 2023, to January 23, 2024. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant should contact the Connector customer service number at 1-877-623-6765 to enroll in a health plan for 2025.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA25-24439

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare Plans

Hearing Date: December 6, 2024

Decision Date: December 12, 2024

AUTHORITY

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

JURISDICTION

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

ACTION TAKEN BY THE HEALTH CONNECTOR

On September 17, 2024 Health Connector determined the Appellant eligible for ConnectorCare plan 3B effective January 1, 2025 based on income information reported by the Appellant.

ISSUE

Was the financial eligibility determination made by the Health Connector on September 17, 2024 correct based on the income information reported by the Appellant?

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on December 6, 2024. 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 15, 2024.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated September 17, 2024.
- Exhibit 5: 2025 Eligibility Results with an Application Summary dated September 17, 2024
- Exhibit 6: Medicaid Household Determination Printout dated September 17, 2024.
- Exhibit 7: The Appellant's Online Appeal Request received on October 2, 2024.
- Exhibit 8: Income Detail Printout dated October 11, 2023.
- Exhibit 9: 2024 Eligibility Results with an Application Summary dated January 20, 2024.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for subsidized health insurance on January 20, 2024 and reported having weekly income of \$750. The Appellant was determined eligible for ConnectorCare 3B based on having income equal to 267.47% of the federal poverty level for their household of one (Exhibits 8, 9).
2. On September 17, 2024 the Appellant updated their application for the period beginning January 1, 2025. The Appellant did not report a change in income. The Appellant was determined eligible for ConnectorCare 3B based on income determined to be 258.94% of the federal poverty level (Exhibits 4, 5).
3. The Appellant filed an appeal on October 2, 2024 and reported that they work part time and their income is less for tax year 2025 (Exhibit 7).
4. The Appellant testified that their income will be less in tax year 2025 than it was in 2024. The Appellant acknowledged that they did not report the change in income when they completed the September 17, 2024 application (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

On September 17, 2024 the Appellant applied for subsidized health insurance for the period beginning January 1, 2025 and reported weekly income of \$750. Health Connector determined the Appellant eligible for ConnectorCare plan 3B based on the reported income that was determined to be equal to 258.94% of the federal poverty level.

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 through 2025, 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 10/23/23). 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 500% FPL in 2024 and 2025 qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant's attested income was determined to be less than 500% 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 250.1% but less than 300% of the Federal Poverty Level, the Health Connector correctly determined on September 17, 2024 that the Appellant is eligible for ConnectorCare Plan Type 3B for the period beginning January 1, 2025. 956 CMR 12.04(3).

The Appellant filed an appeal on October 2, 2024 and reported a change in income. The Appellant testified at the Hearing that they did not update their income on the September 17, 2024 application. As explained at the Hearing, the Appellant should update their application and report any changes in income. 956 CMR 12.09(2).

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 to report any changes in income and enroll in a plan for tax year 2025.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA25-24576

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare Plans

Hearing Date: December 4, 2024

Decision Date: December 12, 2024

AUTHORITY

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

JURISDICTION

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

ACTIONS TAKEN BY THE HEALTH CONNECTOR

On September 23, 2024 Health Connector determined the Appellant eligible for ConnectorCare plan 3B for the period beginning January 1, 2025 based on the income information available.

ISSUE

Was the financial eligibility determination made by the Health Connector correct based on the income information available?

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on December 4, 2024. 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 15, 2024.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated September 23, 2024.
- Exhibit 5: 2025 Eligibility Results with an Application Summary dated September 23, 2024
- Exhibit 6: Medicaid Household Determination Printout dated September 23, 2024.
- Exhibit 7: The Appellant's Hearing Request Form received on October 16, 2024.
- Exhibit 8: Income Detail Printout dated August 4, 2022.
- Exhibit 9: MassHealth Termination Notice dated August 20, 2024.
- Exhibit 10: Administrative Closing History Printout.

FINDINGS OF FACT

The record shows, and I so find:

1. On August 20, 2024 MassHealth terminated the Appellant's eligibility because MassHealth did not get the information requested. MassHealth had learned through third party data sources that the Appellant had income that affected their eligibility (Exhibits 9, 10).
2. On September 23, 2024 the Appellant's application for health insurance was updated. Health Connector determined through third party data sources that the Appellant has income equal to 252.32% of the federal poverty level and is therefore eligible for ConnectorCare 3B (Exhibits 4, 5).
3. The Appellant filed an appeal on October 16, 2024 and reported that their income has decreased (Exhibit 7).
4. The Income Detail Printout for the Appellant is dated August 4, 2022 (Exhibit 8).
5. The Appellant acknowledged that they have not submitted updated proof of income prior to the MassHealth Termination notice issued on August 20, 2024. The Appellant said that the nature of their work is seasonal and it is difficult to provide accurate proof of income (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

On August 20, 2024 MassHealth terminated the Appellant's eligibility after the Appellant failed to respond to requests for information regarding their income. Information from third party data sources indicated that the Appellant's income had increased from August 2022 when it was last verified.

On September 23, 2024 the Appellant's application for subsidized health insurance for the period beginning January 1, 2025 was updated. Health Connector determined based on third party data sources that the Appellant has income equal to 252.32.94% of the federal poverty level and is therefore eligible for ConnectorCare 3B.

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 through 2025, 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 10/23/23). 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 500% FPL in 2024 and 2025 qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant's income was determined to be less than 500% 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 250.1% but less than 300% of the Federal Poverty Level, the Health Connector correctly determined on September 23, 2024 that the Appellant is eligible for ConnectorCare Plan Type 3B for the period beginning January 1, 2025. 956 CMR 12.04(3).

The Appellant filed an appeal on October 16, 2024 and reported their income has decreased. The Appellant testified at the Hearing that they did not update their income because being a seasonal employee it can be difficult to estimate. As explained at the Hearing, to maintain eligibility the Appellant is required to update their application and report any changes in income. 956 CMR 12.09(2).

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 to report their income and enroll in a health plan for tax year 2025.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2423997

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

Hearing Issue: Whether the Connector correctly determined that the appellant was eligible to purchase health insurance through the Health Connector but was not eligible for an advance premium tax credit because Appellant had access to affordable employer-sponsored insurance.

Hearing Date: November 1, 2024 **Decision Date:** December 2, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On August 9, 2024 the Connector determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit because of Appellant's access to affordable employer-sponsored insurance.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on November 1, 2024. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection. Appellant testified.

The hearing record consists of the testimony of Appellant, and the following documents which were admitted in evidence with no objection by the appellant:

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated October 9, 2024 for November 1, 2024 hearing addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated September 13, 2024 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated September 13, 2024
- Exhibit 4: Hearing Request from Appellant received August 27, 2024
- Exhibit 5: Connector letter to Appellant dated August 9, 2024 regarding eligibility
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated August 9, 2024
- Exhibit 7: Medicaid household determination print-out, August 9, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance with an advance premium tax credit through the Connector in 2024. When the appellant updated his application for Connector coverage in August, 2024, Appellant attested to having access to affordable employer-sponsored health insurance (Testimony of Appellant, Exhibit 6).
2. The Connector determined on August 9, 2024 that Appellant was eligible to obtain health insurance through the Connector but was not eligible for an advance premium tax credit. The Connector made this determination because Appellant had attested to having access to affordable health insurance through his job. The Connector notified the appellant of this determination by letter dated August 9, 2024 (Exhibits 5, 6, and Testimony of Appellant).
3. Appellant submitted a request for appeal of the Connector's determination on August 27, 2024 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on August 9, 2024 that the appellant was eligible to purchase health insurance without an advance premium tax credit through the Connector. He was found to be ineligible for the tax credit because he had access to affordable health insurance through employment. See Exhibits 5 and 6; and testimony of the appellant which I find to be credible.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a health insurance with an advance premium tax credit through the state exchange (here, the Connector), the applicant may not have access to affordable health insurance through an employer-sponsored plan. 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).

In this matter, the appellant updated his Connector application in August, 2024. On the application, Appellant attested to having access to affordable health insurance provided by his employer. See Exhibit 6. Based upon this attestation, the Connector determined that the appellant was eligible to purchase and enroll in a Connector Health Plan but without an advance premium tax credit. The Connector notified the appellant of this decision. See Exhibit 5 and the testimony of the appellant which I find to be credible.

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 August 9, 2024. As noted above, the Connector's determination was based upon information supplied to the Connector by the appellant. See Exhibits 5, 6. During this hearing, Appellant confirmed the attestation on the Connector application; Appellant attested that he had access to affordable employer-sponsored insurance which met minimum essential standards. See 26 Code of Federal Regulations Sec. 1.36 (1) and (2) which provides, in part, that an individual who has access to affordable employer-sponsored insurance which meets minimum essential standards is not eligible for an advance premium tax credit.

The Connector's determination denying Appellant's eligibility to obtain an advance premium tax credit is affirmed.

ORDER: The determination by the Connector regarding Appellant's eligibility to purchase a Health Connector plan without an advance premium tax credit is affirmed.

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

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

Cc: Connector Appeals Unit

Hearing Officer

Addendum: During the hearing, Appellant testified that he might not have access to affordable health insurance through his job which is seasonal. Appellant may wish to amend his application to reflect whether or not he does have such access. He may do this by calling Customer Service at 1-877-623-6765.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-24232

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: November 5, 2024

Decision Date: December 10, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On September 16, 2024, Appellant was found eligible for a ConnectorCare Plan 3A based on Appellant's income being 242.22% of the Federal Poverty Level.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on November 5, 2024. The Hearing Record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit and Appeal Request dated September 16, 2024
- Exhibit 2: Eligibility on Appeal dated September 16, 2024
- Exhibit 3: Research and Resolution
- Exhibit 4: Historic Notes Eligibility results, dated June 10, 2024
- Exhibit 5: None
- Exhibit 6: Notice from Appeal Unit dated October 11, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. On June 10, 2024, Appellant applied for subsidized health insurance (Exhibit 4).
2. On June 10, 2024, Appellant was found eligible for a MassHealth CarePlus, based upon a Federal Poverty Level of 41.52% (Exhibit 4).
3. On September 16, 2024, Appellant received a notice from MassHealth downgrading the benefits from MassHealth CarePlus to Health Safety Net, effective on September 6, 2024 (Exhibit 2 and Testimony of Appellant).
4. On September 16, 2024, Appellant was sent a new determination that Appellant had a Federal Poverty Level of 242.22% and was eligible for a ConnectorCare Plan 3A with an Advance Premium Tax Credit of \$621.00 (Exhibit 2).
5. On September 25, 2024, the Health Connector bifurcated the Appeal and sent a Fair Hearing Request to the Board of Hearings at MassHealth (Exhibit 3).
6. Appellant tried to go forward with an appeal with MassHealth and was ready at the assigned time set by MassHealth, but MassHealth did not hold the hearing (Testimony of Appellant).
7. Appellant made attempts to get the MassHealth hearing on another day but had not received a response (Testimony of Appellant).
8. The September 16, 2024 determination was based on income information from Appellant on the application, showing self-attested income of \$2,943.00 per month (Exhibit 2).
9. Appellant testified that the capital gains amount of \$2,721, listed on the self-attested application of September 16, 2024, was actually the amount for the entire year, not a monthly amount as listed on the application (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit depending on their household income. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's Connector Care program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellant had previously been covered by MassHealth. On September 16, 2024, the MassHealth determination was downgraded to Health Safety Net. On September 16, 2024, Appellant completed an attested application for subsidized health insurance, listing Appellant's income as \$35,316 per year. Appellant received an eligibility determination that Appellant had a Modified Adjusted Gross Income of \$35,316 and a FPL of 242.22%. Appellant was found eligible for a ConnectorCare Plan 3A with Advanced Premium Tax Credit of \$621.00. This was the correct determination for a single person with a FPL of 242.22% See 956 CMR 12.04.

ORDER

The Appeal is denied.

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

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

ADDENDUM

If Appellant has not already done so, Appellant should call the Health Connector at 1 877 623-6765 and immediately report a change in income for a new determination.

Appellant should note that any Advance Premium Tax credits you get from the federal government will be reconciled when you file your 2024 federal income tax return. This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during 2024 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2024 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-24718

Appeal Decision: Appeal denied.

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

Hearing Date: December 9, 2024

Decision Date: December 29, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated October 21, 2024, the appellant was advised that she did not qualify for insurance through the Health Connector. (Ex. 3) The appellant filed an appeal which was received on October 24, 2024. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 11)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for health insurance through the Health Connector on October 21, 2024, 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 9, 2024, 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 for October 21, 2024 (1 page)
- Ex. 2—Health Connector's Review of Application (3 pages)
- Ex. 3—Health Connector's Notice of Eligibility Denial dated October 21, 2024 (6 pages)
- Ex. 4—Medicaid Household Determination Document (4 pages)
- Ex. 5—Health Connector's Eligibility Determination Results based on a program determination date of November 5, 2024 (2 pages)
- Ex. 6—Health Connector's Review of Application (3 pages)

- Ex. 7—Online Appeal Form received on October 24, 2024 (6 pages)
- Ex. 8—Health Connector’s Acknowledgement of Appeal dated November 5, 2024 (1 page)
- Ex. 9—Health Connector letter regarding proof of income dated November 5, 2024 (1 page)
- Ex. 10--Appeals Unit case notes (2 pages)
- Ex. 11—Notice of Hearing (3 pages)
- Ex. 12—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 38-years-old, is single, and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant had health insurance through MassHealth for several years until 2019 when she withdrew the insurance because she got a job that offered health insurance. (Testimony)
3. More recently, the appellant had health insurance through an employer from November, 2022, until August 31, 2024, when she lost her job. She subsequently filed an application for health insurance with the Health Connector. (Testimony, Ex. 2)
4. By notice dated October 21, 2024, the Health Connector notified the appellant that she did not qualify for health insurance because her application for Health Connector coverage was withdrawn. (Testimony, Ex. 3)
5. The appellant filed an appeal of the Health Connector’s denial which was received on October 24, 2024, in which she stated in part that she had insurance with MassHealth at one time and was advised that she had withdrawn when she reapplied for insurance even though she had taken no such action. (Testimony, Ex. 7)
6. The Health Connector administratively closed the appellant’s application because she had voluntarily withdrawn her coverage on 10/10/2019. The manager of the Appeals Unit removed the administrative closure after the appellant filed her appeal. (Ex. 10)
7. The appellant was determined not eligible for health insurance with the Health Connector on November 5, 2024. The notification referred to an active request for proof of income and a pending MassHealth decision. (Ex. 5)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant’s behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 500% of the FPL qualify for additional state subsidies through the Health Connector’s ConnectorCare program, pursuant to 956 CMR section 12.04.

The appellant was determined not eligible for health insurance through the Health Connector on October 21, 2024, because she had apparently withdrawn her insurance in October, 2019, at which time she had coverage

with MassHealth. As a result, an administrative closure was placed on her account and it unfortunately acted as a block when she reapplied for insurance in the fall of 2024 subsequent to losing her job and her employer health insurance. After she filed an appeal of the Connector's determination, the administrative closure was removed and a new determination was issued on November 5, 2024, requesting proof of income and indicating a pending decision by MassHealth. The appellant was advised at the hearing to submit proof of income in order to obtain a new eligibility determination.

Accordingly, based upon the totality of the evidence, it is concluded that the Connector's determination on October 21, 2024, regarding the appellant's eligibility for health 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

Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-24412

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: December 4, 2024

Decision Date: December 30, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on November 25, 2024. The Health Connector determined the Appellant to be not eligible for a ConnectorCare plan with Advance premium Tax credits because the Appellant had not provided any proof of income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for a ConnectorCare plan with Advance Premium Tax Credits.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on December 4, 2024. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant

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

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (3 pages, dated November 15, 2024)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (2 pages)
- Exhibit 5: Appellant's appeal request form (6 pages dated October 24, 2024)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated September 30, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (11 pages, dated September 30, 2024)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (12 pages, dated November 25, 2024)
- Exhibit 9: Historical Notices and Printouts (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 38 year old married female with four children (Exhibit 7 & 8)
2. The Appellant has a household of six. (Exhibit 7 & 8)
3. The Appellant and her family lost their health insurance on September 15, 2024 when her husband lost his job. (Exhibit 5 and Appellant's testimony)
4. Appellant and her family voluntarily closed their health insurance with the Health Connector in 2022.
5. The Appellant filed an application for health insurance on September 30, 2024 but did not send in proof of income. (Exhibit 6)
6. The Appellant filed an application for health insurance on November 25, 2024 but did not provide proof of income. Exhibit 7)

7. The Health Connector removed the administrative closure on November 25, 2024 but the Appellant and her husband were not eligible for Health Connector coverage because they did not provide proof of income.
8. The Appellant's husband was informed on December 2, 2024 that he was eligible for unemployment benefits in the amount of \$1,051.00 per week.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including government sponsored health insurance such as Medicare. 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i). Under 45 CFR S. 155.430(b) an individual can terminate enrollment with the exchange voluntarily.

The Health Connector correctly found The Appellant not eligible for ConnectorCare Plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is urged to contact the Health Connector Customer Service and provide the Health Connector proof of her income.