

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: February 8, 2024

Decision Date: February 27, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 18, 2023, Appellant was determined ineligible for Health Connector plans, due to failure to establish residency and for the Appellant' Spouse failure to establish lawful presence to the Health Connector.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 8, 2024. The Appellant's Household consists of the Appellant, her Spouse, and three (3) children. The Appellant was sworn in.

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

Exhibit 1:	Health Connector's Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant's Appeal Request Form- (Proof of Residency-Lease, Insurance, School Admittance)	(34 PP, received 1/23/2024)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated 11/8/ 2023)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated 1/4/ 2024)

Massachusetts Health Connector Appeals Unit



Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated	10/18/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated	10/18/2023)
Exhibit 7:	Health Connector’s Eligibility Denial	(8 PP, dated	10/18/2023)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	10/18 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	12/13/ 2023)
Exhibit 10:	Health Connector’s Email to Appellant	(3 PP, dated	12/13/ 2023)
Exhibit 11:	Health Connector’s Manage Documents Form	(1 PP, dated	12/13/2023)
Exhibit 12:	Health Connector’s Eligibility Results	(8 PP, dated	12/13/ 2022)
Exhibit 13:	Health Connector’s Application Summary	(3 PP, dated	12/13/ 2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on October 18, 2023, after failing to establish that the Appellant was a resident of Massachusetts, and her Spouse is lawfully present to the Health Connector. (Exhibits 1, 4-7).
2. The Appellant moved from Pennsylvania in July 2023. (Testimony).
3. The Appellant submitted residency and other documents after being denied Connectorcare. (Exhibits 1, 11, and Testimony).
4. The Appellant Spouse did not attest to being lawfully present at the time the Appellant applied. (Exhibit 4).
5. The Appellant and her children have been enrolled in MassHealth since the end of December, 2023. (Exhibits 1, 12,13, and Testimony).
6. The Appellant’s Spouse is not insured. (Exhibits 1, Appellant’s Spouse).
7. The Appellant has submitted documents showing that the Appellant is lawfully present to the Health Connector and has been redetermined and is now enrolled for MassHealth. (Exhibits 1,11, and 12, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

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

On October 18, 2023, the Appellant applied for health insurance through the Health Connector but was denied for not establishing residency in Massachusetts. The Appellant’s Spouse also did not establish lawful presence. Because the Appellant did not present any evidence of The Appellant submitted residency and other documents

Massachusetts Health Connector Appeals Unit



until after being denied Connectorcare and her Spouse has not provided evidence of being lawfully present, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans. 45 CFR § 155.305(a)(1).

While the Appellant and her children have now established residency and are eligible and enrolled in MassHealth, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans on October 18, 2023, based on the Appellant's attestation, and that determination is upheld.

Based upon the evidence in the record, it is concluded that the Connector's determination on October 18, 2023, regarding the appellants' eligibility for Health Connector Plan was correct and is therefore affirmed.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2024 from the federal government will be reconciled when you file your 2024 federal income tax return (usually in the spring of 2025). This means that the federal government will look at how much premium tax credit you should have received, and compare it to how much you actually received. If you got too much in tax credits during 2024 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2024 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Massachusetts Health Connector Appeals Unit



Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2024 will be paid to you when you file your 2024 federal income tax return.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Eligibility for financial assistance based on income.

Hearing Date: February 20, 2024

Decision Date: February 26, 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 forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was determined eligible for Connector Care Plan Type 2A on November 14, 2023. The determination of the plan type was based on his income.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined the plan type for Appellant.

HEARING RECORD

Appellant and his sister appeared at the hearing, which was held by telephone on February 20, 2024. The hearing record consists of the testimony of Appellant and his sister, and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (12/12/23) (3 pages)
- Exhibit 2: Health Connector Record Affidavit (2 pages)
- Exhibit 3: Eligibility Notice (11/14/23) (6 pages)
- Exhibit 4: Screen Shot of eligibility determination (2 pages)

- Exhibit 5: Screen Shot of application summary (3 pages)
- Exhibit 6: Medicaid determination (5 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Appellant (11/28/23) (1 page)
- Exhibit 9: Screen shot of eligibility determination (9/10/23) (4 pages)
- Exhibit 10: Screen shot of application summary (9/10/23) (5 pages)
- Exhibit 11: Medicaid determination (4 pages)
- Exhibit 12: Hearing Notice (1/11/24) (3 pages)
- Exhibit 13: Acknowledgement of Appeal (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. In early 2023, Appellant was on MassHealth Standard, which is a program run by MassHealth, the Commonwealth's Medicaid agency.
2. At that time, Appellant's tax household included three persons: himself, his adult daughter, and his infant grandchild. Exhibit 4.
3. In September 2023, the household information was updated. The new information showed that the daughter was working and supporting herself and her child. As a result, they formed a separate tax household. They obtained insurance through a different source and so withdrew their application for state-supported health insurance. Exhibit 2.
4. At that point, Appellant was in a household of one person, consisting of himself alone.
5. Appellant reported that he had income of \$403 weekly or \$20,954 annually. Exhibit 5. At the hearing, Appellant confirmed that this information was still correct. This was the same income he had reported earlier when he was eligible for MassHealth Standard.
6. Eligibility for state-supported health insurance is based in part on the household's income expressed as a percent of the Federal Poverty Level (FPL). The Health Connector determined that Appellant, in a household of one person with annual income of \$20,954, was at approximately 138 percent of the federal poverty level. Exhibit 4.
7. Accordingly, Appellant was determined eligible for Connector Care Plan Type 2A, which is the plan type for households with income between 133 and 150 percent of the FPL. In Plan Type 2A, Appellant had a choice of several insurance plans. One of those plans would not cost any premium. Other plans had a monthly premium.
8. One of the choices available to Appellant was Mass General Brigham, which is an insurance plan that has a network of providers including providers affiliated with Mass General and Brigham and Women's Hospitals. Appellant chose that plan because it included his doctors in its network. The premium for that plan for individuals in Plan Type 2A is about \$100.
9. Appellant appealed this determination because he felt the premium of \$100 was too high for him. Exhibit 1.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant's eligibility for Connector Care Plan Type 2A based on his income.

The Health Connector determines eligibility for Connector Care, which is a program that provides federal and state subsidies to purchase health insurance. In order to be eligible for Connector Care, an individual must have household income that is below 300 percent of the federal poverty limit (FPL.) 956 C.M.R. § 12.04(3)(a). Further, the amount of subsidy received through Connector Care is also based on the individual's income as a percentage of the FPL.

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). Appellant's eligibility was based on the 2023 FPL, which was \$14,580 for a household of one person, like Appellant's. See <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>. Thus, Appellant's reported income of \$20,954 constituted approximately 140 % of the FPL. At that level, he was determined eligible for Connector Care.

As stated, the FPL is based on both income and household size. Formerly, Appellant had been in a household of three persons, including his daughter and grandchild. The FPL for a household of three persons is \$24,864. Thus, given the annual income of \$20,954, this household was below the Federal Poverty Level. At that level, Appellant was eligible for MassHealth Standard, which provided coverage without any premium cost. Once his daughter and grandchild became a separate household, and he was in a household of only one person, he was above the poverty line and thus no longer eligible for MassHealth Standard.

The amount of assistance provided through Connector Care also depends on income. There is a sliding scale with different tiers or "plan types," which are based on percentages of the FPL. The tiers are called Plan Types 1, 2A, 2B, 3A and 3B. 956 C.M.R. § 12.04(3)(b). A person, like Appellant, who has income falling between 100 and 150 percent of FPL qualifies for Plan Type 2A. Id.

For each plan type, the Health Connector sets a minimum monthly premium. This year, for Plan Type 2, the minimum premium was \$0 a month. See Topics Related to the Individual Mandate (2023) at page 7, available at https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2022/03-10-22/Individual-Mandate-Topics-and-CY2023-Affordability-Schedule-VOTE-031022.pdf. The financial subsidy provided through Connector Care equals the amount necessary to reduce the premium cost of the lowest-cost carrier available to the Connector Care member to the amount of the minimum premium. In other words, if the lowest cost carrier available charges a premium of \$600 a month, a Plan Type 2A member will receive a financial subsidy of \$600, which is the difference between the \$600 cost and the \$0 minimum premium.

However, within Connector Care, there are choices of insurance carriers, each of which charge different premiums. 956 C.M.R. § 12.04(3)(c). If a Connector Care member chooses a carrier with the second lowest premium cost, then that member will pay more because the amount of financial assistance is fixed. In other words, if there are two carriers available to a Plan Type 2A member, one of which charges \$600 a month, and the

Massachusetts Health Connector Appeals Unit



other of which charges \$700 a month, a person in Plan Type 2A who chooses the higher cost carrier will pay \$100 a month, which is the difference between the premium cost of \$700 and the \$600 financial subsidy available for Plan Type 2A members.

In this case, Appellant's eligibility for Plan Type 2A was correctly determined. He confirmed the income figures in his application. As stated above, based on those figures, the Health Connector correctly determined that his household income was 137% of the FPL, and thus he was eligible for Plan Type 2A. At that plan type, he would have the option of at least one carrier at a monthly cost of \$0. However, Appellant chose another carrier that had a significantly higher premium. He did this because he wished to continue seeing certain medical providers who had been providing him with health care coverage in the past. He chose an insurance carrier that included those providers within its network of covered providers. That carrier was the most expensive one available. Thus, the premium that he had to pay was significantly higher than the minimum premium available to him within Plan Type 2A of Connector Care.

In short, the amount of subsidy provided to Appellant was correctly calculated based on his income and household size. Accordingly, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 23-20199

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: November 15, 2023

Decision Date: February 7, 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 10., 2023, Appellant was determined ineligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify residency.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on November 15, 2023. 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 (2 pages, dated October 19, 2023)
- Exhibit 3: Health Connector's Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (5 pages)
- Exhibit 5: Appellant's appeal request form 6 pages dated September 18, 2023)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated August 10, 2023)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (7 pages, dated September 8, 2023)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (7 pages, dated August 10, 2023)
- Exhibit 9: Historical Notices and Printouts (28 pages)
- Exhibit 10: Open Record request to Appellant for all documentation regarding outstanding bill from Salem Hospital and all documents regarding appeal from termination of coverage, no records received

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 7, 8 & 9, Appellant's testimony)
2. Appellant was notified that she had to provide proof of residency. However, the Appellant did not do so before she was terminated from her health insurance (Exhibit 6 & 8).
3. During Appellant's testimony she indicated that she did provide proof of residency and reapplied and was reinstated to the Connector (Exhibit 7).
4. Appellant indicated that she did not realize that she had to provide proof of residency.
5. Appellant received a request for information dated August 21, 2023, indicating that she needed to send in proof of residency.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to verify residency. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance

through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' residency status, in accordance with 45 CFR § 155.315(d). Where the Health Connector cannot verify applicants' residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

The Appellant was determined ineligible for Health Connector plans and was asked to verify her residency. The Appellant failed to send in documents verifying her residency, and was determined ineligible for Health Connector plans on June 13, 2023, for not being a resident of Massachusetts. This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f), and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a).

The Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on August 10, 2023, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant has produced the necessary documents and has been reinstated to her Connector health insurance.

FINAL APPEAL DECISION: ACA23-21013

Appeal Decision: Appeal Denied

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

Hearing Date: January 18, 2024

Decision Date: February 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.*

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 November 1, 2023, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 18, 2024. Also present was a duly sworn interpreter and Appellant's friend. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

1. Affidavit and Appeal Request dated November 16, 2023
2. Eligibility on Appeal dated November 1, 2023
3. Research and Resolution
4. Historic notices None
5. Recent Determination None
6. Notice from Appeal Unit dated December 6, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on November 1, 2023, after failing to establish that the Appellant is lawfully present to the Health Connector. (Exhibit 1)
2. Appellant submitted documents regarding lawful presence to the Health Connector on November 29, 2023 (Exhibit 3 and Testimony of Appellant)
3. The documents submitted by Appellant on November 29, 2023 were not legible (Exhibit 3).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to establish lawful presence. 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.

On November 1, 2023, Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans 45 CFR § 155.305(a)(1). Appellant sent in documentation to establish lawful presence on November 29, 2023, but the documents were not legible. Exhibits 2, 3, and Testimony of Appellant which I find to be credible.

I find that the Health Connector made the correct determination.

ORDER

The appeal is denied.

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

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

ADDENDUM

If Appellant has not already done so, Appellant should obtain clear copies of the documents showing immigration status and send them to the Health Connector. Appellant can call the Health Connector at 877 623-6765 for instructions on how to send the documents and to confirm receipt by the Health Connector.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2420696

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 Health Connector plan without an advance premium tax credit.

Hearing Date: January 5, 2024

Decision Date: February 13, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 5, 2023, the Connector determined that the appellant was eligible to purchase and enroll in a Health Connector plan without an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on January 5, 2024. 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 December 6, 2023 addressed to Appellant for January 5, 2024 hearing
- Exhibit 3: Connector letter to Appellant dated November 1, 2023 acknowledging receipt of request for appeal, 1p.
- Exhibit 3a: Appeals Unit outreach notes dated November 1, 2023
- Exhibit 4: Hearing Request Form from Appellant received on October 20, 2023
- Exhibit 5: Connector letter dated October 5, 2023 to Appellant regarding eligibility approval for 2024
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated October 5, 2023 for 2024
- Exhibit 7: Medicaid household determination print-out dated October 5, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance coverage through the Connector in October, 2023 for 2024 (Testimony of Appellant, Exhibit 6).
2. Appellant attested to having access to affordable employer-sponsored health insurance on her application. Based upon the appellant's attestation, the Connector determined that the appellant was eligible to purchase and enroll in a Health Connector Plan without an advance premium tax credit (Testimony of Appellant, Exhibits 5, 6).
3. The Connector notified the appellant in a letter dated October 5, 2023 that the appellant was eligible to purchase and enroll in a Health Connector Plan without an advance premium tax credit (Exhibit 5).
4. Appellant submitted a request for an appeal of the Connector's October 5th determination on October 20, 2023 (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on October 5, 2023 that the appellant was eligible to purchase and enroll in a Health Connector Plan without an advance premium tax credit based upon information supplied by the appellant to the Connector. Appellant submitted a request for an appeal of the Connector's determination on October 20, 2023. See Exhibits 4, 5, 6, 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).

In this matter, Appellant applied for health insurance coverage through the Connector in October, 2023. On her application, the appellant attested to having access to affordable health insurance through her job. Based upon this attestation, the Connector determined that the appellant was eligible to purchase and enroll in a Connector Health Plan without an advance premium tax credit. The Connector notified the appellant of this decision. See Exhibits 5 and 6 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 October 5, 2023. 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 was eligible for 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 determination of the Connector is, therefore, affirmed.

ORDER: The action taken 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.

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2420793

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 Connector Health Plan with an advance premium tax credit.

Hearing Date: January 8, 2024

Decision Date: February 17, 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 6, 2023, the Connector determined that the appellant was eligible to purchase and enroll in a Connector Health Plan with an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on January 8, 2024. For part of the hearing, a French interpreter was also present. The interpreter left the hearing with no explanation. The appellant agreed to continue without the interpreter. 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 December 6, 2023 addressed to Appellant for a January 8, 2024 hearing
- Exhibit 3: Connector letter to the appellant dated October 31, 2023 acknowledging receipt of request for a hearing
- Exhibit 3a: Appeals Unit outreach notes dated October 31, 2023 and January 2, 2024
- Exhibit 3b: Appeals Unit email to Appellant dated October 31, 2023
- Exhibit 4: Hearing Request Form from Appellant received on October 27, 2023
- Exhibit 5: Connector letter dated October 6, 2023 to Appellant. Final Renewal Notice for 2024
- Exhibit 5a: Connector letter dated September 16, 2022 to Appellant. Final Renewal Notice for 2023

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated October 6, 2023 for 2024

Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated September 16, 2022

Exhibit 7: Medicaid household determination print-out dated October 6, 2023

Exhibit 8: Connector print-out regarding Appellant's income details

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had ConnectorCare coverage in 2023. This coverage ended on December 31, 2023 (Exhibits 3a, 5a, 6, 6a, Testimony of Appellant).
2. The appellant attested to a projected income of \$95,424 for 2024 on a Connector application. Appellant attested to having two jobs. For one, the appellant attested to an income of \$2,847 every two weeks. For the other, Appellant attested to income of \$411 every week. Based on this attestation or from information from other data sources, the Connector determined that the appellant's income was equal to 826% of the Federal Poverty Level and that the appellant was eligible to enroll in a Connector Health Plan with an advance premium tax credit of zero dollars per month (Testimony of Appellant, Exhibits 5, 6, 8).
3. The Connector notified the appellant of this determination of eligibility in a letter dated October 6, 2023 (Exhibit 5).
4. As of the date of this hearing, Appellant's projected income had changed. Appellant no longer had the second job for which she earned \$411 a week (Testimony of Appellant).
5. Appellant submitted a request for an appeal of the Connector's October 6th determination on October 27, 2023. In the request for a hearing the appellant stated that Appellant could not afford the premiums for a Connector Health plan (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on October 6, 2023 that the appellant was eligible to purchase and enroll in a Connector Health Plan 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 October 6th determination on October 27, 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 500% 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 ConnectorCare coverage until December 31, 2023 when the Connector determined that the appellant was no longer eligible for the coverage. See Exhibit 5. The appellant attested to a projected income of \$95,424 for 2024 on Connector application. Based on this attestation, the Connector determined that the appellant's income was equal to 826% of the Federal Poverty Level and that the appellant was eligible to enroll in a Connector Health Plan. The Connector notified the appellant of this determination of eligibility in a letter dated October 6, 2023. See the testimony of Appellant which I find to be credible and Exhibits 5, 6, 8. Appellant requested an appeal of the Connector's determination. 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 on October 6, 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 826% of the Federal Level, Appellant was eligible for a Connector Health 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 Connector Health plan 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, 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: ACA2420797

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 ConnectoCare plan, Type 3C.

Hearing Date: January 8, 2024

Decision Date: February 19, 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 2, 2023, the Connector determined that the appellant was eligible to purchase and enroll in a ConnectorCare plan, Type 3C, based upon information supplied by the appellant to the Connector and/or other data sources.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on January 8, 2024. 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 December 6, 2023 addressed to Appellant for January 8, 2024 hearing
- Exhibit 3: Connector letter to Appellant dated November 1, 2023 acknowledging receipt of request for appeal, 1p.
- Exhibit 3a: Appeals Unit outreach notes dated November 1, 2023
- Exhibit 4: Hearing Request Form from Appellant received on October 29, 2023
- Exhibit 5: Connector letter dated October 2, 2023 to Appellant regarding eligibility approval for 2024
- Exhibit 5a: Connector letter dated October 11, 2022 to Appellant regarding eligibility approval for 20223
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated October 2, 2023 for 2024

Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated October 11, 2022 for 2023

Exhibit 7: Medicaid household determination print-out dated October 2, 2023

Exhibit 8: Connector print-out regarding proof of income received from Appellant on November 1, 2023 and copies of proof submitted (illegible), first two pages of 2021 and 2022 Federal tax return

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had Connector Health Plan coverage from January 1, 2023 through December 31, 2023 (Testimony of Appellant, Exhibit 3a).
2. When Appellant updated his income information for 2024 coverage, Appellant attested to an income of \$738 a month. When the Connector verified this information, it found that Appellant was earning more than \$738 per month and that the appellant's projected income, as verified, equaled 301% of the Federal Poverty Level (See Exhibits 5 and 6).
3. Based upon the verification data concerning Appellant's projected income, the Connector determined that the appellant was eligible for a ConnectorCare plan, Type 3C (See Exhibits 5 and 6).
4. The Connector notified the appellant in a letter dated October 2, 2023 that the appellant was eligible to purchase and enroll in a Type 3C ConnectorCare plan (Exhibit 5).
5. Appellant submitted a request for an appeal of the Connector's October 2nd determination on October 29, 2023. Appellant claimed that his premium had almost doubled and he could not afford to pay the new amount (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on October 2, 2023 that the appellant was eligible to purchase and enroll in a ConnectorCare plan, Type 3C, based upon information supplied by the appellant to the Connector and later verified by the Connector from other data sources. Appellant submitted a request for an appeal of the Connector's determination on October 29, 2023. See Exhibits 4, 5, 6, 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). See also 45 CFR Section 155.320 which allows the Connector to verify information obtained from the applicant by checking other data sources.

In this matter, Appellant had Connector Health Plan coverage from January 1, 2023 through December 31, 2023. When Appellant updated his income information for 2024 coverage, Appellant attested to an income of \$738 a month. When the Connector verified this information, it found that Appellant was earning more than \$738 per month and that the appellant's projected income, as verified, equaled 301% of the Federal Poverty Level. See Exhibits 3a, 5 and 6, and the testimony of the appellant which I find to be credible.

Based upon the verification data concerning Appellant's projected income, the Connector determined that the appellant was eligible for a ConnectorCare plan, Type 3C. The Connector notified the appellant in a

letter dated October 2, 2023 that the appellant was eligible to purchase and enroll in a Type 3C ConnectorCare plan.

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 October 2, 2023. As noted above, the Connector's determination was based upon information supplied to the Connector by the appellant or data from other sources. See Exhibit 5. The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Care Plan, Type 3C, 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: In the record, there is a wide discrepancy between what the appellant says he earns and what the Connector found he earned after obtaining data from other data sources. Appellant may wish to contact Customer Service at 1-877-623-6765 to report his current projected income for 2024 and to find out what documents constitute acceptable forms of proof of income.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-20867

Appeal Decision: Appeal Denied

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

Hearing Date: January 3, 2024

Decision Date: February 19, 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 20, 2023, Appellant's child Quanqing Wang was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 3, 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 December 16, 2023)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (3 pages)
- Exhibit 5: Appellant's appeal request form 6 pages dated November 21, 2023)
- Exhibit 6: Notice of Eligibility Determination (7 pages, dated October 20, 2023)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (7 pages, dated October 20, 2023)
- Exhibit 8: Historical Notices & Printouts (pages)
- Exhibit 9: Open Record request to the Appellant for the permanent residence card of Quanqing Wang, the child of Appellant. No documentation was provided.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 55 year old married male. Appellant's wife and other child are eligible for Health Connector plans. Appellant provided information that indicated that he is eligible for Health Connector plans and Appellant testified that he is enrolled for Health Connector plans. Appellant was informed that he needs to provide documentation regarding his second child's immigration status.
2. The Appellant did not provide any documentation of his second child's being lawfully present at the time of his application or in the open record request. (Exhibit 6, 7 & 9)
3. The Appellant has not submitted documents showing that the Appellant's second child is lawfully present to the Health Connector. (Exhibit 9)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's second son was found ineligible for Health Connector plans on failing to establish lawful presence. Under 45 CFR s. 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.

On October 18, 2023, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present nor did Appellant attest to his second son, Quanqing Wang's being lawfully present and both were determined ineligible for Health Connector plans. The Appellant did provide documentation that the Appellant was lawfully present and Appellant stated he had signed up for health insurance. Because the Appellant did not present any evidence of his second son being lawfully present, the Health Connector correctly found that the Appellant's son was not lawfully eligible for health Connector plans. 45 CFR s. 155.305(a)(1).

The Health Connector correctly found that the Appellant's second son was not eligible for Health Connector plans on October 18, 2023, based on the Appellant's attestation, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to contact Customer Service and report his second son's immigration status.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-3091

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: January 10, 2024

Decision Date: February 5, 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 6, 2023, Appellant was found eligible for a Connector Care Plan Type 3A beginning on January 1, 2024

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on January 10, 2024. Also present was a duly sworn interpreter. The Hearing Record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

1. Affidavit and Appeal Request dated November 10, 2023
2. Eligibility on Appeal dated October 6, 2023
3. Research and Resolution
4. Historic notices Eligibility Notice dated December 17, 2022
5. Recent Determination None
6. Notice from Appeal Unit dated December 6, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. On October 6, 2023, Appellant applied for renewal of subsidized health insurance (Exhibit 2).
2. On October 6, 2023, Appellant was found eligible for a Connector Care Plan 3A based on a federal poverty level of 232.84% (Exhibit 2).
3. Appellant's work situation and income decreased since October 2023 (Testimony of Appellant).
4. Appellant expects to continue to earn less during the remainder of 2024 (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).

On October 6, 2023, Appellant applied for renewal of Appellant's Connector Care plan for 2024. Appellant was found to have a Federal Poverty Level of 232.84%. On October 6, 2023, Appellant was found eligible for a Connector Care Plan 3A. The Health Connector made the correct determination on October 6, 2023. 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 immediately report changes in income to the Health Connector (1-877 623-6795) and provide any documents requested.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2420968

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 Connector Health Plan without an advance premium tax credit.

Hearing Date: February 5, 2024

Decision Date: February 20, 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 29, 2023, the Connector determined that the appellant was eligible to purchase and enroll in a Connector Health Plan without an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on February 5, 2024. Appellant gave permission for his brother to represent him at the hearing as no Haitian Creole interpreter was available to translate. The procedures to be followed during the hearing were reviewed with the representative who was then sworn in. Exhibits were also reviewed with the representative, marked as exhibits, and admitted in evidence. The representative had no objection to the documents being admitted in evidence. The representative testified. The appellant was also present during the hearing.

The hearing record consists of the testimony of the representative 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 January 4, 2024 addressed to Appellant for a February 5, 2024 hearing
- Exhibit 3: Connector letter to the appellant dated November 24, 2023 acknowledging receipt of request for a hearing
- Exhibit 3a: Appeals Unit outreach notes dated November 24, 2023
- Exhibit 3b: Appeals Unit email to Appellant dated November 24, 2023
- Exhibit 4: Hearing Request Form from Appellant received on November 10, 2023
- Exhibit 5: Connector letter dated October 29, 2023 to Appellant. Final Renewal Notice for 2024
- Exhibit 5a: MassHealth letter to Appellant dated October 20, 2023, denial of eligibility

- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated October 29, 2023 for 2024
- Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated August 1, 2023
- Exhibit 7: Medicaid household determination print-out dated October 29, 2023
- Exhibit 8: MassHealth print-out showing Appellant's loss of coverage as of November 12, 2023 (failure to submit information)

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had MassHealth coverage in 2023 until November 12, 2023 when the appellant's coverage ended. The coverage was terminated because the appellant did not respond to a request for information (Exhibits 3a, 5a ,8 Testimony of Representative).
2. The appellant attested to a projected income of zero on his application for coverage in 2024 through the Connector. Appellant had been unemployed in January, February, and part of March, 2023 (Testimony of Representative, Exhibit 6).
3. Based on the attestation of zero income or from information from other data sources, the Connector determined that the appellant's income was equal to 0 % of the Federal Poverty Level and that the appellant was eligible to enroll in a Connector Health Plan without an advance premium tax credit (Testimony of Representative, Exhibits 5, 6).
4. The Connector notified the appellant of this determination of eligibility in a letter dated October 29, 2023 (Exhibit 5).
5. In March, 2023, Appellant's projected income had changed. Appellant was no longer unemployed. Appellant was still employed as of the date of this hearing (Testimony of Representative).
6. Appellant submitted a request for an appeal of the Connector's October 29th determination on November 10, 2023. In the request for a hearing the appellant stated that Appellant had trouble updating information on his application and he wanted to be able to update his application (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on October 29, 2023 that the appellant was eligible to purchase and enroll in a Connector Health Plan 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 October 29th determination on November 10, 2023. See Exhibits 4, 5, and the testimony of the representative.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. See also 45 CFR 155.320 which allows the Connector to verify information obtained from the applicant by checking other data sources.

If an applicant is otherwise eligible to purchase health insurance through the Connector, the applicant's projected income is over 100% of the Federal Poverty Level, the applicant may be eligible for an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 500% 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, the American Rescue Plan, and the Inflation Reduction Act.

In this matter, Appellant had MassHealth coverage in 2023 until November 12, 2023 when the appellant's coverage ended. The coverage was terminated because the appellant did not respond to a request for information. The appellant attested to a projected income of zero on his application for coverage in 2024 through the Connector. Appellant had been unemployed in January, February, and part of March, 2023. Based on this attestation or from information from other data sources, the Connector determined that the appellant's income was equal to 0 % of the Federal Poverty Level and that the appellant was eligible to enroll in a Connector Health Plan without an advance premium tax credit. The Connector notified the appellant of this determination of eligibility in a letter dated October 29, 2023. See the testimony of the representative, Exhibits 3a, 5, 5a, 6, and 8.

What is at issue on appeal is whether the Connector made the correct determination based upon the information available to the Connector on October 29, 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, the representative confirmed the attestation on the Connector application. With a projected annual income of 0% of the Federal Level, Appellant was eligible for a Connector Health plan, as the Connector determined. See 956 CMR 12.04. The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan is affirmed.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Addendum: Appellant's representative testified that Appellant's income has changed. 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: ACA 24-20993

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income at or under 100% of the federal poverty level.

Hearing Date: January 23, 2024

Decision Date: February 17, 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

Appellant submitted an application for subsidized health insurance on October 18, 2023. The Health Connector determined the Appellant to be eligible for Health Connector plans.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for subsidies based on the Appellant's income level.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 23, 2023. 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 December 7, 2023)
- 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 (8 pages) dated November 15, 2023)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated September 19, 2023 & October 18, 2023)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (4 pages, dated October 18, 2023)
- Exhibit 8: Health Connector’s Determination Results and Review Computer Printout (6 pages, dated February 17, 2023)
- Exhibit 8: Historical Notices and Printouts (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 70 year old unmarried female, who applied for subsidized health insurance on September 19, 2023 & October 18, 2023. Appellant is a Bulgarian citizen who has received her green card. Appellant has applied for Medicare and will commence coverage on February 1, 2024. Appellant was offered coverage with Health Connector plans on October 18, 2023. (Exhibit 7)
2. The Appellant has a household of one (Exhibit 7)
3. The Appellant was not found eligible for subsidized health insurance through the Health Connector because her income level was 51.10% of the Federal Poverty Level which is under 100% for a single person in 2023. (Exhibit 7).

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). Another requirement to be eligible for APTC is that the applicant must have an income at or above 100% of the Federal Poverty Level, which is \$12,140.00 (45 CFR 155.305(f)(1)(i)).

The Appellant attested on her application that her income is below 100% of the Federal poverty level and verified at the hearing. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare, which was the correct determination. 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-21012

Appeal Decision: The Connector's denial of Appellant's application for the purchase of subsidized health insurance is affirmed.

Hearing Issue: Appellant's eligibility for subsidized insurance based on access to employer sponsored health insurance

Hearing Date: January 18, 2024

Decision Date: February 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

Appellant submitted an application for subsidized health insurance on October 16, 2023. The Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for subsidies, based on Appellant's access to affordable employer sponsored health insurance.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 18, 2024. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

1. Affidavit and Appeal Request dated November 4, 2023
2. Eligibility on Appeal dated October 16, 2023
3. Research and Resolution
4. Historic notices Mass Health notice June 16, 2023
5. Recent Determination None
6. Notice from Appeal Unit dated December 6, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for subsidized health insurance on October 16, 2023 (Exhibit 2).
2. On October 26, 2023, the Health Connector found that the Appellant was eligible for Health Connector plans but was not eligible for subsidies, because the Appellant had access to affordable health coverage through a job (Exhibit 2).
3. Appellant filed an appeal on November 4, 2023 (Exhibit 1).
4. When Appellant applied for subsidized insurance, Appellant stated that Appellant had access to employer sponsored health insurance (Exhibit 2 and Testimony of Appellant).
5. Appellant does have access to employer health insurance but has not enrolled due to the cost (Testimony of Appellant).

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 500% 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 health insurance through an employer. 45 CFR § 155.305(f)(1)(ii)(B). Only qualifying coverage that is affordable and meets minimum value standards, as those terms are defined in law, will block an employee from being eligible for APTC. See 26 CFR § 1.36B-2(c)(3) and IRS Revenue Procedure 2021-36. Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2024 if the employee's required contribution for self-only coverage is 8.39 percent or less of the employee's projected household modified adjusted gross income; and coverage meets minimum value standards if it has an actuarial value of at least 60 percent.

The Appellant attested on the application that Appellant has access to affordable employer sponsored insurance. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for Connector Care, which was the correct determination.

ORDER

The appeal is denied.

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

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

ADDENDUM

If Appellant has not already done so, Appellant should obtain information about the employer sponsored health insurance. Appellant should then call the Health Connector (617 623-6765) to update the information about employer sponsored health insurance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-21136

Appeal Decision: Appeal Denied

Hearing Issue: Denial of a Request for a Premium Waiver or Reduction.

Hearing Date: February 6, 2024

Decision Date: February 13, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On November 27, 2023, the Health Connector denied the Appellant's request for a Waiver or Reduction of the Appellant's monthly premium contribution.

ISSUE:

Did the Health Connector correctly deny the Appellant's November 9, 2023 Application for a Waiver of the Appellant's monthly ConnectorCare premium based on the Appellant's failure to submit required documentation in support of their request?

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on February 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's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated January 4, 2024.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Hardship Waiver Denial notice dated November 27, 2023.
- Exhibit 5: 2024 Eligibility Results with an Application Summary dated November 9, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated November 9, 2023.

- Exhibit 7: The Appellant's Online Appeal Request received on November 29, 2023
Exhibit 8: Health Connector Salesforce Unlimited Health Connector Customer Service Operations Notes.
Exhibit 9: My Workspace Printout of Documents submitted by the Appellant on November 9, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for subsidized health insurance on November 9, 2023 and reported income Health Connector determined to be equal to 308.64% of the federal poverty level for the Appellant's household of one. The Appellant was determined eligible for ConnectorCare Plan 3C with monthly Advance Premium tax credits of \$153 (Exhibits 5, 6).
2. On November 9, 2023 the Appellant submitted an application for a Waiver of their monthly ConnectorCare premium. The Appellant indicated that the reason for the request was that they had high student loan debt and a monthly care payment. The Appellant was not enrolled in ConnectorCare. The Appellant did not indicate that they were behind in rent or utility payments. The Appellant submitted documentation of their car payments and student loan debt but did not submit receipts for any day to day living expenses (Exhibit 11).
3. On November 25, 2023 the Appellant spoke with a Health Connector Customer Service representative who informed the Appellant that they were not eligible to enroll in a plan for the remainder of tax year 2023 but could enroll for tax year 2024. The Appellant was informed that Health Connector policy requires a household to be enrolled in a ConnectorCare plan to be eligible for a Premium Waiver (Exhibit 8).
4. On November 27, 2023 the Appellant verified that they had enrolled in a ConnectorCare plan with a monthly premium of \$212 for the period beginning January 1, 2024. The Appellant submitted documentation of their student loan debt from Ed Financial as well as documentation of their monthly car payment. The Appellant indicated that they could afford a monthly premium payment of \$0 due to an increase in their expenses (Exhibit 8).
5. On November 27, 2023 Health Connector denied the Appellant's application for a Premium Waiver because the Appellant failed to verify an eligible reason for their request (Exhibits 4, 8).
6. On November 29, 2023 the Appellant spoke with a Customer Service representative who advised the Appellant of the regulatory requirements to be eligible for a Premium Waiver. The Appellant was informed that student loan debt was not an allowable reason (Exhibit 8).
7. The Appellant filed an Appeal of the Premium Waiver or Reduction denial on November 29, 2023 (Exhibit 7).
8. The Appellant testified that Health Connector cannot tell them what they can afford to pay. The Appellant said that they are trying to pay off their student debt and should not be forced to pay for health insurance. The Appellant said that they are healthy. The Appellant said that they live with their parents because they cannot afford to live on their own. The Appellant said that they will have to cancel their

insurance. The Appellant asked about the Tax Penalty for failing to have health insurance (Appellant Testimony).

9. The Appellant did not submit evidence or testimony to verify that: they were homeless or more than 30 days in arrears in rent; or that they received a shut off notice for essential utilities; or that they had incurred a significant increase in essential expenses in the last six months due to domestic violence, death of a spouse, family member or partner with primary responsibility for childcare; or verification of the need to provide full time care for an aging parent or other family member; or verification of a natural or human caused disaster causing a substantial increase in household or personal expenses; or documentation that the Appellant filed for bankruptcy in the last 12 months so long as the debts have not yet been discharged. See Health Connector Policy NG-17 effective 10/23/2023 (Exhibits 8, 9 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

On November 9, 2023 the Appellant applied for health insurance through the Health Connector. Based on the income reported by the Appellant, Health Connector determined the Appellant had income equal to 308.64% of the federal poverty level for their household of one. The Appellant was determined eligible for ConnectorCare Plan 3 with Advance Premium Tax Credits of \$153 for the period beginning January 1, 2024. 956 CMR 12.04(3)(b)(3).

On November 9, 2023 the Appellant applied for a Premium Waiver of future health care premiums due to financial hardship. The Appellant's request was denied on November 27, 2023 and the Appellant filed this Appeal on November 29, 2023.

Under 956 CMR 12.11(5), individuals who are eligible for ConnectorCare and who experience extreme financial hardship may be eligible to have their premium payment waived or reduced. In accordance with Health Connector Policy NG-17 Health Connector, at its discretion, shall determine the amount of waiver or reduction *based on the proof of extreme financial hardship provided* (emphasis added).

The Appellant was not enrolled in a ConnectorCare plan in tax year 2023. The Appellant was advised by Health Connector Customer Service on November 25, 2023 that Health Connector policy restricted Waiver Applications to enrolled members. The Appellant was not eligible for December 2023. The Appellant enrolled in a ConnectorCare 3 Plan for January 1, 2024 and chose a plan with a monthly premium of \$212. The Appellant submitted verification of enrollment and documents from Ed Financial verifying their student loan debt. The Appellant also verified a monthly car payment. The Appellant did not submit any documentation related to monthly living expenses of rent or utility payments or documentation verifying arrearages of these expenses. The Appellant's request for a Premium Waiver was denied because the Appellant failed to submit documentation of any eligibility criteria as outlined in Health Connector Policy NG-17.

The Appellant disputed the financial eligibility rules and testified that Health Connector cannot tell them that they can afford to pay \$212 per month for health insurance. The Appellant argued that they decide what they can afford. The Appellant said that the cost of everything has increased and that they live at home with their parents because they cannot afford to pay their own rent.

As explained at the Hearing, a challenge to the regulations is beyond the scope of administrative review. 956 CMR 12.02. Health Connector determined the Appellant's financial eligibility for ConnectorCare based on the income reported by the Appellant on their November 9, 2023 application. The Appellant failed to submit documentation they experienced financial hardship as defined in Health Care Policy NG-17 (See Findings of Fact number 9 above). The January November 27, 2023 denial of the Appellant's application for a Premium Waiver or Reduction was correct.

ORDER

This Appeal is denied.

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

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

Cc: Connector Appeals Unit