

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16011

Appeal Decision: Appeal denied

Hearing Issue: Appeal of eligibility for subsidized health insurance based on access to employer sponsored health insurance

Hearing Date: June 3, 2022

Decision Date: June 16, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated January 28, 2022, the appellant was advised that she did not qualify for financial help with her Health Connector insurance because she had access to affordable health coverage. (Ex. 3) The appellant filed an appeal dated February 7, 2022, based on income. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Ex.10)

ISSUE

Was the Connector's decision regarding the appellant's lack of eligibility for subsidized health insurance through the Health Connector correct at the time of its determination on January 28, 2022, pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 3, 2022, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

Ex. 1—Health Connector's Eligibility Determination Results based on a program determination date of January 28, 2022 (3 pages)

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

Ex. 3— Health Connector's Notice of Eligibility Approval dated January 28, 2022 (9 pages)

- Ex. 4—Medicaid Household Determination document (5 pages)
- Ex. 5—Hearing Request Form dated February 7, 2022 (22 pages)
- Ex. 6—Acknowledgement of Appeal dated March 2, 2022 (1 page)
- Ex. 7—Health Connector email dated March 2, 2022 (1 page)
- Ex. 8—Appeals Unit notes (1 page)
- Ex. 9—Notice of Hearing dated March 15, 2022 (3 pages)
- Ex. 10—Notice of Hearing dated May 5, 2022 (3 pages)
- Ex. 11—Affidavit of Connector representative (1 page)

The record was held open at the conclusion of the hearing for documentation requested by the hearing officer from the Connector. It was later determined that the requested information was not necessary in order to reach a determination regarding the issue at hand.

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 59-years-old, is single, and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant was enrolled in subsidized health insurance through the Health Connector from 2014 through part of 2016. (Testimony)
3. The appellant enrolled in employer health insurance in the fall of 2016 and terminated her health insurance with the Health Connector. She has remained enrolled in employer insurance since that time. Her current monthly premium is \$224.00/month (Testimony, Ex. 5)
4. Early in 2022, the appellant received a tax form indicating that she had health insurance coverage through the Health Connector for five months in 2021. She was confused by the information since she was enrolled in employer insurance throughout 2021 and had not been enrolled with the Health Connector since 2016. She contacted the Connector and spoke with a customer service representative who advised her that, unbeknownst to her, she had coverage in 2021. The appellant advised the representative that she was enrolled in employer insurance, but would prefer to have coverage through the Connector if it was more affordable. She completed an application over the phone with the representative in which she attested to having the option to enroll in employer health coverage and having a projected yearly income of \$39,053.00. (Testimony, Ex. 2)
5. By notice dated January 23, 2022, the Health Connector notified the appellant that she no longer qualified for help with her Health Connector insurance as of March 1, 2022, because she advised the Connector that she had access to affordable health coverage. The notice further indicated that she should update her application if she no longer had access to an affordable health plan through her employer. (Exs. 1,3)
6. The appellant appealed the Connector's determination on February 7, 2021, based on income, and stated in part that she cannot keep a roof over her head and also pay for healthcare. (Ex. 5)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), applicants are eligible for an APTC (advanced premium tax credit) if they meet qualifying income levels and other eligibility requirements. Massachusetts residents may also be eligible for additional state premium assistance through the Health Connector's ConnectorCare program if a) their household income does not exceed 300 percent of the FPL and b) they are

eligible for an APTC. See 956 CMR 12.09(1). As a result of the federal American Rescue Plan, for plan years 2021 and 2022 only, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs.

An applicant who has access to other qualifying health insurance, including insurance through an employer, will be blocked from eligibility for an APTC if the coverage is affordable and meets minimum value standards, as those terms are defined by the law. See 26 CFR section 1.36B-2(c)(3). Coverage for plan year 2022 is considered to be affordable if the employee's contribution for an individual plan is 9.61 percent or less of the employee's projected household modified adjusted income (MAGI). The coverage is considered to meet minimum value standards if it has an actuarial value of at least 60 percent.

The appellant testified credibly that she was enrolled in subsidized health insurance through the Connector from 2014 through part of 2016 when she enrolled in employer health insurance. She further testified that she cancelled her health insurance with the Connector and has remained enrolled in employer insurance to date. On the application that she completed with the assistance of a customer service representative, she attested to having the option to enroll in employer coverage. Based on that representation, she is blocked from eligibility for financial help for insurance through the Connector. However, if the appellant determines that the coverage is not affordable pursuant to the formula set forth in the preceding paragraph, she should update her application to reflect that change, and consider whether she should terminate her employer insurance.

Based upon the totality of the evidence, it is concluded that the Connector's determination on January 23, 2022, regarding the appellant's eligibility for financial help with her health insurance through the Health Connector was correct as a result of her attestation that she has the option to enroll in employer health coverage.

ORDER

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

NOTIFICATION OF YOUR RIGHT TO ELECT RETROACTIVE COVERAGE

Because your appeal has been approved, you have the option to receive retroactive coverage. This means that you can have your coverage start in the past, as of the date you otherwise would have had coverage, had the Health Connector taken the correct action regarding your application. In order to receive retroactive coverage, you must pay all premiums owed for each month of coverage.

If you do not want retroactive coverage, you may instead have coverage starting on the first day of the month following the implementation of your correct eligibility, in accordance with Health Connector enrollment rules.

In order to receive retroactive coverage, please contact the Health Connector Appeals Unit **within 30 days** of receiving this decision. If you do not want retroactive coverage, then please contact Health Connector customer service to enroll, if you have not done so already.

ADDENDUM

It is not known how the appellant came to have insurance coverage through the Health Connector for part of the 2021 tax year, particularly since she had no knowledge of the coverage and did not pay any premiums. She was advised to contact customer service at 1-877-623-6765 and request information on her enrollment or an investigation to resolve the matter.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216296

Appeal Decision: Appeal Denied

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

Hearing Date: May 17, 2022

Decision Date: July 12, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 14, 2022, the Appellant was determined eligible for Health Connector plans, but was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 17, 2022.

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

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (4-12-22) (3 pages);

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- Exhibit 3: Acknowledgement of Appeal (4-4-22) (1 page);
- Exhibit 4: Outreach notes and email (2 page);
- Exhibit 5: Hearing Request form (3-29-22) (4 pages);
- Exhibit 6: SEP decision letter (3-14-22) (6 pages);
- Exhibit 7: Eligibility detail printout and application summary printout (4 pages); and
- Exhibit 8: Eligibility Approval letter (3-14-22) (8 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was covered under their parent's employer's health insurance until they turned 26 years old. They then applied during open enrollment but the paperwork for payment had an error, and it was beyond the time when it was noticed by Appellant. (Appellant testimony; Exhibit 5).
2. As of the date of the hearing, the Appellant had not experienced another qualifying life event. (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans with APTC, but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2021 began on November 1, 2021. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. There is a sixty-day time limit to enroll after a qualifying event.

On March 14, 2022, the Appellant was determined eligible for Health Connector plans, but was found not eligible for a special enrollment period due to failure to have a qualifying life event. The Appellant's loss coverage in November 2021 would have been a qualifying event, but Appellant's application at that time had an error in the payment information, and Appellant did not become aware until after the end of the eligible time to enroll. At hearing, I asked the Appellant whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector's policy NG-1E. The Appellant testified to not experiencing any other qualifying life event. Because the Appellant did not experience a qualifying life event within sixty days of application, the Health Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420.

ORDER

The Connector determination was correct. The appeal is therefore denied.

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

Massachusetts Health Connector Appeals Unit



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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2215921

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan without advance premium tax credit.

Hearing Date: April 26, 2022

Decision Date: July 24, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 7, 2022, the Connector determined that the appellant was eligible to purchase 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.

ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit.

HEARING RECORD

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

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of appeals files

Exhibit 2: Connector Appeals Unit Notice of Hearing dated February 22, 2022 addressed to Appellant for March 2, 2022 hearing

Exhibit 2a: Connector Appeals Unit Notice of Hearing dated March 16, 2022 addressed to Appellant for April 26, 2022 hearing

Exhibit 3: Connector Appeals Unit letter dated February 9, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Appeals Unit outreach notes dated February 9th, 18th, and 24th, 2022, and April 4th, 2022

Exhibit 3b: Appeals Unit letter to Appellant dated February 9, 2022 regarding acceptable forms of proof

- of income
- Exhibit 4: Hearing Request Form received from Appellant on February 7, 2022
- Exhibit 5: Connector letter dated February 7, 2022 to Appellants regarding eligibility
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated February 2, 2022
- Exhibit 7: MassHealth Member Benefits print-out regarding Appellant's household determination dated February 7, 2022
- Exhibit 8: Letter from Appellant dated April 4, 2022 with 2019 and 2020 Federal tax returns with W-2 forms attached
- Exhibit 9: Letter from Appellant's employer dated April 19, 2022 regarding Appellant's work hours and pay

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant attested on her application to purchase health insurance through the Connector that she had a projected income for 2022 of \$0.00, or 0% of the Federal Poverty Level (Testimony Appellant, Exhibit 6).
2. Based upon the information concerning income on Appellant's application, the Connector determined that Appellant was eligible to purchase a Health Connector Plan without an advance premium tax credit (Exhibit 6)
3. The Connector notified the appellant by mail of its determination in a letter dated February 7, 2022(Exhibit 5).
4. Appellant submitted a request for an appeal of the Connector's determination on February 7,2022. (Exhibit 4).
5. Appellant made an error on her Connector application. Appellant had a seasonal job from April through December. She worked 25 to 30 hours a week for \$18.00 an hour. Appellant misunderstood the question on the application about earnings (Testimony of Appellant, Exhibits 6, 9).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on February 7, 2022 that the appellant was eligible for a Health Connector plan without an advance premium tax credit.

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

If an applicant's projected income is at least 100% of the Federal Poverty Level, the applicant may be eligible for to an advance premium tax credit to help cover the cost of premiums. An individual earning less than 100% of the Federal Poverty Level is not entitled to a tax credit.

Appellant attested on her application to purchase health insurance through the Connector that she had a projected income for 2022 of \$0.00, or 0% of the Federal Poverty Level. See the testimony of the appellant which I find to be credible and Exhibit 6.

Based upon its determination of the appellant's projected income, on February 7, 2022, the Connector found the appellant eligible to purchase and enroll in a ConnectorHealth plan without an advance premium tax credit. See Exhibits 5 and 6.

Based upon the information given by the appellant to the Connector, the Connector correctly determined at the time it made its decision that the appellant was eligible for a Connector Health plan without an advance premium tax credit. If an individual is otherwise eligible to purchase health insurance through the Connector and if the individual has an income less than 100% of the Federal Poverty level, the individual is eligible to purchase a plan, but without an advance premium tax credit. See cites above for eligibility requirements 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 Connector Health 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](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 mistakenly projected her annual income to be zero. Appellant actually has income from her seasonal job. If the appellant has not already done so, she may wish to submit an acceptable form of proof of income to the Connector for a redetermination of her eligibility. She may do this on line at mahealthconnector.org or by telephone at 1-877-623-6765.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216122

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

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

Hearing Date: April 19, 2022

Decision Date: July 22, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

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

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing which was held by telephone on April 19, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified. At the end of the hearing, the record was left open until May 11, 2022 to give the appellant and the Connector time to submit additional documents. The Connector submitted documents which have been marked as exhibits and admitted in evidence. The appellant did not submit any additional evidence. The record is now closed.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files

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

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

FINDINGS OF FACT

The record shows, and I so find:

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

ANALYSIS AND CONCLUSIONS OF LAW

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

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. 45 CFR 155.410 and 420 provide for open enrollment periods during which individuals may enroll in health care plans and for special open enrollment periods when individuals may enroll outside of the open enrollment period if they have a qualifying life event and enroll within 60 days of the event. In addition to having a qualifying life event, a person may be allowed to enroll in a plan outside of the open enrollment period for certain administrative reasons, including if the Connector determines that exceptional circumstances exist. See 45 C.F.R. 155.420(d)(9).

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

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

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

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

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

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

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

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

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216127

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan with advance premium tax credit.

Hearing Date: April 19, 2022

Decision Date: July 16, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 3, 2022, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

ISSUE

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

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on April 19, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence. Appellant objected 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 March 14, 2022 addressed to Appellant for April 19, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated March 9, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated March 9, 2022
- Exhibit 4: Hearing Request Form from Appellant received on March 6, 2022
- Exhibit 5: Connector letter dated March 3, 2022 to Appellant regarding eligibility

- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated March 3, 2022
- Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated January 15, 2022
- Exhibit 7: Print-out showing Medicaid determination, March 3, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had ConnectorCare Type 2B coverage from January through the beginning of March, 2022. Appellant attested on his application dated January 15, 2022 that his projected annual income was \$24,700 which the Connector determined to be 191.77% of the Federal Poverty Level. On his application, Appellant claimed to have one job for which he was paid \$766 every two weeks (Testimony of Appellant, Exhibit 5, 6a).
2. On March 3, 2022, Appellant attested to having a projected annual income of \$52,907 a year on his application. Appellant listed two jobs on his application, one which paid \$204 a week, and the other which paid \$42,300 annually. The Connector determined his annual projected income, considering both jobs, of \$52,907 to be equal to 410.77% of the Federal Poverty Level. Based upon this new determination of income, the Connector found the appellant to be eligible for a Health Connector Plan with an advance premium tax credit (Testimony of Appellant, Exhibit 5, 6).
3. The Connector notified the appellant of the new determination in a letter dated March 3, 2022. Appellant was given until April 22, 2022 to enroll in a plan (Exhibits 5).
4. Appellant submitted a request for an appeal of the Connector's determination on March 6, 2022 because he did not think he would earn as much as \$52,907 during the year. Appellant has a temporary job working in a public school. He is only paid for the days he works; he does not get paid for days off. The income from his second job he believed to be accurate (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on March 3, 2022 that the appellant was eligible for a Health Connector plan with an advance premium tax credit and that Appellant was no longer eligible for a ConnectorCare plan.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), 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 at least 100% of the Federal Poverty Level, and the cost of the second lowest price Silver plan is more than 8.5% of the applicant's Federal adjusted gross income, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq. and Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.

As a result of the American Rescue Plan for 2021 and 2022, any applicant who purchases coverage through the Connector may receive advance premium tax credits even if the projected income is greater

than 400% of the Federal Poverty Level. An applicant may be eligible if the annual premium for the second lowest cost silver plan exceeds 8.5 % of the applicant's annual household income. See Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.

Appellant had ConnectorCare Type 2B coverage at the beginning of 2022. Appellant attested on his application dated January 15, 2022 that his projected annual income was \$24,700 which the Connector determined to be 191.77% of the Federal Poverty Level. On his application, Appellant claimed to have one job for which he was paid \$766 every two weeks. On March 3, 2022, Appellant attested to having a projected annual income of \$52,907 a year on his application. Appellant listed two jobs on his application, one which paid \$204 a week, and the other which paid \$42,300 annually. The Connector determined his annual projected income, considering both jobs, of \$52,907 to be equal to 410.77% of the Federal Poverty Level. Based upon this new determination of income, the Connector found the appellant to be eligible for a Health Connector Plan with an advance premium tax credit. The Connector notified the appellant of the new determination in a letter dated March 3, 2022. Appellant was given until April 22, 2022 to enroll in a plan. Appellant appealed the determination because he believed his projected annual income was too high. See Exhibits 4, 5, 6,6a, 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. Based upon the information given by the appellant to the Connector, the Connector correctly determined on March 3, 2022 that the appellant was eligible for a Connector Health plan with an advance premium tax credit and that the appellant was no longer eligible for a ConnectorCare plan.

Appellant was first eligible for a ConnectorCare plan based upon the projected annual income the appellant attested to on his January 15, 2022 application. Appellant then reported to the Connector that his projected annual income for 2022 had increased. The Connector properly relied upon the appellant's attestation and found that Appellant was no longer eligible for ConnectorCare coverage, but was eligible for a Health Connector plan with an advance premium tax credit. Even if Appellant's income varied from week to week, the appellant's eligibility was based upon the projected figure for the year that the appellant attested to on his application.

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 with an advance premium tax credit is affirmed.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Addendum: If the appellant's income has changed or if the appellant believes that the amount of income he attested to was in error, the appellant may contact Customer Service at any time and inform the Connector of a change in circumstances, or of any correction Appellant wishes to make in his projected annual income. Customer Service can be reached at 1-877-623-6765.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216280

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income, access to other insurance

Hearing Date: May 17, 2022

Decision Date: July 12, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 17, 2022, the Appellant was determined eligible for Health Connector plans with no financial help.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on May 17, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (4-12-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (4-5-22) (1 page);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (3-28-22) (6 pages);
- Exhibit 6: Eligibility approval letter (3-17-22) (8 pages);
- Exhibit 7: Eligibility detail printout and application summary printout (6 pages); and

Exhibit 8: Medicaid Household Determination (5 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in March 2022. (Testimony, Exhibits 6, 7).
2. Appellant responded on the application that they had other insurance coverage. (Exhibit 7).
3. The Health Connector determined that Appellant was eligible for Health Connector plans with no financial help based on access to other insurance and income information. (Exhibits 6, 7).
4. Appellant appealed. (Exhibit 5, Appellant Testimony)
5. Appellant indicated that they no longer had other insurance, and also that their income was lower than previously. (Testimony, Exhibit 5).
6. Appellant had not updated the application as of the time of the hearing. (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was deemed eligible for Health Connector plans with no financial assistance based on income and based on access to other insurance. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(c). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information or provide unacceptable information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On March 17, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance based on Appellant's income as reported and verified from other sources and based on having access to other insurance. Appellant believed the insurance was not affordable for them. The process for the determination on March 17, 2022 complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the information available to the Health Connector. 45 CFR § 155.305(f). In addition, based on the response that Appellant had access to other insurance, the determination was correct at the time. Appellant can update their application to reflect no access to other insurance and to reflect lower income.

The Health Connector correctly found that the Appellant was eligible for Health Connector plans with no financial assistance on March 17, 2022, and that determination is upheld.

ORDER

The Connector determination was correct. The appeal is therefore denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30)

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216305

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans; access to employer sponsored insurance (ESI); SEP

Hearing Date: May 17, 2022

Decision Date: July 13, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 25, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance. The reason the Appellant was denied subsidies is because the Appellant stated she had access to affordable employer sponsored insurance (ESI) that met minimum value standards. In addition, Appellant was found not eligible to enroll outside of open enrollment because there had not been a qualifying event within sixty days of the application (SEP denial).

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's access to employer sponsored insurance and whether the denial of SEP was correct.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on May 17, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (4-12-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (4-6-22) (1 page);

- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (3-30-22) (6 pages);
- Exhibit 6: Eligibility Approval letter (3-25-22) (4 pages);
- Exhibit 7: Eligibility detail printout and application summary printout (7 pages);
- Exhibit 8: Medicaid Household Determination (5 pages);
- Exhibit 9: SEP denial letter (3-30-22) (6 pages); and
- Exhibit 10: Request for Information (3-25-22) (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in March 2022. (Testimony, Exhibit 7).
2. The Health Connector determined that Appellant was eligible for Health Connector plans with no financial assistance based on Appellant's stating that they had access to employer-sponsored health insurance that is affordable and meets minimum value standards. (Exhibits 6, 7, 10).
3. Appellant stated that they were disabled and needed additional assistance with health insurance. (Testimony).
4. Appellant appealed. (Exhibit 5, Appellant Testimony).
5. Appellant did not have a qualifying event within the previous 60 days prior to application (Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on the appeal request form that they cannot afford the insurance that was made available to them, and disputes the finding that they are not eligible for subsidies to help make the insurance more affordable.

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 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). Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2022 if the employee's required contribution for self-only coverage is approximately 9.86 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 they have access to affordable employer sponsored insurance that meets minimum value standards. 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. In addition, the Connector found that Appellant did not have a qualifying event that would allow Appellant to enroll during a Special Enrollment Period. The Appellant's appeal is therefore denied.

ORDER

The Connector determination was correct. The appeal is therefore denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216311

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

Hearing Issue:

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

Hearing Date: May 19, 2022

Decision Date: July 26, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 24, 2022, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon the most current information from other income data sources.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on May 19, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data, undated

Exhibit 2: Connector Appeals Unit Notice of Hearing dated April 12, 2022 for May 19, 2022 hearing addressed to Appellant

Exhibit 3: Connector Appeals Unit letter dated April 7, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Appeals Unit staff outreach notes dated April 6th, and 22nd, 2022, and May 12th, 2022

Exhibit 4: Hearing Request Form from Appellant received by the Connector on March 31, 2022

Exhibit 5: Connector letter dated March 24, 2022 to Appellant regarding eligibility

Exhibit 5a: Connector letter dated December 7, 2021 to Appellant requesting proof of income by March 7, 2022

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated March 24, 2022

Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated April 19, 2022

Exhibit 7: MassHealth Member Benefits print-out determination, March 24, 2022

Exhibit 8: Connector print-outs showing receipt and processing of Appellant's proof of income on March 31, 2022 with letter from Appellant

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance coverage through the Connector in the fall of 2021. In a letter dated December 7, 2021, the Connector notified the appellant that Appellant needed to send in proof of income by March 7, 2022. The letter included a list of acceptable forms of proof (Exhibits 5a).
2. When the appellant did not send in proof of income by March 7th, on March 24, 2022, the Connector determined that the appellant was eligible for a Health Connector Plan with an advance premium tax credit based upon information about income from other data sources. Based upon the information about the appellant's income from other data sources, the Connector determined that the appellant's projected annual income equaled 419.25% of the Federal Poverty Level (Exhibit 5 and 6).
3. The appellant sent the Connector some documents as proof of income on March 31, 2022, after the deadline. The documents sent in were not acceptable as proof of income (Exhibit 8).
4. Appellant submitted a request for an appeal of the Connector's determination on March 31, 2022. (Exhibit 4, Testimony of Appellant).
5. By the date of this hearing, Appellant had enrolled in a Connector Health Plan. Appellant was satisfied with the health insurance plan she was able to obtain through the Connector (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

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

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

If an applicant's projected income is 100% or more of the Federal Poverty Level, the applicant is eligible for an advance premium tax credit to help cover the cost of premiums if other eligibility requirements are met. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan, the type dependent upon the individual's projected income level. See 956 CMR 12.00 et. seq. If an individual has a projected income equal to more than 300% of the Federal Poverty level, the

individual may be eligible for a Connector Health Insurance plan. Pursuant to 45 CFR 155.320 the Connector may verify information obtained from the applicant by checking with other data sources.

In this matter, Appellant applied for health insurance coverage through the Connector in the fall of 2021. In a letter dated December 7, 2021, the Connector notified the appellant that Appellant needed to send in proof of income by March 7, 2022. The notification included a list of acceptable forms of proof. On March 24, 2022, Connector determined that the appellant was eligible for a Health Connector Plan with an advance premium tax credit based upon information about income from other data sources. The appellant sent the Connector some documents as proof of income on March 31, 2022, after the deadline. The documents sent in were not acceptable to establish income. See Exhibits 5, 5a, 6, and 8.

When the appellant did not send in an acceptable form of proof of income by the March 7, 2022 deadline, the Connector verified the appellant's income from other data sources. See Exhibit 6. The Connector determined that according to the other data sources, the appellant's annual income came to 419.25%% of the Federal Poverty Level. Based upon that income level, the appellant was determined to be eligible for a Health Connector plan with an advance premium tax credit. See Exhibits 5 and 6. The determination was correct at the time it was made based upon the data the Connector had. The determination of the Connector is, therefore, affirmed.

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

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

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216348

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans; access to employer sponsored insurance (ESI); SEP

Hearing Date: June 1, 2022

Decision Date: July 13, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 4, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance. The reason the Appellant was denied subsidies is because the Appellant stated she had access to affordable employer sponsored insurance (ESI) that met minimum value standards. In addition, Appellant was found not eligible to enroll outside of open enrollment because there had not been a qualifying event within sixty days of the application (SEP denial).

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's access to employer sponsored insurance and whether the denial of SEP was correct.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on June 1, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (5-5-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (4-11-22) (1 page);

- Exhibit 4: Outreach notes (1 page);
Exhibit 5: Hearing Request form (4-9-22) (6 pages);
Exhibit 6: Eligibility Approval letter (4-4-22) (4 pages);
Exhibit 7: Eligibility detail printout and application summary printout (10 pages);
Exhibit 8: Medicaid Household Determination (7 pages);
Exhibit 9: SEP denial letter (4-4-22) (6 pages); and
Exhibit 10: Request for Information (4-4-22) (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in April 2022. (Testimony, Exhibit 7).
2. The Health Connector determined that Appellant was eligible for Health Connector plans with no financial assistance based on Appellant's stating that they had access to employer-sponsored health insurance that is affordable and meets minimum value standards. (Exhibits 6, 7, 10).
3. Appellant stated that they could not afford the health insurance through the employer and needed additional assistance with health insurance. (Testimony).
4. Appellant had a decision pending with Mass Health that is not part of this hearing.
5. Appellant appealed. (Exhibit 5, Appellant Testimony).
6. Appellant did not have a qualifying event within the previous 60 days prior to application (Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on the appeal request form that they cannot afford the insurance that was made available to them, and disputes the finding that they are not eligible for subsidies to help make the insurance more affordable.

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 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). Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2022 if the employee's required contribution for self-only coverage is approximately 9.86 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 they have access to affordable employer sponsored insurance that meets minimum value standards. 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. In addition, the Connector found that Appellant did not have a qualifying event that would allow Appellant to enroll during a Special Enrollment Period. The Appellant's appeal is therefore denied.

ORDER

The Connector determination was correct. The appeal is therefore denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216463

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans; access to employer sponsored insurance (ESI); HRA

Hearing Date: June 1, 2022

Decision Date: July 13, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 31, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance. The reason the Appellant was denied subsidies is because the Appellant stated they had access to affordable employer sponsored insurance (ESI) that met minimum value standards and to a Health Reimbursement Arrangement (HRA).

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's access to employer sponsored insurance and an HRA.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on June 1, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

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

- Exhibit 5: Hearing Request form (4-18-22) (4 pages);
- Exhibit 6: Eligibility Approval letter (3-31-22) (9 pages);
- Exhibit 7: Eligibility detail printout and application summary printout (7 pages);
- Exhibit 8: Medicaid Household Determination (6 pages); and
- Exhibit 9: MMIS (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in March 2022. (Testimony, Exhibit 7).
2. The Health Connector determined that Appellant was eligible for Health Connector plans with no financial assistance based on Appellant's stating that they had access to employer-sponsored health insurance that is affordable and meets minimum value standards. (Exhibits 6, 7, 10).
3. Appellant stated that they could not afford the health insurance through the employer and needed additional assistance with health insurance. (Testimony).
4. Appellant appealed. (Exhibit 5, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on the appeal request form that they cannot afford the insurance that was made available to them, and disputes the finding that they are not eligible for subsidies to help make the insurance more affordable.

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 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). Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2022 if the employee's required contribution for self-only coverage is approximately 9.86 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 they have access to affordable employer sponsored insurance that meets minimum value standards. 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.

ORDER

The Connector determination was correct. The appeal is therefore denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16566

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

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

Hearing Date: June 16, 2022

Decision Date: July 5, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 11, 2022, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on June 16, 2022. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1: Affidavit of Health Connector

Exhibit 1A: Hearing Request Form, dated April 25, 2022

Exhibit 2: Eligibility Results and Summary dated February 16, 2022 and April 11, 2022

Exhibit 3: Appeals Unit outreach notes

Exhibit 4: None

Exhibit 5: None

Exhibit 6: Correspondence from Health Connector, dated May 17, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. On February 16, 2022, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 2).
2. On February 16, 2022, Appellant was found to be eligible for a Health Connector Plan with an Advance Premium Tax Credit of \$130 per month for 2022 (Testimony of Appellant and Exhibit 2).
3. On April 11, 2022, Appellant was notified that that Appellant had not provided proof of a qualifying event for a Special Enrollment Period (Exhibit 2).
4. On April 11, 2022, Appellant was notified that if Appellant did not send proof of a qualifying event by May 17, 2022 Appellant would have to wait for Open Enrollment to enroll in Health Insurance (Testimony of Appellant and Exhibits 2 and 3).
5. On April 25, 2022, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1A).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. Appellant had applied for a Health Connector Plan on February 16, 2022, which was outside of the open enrollment period. Appellant did not have any of the changes in circumstances that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 and Exhibits 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant's appeal is denied.

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

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

ADDENDUM

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216576

Appeal Decision Appeal Denied, Eligibility determination upheld

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

Hearing Date: June 16, 2022

Decision Date: July 8, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 2, 2022, Appellant was determined eligible for a ConnectorCare Plan Type 2B with Advance Premium Tax Credit.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for a ConnectorCare Plan Type 2B with Advance Premium Tax Credit.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 16, 2022. Also present was a duly sworn interpreter. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Health Connector
- Exhibit 1A: Hearing Request Form, dated April 14, 2022
- Exhibit 2: Eligibility results and Summary dated April 2, 2022
- Exhibit 3: Appeals Unit outreach
- Exhibit 4: None
- Exhibit 5: None
- Exhibit 6: Correspondence from Health Connector dated May 17, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant was covered by MassHealth in 2021 (Testimony of Appellant).
2. Appellant applied for subsidized health insurance for 2022 (Testimony of Appellant).
3. In January 2022, Appellant provided the Health Connector with information to verify income (Exhibit 3)
4. On April 2, 2022, Appellant was found to have a federal poverty level of 163.9% and found eligible for a Connector Care 2B plan with Advance Premium Tax Credit (Exhibit 4 and Testimony of Appellant).
5. Appellant enrolled in the Health Connector Plan and began coverage in May 2022 (Testimony of Appellant).
6. Appellant is satisfied with the Health Insurance plan (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 if their household income is at or below 400% of the Federal Poverty Level. The American Rescue Plan Act has increased some of the Federal Poverty Level thresholds for eligibility for APTC subsidies for 2021 and 2022. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f).

Appellant applied for subsidized health insurance for 2022. In January 2022, Appellant was asked for information to verify income and Appellant provided the requested information. Based on the information submitted, Appellant was found to have a Federal Poverty level of 163.9% and found eligible for a Connector Care 2B plan with Advance Premium Tax Credit. This was the correct determination for a person with Appellant's income.

ORDER

The appeal is denied.

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

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

ADDENDUM:

Appellant is enrolled in the ConnectorCare Plan and does not need to take further action.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-16577

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: June 22, 2022

Decision Date: July 22, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 22, 2022, Appellants were determined ineligible for Health Connector plans without subsidies. The Appellants 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 June 22, 2022. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector's Hearing Notice (3 pages, dated May 18, 2022)
- Exhibit 3: Health Connector's Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 6 pages dated April 25, 2022)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated April 12, 2022)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated April 12, 2022)
- Exhibit 8: Historical Notices and Printouts (6 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 7, Appellant's testimony)
2. Appellant was notified that he had to provide proof of residency. However, the Appellant did not do so (Exhibit 6 and Appellant's testimony).
3. During Appellant's testimony he indicated that he did not notify the Health Connector, until he sent in his notice of Appeal.
4. Appellant indicated that he did not realize that he had to provide proof of residency.
5. Appellants received a request for information dated February 16, 2022, indicating that he needed to send in proof of residency.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellants were 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 Appellants were determined ineligible for Health Connector plans and were asked to verify their residency. The Appellants failed to send in documents verifying their residency, and was determined ineligible for Health Connector plans on April 12, 2022, 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 Appellants were no longer eligible for Health Connector plans on April 12, 2022, 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 is requested to contact Customer Service to update his current status as to residency.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16648

Appeal Decision: Appeal denied

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

Hearing Date: July 6, 2022

Decision Date: July 12, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated April 22, 2022, the appellant was advised that she was eligible for Health Connector Plans with an Advanced Premium Tax Credit (APTC) of \$397.00/month beginning on May 1, 2022. (Exs. 1,3) The appellant filed an appeal dated May 2, 2022 based on income and reduction/waiver of premium. (Ex. 9) The matter was referred to a hearing after receipt of the appeal. (Ex. 14)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector Plans with APTC on April 22, 2022 correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 6, 2022, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results showing a program determination for April 22, 2022 (3 pages)
- Ex. 2-- Health Connector's Review of Application (4 pages)
- Ex. 3—Health Connector's Notice of Eligibility Approval dated April 22, 2022 (8 pages)
- Ex. 4—Medicaid Household Determination Document (6 pages)

- Ex. 5—Health Connector’s Eligibility Determination Results showing a program determination date of March 21, 2022 (3 pages)
- Ex. 6—Health Connector’s Review of Application (4 pages)
- Ex. 7-- Health Connector’s Request for Information dated April 4, 2022 (3 pages)
- Ex. 8—Hearing Request Form dated May 2, 2022 (2 pages)
- Ex. 9—Acknowledgment of Appeal dated May 26, 2022 (1 page)
- Ex. 10—Income detail for appellant’s son (3 pages)
- Ex.11—Income detail for appellant (4 pages)
- Ex. 12--Connector email dated May 26, 2022 (1 page)
- Ex. 13-- Appeals Unit case notes (1 page)
- Ex.14—Notice of Hearing (3 pages)
- Ex. 15—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 62 years-old, is single and has an adult son. She has a tax household size of two. (Testimony, Exs. 2,6)
2. By notice dated March 21, 2022, the appellant was determined eligible for ConnectorCare Plan Type 3B with an APTC of \$550.00/month based on having an income and household size equivalent to 259.10% of the Federal Poverty Level (FPL), effective April 1, 2022. The appellant’s son was determined eligible for Health Connector Plans and Health Safety Net Partial. On the application on which the determination was based, the appellant attested to a projected yearly income of \$45,136.00. (Testimony, Exs. 5,6)
3. The appellant’s son turned 19 in March, 2022, and is claimed by her as a tax dependent. He has been enrolled in a MassHealth disability plan for several years. When he turned 19, the appellant was advised that he should be added to her application. After adding him to the application and receiving the March 21st determination, the appellant was advised that she received incorrect information regarding her son and was told to remove him from the application. (Testimony, Exs. 2,6)
5. The appellant updated her application and by notice dated April 22, 2022, she was determined eligible for Health Connector Plans with an APTC of \$397.00/month based on having an income and household size equivalent to 305.24% of the FPL, effective May 1, 2022. On the application on which the determination was based, the appellant attested to a projected yearly income of \$28,214.00 and to a projected yearly income of \$24,958.00 for her son. (Testimony, Exs. 1,2,3)
6. The appellant appealed the Connector’s April 22, 2022, determination on May 2, 2022, based on income and a waiver/reduction of her premium. She stated in part that she could not afford the deductible on her new insurance plan and would like her old insurance and old premium back. (Testimony, Ex. 8)
7. By email dated May 26, 2022, the Health Connector advised the appellant that the reason why she was moved to a higher cost plan was due to an update of her income which included her son’s income. (Testimony, Ex. 12)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant’s behalf, based on a projected yearly MAGI. As a result

of the federal American Rescue Plan, for plan years 2021 and 2022 only, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The inclusion of the appellant's son on her application of March 21, 2022 resulted in her being determined eligible for ConnectorCare Plan Type 3B with APTC based on having an income and family size equivalent to 259.10% of the FPL. She was subsequently advised to remove him from the application based on his continuing MassHealth eligibility. She updated her application with income information for her son, in addition to her own, resulting in an eligibility determination based on an income and family sized equivalent to 305.24% of the FPL. It is indeed unfortunate that the appellant initially received incorrect information about her son, the remedy for which caused her to be moved to a more expensive plan. However, this was not due to an error on the Connector's part in calculating her program eligibility.

Based on the evidence in the record, it is concluded that the Connector's determination on April 22, 2022, regarding the appellant's eligibility for Health Connector Plans with APTC was correct, and is therefore affirmed.

ORDER

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to seek tax advice from a tax professional if she no longer wishes to claim her son as a dependent.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-16732

Appeal Decision: Denied

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

Hearing Date: July 22, 2022

Decision Date: July 26, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 22, 2022 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on July 22, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 10, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period Decision denial notice dated April 22, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated April 22, 2022
- Exhibit 6: The Appellant's Hearing Request Form received on May 16, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on April 22, 2022. The Appellant did not request financial assistance (Exhibit 5).
2. On April 22, 2022 Health Connector determined that the Appellant was eligible for Health Connector Plans but was not eligible for a Special Enrollment Period because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibits 3, 7).
3. The Appellant filed an Appeal on May 16, 2022 (Exhibit 6).
4. I take Administrative Notice of the fact that for tax year 2022 the Health Connector Open Enrollment period was November 1, 2021 through January 23, 2022.
5. The Appellant testified that they were covered under a parent's employer sponsored health insurance plan until they turned age 26 in February 2022. The Appellant was unsure of when their coverage ended but testified that they believe it ended in January 2022. The Appellant said that they did not know that there was any kind of time limit to apply for health insurance. The Appellant said that they called Customer Service and were advised to file a waiver request. The Appellant said that they did file a waiver request but have not heard anything. I found the Appellant to be credible (Exhibit 3, 6 and Appellant Testimony).
6. It is undisputed that the Appellant did not attempt to obtain health insurance during the sixty-day period following the termination of their health insurance in January 2022 (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on April 22, 2022 and did not request financial assistance. Although the Appellant met eligibility criteria for Health Connector Plans, Health Connector determined on April 22, 2022 that the Appellant was not eligible for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their application. On May 16, 2022 the Appellant filed an appeal to dispute that determination.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances. The Appellant experienced a qualifying life event presumably at the end of January 2022 when they lost their access to their parent's employer sponsored health insurance. The Appellant was eligible for a special enrollment period at that time. The special enrollment period is a sixty-day open enrollment period. The Appellant did not contact the Health Connector until April 22, 2022. By the time the Appellant attempted to enroll in a health insurance plan, the sixty-day special enrollment period had expired. Open Enrollment through the Health Connector ended on January 23, 2022.

The Appellant testified credibly that they did not know that there was any kind of time limit to apply for health insurance after they lost coverage. While I found the Appellant's testimony credible, as explained at the Hearing Health Connector regulations require a Hearing Officer to make a determination based on the evidence and testimony in the record as well as the applicable regulations. There is no provision that allows a Hearing Officer to waive the Open Enrollment regulations. 956 CMR 12.11, 12.12. The Appellant was referred to the Office of Patient Protection to request a waiver.

It is undisputed that the Appellant did not experience a second qualifying life event within the sixty-day period prior to filing their April 22, 2022 application. Because the Appellant did not experience a qualifying life event, the Health Connector correctly determined on April 22, 2022 that the Appellant is not eligible for a special enrollment period. 45 CFR § 155.420.

ORDER

The Appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16597

Appeal Decision: Appeal Denied.

Hearing Issue: A household member's eligibility for Health Connector Plan based on failure to verify residency

Hearing Date: July 22, 2022

Decision Date: July 26, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 7, 2022, Health Connector terminated the Appellant's Health Connector plan because the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for Health Connector plans, based on the Appellant's failure to verify their Massachusetts residency.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on July 22, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony as well as the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 10, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Termination Notice dated April 7, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated April 7, 2022.
- Exhibit 6: The Appellant's Online Appeal Request received on April 27, 2022
- Exhibit 7: Health Connector Request for Information dated April 2, 2021.

- Exhibit 8: 2022 Eligibility Results with an Application Summary dated May 18, 2022.
Exhibit 9: My Workspace Printout of documents submitted by the Appellant on April 27, 2022.
Exhibit 10: Health Connector Appeals Unit Outreach E-mail dated May 9, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. Prior to April 30, 2022, the Appellant was enrolled in a ConnectorCare Plan (Exhibits 3, 4, 7).
2. On April 2, 2021, Health Connector notified the Appellant that they were required to submit updated proof of residency to the Health Connector (Exhibit 7).
3. On November 19, 2022 the Appellant updated their application and reported income equal to 155.28% of the federal poverty level. The Appellant was noticed that proof of residency remained outstanding (Exhibit 11).
4. As of April 7, 2022 the Appellant failed to submit proof of residency (Exhibits 4, 5).
5. On April 7, 2022 Health Connector terminated the Appellant's ConnectorCare plan effective April 30, 2022 because the Appellant failed to submit proof of residency and did not update their income (Exhibits 4, 5).
6. The Appellant filed an appeal on April 27, 2022 (Exhibit 6).
7. On April 27, 2022 the Appellant submitted a copy of a utility bill more than sixty days old to verify their Residency (Exhibit 9).
8. On May 9, 2022 Health Connector Appeals Unit staff notified the Appellant via E-mail that they should update their income and residency. The Appeal staff attached an Affidavit of Residency and advised the Appellant to complete the affidavit and submit it as soon as possible (Exhibit 10).
9. On May 18, 2022 Health Connector determined the Appellant eligible for ConnectorCare 2B (Exhibit 8).

ANALYSIS AND CONCLUSIONS OF LAW

Prior to April 30, 2022 the Appellant was enrolled in a ConnectorCare plan. In accordance with routine policy, on April 2, 2021 Health Connector notified the Appellant that they were required to submit updated proof of residency. The Appellant updated their Application on November 19, 2021 and proof of residency remained outstanding. As of April 7, 2022 the Appellant had not submitted the requested information and Health Connector notified the Appellant that their health insurance plan would be terminated effective April 30, 2022. The Appellant filed an appeal on May 16, 2022 to dispute the determination.

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. Applicants and Enrollees are required to submit information requested by the Health Connector to maintain eligibility for ConnectorCare. 956 CMR 12.09(1).

The Appellant did not dispute the fact that they failed to verify their Massachusetts residency in a timely manner as requested. Based on the evidence and testimony in this administrative record, Health Connector correctly determined on April 7, 2022 that the Appellant was ineligible for ConnectorCare 45 CFR §§ 155.315(d), 45 CFR § 155.305(a) and M.G.L. §176(Q)(1). The Appellant submitted updated information while this Appeal was pending and was determined eligible for ConnectorCare 2B on May 18, 2022.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they may contact Health Connector Customer Service at 1-877-623-6765 for further assistance to enroll in a ConnectorCare plan.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-16761

Appeal Decision: Appeal Denied.

Hearing Issues: Appellant's eligibility for ConnectorCare in January 2022

Hearing Date: July 22, 2022

Decision Date: July 26, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Health Connector refunded the Appellant's January 2022 premium payment in March 2022 after cancelling the Appellant's ConnectorCare in February retroactive to December 31, 2021.

ISSUE

The issue addressed on this appeal is whether the billing issue raised by the Appellant in their May 13, 2022 appeal is subject to appeal.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on July 22, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant.

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

- Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 10, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Denial Notice dated April 27, 2022.

- Exhibit 5: 2022 Eligibility Results with an Application Summary dated April 27, 2022.
Exhibit 6: Medicaid Household Determination Printout dated April 27, 2022
Exhibit 7: The Appellant's Online Appeal Request dated May 16, 2022.
Exhibit 8: Health Connector Appeals Unit Medicare information letter dated June 3, 2022.
Exhibit 9: MassHealth Termination Notice dated April 27, 2022.
Exhibit 10: Hearing Officer E-mail Request for Information sent to the Appeals Unit on July 22, 2022 with Appeals Unit Research Notes and information sent to and reviewed by the Ombudsman office.
Exhibit 11: Health Connector Customer Service Salesforce notes dated July 18, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant received ConnectorCare in tax year 2021 (Exhibits 3, 10 and Appellant Testimony).
2. The Appellant completed their application for tax year 2002 and submitted payment for their January 2022 premium on December 21, 2022 (Exhibit 11).
3. The Appellant became eligible for Medicare when they turned 65 in February 2022 (Exhibit 11 and Appellant Testimony).
4. On February 1, 2022 the Appellant contacted Health Connector Customer Service. to request that their ConnectorCare be terminated but their Dental insurance remain active. The Health Connector Customer Service Representative cancelled the Appellant's ConnectorCare effective 12/31/21. The Appellant's premium payment was refunded in March 2022 (Exhibit 11 and Appellant Testimony).
5. The Appellant contacted Health Connector Customer Service after receiving a bill for medical services rendered in January 2021 (Exhibit 7 and Appellant Testimony).
6. Health Connector updated the Appellant's application on April 27, 2022 and issued a Notice of Denial citing the Appellant's eligibility for Medicare (Exhibits 4, 5, 6).
7. The Appellant filed an appeal on May 13, 2022 to appeal the termination of their ConnectorCare effective December 31, 2021 (Exhibit 7).
8. In preparation for the July 22, 2022 Appeal, after reviewing the documents in the Appeal folder, the Appeals Unit was contacted via E-mail regarding the reason for the Appellant's Appeal. The Appeals Unit researched the Appellant's case and referred it to the Ombudsman Office since Health Connector erroneously cancelled the Appellant's ConnectorCare for the month of January 2022 (Exhibits 7, 11).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant filed an appeal on May 13, 2022 after receiving a Health Connector Eligibility Denial notice dated April 27, 2022. The notice referenced the Appellant's ineligibility for ConnectorCare based on the Appellant's eligibility for Medicare. 45 CFR § 147.106 and 45 CFR § 148.122. The Appellant does not dispute the fact that as of February 2022 they received Medicare and therefore are ineligible for ConnectorCare. The Appellant in fact

contacted Health Connector on February 1, 2022 to cancel their ConnectorCare effective February 2022 when the Appellant became eligible for Medicare.

In response to the Appellant's February 1, 2022 telephone call, Health Connector mistakenly terminated the Appellant's ConnectorCare retroactive to December 31, 2021 and refunded the Appellant's December 21, 2021 premium payment to the Appellant in March 2022.

The Appellant has tried unsuccessfully to get their insurance reinstated for January 2021. The Appellant filed an appeal on May 13, 2022. While the Appellant's frustration is certainly understandable, as explained at the Hearing, billing and payment issues are not appealable under Health Connector regulations found at 956 CMR 12.08.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant was informed that their case has been referred to the Ombudsman's Office for resolution. The Ombudsman Office has indicated that the Appellant's benefits will be reinstated but this may take up to two weeks. The Appellant was advised to return their December 21, 2021 payment to the Health Connector as Reinstatement requires a member to be up to date with payments. The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for further assistance.