

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied

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

Hearing Date: April 4, 2024

Decision Date: June 20, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On December 5, 2023, the Appellant was determined eligible for Health Connector plans without subsidies. The reason the Appellant was denied subsidies is because the Appellant stated she had access to affordable employer sponsored insurance that met minimum value standards.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on April 4, 2024. Appellant was sworn an oath.

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

- Exhibit 1: Affidavit and Appeal Request (Online Appeal Form received by MHC on 1/3/24, 6 pages; Online appeal statement, 1 page; and Affidavit from MHC, 1 page)
- Exhibit 2: Eligibility on Appeal (2024 Eligibility Results, 6 pages; Medicaid Household Update dated 12/23/2023, 5 pages; Notice on Appeal dated 12/5/2023, 10 pages; and Application Summary 10 pages)
- Exhibit 3: Research and Resolution (Emails to Appellant dated 3/4/2024, 1 page; and Outreach Notes dated 3/5/2024 2 pages)
- Exhibit 4: Notices from Appeal Unit (Acknowledgment of Appeal Letter dated 1/11/2024, 1 page; and Appeal Request-hearing Date Letter dated 1/31/2024, 3 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for Health Connector plans without subsidies on December 5, 2023 (Exhibit 2).
2. The Appellant was found not eligible for subsidized health insurance through the Health Connector because she stated on her application that she has access to employer-sponsored health insurance that is affordable and meets minimum value standards (Exhibit 2).
3. The Appellant has access to employer sponsored coverage (Appellant Testimony and Exhibit 2).
4. The Appellant's economic and family situation has changed significantly since her application for 2024 benefits. She has moved into her own apartment and is the sole support to her minor child. She states that her income is variable as she is paid via commissions on sales (Appellant Testimony and Exhibit 1).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on her Online Appeal Statement that she cannot afford the insurance that was made available to her by her employer, nor could she afford the ConnectorCare plan she was deemed eligible for. She disputes the finding that she is not eligible for subsidies to help make her insurance more affordable and states her living circumstances have changed making insurance unaffordable.

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 2024 if the employee's required contribution for self-only coverage is 8.39 percent or less of the employee's projected household modified adjusted gross income; and coverage meets minimum value standards if it has an actuarial value of at least 60 percent.

The Appellant attested on her application that she has access to affordable employer sponsored insurance that meets minimum value standards and to projected income for 2024. Based on the income data provided by Appellant the MHC determined her employer's plan (premium of \$120 a week) was affordable. 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. Appellant was properly notified of this decision and exercised her right to appeal. The Appellant's appeal is therefore denied.

The Appellant testified at hearing that her living situation has changed since her original application and she now pays significant rent and is the sole support to her minor child who lives with her. She also testified that her current employers sponsored insurance plan is too expensive as is the ConnectorCare plan she was quoted. The Appellant was therefore informed that she should update her application with the Health Connector so that her application has the most current information regarding her access to employer sponsored health insurance. The Appellant testified to income changes since the application and was encouraged to amend her application. She may also check the Massachusetts Health Connector website for tools to assist her determine how her financial situation would affect her application such as: <https://www.mahealthconnector.org/esi-affordability-calculator>.

ORDER

The appeal is denied.

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

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

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, premium determination upheld

Hearing Issue: Reimbursement of retroactive premium for December 2023 after determination made by Massachusetts Health Connector

Hearing Date: March 4, 2024

Decision Date: May 24, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant reported a change in family income and on November 9, 2023, Appellant’s household qualified for an Advance Premium Tax Credit to help lower monthly health coverage costs with a maximum monthly tax credit amount of \$431. Appellant submitted additional information and on December 1, 2023 Appellant and her spouses were determined eligible for a connector care plan Type 3C with an Advanced Premium Tax Credits, as were Appellant’s two children. The Maximum Monthly Tax credit was \$671.

ISSUE

The issue addressed on this appeal is whether the MHC informed Appellant that the premium for December 2023 would be adjusted to a lower rate and a reimbursement of the difference when the proper documentation was processed¹.

¹ In her testimony, Appellant expressed her desire to appeal the premium for the month of December 2023 for her MHC policy. She requests the difference between the December and January 2024 premium amount be reimbursed to her as she was at no fault and provided all documentation by the deadline.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on March 4, 2024. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit -Appeal Request (8 pages)
- Exhibit 2: Eligibility on Appeal (23 pages)
- Exhibit 3: Research and Resolution (23 pages)
- Exhibit 4: Historic Notices (29 pages)
- Exhibit 5: Recent Determinations (9 pages)
- Exhibit 6: Notices from Appeal Unit (1page)
- Exhibit 7: Response to Open Record Form dated April 2, 2024 by MHC for communications with Appellant (70 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant and her spouse filed their 2022 tax return as married filing jointly (Appellant Testimony and Exhibit 3).
2. The Appellant's husband was laid off in the summer of 2023 and started a new full-time position in the fall of 2023 (Appellant Testimony and Exhibit 7).
3. The Appellant testified that in October of 2023 all documentation required to reflect changes in couple's income was submitted to the Massachusetts Health Connector.
4. On October 24, 2023 in response to the Appellant's application the MHC mailed Appellant a letter stating the documentation submitted cannot be used as proof for the application and cited several documents that would be sufficient including schedules for the Form 1040 that was submitted. Appellant was sent a similar letter on November 24, 2023 (Exhibit 4).
5. The Appellant was granted eligibility in a MHC plan with a premium over \$800 per month, while her previous premium she estimated at approximately \$100 per month (Appellant Testimony).
6. Appellant stated when dealing with the MHC staff after her initial submission of documents - which she contended were accurate and adequate, MHC staff repeatedly told her the premium determined for December (around \$800) would be retroactively adjusted and the difference refunded (Appellant Testimony and Exhibit 1).

7. The Hearing Officer submitted an Open Record Form to the MHC asking for documentation concerning phone conversations and other means of communication with the Appellant, particularly what she was told of the premium being retroactively adjusted. The MHC responded with a three-page written response and 67 pages of supporting documentation.
8. Appellant has cancelled all MHC coverage effective February 1, 2024 (Appellant Testimony and Exhibit 7).

ANALYSIS AND CONCLUSIONS OF LAW

On November 9, 2023, the Appellant and spouse were found qualified to enroll in a MHC Plan with Advance Premium Tax Credits (maximum monthly tax credit of \$431). The Appellant asserted that this was incorrect and the MHC had all appropriate documentation to demonstrate her spouse's changed work status and income from the couple. Appellant further contends that the premium the couple was charged for December should be reduced and the difference refunded, since MHC had all needed documentation and told her on several telephone calls that "once it was verified everything would be adjusted" (Appellant Testimony and Exhibit 1).

The information provided by the MHC in response to the April 2, 2024, Open Record request does not reveal any conversation or statement that would support Appellant's claim that she was told her December 2023 premium would be reduced and the difference refunded to her. Rather, the information reveals the MHC staff informed the Appellant that due to the lateness of the documents submitted by the Appellant the December premium would not be waived (Exhibit 7). Further, the letter from MHC demonstrates that the documentation was received from Appellant in December of 2023 and was due to the MHC on October 23, 2024. The timely submission of documentation to support an application or other updates is the obligation of the Appellant. Applicants and enrollees for MHC benefits have an obligation to cooperate and are responsible for the timely reporting of changes to their economic positions. See 956 CMR §12.09.

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

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

This appeal is denied.

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

If you disagree with this decision, pursuant to 45 CFR § 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website,

Massachusetts Health Connector Appeals Unit



HealthCare.gov/marketplace-appeals or write a letter requesting an appeal. Include your name, address, and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, termination determination upheld

Hearing Issue: Appellant did not provide adequate proof that he was in the United States legally and was not enrolled in an MHC plan.

Hearing Date: June 6, 2024

Decision Date: June 28, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 26, 2024, Appellant was deemed eligible for Limited + Health Safety Net pending proof of his lawful presence in the U.S. The Appellant provided documentation on April 4, 2024 in the form of a letter from his roommate. The MHC deemed this information insufficient to establish lawful presence and the Appellant was not enrolled in any plan for 2024.

ISSUE

The issue addressed on this appeal is whether the MHC made the correct decision to deem Appellant ineligible for a ConnectorCare plan for 2024, based on the fact that he did not provide proof of a lawful presence in the U.S.

HEARING RECORD

The Appellant appeared at the hearing as did an interpreter, which was held by telephone, on April 4, 2024. Both Appellant and the interpreter were sworn. The procedures to be followed during the Hearing were reviewed with Appellant who was then sworn in. Exhibits were marked and admitted into evidence with

no objections. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit -Appeal Request (Letter from Appellant's Roommate, dated 4.5.24, Notice of Denial dated 2.26.24 (twice), Affidavit from MHC Staff-4 pages)
- Exhibit 2: Eligibility on Appeal (MHC Termination Letter, dated 2/8/24; Eligibility Denial Letter, dated 2.26.24; MHC 2024 Medicaid Determination; Application Summary-13 pages)
- Exhibit 3: Research and Resolution (Email from MHC to Appellant, dated 4.17.24; MHC Outreach Notes 2 pages)
- Exhibit 4: Notices from Appeal Unit (Hearing Notice dated 5.14.24, Appeal Acknowledgment dated 4.17.24 - 4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for MHC benefits on February 26, 2024 (Exhibit 2).
2. The Appellant was denied benefits via letter dated February 26, 2024, with the stated reason for denial as a lack of proof that Appellant was in the U.S. legally. This letter also instructs Appellant on how to correct this information if he feels it is in error (Exhibit 2).
3. The Appellant submitted information to support his lawful status on April 4, 2024, in the form of a letter from this roommate stating they live at the same address (Exhibit 1).
4. On April 17, 2024 MHC notified Appellant via email that urged Appellant to contact MHC to report his immigration status (Exhibit 2).
5. Appellant was never enrolled in a MHC plan, but was deemed eligible for Limited and Health Safety Net pending proof of his immigration status upon receipt of his application (Exhibit 2).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant applied for health insurance coverage through the Connector on February 26, 2024. The same day, the Connector denied Appellant's eligibility for health insurance because the appellant was determined to have no documentation that he is lawfully present in the United States based upon the

responses the appellant gave on the application for insurance. Appellant then appealed the Connector's denial.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR 155.305(a)(1). In addition, 956 CMR §12.04 (1)(a) requires the lawful presence in the United States of applicants. The MHC also makes it clear on its website that to be eligible for a MHC plan an individual must be a United States citizen, national, or a non-citizen who is lawfully present in the United States. See for example: <https://www.mahealthconnector.org/wp-content/uploads/NG-01-Eligibility-for-Individual-or-Family-Plan.pdf>.

Appellant indicated on his application with the MHC that he is not a U.S. citizen and testified at Hearing that he has documentation to prove he is in the U.S. legally (Exhibit 2 and Appellant Testimony). He further stated that he would send this information to the MHC shortly and that he is in the process of becoming eligible to file US income taxes (Appellant Testimony). Appellant was sent an Open Record Form on June 7, 2024 with a due date for materials no later than two weeks from this date. Upon the writing of this decision no documentation has been received by MHC from the Appellant.

What is at issue here is whether the Connector made the correct determination at the time it decided that appellant was ineligible for coverage based on the information they had. Given the record, the Connector did make the correct determination at the time it was made. Appellant did not present proper evidence of being lawfully present.

The Appellant provided a letter from his roommate verifying his current address and nothing more. He testified at the Hearing that he is in the U.S. lawfully, and said he would provide further documentation to the MHC in order to be enrolled in coverage. The MHC informed Appellant on several occasions that additional information was needed to prove his legal status in the U.S. and how to submit this information. In addition, he was sent an Open Records Form after his hearing, and did not respond within the timeline provided. The Appellant is encouraged to contact the Customer Service phone number at the MHC to inquire as to what documentation is acceptable to prove lawful presence. He may also consider reviewing the MHC website at: <https://www.mahealthconnector.org/immigration-document-types> where acceptable documents are listed and described.

In this case, ample and clear notice was given to the Appellant that the document submitted for lawful immigration status was deemed not adequate by the MHC, with Appellant given the proper time frame to respond. His

submissions were not properly responsive. Appellant was informed at the Hearing that he can contact MHC directly and/or update his application to reflect recent changes in their situation.

This appeal is denied.

ORDER: The action taken by the Connector denying Appellant's eligibility is affirmed.

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

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

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, termination determination upheld

Hearing Issue: Appellant did not have a Social Security Number and was notified they no longer qualify for benefits

Hearing Date: April 4, 2024

Decision Date: June 22, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was deemed eligible for Connector Care 3D with Advanced Premium Tax Credits effective January 1, 2024. The MHC then sought proof of her having a Social Security Number and Appellant offered additional documents (See Exhibit 1). The MHC deemed appellant ineligible and her benefits were terminated due to the MHC not receiving proper proof of Appellant’s Social Security Number. This termination was effective February 29, 2024 and Appellant was notified by letter from the MHC.

ISSUE

The issue addressed on this appeal is whether the MHC made the correct decision to deem Appellant ineligible for a ConnectorCare plan for 2024¹, based on the fact that she did not provide proof of a valid Social Security Number after changing her immigration status.

¹ Appellant, through her husband at the Hearing, testified that her Social Security Number was now obtained by his wife and she did not have one at the time of application. Further Appellant expressed her intention to resolve this issue at this Hearing.

HEARING RECORD

The Appellant appeared at the hearing as did her spouse, which was held by telephone, on April 4, 2024. Both witnesses were sworn. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit -Appeal Request (Hearing Request Form dated 2.26.24, Notice Letter 2.8.24, MRMV Affidavit of No SSN dated 1/24/24 (twice), DHS I-797C, Notice of Action dated 1/31/2024 (twice), Affidavit From MHC Staff - 17 pages)
- Exhibit 2: Eligibility on Appeal (MHC Termination Letter dated 2/8/24, Eligibility Results, MHC 2024 Medicaid Determination, Application Summary -18 pages)
- Exhibit 3: Research and Resolution (Summary of Documents Received by MHC, Outreach Notes 3 pages)
- Exhibit 4: Historic Notices (Request for Information from MHC to Appellant dated 1.24.24, Eligibility Results Letter from MHC dated 11.3.24, MHC Results dated 11.3.24, 2024 MHC Medicaid Household Determination, Application Summary 17 pages)
- Exhibit 5: Notices from Appeal Unit (Hearing Notice dated 3.6.24, Appeal Acknowledgment dated 2.29.24 - 4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant and her spouse are joint tax filers (Exhibits 2 and 3).
2. The Appellant and her spouse applied for a Connector Care Plan on November 3, 2023. Appellant and her husband were deemed eligible for Connector Care 3D Plans with APTC on November 3, 2023 (Exhibit 4).
3. The MHC sought additional documentation from the Appellants concerning Appellant's citizenship and Social Security Number via letter dated January 24, 2024.
4. Appellant provided MHC documentation on Appellant's citizenship status and current application for a Social Security number, including an Affidavit of No Social Security Number from the Massachusetts Registry of Motor Vehicles. (Exhibit 1).
5. On February 8, 2024 MHC notified Appellant via letter that their ConnectorCare Plan has been terminated due to MHC receiving no proof of Appellant's Social Security Number (Exhibit 2).
6. Appellant was originally in the United States on a K-1 Work Visa, but her Green Card application was pending as was her Social Security Number at the time of application to MHC (Exhibit 1 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant did not adequately verify her Social Security Number after being requested on several occasions by MHC to do so (Exhibit 4 -Request for Information and Eligibility Results). As a result, all benefits she was eligible for were terminated.

The RMV Affidavit and the statement on I-797C were properly deemed not to be adequate by MHC to verify Appellant had a Social Security Number in accordance with 45 CFR 155.315 (f). Neither document provided proof that a Social Security Number has been applied for or is pending, while the RMV Affidavit contains a statement that Appellant has never been issued a Social Security Number, which is not supportive of Appellant's application. In addition, the MHC has posted acceptable forms of proof for a pending Social Security Number on its website, with neither of these documents being listed. See: <https://www.mahealthconnector.org/verification-documents>. Finally, the timely and adequate submission of documentation to support an application or other updates is the obligation of the Appellant. Applicants and enrollees for MHC benefits have an obligation to cooperate and are responsible for the timely reporting of information and changes to their economic positions. See 956 CMR §12.09.

The Appellant may also consider reviewing MHC Policy on the submission of documentation for an application. The MHC will make a determination on applications based on the information it has in its possession when Applicants do not provide this information. These decisions include, but are not limited to, termination of benefits. See: <https://www.mahealthconnector.org/about/policy-center/policies>.

In this case, ample and clear notice was given to the Appellant that the documents submitted for a Social Security Number were not adequate, with Appellant given the proper time frame to respond. Her submissions were not properly responsive, resulting in her termination from any MHC plan. The testimony at the Hearing revealed that she is now in possession of a Social Security Number and her Green Card application is pending. Further, Appellant testified that she is currently working part-time. The Appellants were informed by the Hearing Officer that they can contact MHC directly and/or update their application to reflect recent changes in their situation.

This appeal is denied.

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

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

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-22339

Appeal Decision Appeal Denied

Hearing Issue: The primary issue for the hearing is to address the Appellant's concerns about the affordability of the plan.

Hearing Date: Monday, June 10, 2024 **Decision Date:** Monday, July 8, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

The Health Connector determined, on 03/18/2024, that Appellant qualifies to enroll in a Health Connector plan with Advanced Premium Tax Credits, specifically ConnectorCare Plan Type 3A. The primary concern for the Appeal is an issue with affordability relating to the Health Connector Plan the Appellant was found eligible for. Appellant indicates they cannot afford the plan they were found eligible for by the health connector. These determinations are based on the Health Connector's most recent notice of eligibility, dated 03/18/2024.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on Monday, June 10, 2024 at 10:00 AM. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1:	Hearing Request Form	1 page
Exhibit 2:	Health Connector Appeals Unit Affidavit (signed by T.C.)	1 page
Exhibit 3:	Eligibility Approval Notice(s), dated 3/18/2024	1 page

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

FINDINGS OF FACT

1. On Monday, March 18, 2024, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 3).
2. On Monday, March 18, 2024, the Health Connector found that Appellant qualifies to enroll in a Health Connector plan with Advanced Premium Tax Credits, specifically ConnectorCare Plan Type 3A (Exhibit 3).
3. The Appellant is currently 37 years old.
4. The appellant filed their taxes as Married Filing Jointly with 3 dependents. The total household income was \$80,940.00.
5. This income was 230.36% of the federal poverty level.
6. During the testimony at the hearing, the appellant verified that all the information contained above, relating to their income, was accurate and correct.
7. The appellant testified that, at the time of her application in March, she was employed in three separate positions: two part-time positions and a seasonal position at H&R Block assisting with tax preparation services. She further testified that her employment at H&R Block was scheduled to end with the conclusion of the tax season on or around April 15th.
8. The appellant also stated that she attempted to contact the Health Connector in March to inform them that her income would be significantly reduced once her seasonal position ended, and she would not be able to afford the premium amounts in the future.
9. In her testimony, the appellant stated that she contacted the Health Connector in March to inform them of her anticipated future income change. (Appellant’s Testimony).
10. The appellant indicated that the customer service representative advised her that while she could appeal the decision, future income changes could not be confirmed or verified and therefore could not be the basis for her eligibility determination. (Appellant’s Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant’s income was verified on March 18, 2024, wherein she attested to a joint monthly income of \$6,745.00. (Appellant’s Testimony, Exhibit 3.) She asserts that this determination is incorrect and that based on her income the premium should not have increased and thus become unaffordable. (Testimony).

The determination of the Appellant’s income at 230.36% of the Federal Poverty Level (“FPL”) is based on the information provided. (Testimony, Exhibit 3). The Appellant asserts that the premium for the plan she qualifies to enroll in, specifically ConnectorCare Plan Type 3A with

Advanced Premium Tax Credits, is incorrect, and she should not have to pay the same, as her income was going to be greatly reduced after her temporary and seasonal job at H&R Block would end on or around April 15th, 2024. (Testimony, Exhibits 1 and 2).

The Appellant was found eligible for ConnectorCare with subsidies beginning in March 2024 based on the Health Connector's determination that used a manually verified annual income of \$80,940.00 and attested monthly income of \$6,745.00. (Testimony, Exhibit 3). The Connector's notice to the Appellant on March 18, 2024, asked the Appellant to review this information and report any changes within 30 days if it was incorrect. The Appellant did not report any contemporaneous changes after receiving the eligibility notice. (Appellant's Testimony).

This is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant, based on her attestation on the application that she manually verified an income of \$80,940.00 annually. (Exhibit 3). This was used to determine a household income equivalent to 230.36% of the Federal Poverty Level. (Exhibits 1, 5-6). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c).

This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations. Based upon the totality of the evidence, it is concluded that the Connector's determination on March 18, 2024, regarding the Appellant's eligibility for Health Connector Plans with subsidies was correct.

The Appellant admitted in her testimony that she did not update her income after March and appeared in her testimony to understand that trying to report future income changes is not something the Health Connector can use as they determine eligibility. In light of this, the appellant was instructed to contact the Connector and update her income to possibly receive a new eligibility notice. However, the eligibility determination made in March was accurate based on the law and the facts presented at the hearing.

ORDER

The appeal is denied.

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

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

To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061.

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

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-22522

Appeal Decision Appeal Denied

Hearing Issue: The primary issue for the hearing is to address the Appellant's concerns about the affordability of the plan,

Hearing Date: Monday, June 10, 2024 **Decision Date:** Monday, July 8, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

The Health Connector determined, on 04/04/2024, that Appellant qualifies to enroll in a Health Connector plan with Advanced Premium Tax Credits, specifically ConnectorCare Plan Type 2A. The primary concern for the Appeal is an issue with affordability relating to the Health Connector Plan the Appellant was found eligible for. Appellant indicates they cannot afford the plan they were found eligible for by the health connector. These determinations are based on the Health Connector's most recent notice of eligibility, dated 04/04/2024.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on Monday, June 10, 2024 at 11:00 AM. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified. A Cape Verdean interpreter was also used at the hearing.

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

Exhibit 1: Hearing Request Form 1 page

Exhibit 2: Health Connector Appeals Unit Affidavit (signed by T.C.) 1 page

Exhibit 3:	Eligibility Approval Notice(s), dated 4/4/2024	1 page
Exhibit 4:	Health Connector's Hearing Notice	3 pages
Exhibit 5:	Health Connector's Acknowledgement of Appeal	1 page
Exhibit 6:	Appeals Unit Staff Case Notes	1 page
Exhibit 7:	Appellant's appeal request form	1 page

FINDINGS OF FACT

1. On Thursday, April 4, 2024, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 3).
2. On Thursday, April 4, 2024, the Health Connector found that Appellant qualifies to enroll in a Health Connector plan with Advanced Premium Tax Credits, specifically ConnectorCare Plan Type 2A (Exhibit 3).
3. The Appellant is currently 65 years old. They are not eligible for Medicare.
4. The appellant filed their taxes as Single with 1 dependents.
5. The appellant had a total reported income of \$20,382.00. This income was 103.36% of the federal poverty level.
6. During the testimony at the hearing, the appellant verified that all the information contained above was accurate and correct.
7. The appellant testified that she was hoping the appeal would provide assistance regarding her co-payments, which were too high for her to afford. (Appellant's Testimony). She later clarified that she was not appealing the information related to her April eligibility determination by the Health Connector, instead, she expressed dissatisfaction that her co-payments were higher than they had been the previous year when she was enrolled in MassHealth. (Appellant's Testimony).
8. The appellant further complained that she was unable to complete her necessary MassHealth documentation, to remain enrolled in MassHealth, in light of the fact that she was uncomfortable contacting customer service for MassHealth given that she does not currently speak English and that her son, who had assisted her in the past, was unavailable at the time due to being out of the country. (Appellant's Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's income was verified on April 04, 2024, wherein she attested to a monthly income of \$1,698.50. (Appellant's Testimony, Exhibit 3). She asserts that this determination is incorrect and that based on her income the premium should not have increased and thus become unaffordable. (Testimony).

The determination of the Appellant's income at 103.36% of the Federal Poverty Level ("FPL") is based on the information provided. (Testimony, Exhibit 3). The Appellant was found eligible for ConnectorCare with subsidies beginning in April 2024 based on the Health Connector's determination that used a manually verified annual income of \$20,382.00 and attested monthly income of \$1,698.50. (Testimony, Exhibits 1, 5-8).

The Connector's notice to the Appellant on April 04, 2024 asked the Appellant to review this information and report any changes within 30 days if it was incorrect. The Appellant did not report any changes after receiving the eligibility notice. This is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant, based on her attestation on the application that she manually verified income of \$20,382.00 annually. (Exhibits 1, 5-7). This was used to determine a household income equivalent to 103.36% of the Federal Poverty Level. (Exhibits 1, 5-6). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c).

This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations. Based upon the totality of the evidence, it is concluded that the Connector's determination on April 04, 2024 regarding the Appellant's eligibility for Health Connector Plans with subsidies was correct.

The appellant testified that she was not actually appealing the eligibility determination. (Appellant's Testimony). Instead, she wanted to contact the Health Connector to see if there was a way to reduce her co-payments. (Appellant's Testimony). She was advised that the only way to reduce her co-payments through the Health Connector would be to report a change in income, which could adjust her monthly premium or change her plan based on the decreased income. The appellant was also advised to contact MassHealth to inquire about her eligibility to apply.

ORDER

The appeal is denied.

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

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

To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061.

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

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-22807

Appeal Decision Appeal Denied

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

Hearing Date: Wednesday, July 10, 2024 **Decision Date:** Wednesday, July 24, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

The Health Connector determined, on 04/30/2024, that the appellant does not qualify or is not eligible to shop for health insurance coverage through the Massachusetts Health Connector because they were not able to show that they were lawfully present in the United States. These determinations are based on the Health Connector's most recent notice of eligibility to the Appellant, dated 04/30/2024.

HEARING RECORD

The Appellant appeared at the hearing which was held by telephone on Wednesday, July 10, 2024 at 1:00 PM. 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 appellant requested at the time of the hearing the use of a Spanish-speaking interpreter. The hearing officer was able to obtain the assistance of a Spanish-speaking interpreter for the hearing.

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

Exhibit 1: Hearing Request Form

1 page

Exhibit 2:	Health Connector Appeals Unit Affidavit (signed by T.C.)	1 page
Exhibit 3:	Eligibility Denial Notice(s), dated 4/30/2024	1 page
Exhibit 4:	Health Connector's Hearing Notice	3 pages
Exhibit 5:	Health Connector's Acknowledgement of Appeal	1 page
Exhibit 6:	Appeals Unit Staff Case Notes	1 page
Exhibit 7:	Appellant's appeal request form	1 page
Exhibit 8:	Facsimile with a purported copy of a United States permanent resident card for the appellant.	1 page

FINDINGS OF FACT

1. On Tuesday, April 30, 2024, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 3).
2. On Tuesday, April 30, 2024, the Health Connector found that the appellant does not qualify or is not eligible to shop for health insurance coverage through the Massachusetts Health Connector, because he was not able to show that he was lawfully present in the United States. (Exhibit 3).
3. The Appellant is currently 44 years old. (Appellant's Testimony).
4. The appellant attempted to verify his immigration status with the Health Connector by submitting a facsimile of his United States Permanent Resident Card. This document was included as an additional exhibit for the hearing (Exhibit 8 and Appellant's Testimony).
5. The facsimile contained the appellant's name and address, which were verified during the hearing. However, the reproduction of the card itself was illegible in its black-and-white format and appeared to have significant image artifacts resulting from the fax transmission process. Consequently, the contents of the card were indecipherable to both the Health Connector and this hearing officer. (Exhibit 8).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 30, 2024 that the appellant was ineligible to purchase health insurance through the Connector. See Exhibit 3. According to his application, the appellant claimed to be lawfully present in the United States.

However, the initial documentation provided was insufficient to establish his immigration status. See Exhibit 3. Subsequently, the appellant attempted to verify his immigration status with the Health Connector by submitting a facsimile of his United States Permanent Resident Card, which was included as an additional exhibit for the hearing (Exhibit 8).

While the facsimile contained the appellant's name and address, which were verified during the hearing, the reproduction of the card itself was illegible due to the limitations of the black-and-white fax transmission. The image suffered from significant artifacts that rendered the

crucial details of the card indecipherable to both the Health Connector and this hearing officer. As a result, despite the appellant's efforts, the submitted document could not serve as definitive proof of his lawful presence status.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR 155.305(a)(1).

The Connector's determination denying his eligibility to obtain health insurance through the Connector is affirmed. As noted above, an applicant must be lawfully present to be eligible for coverage. According to his application, he was not lawfully present. Using the information supplied by him to the Connector, the Connector correctly denied eligibility at the time the determination was made.

It is important to emphasize that the burden of proof in establishing eligibility lies squarely with the appellant. In this case, the appellant failed to meet this burden by not providing clear, legible documentation of his immigration status. While the appellant did make an effort to submit additional documentation, the illegible nature of the faxed Permanent Resident Card rendered it insufficient for verification purposes.

The Connector and this hearing officer are bound by the evidence presented and cannot make determinations based on unclear or unreadable documents. The appellant's failure to provide a legible copy of his immigration documentation, despite having the opportunity to do so, leaves no choice but to uphold the Connector's original determination of ineligibility.

This decision underscores the critical importance of submitting clear, legible, and verifiable documentation when applying for health insurance through the Connector. Applicants must understand that the responsibility to prove eligibility rests with them, and that failing to provide proper documentation can result in a denial of coverage, even if they may actually meet the eligibility criteria.

ORDER

The appeal is denied.

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

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

To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name,

address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061.

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

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-22808

Appeal Decision Appeal Denied

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

Hearing Date: Wednesday, July 10, 2024 **Decision Date:** Wednesday, July 24, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

The Health Connector determined, on 04/30/2024, that The appellant does not qualify or is not eligible to shop for health insurance coverage through the Massachusetts Health Connector, because he was not able to show that they were lawfully present in the United States. These determinations are based on the Health Connector's most recent notice of eligibility, dated 04/30/2024.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on Wednesday, July 10, 2024 at 2:00 PM. 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. At the time the hearing began the appellant requested a Portuguese interpreter. The hearing officer was able to obtain a Portuguese interpreter for the hearing.

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

Exhibit 1: Hearing Request Form

1 page

Exhibit 2:	Health Connector Appeals Unit Affidavit (signed by T.C.)	1 page
Exhibit 3:	Eligibility Denial Notice(s), dated 4/30/2024	1 page
Exhibit 4:	Health Connector's Hearing Notice	3 pages
Exhibit 5:	Health Connector's Acknowledgement of Appeal	1 page
Exhibit 6:	Appeals Unit Staff Case Notes	1 page
Exhibit 7:	Appellant's appeal request form	1 page
Exhibit 8:	Demand Notice from the City of Lowell	1 page
Exhibit 9:	New York State Driver's License	1 page
Exhibit 10:	Illegible Passport	1 page

FINDINGS OF FACT

1. On Tuesday, April 30, 2024, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 3).
2. On Tuesday, April 30, 2024, the Health Connector found that The appellant does not qualify or is not eligible to shop for health insurance coverage through the Massachusetts Health Connector because they were not able to show that they were lawfully present in the United States. (Exhibit 3).
3. The Appellant is currently 42 years old. (Appellant's Testimony).
4. The appellant submitted several documents in an attempt to verify his legal status in the United States. These included a tax demand notice from the City of Lowell, a New York State Driver's License, and an illegible passport via fax. (Exhibit 8-10).
5. The image of the passport suffered from significant artifacts that rendered the crucial details indecipherable to both the Health Connector and this hearing officer. (Exhibit 10)
6. The appellant acknowledged providing these documents and confirmed that he did not have alternative documentation to verify his legal status in the United States at the time. (Appellant's Testimony).
7. He expressed confusion regarding the reason for his appeal, stating that he had followed instructions given by a hospital staff member during a recent illness. (Appellant's Testimony).
8. Given the circumstances, I provided the appellant with contact information for the Health Connector and advised him to reach out to them if he obtains the necessary immigration documentation in the future. We discussed in detail the types of documents that would be acceptable for verifying his immigration status.

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 30, 2024 that the appellant was ineligible to purchase health insurance through the Connector. See Exhibit 3.

According to his application, the appellant was not a citizen of the United States, and he had no document which would establish that he was lawfully present. (Exhibit 3 and Appellant's Testimony) The testimony provided by the appellant on this matter is found to be credible.

In an attempt to verify his legal status in the United States, the appellant submitted several documents. These included a tax demand notice from the City of Lowell, a New York State Driver's License, and a passport, which was illegible. The appellant confirmed that he had provided these documents and acknowledged that he did not possess additional documentation to verify his legal status in the United States. (Appellant's Testimony) He expressed uncertainty regarding the purpose of his appeal, stating that he had acted on instructions from a staff member at the hospital where he was receiving treatment at the time of his illness. (Appellant's Testimony)

It is important to note that none of the documents provided by the appellant constitute sufficient proof of lawful presence in the United States as required by federal regulations. A tax demand notice and a state driver's license do not establish immigration status, and an illegible passport cannot be used for verification purposes.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR 155.305(a)(1).

The Connector's determination denying the appellant's eligibility to obtain health insurance through the Connector is affirmed. This decision is based on several key points. The appellant admitted to not being a U.S. citizen and failed to provide any document establishing lawful presence in the United States. The documents submitted by the appellant (tax notice, driver's license, and illegible passport) do not meet the federal requirements for proving lawful presence. Furthermore, the appellant acknowledged having no additional documentation to verify his legal status. The Connector is bound by federal regulations, which clearly state that lawful presence is a prerequisite for eligibility.

Given these circumstances and the complete lack of sufficient documentation to establish lawful presence, the Connector's determination of ineligibility was not only consistent with the information available at the time of the decision but was the only correct course of action under the law. The Connector had no legal basis to approve the appellant's application without proper documentation of lawful presence.

This case underscores the critical importance of providing valid, legible documentation that meets federal requirements when applying for health insurance through the Connector. The burden of proof lies with the applicant, and in this instance, that burden was not met. Therefore, the Connector's decision to deny eligibility was accurate, appropriate, and in full compliance with applicable laws and regulations.

ORDER

The appeal is denied.

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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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-22412

Appeal Decision: Denied*¹

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

Hearing Date: July 1, 2024

Decision Date: July 2, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 21, 2024 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on July 1, 2024. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated May 30, 2024.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period (SEP) Decision Denial dated March 21, 2024.

¹ The Health Connector Appeals Unit granted the Appellant Administrative SEPs on April 25, 2024 and July 1, 2024 as outlined below.

- Exhibit 5: 2024 Eligibility Results with an Application Summary dated February 1, 2024.
Exhibit 6: Health Connector Eligibility Approval Notice dated February 1, 2024.
Exhibit 7: The Appellant's Online appeal request dated April 3, 2024.
Exhibit 8: Health Connector Request for Information dated September 20, 2023.
Exhibit 9: Health Connector Documents Needed Reminder Notice dated November 19, 2023.
Exhibit 10: Health Connector Insufficient Documents Notice dated January 19, 2024.
Exhibit 11: 2024 Eligibility Results with an SEP granted on April 25, 2024.
Exhibit 12: 2024 Eligibility Results with an SEP granted on July 1, 2024.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant's Health Connector Plan was terminated on January 31, 2024. The decision came after the Appellant failed to submit sufficient proof of Massachusetts residency despite Requests for Information being issued on September 20, 2023, November 19, 2023 and January 19, 2024 (Exhibits 3, 8, 9, 10).
2. The Appellant updated their Application on February 1, 2024. The Appellant did not request financial assistance and was determined eligible for Health Connector Plans (Exhibits 3, 5, 6).
3. On March 21, 2024 Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) to re-enroll in a plan because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 4).
4. I take administrative notice of the fact that for tax year 2024 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2022 through January 23, 2024.
5. The Appellant filed an Appeal on April 3, 2024 (Exhibit 7).
6. On April 25, 2024 the Health Connector Appeals Unit granted the Appellant and Administrative SEP. The Appeals Unit contacted the Appellant via the telephone number on the Appellant's Appeal Request and left a voice mail message advising the Appellant that their request for an SEP had been approved (Exhibit 3).
7. On April 25, 2024 the Appellant's application was updated. The Appellant was granted an SEP and was able to enroll in a Health Connector Plan through June 23, 2024 (Exhibit 11).
8. The Appellant testified that they were not aware that they had been approved for an SEP on April 25, 2024. The Appellant said that they did not receive the telephone message or an updated notice informing them that they could enroll in a Health Plan (Appellant Testimony).
9. The Appellant testified that they had trouble providing what Health Connector was looking for to verify residency. The Appellant also said that they paid Health insurance premiums for several months and did not receive a refund (Appellant Testimony).

10. On July 1, 2024 the Health Connector Appeals Unit granted the Appellant another SEP to enroll in a Health Connector Plan (Exhibits 3, 12).

ANALYSIS AND CONCLUSIONS OF LAW

Prior to January 31, 2024 the Appellant was enrolled in a Health Connector plan. The Appellant's plan was terminated effective January 31, 2024 after the Appellant failed to provide acceptable proof of Massachusetts residency. The Appellant updated their Application on February 2, 2024. The Appellant did not request financial assistance and was determined eligible for Health Connector Plans.

On March 21, 2024, Health Connector denied the Appellant's request for a special enrollment period to re-enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their attempted enrollment. Open Enrollment for tax year 2024 was from November 1, 2023 through January 23, 2024. The Appellant filed an appeal on April 3, 2024.

The Appellant testified that they had trouble providing documentation that Health Connector found acceptable. The Appellant also said that they paid a premium for February and never got the money back. The Appellant was advised that billing issues are not appealable under the Health Connector regulations. 956 CMR 12.02. The Appellant was given the contact information for Customer Service.

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 evidence in this administrative record verifies that on March 21, 2024 Health Connector correctly denied the Appellant's request for an SEP to enroll in a Health Connector plan because the Appellant did not verify that they experienced a qualifying life event in the sixty-day period preceding the February 2, 2024 application and subsequent attempt to enroll in a Health Connector Plan. 45 CFR § 155 and 956 CMR 12.10(5).

On April 25, 2024 the Health Connector Appeals Unit granted the Appellant an Administrative SEP to enroll in a Health Connector Plan. The Appellant's Application was updated on April 25, 2024 and indicated that the Appellant could enroll in a Health Plan through June 23, 2024. The Appeals Unit telephoned the Appellant at his contact number of record and left a message on April 25, 2024 advising the Appellant that they could enroll in a plan. 801 CMR 1.02(10)(a). The Appellant indicated at the Hearing held on July 1, 2024 that they did not receive the telephone message and that they were not aware of the Administrative SEP having been approved. With the Appellant's permission, the Health Connector Appeals Unit was contacted after the Hearing concluded and the Appeals Unit granted the Appellant another SEP on July 1, 2024 (See Exhibit 12).

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 is reminded that the Special Enrollment Period approved on July 1, 2024 will expire in sixty days. The Appellant is advised to update their application and enroll in a Health Connector Plan as soon as possible. The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for assistance with enrolling in a plan and for questions regarding billing.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2422457

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, ESI and income

Hearing Date: June 5, 2024

Decision Date: July 16, 2024

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 6, 2024, the Appellant was determined eligible for Health Connector Plans, with no financial assistance, based on eligibility for Employer Sponsored Insurance (ESI).

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 reported and verified income and access to ESI.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on June 5, 2024. 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 (5-14-24) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (4-16-24) (1 page);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (4-10-24) (with documents) (22 pages);

- Exhibit 6: Eligibility detail printouts and applications summary printouts (33 pages);
Exhibit 7: Medicaid Household Determination (5 pages) and;
Exhibit 8: Eligibility Approval letter (3-6-24) (10 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector and was deemed eligible for Health Connector Plans with no financial help due to access to ESI and income. However, Appellant believed that the ESI was not affordable. (Appellant Testimony Exhibits 5, 6).
2. Appellant did not believe they could afford the premium and appealed. (Testimony, Exhibit 5).
3. Appellant's submitted documents including proof of income and information from the employer regarding the costs of ESI and Appellant's income. (Exhibits 4 and 5).
4. Based upon the documents submitted, Appellant's application was updated on May 25, 2024, and Appellant was then deemed eligible for ConnectorCare Plan Type 2B. (Exhibits 4 and 6).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was deemed eligible for Health Connector Plans with no financial assistance based on access to ESI and income reported and verified from other sources. 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 2024 if the employee's required contribution for self-only coverage is 9.66 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 at that time based on the information available to the Health Connector at the time of the application in March 2024. The Appellant's appeal is therefore denied.

The Appellant submitted documents with their appeal that indicated that the ESI was not affordable, and Appellant's application was updated with that information and Appellant was then deemed eligible for ConnectorCare Plan Type 2B.

ORDER

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

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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.