

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11302

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 02/14/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated February 28, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: The Appellant's Hearing Request form received on February 27, 2020.
- Exhibit 4: An Application Summary dated October 5, 2019.
- Exhibit 5: Health Connector Special Enrollment Period Decision Denial dated February 14, 2020.
- Exhibit 6: Health Connector Past Due Warning Notice for nonpayment of premium dated November 29, 2019.
- Exhibit 7: Health Connector Appeals Unit Outreach E-mail dated March 12, 2020.
- Exhibit 8: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 25, 2020.
- Exhibit 9: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On October 5, 2019, the Health Connector determined the Appellant was eligible for ConnectorCare Plan type 3A with Advanced Premium Tax Credits (APTC) (Exhibit 4).
2. On November 29, 2019, the Health Connector issued a Warning Notice for nonpayment of the monthly health care premium (Exhibit 6).
3. The Appellant was disenrolled for nonpayment on December 19, 2019 (Exhibit 2).
4. On February 14, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 5).
5. On February 27, 2020, the Appellant filed an appeal (Exhibit 3).
6. On March 12, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibit 7).
7. On March 25, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a ConnectorCare Plan type 3A. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the February 27, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 25, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 8).
8. As of May 18, 2020, the Appellant failed to respond to the March 25, 2020 letter.
9. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 9).
10. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 14, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal

(Exhibits 2, 3, 7). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a ConnectorCare Plan type 3A (Exhibit 7). The Health Connector issued a notice to the Appellant on March 25, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 8). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 9). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a ConnectorCare Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11349

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 2/17/20, Health Connector determined the Appellant was ineligible for health insurance through the Health Connector because the Appellant failed to verify that they are lawfully present in Massachusetts.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 5, 2020, with attachments.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Health Connector Notice of Eligibility Denial dated February 17, 2020.
- Exhibit 4: An Application Summary dated February 17, 2020.
- Exhibit 5: Hearing Request form submitted by the Appellant on March 4, 2020.
- Exhibit 6: 2020 Eligibility Results with an Application Summary dated March 20, 2020.
- Exhibit 7: An Agent Portal Printout of Medicaid Eligibility.
- Exhibit 8: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 25, 2020.
- Exhibit 9: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 17, 2020, the Health Connector determined the Appellant ineligible for health insurance plans through the Health Connector because the Appellant had failed to provide proof of lawful presence in Massachusetts (Exhibit 3).
2. The Appellant filed an Appeal on March 4, 2020 (Exhibit 5).
3. On March 20, 2020, the Appellant was determined eligible for MassHealth (Exhibits 2, 6, 7).
4. On March 25, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal-Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for MassHealth. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 4, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 25, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 8).
5. As of May 18, 2020, the Appellant failed to respond to the March 25, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 9).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 17, 2020 determination that the Appellant was not eligible for health insurance coverage through the Health Connector because the Appellant had failed to verify their lawful presence in Massachusetts. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 6). These efforts led to the Appellant being determined eligible for MassHealth on March 20, 2020 (Exhibits 2, 6, 7). The Health Connector issued a notice to the Appellant on March 25, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 8). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why

the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 9). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for MassHealth obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11370

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 2/12/20, Health Connector determined the Appellant was ineligible for health insurance through the Health Connector because the Appellant failed to verify that they are lawfully present in Massachusetts.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 6, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Hearing Request form, with attachments, submitted by the Appellant on March 5, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary dated March 6, 2020.
- Exhibit 5: An Application Summary dated February 12, 2020.
- Exhibit 6: Health Connector Eligibility Denial notice dated February 12, 2020.
- Exhibit 7: An Agent Portal Printout of Medicaid Eligibility.
- Exhibit 8: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 25, 2020.
- Exhibit 9: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 12, 2020, the Health Connector determined the Appellant ineligible for health insurance plans through the Health Connector because the Appellant had failed to provide proof of lawful presence in Massachusetts (Exhibits 5, 6).
2. The Appellant filed an Appeal on March 5, 2020 (Exhibit 3).
3. On March 6, 2020, the Appellant was determined eligible for MassHealth (Exhibits 2, 4, 7).
4. On March 25, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal-Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for MassHealth. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 5, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 25, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 8).
5. As of May 18, 2020, the Appellant failed to respond to the March 25, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 9).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 12, 2020 determination that the Appellant was not eligible for health insurance coverage through the Health Connector because the Appellant had failed to verify their lawful presence in Massachusetts. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 8). These efforts led to the Appellant being determined eligible for MassHealth on March 6, 2020 (Exhibits 4, 7). The Health Connector issued a notice to the Appellant on March 25, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 8). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why

the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 9). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for MassHealth obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11390

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 2/14/20, Health Connector determined the Appellant was ineligible for Health Connector Plans because the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 11, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: The Appellant's Hearing Request, with attachments dated March 24, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary dated March 24, 2020.
- Exhibit 5: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 25, 2020.
- Exhibit 6: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 14, 2020, the Health Connector determined the Appellant ineligible for Health Connector Plans because the Appellant had failed to provide proof of residency (Exhibit 2).
2. The Appellant filed an Appeal on March 24, 2020 and submitted proof of residency (Exhibit 3).
3. On March 24, 2020, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits (APTC) (Exhibits 2, 4).
4. On March 25, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for Health Connector Plans with APTC. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 24, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 25, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 5).
5. As of May 18, 2020, the Appellant failed to respond to the April 7, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 6).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 14, 2020 determination that the Appellant was not eligible for Health Connector Plans because the Appellant had failed to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 5). These efforts led to the Appellant being determined eligible for Health Connector Plans with APTC on March 24, 2020 (Exhibits 2, 4). The Health Connector issued a notice to the Appellant on March 25, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 5). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be

dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 6). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for Health Connector Plans with APTC obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

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Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11404

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 02/29/20, Health Connector denied the Appellant's application for Health Connector Plans after the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 17, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Health Connector Notice of Eligibility Denial, with an Application Summary, dated February 29, 2020.
- Exhibit 4: The Appellant's Online Appeal Request dated March 10, 2020.
- Exhibit 5: Eligibility Results printout dated March 17, 2020.
- Exhibit 6: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 17, 2020.
- Exhibit 7: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On January 31, 2020, the Health Connector terminated the Appellant's Health Connector Plan. The action came after mail issued to the Appellant was returned from the Post Office and efforts to contact the Appellant by telephone were unsuccessful (Exhibit 2).
2. On February 29, 2020, the Health Connector denied the Appellant's application for Health Care because the Appellant had failed to verify their residency (Exhibit 3).
3. The Appellant filed an Appeal on March 10, 2020 (Exhibit 4).
4. The Health Connector Appeals Unit contacted the Appellant and advised them to send in proof of Massachusetts residency (Exhibit 2).
5. The Appellant submitted proof of residency on March 17, 2020. The Appellant was given an administrative Special Enrollment Period to enroll in a Health Connector Plan (Exhibits 2, 5).
6. On March 17, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for Health Connector Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 10, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 17, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 6).
7. As of May 18, 2020, the Appellant failed to respond to the March 17, 2020 letter.
8. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 7).
9. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 29, 2020 denial of the Appellant's application for Health Connector Plans based on their failure to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2). These efforts led to the Appellant being determined eligible for

a Special Enrollment Period to enroll in a Health Connector Plan on March 17, 2020 (Exhibit 4). The Health Connector issued a notice to the Appellant on March 17, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 6). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 7). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for Health Connector Plans obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11412

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 02/11/20, Health Connector denied the Appellant's application for ConnectorCare after the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 12, 2020, with attachments.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: 2020 Eligibility Results with an Application Summary dated February 11, 2020.
- Exhibit 4: The Appellant's Hearing Request form dated March 11, 2020.
- Exhibit 5: 2020 Eligibility Results with an Application Summary dated March 11, 2020.
- Exhibit 6: 2020 Eligibility Results with an Application Summary dated November 17, 2019.
- Exhibit 7: Health Connector Request for Documents dated November 7, 2019.
- Exhibit 8: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 25, 2020.
- Exhibit 9: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 11, 2020, the Health Connector denied the Appellant's application for ConnectorCare because the Appellant had failed to verify their residency (Exhibit 3).
2. The Appellant filed an Appeal on March 11, 2020 (Exhibit 4).
3. The Appellant submitted proof of residency and on March 11, 2020 the Appellant was determined eligible for ConnectorCare (Exhibits 2, 5).
4. On March 25, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for Health Connector Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 11, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 25, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 8).
5. As of May 18, 2020, the Appellant failed to respond to the March 25, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 9).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 11, 2020 denial of the Appellant's application for ConnectorCare based on their failure to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2). These efforts led to the Appellant being determined eligible for ConnectorCare on March 11, 2020 (Exhibit 5). The Health Connector issued a notice to the Appellant on March 25, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 8). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued

an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 9). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for ConnectorCare obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11419

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/10/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 18, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Health Connector Special Enrollment Period Decision Denial March 10, 2020.
- Exhibit 4: The Appellant's Online Hearing Request dated March 11, 2020.
- Exhibit 5: 2020 Eligibility Results with an Application Summary dated March 9, 2020.
- Exhibit 6: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 18, 2020.
- Exhibit 7: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 9, 2020, the Health Connector determined the Appellant was eligible for Health Connector Plans (Exhibit 4).
2. On March 10, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 3).
3. On March 11, 2020, the Appellant filed an appeal (Exhibit 4).
4. On March 18, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibits 1,5,6).
5. On March 18, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a Health Connector Plan. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 11, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 18, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 6).
6. As of May 18, 2020, the Appellant failed to respond to the March 18, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 7).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 10, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 3,). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a Health Connector Plan (Exhibits 5, 6). The Health Connector issued a notice to the Appellant on March 18, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter

but failed to do so (Exhibit 6). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 7). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a Health Connector Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11422

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 02/11/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 12, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Hearing Request form dated March 11, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary dated February 11, 2020.
- Exhibit 5: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 25, 2020.
- Exhibit 6: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 11, 2020, the Health Connector determined the Appellant was eligible for ConnectorCare (Exhibit 4).
2. On February 11, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 4).
3. On March 11, 2020, the Appellant filed an appeal (Exhibit 4).
4. On March 12, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibits 1, 2, 5).
5. On March 25, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a ConnectorCare Plan. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 11, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 25, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 5).
6. As of May 18, 2020, the Appellant failed to respond to the March 25, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 6).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 11, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 3,). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a Health Connector Plan (Exhibits 5, 6). The Health Connector issued a notice to the Appellant on March 25, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter

but failed to do so (Exhibit 5). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 6). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a ConnectorCare Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11450

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 2/25/20, Health Connector determined the Appellant was ineligible for ConnectorCare because the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 23, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: 2020 Eligibility Results with an Application Summary dated February 25, 2020.
- Exhibit 4: Hearing Request form, with attachments, dated March 17, 2020.
- Exhibit 5: 2020 Eligibility Results with an Application Summary dated November 21, 2019.
- Exhibit 6: 2020 Eligibility Results with an Application Summary dated March 10, 2020.
- Exhibit 7: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 23, 2020.
- Exhibit 8: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 25, 2020, the Health Connector determined the Appellant ineligible for ConnectorCare because the Appellant had failed to provide proof of residency (Exhibit 3).
2. The Appellant filed an Appeal on March 17, 2020 and submitted proof of residency (Exhibit 4).
3. On March 10, 2020, the Appellant was determined eligible for ConnectorCare Plan Type 2B (Exhibits 2, 6).
4. On March 23, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for ConnectorCare. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 17, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 23, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 7).
5. As of May 18, 2020, the Appellant failed to respond to the March 23, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 8).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 25, 2020 determination that the Appellant was not eligible for ConnectorCare because the Appellant had failed to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 4). These efforts led to the Appellant being informed that they had been determined eligible for ConnectorCare on March 10, 2020 (Exhibits 2, 6). The Health Connector issued a notice to the Appellant on March 23, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 7). I have reviewed the evidence in the

record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 8). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for ConnectorCare obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11474

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 02/25/20, Health Connector terminated the Appellant's ConnectorCare after the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 1, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Hearing Request form dated March 19, 2020.
- Exhibit 4: A Fax cover sheet with nothing attached.
- Exhibit 5: Health Connector Eligibility Termination notice dated February 25, 2020.
- Exhibit 6: 2020 Eligibility Results with an Application Summary dated February 25, 2020.
- Exhibit 7: 2020 Eligibility Results with an Application Summary dated March 24, 2020.
- Exhibit 8: 2020 Eligibility Results with an Application Summary dated February 15, 2020.
- Exhibit 9: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 1, 2020.
- Exhibit 10: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 25, 2020, the Health Connector terminated the Appellant's ConnectorCare coverage because the Appellant had failed to verify their residency (Exhibits 2, 5, 6).
2. The Appellant filed an Appeal on March 19, 2020 (Exhibit 3).
3. The Appellant submitted proof of residency and on March 24, 2020 was determined eligible for ConnectorCare (Exhibits 2, 7).
4. On April 1, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal-Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for ConnectorCare Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 19, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 1, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 9).
5. As of May 18, 2020, the Appellant failed to respond to the April 1, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 10).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 25, 2020 termination of the Appellant's ConnectorCare based on their failure to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 9). These efforts led to the Appellant being determined eligible for ConnectorCare on March 24, 2020 (Exhibit 7). The Health Connector issued a notice to the Appellant on April 1, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 9). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show

Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 10). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for ConnectorCare obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11503

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/05/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 27, 2020.
- Exhibit 2: Hearing Request form dated March 23, 2020.
- Exhibit 3: 2020 Eligibility Results with an Application Summary dated March 5, 2020.
- Exhibit 4: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 27, 2020.
- Exhibit 5: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 5, 2020, the Health Connector determined the Appellant was eligible for ConnectorCare (Exhibit 3).
2. On March 5, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 3).
3. On March 23, 2020, the Appellant filed an appeal (Exhibit 4).
4. On March 27, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibits 1, 4).
5. On March 27, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a ConnectorCare Plan. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 23, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 27, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 4).
6. As of May 18, 2020, the Appellant failed to respond to the March 27, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 5).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 5, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 4). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a Health Connector Plan (Exhibits 1, 4). The Health Connector issued a notice to the Appellant on March 27, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter

but failed to do so (Exhibit 4). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 5). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a ConnectorCare Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11523

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 02/27/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 30, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: 2020 Eligibility Results with an Application Summary dated February 27, 2020.
- Exhibit 4: Hearing Request form dated 3/24/20
- Exhibit 5: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 30, 2020.
- Exhibit 6: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 27, 2020, the Health Connector determined the Appellant was eligible for Health Connector Plans (Exhibit 3).
2. On February 27, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 3).
3. On March 24, 2020, the Appellant filed an appeal (Exhibit 4).
4. On March 30, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibits 1, 2, 5).
5. On March 30, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a Health Connector Plan. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 24, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 30, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 5).
6. As of May 18, 2020, the Appellant failed to respond to the March 30, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 6).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 27, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 4). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a Health Connector Plan (Exhibits 1, 2). The Health Connector issued a notice to the Appellant on March 30, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter

but failed to do so (Exhibit 5). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 6). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a Health Connector Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11525

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/03/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Affidavit of Hearing Record
- Exhibit 2: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 31, 2020.
- Exhibit 3: Health Connector Notice of Denial of a Special Enrollment Period dated March 3, 2020.
- Exhibit 4: The Appellant's Hearing Request form received on March 26, 2020.
- Exhibit 5: 2020 Eligibility Results with an Application Summary dated March 3, 2020.
- Exhibit 6: 2020 Eligibility Results with an Application Summary dated April 7, 2020.
- Exhibit 7: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 14, 2020.
- Exhibit 8: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 3, 2020, the Health Connector determined the Appellant was eligible for ConnectorCare with Advanced Premium Tax Credits (APTC) (Exhibit 5).
2. On March 3, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 3).
3. On March 26, 2020, the Appellant filed an appeal (Exhibit 4).
4. The Appellant updated their income information and was determined eligible for ConnectorCare Plan Type 2A. On April 7, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibit 7).
5. On April 14, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a ConnectorCare Plan type 2A. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 26, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 14, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 7).
6. As of May 18, 2020, the Appellant failed to respond to the April 14, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 8).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 3, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 7). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a ConnectorCare Plan type 2A (Exhibit 6). The Health Connector issued a notice to the Appellant on April 14, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since

the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 7). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 8). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a ConnectorCare Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11531

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/10/20, Health Connector terminated the Appellant's ConnectorCare after the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 31, 2020.
- Exhibit 2: Hearing Request form dated March 26, 2020, with attachments.
- Exhibit 3: Health Connector Eligibility Termination notice dated March 10, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary March 10, 2020.
- Exhibit 5: Health Connector's Request for Documentation of residency.
- Exhibit 6: Documents submitted by the Appellant on April 10, 2020.
- Exhibit 7: 2020 Eligibility Results with an Application Summary dated April 14, 2020.
- Exhibit 8: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 14, 2020.
- Exhibit 9: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 10, 2020, the Health Connector terminated the Appellant's ConnectorCare coverage because the Appellant had failed to verify their residency (Exhibit 3, 4).
2. The Appellant filed an Appeal on March 26, 2020 (Exhibit 2).
3. The Appellant submitted proof of residency on April 10, 2020 (Exhibit 6).
4. On April 14, 2020, the Appellant was determined eligible for ConnectorCare Plan Type 1 (Exhibit 7).
5. On April 14, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for ConnectorCare Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 26, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 14, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 8).
6. As of May 18, 2020, the Appellant failed to respond to the April 14, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 9).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 10, 2020 termination of the Appellant's ConnectorCare based on their failure to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 6, 8). These efforts led to the Appellant being determined eligible for ConnectorCare on April 14, 2020 (Exhibit 5). The Health Connector issued a notice to the Appellant on April 14, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 8). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an

Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 9). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for ConnectorCare obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11535

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/20/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated March 31, 2020.
- Exhibit 2: Hearing Request form dated March 26, 2020.
- Exhibit 3: Health Connector Notice of Denial of a Special Enrollment Period dated March 20, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary dated March 20, 2020.
- Exhibit 5: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated March 31, 2020.
- Exhibit 6: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 20, 2020, the Health Connector determined the Appellant was eligible for ConnectorCare Plans (Exhibit 4).
2. On March 20, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 3).
3. On March 26, 2020, the Appellant filed an appeal (Exhibit 2).
4. On March 31, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibits 1, 2).
5. On March 31, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a ConnectorCare Plan. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the March 26, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the March 31, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 5).
6. As of May 18, 2020, the Appellant failed to respond to the March 31, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 6).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 20, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 3). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a ConnectorCare Plan (Exhibits 1, 5). The Health Connector issued a notice to the Appellant on March 31, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter

but failed to do so (Exhibit 5). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 6). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a Health Connector Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11557

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 02/25/20, Health Connector terminated the Appellant's ConnectorCare after the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 2, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Hearing Request form dated April 1, 2020, with an attachment.
- Exhibit 4: Health Connector Eligibility Termination notice dated February 25, 2020.
- Exhibit 5: Proof of residency submitted by the Appellant on March 30, 2020.
- Exhibit 6: 2020 Eligibility Results with an Application Summary dated March 13, 2020.
- Exhibit 7: 2020 Eligibility Results with an Application Summary dated February 25, 2020.
- Exhibit 8: 2020 Eligibility Results with an Application Summary dated February 22, 2020.
- Exhibit 9: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 2, 2020.
- Exhibit 10: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 25, 2020, the Health Connector terminated the Appellant's ConnectorCare coverage because the Appellant had failed to verify their residency (Exhibits 4, 7).
2. The Appellant filed an Appeal on April 1, 2020 (Exhibit 2).
3. The Appellant submitted proof of residency on March 30, 2020 (Exhibit 5).
4. On March 13, 2020, the Appellant was determined eligible for ConnectorCare (Exhibit 6)
5. On April 2, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for ConnectorCare Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the April 1, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 2, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 9).
6. As of May 18, 2020, the Appellant failed to respond to the April 2, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 10).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's February 25, 2020 termination of the Appellant's ConnectorCare based on their failure to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 5). These efforts led to the Appellant being informed that they had been determined eligible for ConnectorCare on March 13, 2020 (Exhibits 6, 9). The Health Connector issued a notice to the Appellant on April 2, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 9). I have reviewed the evidence in the record and *sua sponte* on May 20,

2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 10). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for ConnectorCare obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11559

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 3/14/20, Health Connector determined the Appellant eligible for Health Connector Plans with no financial assistance.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 7, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Hearing Request form dated April 1, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary dated April 2, 2020.
- Exhibit 5: 2020 Eligibility Results with an Application Summary dated March 14, 2020.
- Exhibit 6: 2019 Eligibility Results with an Application Summary dated November 11, 2019.
- Exhibit 7: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 7, 2020.
- Exhibit 8: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 14, 2020, the Health Connector determined the Appellant eligible for Health Connector Plans with no financial assistance (Exhibit 5).
2. The Appellant filed an Appeal on April 1, 2020 (Exhibit 3).
3. On April 2, 2020, the Appellant was determined eligible for ConnectorCare. Other household members were determined eligible for MassHealth (Exhibits 2, 4).
4. On April 7, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for ConnectorCare Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the April 1, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 7, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 7).
5. As of May 18, 2020, the Appellant failed to respond to the April 7, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 8).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 14, 2020 determination that the Appellant was eligible for Health Connector Plans with no financial assistance. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 7). These efforts led to the Appellant being determined eligible for ConnectorCare on April 2, 2020 (Exhibits 2, 4). The Health Connector issued a notice to the Appellant on April 7, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 7). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show

Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 8). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for ConnectorCare obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11562

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/23/20, Health Connector denied the Appellant's application for ConnectorCare after the Appellant failed to verify their residency in a timely manner.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 7, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: The Appellant's Hearing Request form received on April 1, 2020.
- Exhibit 4: Health Connector Notice of Eligibility Denial dated March 23, 2020.
- Exhibit 5: 2020 Eligibility Results, with an Application Summary dated March 23, 2020.
- Exhibit 6: Documentation sent by the Appellant to the Appeals Unit on April 7, 2020 verifying residency.
- Exhibit 7: 2020 Eligibility Results with an Application Summary dated April 10, 2020.
- Exhibit 8: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 10, 2020.
- Exhibit 9: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 23, 2020, the Health Connector denied the Appellant's application for ConnectorCare. The decision came after the Appellant failed to verify their residency (Exhibits 4, 5).
2. On April 1, 2020, the Appellant filed an appeal (Exhibit 3).
3. The Health Connector Appeals Unit contacted the Appellant and advised them to send in proof of Massachusetts residency (Exhibit 2).
4. The Appellant submitted proof of residency on April 7, 2020 (Exhibit 6).
5. On April 10, 2020, the Appellant was determined eligible for MassHealth (Exhibit 7).
6. On April 10, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal-Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for MassHealth. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the April 1, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 10, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's, review of the record (Exhibit 8).
7. As of May 18, 2020, the Appellant failed to respond to the April 10, 2020 letter.
8. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 9).
9. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 23, 2020 denial of the Appellant's application for ConnectorCare based on their failure to verify their residency in a timely manner. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 6). These efforts led to the Appellant being determined eligible for MassHealth on April 10, 2020 (Exhibit 4). The Health Connector issued a notice to the Appellant on April 10, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so

(Exhibit 8). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 9). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for MassHealth obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11564

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/25/20, Health Connector determined the Appellant eligible for Health Connector Plans with Advance Premium Tax Credits (APTC).

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 6, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Health Connector Eligibility Approval notice dated March 25, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary dated March 25, 2020.
- Exhibit 5: The Appellant's Online Appeal Request dated April 5, 2020.
- Exhibit 6: Health Connector's Request for Information dated January 21, 2020.
- Exhibit 7: 2020 Eligibility Results with an Application Summary dated April 6, 2020.
- Exhibit 8: Health Connector Account Dashboard printout of income changes reported.
- Exhibit 9: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 6, 2020.
- Exhibit 10: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On January 21, 2020, the Health Connector requested that the Appellant submit proof of updated income information by April 20, 2020 (Exhibit 6).
2. On March 25, 2020, the Health Connector determined the Appellant eligible for Health Connector Plans with APTC (Exhibit 3).
3. The Appellant filed an Appeal on April 5, 2020 (Exhibit 5).
4. The Appellant updated their income information on April 6, 2020 (Exhibits 2, 8).
5. On April 6, 2020, the Appellant was determined eligible for ConnectorCare Plan Type 2 (Exhibit 7).
6. On April 6, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for ConnectorCare Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the April 5, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 6, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 9).
7. As of May 18, 2020, the Appellant failed to respond to the April 6, 2020 letter.
8. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 10).
9. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 25, 2020 determination that the Appellant was not eligible for ConnectorCare but was eligible for Health Connector Plans with APTC. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 5, 8). These efforts led to the Appellant being determined eligible for ConnectorCare on April 6, 2020 (Exhibits 2 4). The Health Connector issued a notice to the Appellant on April 6, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but

failed to do so (Exhibit 9). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 10). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for ConnectorCare obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11591

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/19/20, Health Connector determined the Appellant eligible for Health Connector Plans with Advance Premium Tax Credits (APTC).

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 10, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Hearing Request form dated April 7, 2020.
- Exhibit 4: Health Connector Eligibility Approval Notice dated March 19, 2020.
- Exhibit 5: 2020 Eligibility Results with an Application Summary dated March 19, 2020.
- Exhibit 6: 2020 Eligibility Results dated April 8, 2020.
- Exhibit 7: Health Connector Appeals Unit Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 10, 2020.
- Exhibit 8: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 19, 2020, the Health Connector determined the Appellant eligible for Health Connector Plans with APTC (Exhibits 4, 5).
2. The Appellant filed an Appeal on April 7, 2020 (Exhibit 3).
3. On April 8, 2020, the Appellant was determined eligible for MassHealth (Exhibits 2, 6).
4. On April 10, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for ConnectorCare Plans. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the April 7, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 10, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 7).
5. As of May 18, 2020, the Appellant failed to respond to the April 10, 2020 letter.
6. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 8).
7. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 19, 2020 determination that the Appellant was eligible for Health Connector Plans with APTC. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 2, 3, 7). These efforts led to the Appellant being determined eligible for MassHealth on April 8, 2020 (Exhibits 2, 6). The Health Connector issued a notice to the Appellant on April 10, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter but failed to do so (Exhibit 7). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 8). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the determination of the Appellant's eligibility for MassHealth obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11613

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/31/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 13, 2020.
- Exhibit 2: Hearing Request form dated April 10, 2020
- Exhibit 3: 2020 Eligibility Results with an Application Summary dated March 31, 2020.
- Exhibit 4: Health Connector Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 13, 2020.
- Exhibit 5: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 31, 2020, the Health Connector determined the Appellant was eligible for ConnectorCare (Exhibit 3).
2. On March 31, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 3).
3. On April 10, 2020, the Appellant filed an appeal (Exhibit 2).
4. On April 13, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibits 1, 4).
5. On April 13, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a Health Connector Plan. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the April 10, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 13, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 4).
6. As of May 18, 2020, the Appellant failed to respond to the April 13, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 5).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 31, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 4). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a ConnectorCare Plan (Exhibits 1, 2). The Health Connector issued a notice to the Appellant on April 13, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter

but failed to do so (Exhibit 4). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 5). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a ConnectorCare Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11617

Appeal Decision: Appeal Dismissed.

Hearing Issue: Whether the Appellant's appeal of their eligibility for health insurance subsidies should be dismissed for failure to prosecute.

Decision Date: June 8, 2020

AUTHORITY

This matter was considered 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 03/04/20, Health Connector denied the Appellant's request for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the appeal should be dismissed for failure to prosecute.

SUMMARY OF EVIDENCE

- Exhibit 1: Health Connector Appeals Unit Notice of Acknowledgement of Appeal dated April 15, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: Hearing Request form, with attachments, dated April 10, 2020.
- Exhibit 4: Health Connector notice of Denial of a Special Enrollment Period dated March 4, 2020.
- Exhibit 5: 2020 Eligibility Results with an Application Summary dated March 4, 2020.
- Exhibit 6: Health Connector Notice of Informal Resolution of Appeal- Notice of Need for Further Action dated April 15, 2020.
- Exhibit 7: Order to Show Cause why this appeal should not be dismissed for failure to prosecute dated May 20, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On March 4, 2020, the Health Connector determined the Appellant was eligible for ConnectorCare (Exhibit 5).
2. On March 4, 2020, the Health Connector denied the Appellant's request for a Special Enrollment Period (SEP) for failing to verify a Qualifying Life Event (Exhibit 4).
3. On April 10, 2020, the Appellant filed an appeal (Exhibit 3).
4. On April 15, 2020, the Health Connector Appeals Unit granted the Appellant an Administrative SEP (Exhibits 1, 2, 6).
5. On April 15, 2020, the Health Connector Appeals Unit issued a notice of Informal Resolution of Appeal- Notice of Need for Further Action. The Appellant was advised that based on the information in the appeal request and the documents submitted by the Appellant after the appeal was filed, the Health Connector determined that the Appellant was eligible for a SEP to enroll in a ConnectorCare Plan. The Appeals Unit advised the Appellant that this appeared to have resolved the issue raised by the Appellant in the April 10, 2020 appeal. The Appeals Unit asked the Appellant to complete the attached "Do You Still Need a Hearing?" document and return it to the Appeals Unit or call the Appeals Unit to confirm that they still need a hearing or withdraw the appeal, as applicable. The Appellant was also informed that if they failed to respond to the April 15, 2020 letter within ten days, the appeal may be dismissed for failure to prosecute after a Hearing Officer's review of the record (Exhibit 6).
6. As of May 18, 2020, the Appellant failed to respond to the April 15, 2020 letter.
7. On May 20, 2020 the Hearing Officer assigned to review this matter considered the evidence in the record, including the interactions and outcomes of the Informal Dispute Resolution Process, and *sua sponte* issued an Order to Show Good Cause why this appeal should not be dismissed for failure to prosecute. The Order required a response from the Appellant by May 31, 2020 to indicate the need to have a hearing on the matter underlying their appeal (Exhibit 7).
8. As of June 5, 2020, the Appellant failed to respond to the Order issued on May 20, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

An agency or authority may, "make informal disposition of any adjudicator proceeding by stipulation, agreed settlement, consent order or default." M.G.L. c. 30A §10. In particular, the implementing regulations at 801 CMR 1.01(7)(g)3 provide that "[t]he Agency or the Presiding Officer may order dismissal for failure to prosecute in accordance with the provisions of 801 CMR 1.01(7)(g)2." That referenced standard provides the grounds upon which an appeal may be dismissed for failure to prosecute, including when a party has otherwise indicated an intention not to continue with the prosecution of a claim. In such a case, the Hearing Officer may issue such an order *sua sponte*. Failure to respond to such an order within ten days may be grounds for a Hearing Officer to dismiss the claim. See 801 CMR 1.01(7)(g)2.

In this case the issue underlying the appeal was the Health Connector's March 4, 2020 decision to deny the Appellant's request for a SEP based on their failure to verify a Qualifying Life Event. The Appellant and the Health Connector engaged in an Informal Dispute Resolution Process to resolve the issue giving rise to their appeal (Exhibits 1, 2, 3). These efforts led to the Appellant being given an Administrative SEP to allow them to enroll in a ConnectorCare Plan (Exhibits 1, 2). The Health Connector issued a notice to the Appellant on April 15, 2020 informing them that further action on their part would be needed to proceed to a hearing on their appeal since the underlying issue appeared to have been resolved. The Appellant was given ten days to respond to this letter

but failed to do so (Exhibit 6). I have reviewed the evidence in the record and *sua sponte* on May 20, 2020 issued an Order to Show Good Cause why the appeal should not be dismissed for lack of prosecution. The Appellant was given ten days to respond (Exhibit 7). Again, the Appellant failed to respond by June 5, 2020.

The record reflects that the Appellant failed to indicate their intent to prosecute the appeal. 801 CMR 1.01(g)(2). However, resolution of an appeal on matters of process and not the merits should be exercised with caution. While my decision to do so rests primarily on the procedural facts in the record, I would note that the approval of the Appellant's request for a SEP to enroll in a ConnectorCare Plan obtained from the Informal Dispute Resolution Process appears to have addressed the issue giving rise to this appeal. While the Appellant has failed to take the steps necessary to pursue relief through their appeal, they have otherwise obtained redress through that parallel process.

ORDER

DISMISSED for failure to prosecute.

You may request to vacate this dismissal

You may request that this dismissal be vacated (canceled) by establishing good cause, stating your reason in writing to the Health Connector Appeals Unit at P.O. Box 960189, Boston, MA 02196. Only written requests are considered. Your written request must be signed by you or your appeal representative and must be received by the Health Connector Appeals Unit within thirty (30) days of the date of this decision.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11701

Appeal Decision: Appeal Denied.

Hearing Issue: Appellant's eligibility for Health Connector plans based on Medicare eligibility.

Hearing Date: June 12, 2020

Decision Date: June 17, 2020

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, 2020, the Appellant and their Spouse were determined ineligible for Health Connector plans because the Appellants are eligible for Medicare.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellants are not eligible for Health Connector plans, based on their access to Medicare.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 12, 2020. The Appellant Spouse did not attend. 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 Notice of Hearing dated May 19, 2020.
- Exhibit 2: Health Connector Appeals Unit Acknowledgement of Appeal dated May 7, 2020.
- Exhibit 3: Health Connector Appeals Unit Medicare policy letter dated June 10, 2020.
- Exhibit 4: 2020 Eligibility Results with an Application Summary dated April 11, 2020.
- Exhibit 5: The Appellant's Hearing Request Form dated May 5, 2019.

FINDINGS OF FACT

The record shows, and I so find:

1. On April 11, 2020, the Appellant and their Spouse applied for health insurance. The Appellant and their Spouse are eligible for Medicare (Exhibit 4).
2. On April 11, 2020, the Health Connector determined that the Appellant and their Spouse are ineligible for Health Connector plans because the Appellants are eligible for Medicare (Exhibit 4).
3. The Appellants filed an appeal on May 5, 2020 (Exhibit 5).
4. The Appellant testified that they applied for help paying for medications and deductibles. The Appellant said that the cost of supplemental plans are too high and they cannot afford to enroll. The Appellant does not dispute that they and their Spouse are enrolled in Medicare (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant and their Spouse applied for health insurance on April 11, 2020. The Health Connector verified that the Appellant and their Spouse are eligible for Medicare. The Appellant was notified on April 11, 2020 that they were not eligible for health insurance coverage through the Health Connector because they are eligible for Medicare. The Appellants filed an appeal to dispute that determination.

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

For new sales, the Health Connector is prohibited by the anti-duplication rule from ever selling coverage to an individual eligible for Medicare. For renewals, where the individuals are seeking to continue in coverage after the end of a plan year and which health insurance issuers are generally required to perform (45 CFR § 147.106), the federal government has clarified the applicability of the anti-duplication rule, by noting that health insurance issuers would not violate that rule if they allowed Medicare-eligible enrollees to renew their “same policy or contract of insurance.” See 45 CFR § 147.106 and 45 CFR § 148.122; and discussion generally at 81 FR 94068, December 22, 2016.

The Appellant does not dispute that they and their Spouse are enrolled in Medicare. The Appellants filed an appeal believing that they would be able to obtain some financial help with prescriptions, deductibles, and a supplemental plan from the Health Connector. As noted above, the regulations preclude the Health Connector from offering this coverage to the Appellant and their Spouse.

Since the Appellant and their Spouse are eligible for Medicare, in accordance with the regulation cited above, the Health Connector correctly determined on April 11, 2020 that the Appellants are not eligible for coverage through the Health Connector.

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 advised to contact the Serving the Health Information Needs of Elders (SHINE) program at 1-800-243-4636

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11739

Appeal Decision: Appeal Denied.

Hearing Issue: Appellant's eligibility for Health Connector plans based on Medicare eligibility.

Hearing Date: June 12, 2020

Decision Date: June 17, 2020

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 May 5, 2020, the Appellant was determined ineligible for Health Connector plans because the Appellant is eligible for Medicare.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant is not eligible for Health Connector plans, based on their access to Medicare.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 12, 2020. 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 Notice of Hearing dated May 19, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: 2020 Eligibility Results with an Application Summary dated May 5, 2020.
- Exhibit 4: MMIS printout of Medicaid Eligibility.
- Exhibit 5: The Appellant's Hearing Request Form dated May 15, 2020.

Exhibit 6: Health Connector Appeals Unit Acknowledgement of Appeal dated May 18, 2020.
Exhibit 7: Health Connector Appeals Unit Medicare policy letter dated June 10, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. On May 5, 2020, the Appellant applied for health insurance. The Appellant is eligible for Medicare (Exhibit 3).
2. On May 5, 2020, the Health Connector determined that the Appellant is ineligible for Health Connector plans because the Appellant is eligible for Medicare (Exhibit 3).
3. The Appellant filed an appeal on May 15, 2020 (Exhibit 5).
4. The Appellant was receiving MassHealth prior to January 4, 2020 (Exhibits 2, 4).
5. The Appellant testified that they are seeking to obtain reinstatement of their MassHealth. The Appellant does not dispute that they are enrolled in Medicare but said that they prefer the coverage they had through MassHealth (Appellant Testimony).
6. The Appellant was informed that Health Connector could not reinstate the Appellant's MassHealth. The Appellant was given the telephone number for MassHealth Customer Service and was advised to contact MassHealth as soon as possible.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance on May 5, 2020. The Health Connector verified that the Appellant is eligible for Medicare. The Appellant was notified on May 5, 2020 at they were not eligible for health insurance coverage through the Health Connector because they are eligible for Medicare. The Appellant filed an appeal to dispute that determination.

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

For new sales, the Health Connector is prohibited by the anti-duplication rule from ever selling coverage to an individual eligible for Medicare. For renewals, where the individuals are seeking to continue in coverage after the end of a plan year and which health insurance issuers are generally required to perform (45 CFR § 147.106), the federal government has clarified the applicability of the anti-duplication rule, by noting that health insurance issuers would not violate that rule if they allowed Medicare-eligible enrollees to renew their "same policy or

contract of insurance.” See 45 CFR § 147.106 and 45 CFR § 148.122; and discussion generally at 81 FR 94068, December 22, 2016.

The Appellant does not dispute that they are enrolled in Medicare. The Appellant was enrolled in MassHealth prior to January 4, 2020. The Appellant filed an appeal believing that they would be able to dispute the MassHealth termination or obtain some financial help from the Health Connector. The Appellant was advised to contact MassHealth with any questions regarding MassHealth eligibility because the Health Connector regulations do not allow the Health Connector to review MassHealth decisions. 956 CMR 12.02.

Since the Appellant is eligible for Medicare, in accordance with the regulation cited above, the Health Connector correctly determined on May 5, 2020 that the Appellant is not eligible for coverage through the Health Connector.

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 advised to contact MassHealth Customer Service at 1-800-841-2900 regarding their eligibility.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11282

Appeal Decision: Appeal Denied

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

Hearing Date: May 4, 2020

Decision Date: June 3, 2020

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 January 29, 2020, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

ISSUE

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

HEARING RECORD

The Appellant's husband appeared at the hearing, which was held by telephone, on May 4, 2020. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant's

husband 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 April 7, 2020)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (5 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 3 pages dated February 20, 2020)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated January 29, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated January 29, 2020)
- Exhibit 8: Historical Notices & Printouts (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 69 year old married female. Appellant married her husband on January 18, 2020 Appellant came to the United States on a tourist visa. Appellant's visa expired on March 3, 2020 (Appellant's husband's testimony, Exhibit 5)
2. The Appellant did not provide of being lawfully present at the time of her application. (Exhibit 6 & 7)
3. The Appellant has not submitted documents showing that the Appellant is lawfully present to the Health Connector. (Appellant's husband's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector plans on failing to establish lawful presence. Under 45 CFR s. 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector.

On January 29, 2020, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not lawfully eligible for health Connector plans. 45 CFR s. 155.305(a)(1).

The Health Connector correctly found that the Appellant was not eligible for Health Connector plans on January 29, 2020, based on the Appellant's attestation, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to contact Customer Service and report his loss of income.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11320

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: May 18, 2020

Decision Date: June 4, 2020

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

Appellants submitted an application for subsidized health insurance on February 7, 2020. The Health Connector determined the Appellant and her husband to be eligible for Health Connector plans.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector plans .

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 18, 2020. 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 (4 pages, dated March 10, 2020)
- Exhibit 3: Health Connector's Acknowledgement of Appeal 4 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 2 pages dated February 26, 2020)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated February 7, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated February 7, 2020)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (7 pages, dated February 26, 2020)
- Exhibit 9: Historical Notices & Printouts (8 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 57 year old married female and her husband is 51 years old (Exhibit 7 & 8)
2. The Appellant has a household of two. (Exhibit 7 & 8)
3. On her application, dated February 7, 2020 the Appellants entered a manual verified annual modified adjusted gross income of (MAGI) of \$47,280.72. (Exhibit 7)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 311.72% of the 2020 Federal Poverty Level (FPL). An individual at that income level would be eligible for unsubsidized coverage under the ACA, because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.

5. Appellant then filed her appeal on February 26, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

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

Appellant's application stated her projected MAGI was \$47,280.72, which for a household of two, puts the Appellant's at approximately 311.72% of the 2020 Federal Poverty Level. The Health Connector correctly found The Appellant eligible for unsubsidized Health Connector plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2011373

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income

Hearing Date: May 5, 2020

Decision Date: June 23, 2020

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 3, 2020, the Appellant was determined eligible for ConnectorCare Plan Type 3A, based on income verification documents submitted by Appellant.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 5, 2020. 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 and procedures (1 page);
- Exhibit 2: Notice of Hearing (4-13-20) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (3-10-20) (4 pages);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (3-3-20) (with letter) (3 pages);
- Exhibit 6: Eligibility Approval letter (3-3-20) (8 pages);

- Exhibit 7: Eligibility detail printout and application summary printout (11 pages);
Exhibit 8: Workspace form and documents (14 pages);
Exhibit 9: Request for Information letter (1-7-20) (6 pages); and
Exhibit 10: Household determination information (3 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant submitted an application for health insurance through the Health Connector, and was determined eligible for ConnectorCare Plan Type 2B on January 23, 2020 based on self-reported income projections. (Appellant Testimony, Exhibits 5, 7).
2. Appellant was requested to submit information regarding their income on January 7, 2020. (Exhibit 9).
3. Appellant submitted documents as requested. (Exhibit 8).
4. Appellant's eligibility was redetermined on March 3, 2020, based on the documents submitted, and Appellant was determined eligible for ConnectorCare Plan Type 3A. (Appellant's testimony, Exhibits 6, 7, 8,).
5. Appellant appealed alleging that income determination was incorrect and that Appellant could not afford the increased premium. The premium had been \$45.00 per month for ConnectorCare Plan Type 2B that Appellant had selected, and the premium was \$87.00 per month for ConnectorCare Plan Type 3A. (Appellant's Testimony, Exhibit 5).
6. Appellant indicated in the hearing that they had been laid off, and Appellant was informed that they could update their information with Customer Service.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was deemed eligible for ConnectorCare Plan Type 3A based on income reported and verified from other sources. 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, the Health Connector will consider the information not verified and issue a new eligibility determination.

In January 2020, Appellant was determined eligible for ConnectorCare Plan Type 2B based on self-reported income, and Appellant was requested to submit documents proving income. Appellant submitted documents and then Appellant's eligibility was redetermined on March 3, 2020, and Appellant was determined eligible for ConnectorCare Plan Type 3A based on the documents submitted by Appellant. The Appellant appealed. The process complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the documents submitted and information available to the Health Connector. 45 CFR § 155.305(f).

The Health Connector correctly found that the Appellant was eligible for ConnectorCare Plan Type 3A on March 3, 2020, 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.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11472

Appeal Decision: Appeal Denied

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

Hearing Date: May 18, 2020

Decision Date: June 17, 2020

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 6, 2020, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

ISSUE

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

HEARING RECORD

The Appellant's wife appeared at the hearing, which was held by telephone, on May 18, 2020. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant's

wife 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 (4 pages, dated April 16, 2020)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 3 pages dated March 11, 2020)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated March 6, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated March 6, 2020)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 30 year old married male. The Appellant did not provide documentation of being lawfully present at the time of his application. (Exhibit 6 & 7)
2. Appellant attested to not being a citizen on his application. Exhibit 7)
3. The Appellant has now submitted documents showing that the Appellant is lawfully present to the Health Connector. (Appellant's wife's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector plans on failing to establish lawful presence. Under 45 CFR s. 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector.

On March 6, 2020, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the

Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not lawfully eligible for health Connector plans. 45 CFR s. 155.305(a)(1).

The Health Connector correctly found that the Appellant was not eligible for Health Connector plans on March 6, 2020, based on the Appellant's attestation, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to contact Customer Service and apply for health insurance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11493

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare based on failure to verify income.

Hearing Date: May 18, 2020

Decision Date: June 18, 2020

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 15, 2020, Appellant was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 18, 2020. 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 (4 pages, dated April 16, 2020)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 1 pages dated March 23, 2020)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated March 15, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated April 8, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated March 15, 2020)
- Exhibit 9: Historical Notices and Printouts (8 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 & 8, Appellant's testimony)
2. Appellant is currently enrolled in a Health Connector Plan. (Appellant's testimony)
3. Appellant testified that he was appealing because he now is unemployed.
4. The Health Connector sent a notice to Appellants, dated December 9, 2019 requesting information regarding Appellant's income be sent to the Health Connector by March 8, 2020. (Exhibit9)
5. Appellants did not provide the information and the Health Connector determined Appellants eligible for Health Connector plans on March 15, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on a projected yearly MAGI. 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.

Appellant applied for health insurance coverage through the Connector. He was found eligible for Health Connector plans and he was notified that he was not eligible for ConnectorCare plans because he did not send in the information regarding his income as requested. Appellant did not submit the documentation requested. On March 15, 2020, Appellant was notified that he was determined eligible for a Health Connector plans. The new determination was based on data from other sources because the Appellant did not send in the documents that were requested. On March 23, 2020, Appellant filed for an appeal based on his income.

The Connector made the correct determination based upon the information supplied by the Appellant and obtained from other sources. When Appellant did not supply the required documentation, the Connector changed the determination based on data from other sources

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to contact the Health Connector customer service and report his change in income

Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11534

Appeal Decision: Appeal Denied

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

Hearing Date: June 1, 2020

Decision Date: June 17, 2020

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 15, 2020, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

ISSUE

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

HEARING RECORD

The Appellant's husband appeared at the hearing, which was held by telephone, on June 1, 2020. 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 5, 2020)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 3 pages dated March 21, 2020)
- Exhibit 6: Notice of Eligibility Determination (4 pages, dated March 15, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated March 15, 2020)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (4 pages, dated December 12, 2020)
- Exhibit 9: Historical Notices & Printouts (1 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 40 year old unmarried male.
2. The Appellant did not provide evidence of being lawfully present at the time of his application. (Exhibit 6 & 7)
3. The Appellant did not submit documents showing that the Appellant is lawfully present to the Health Connector.. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector plans on failing to establish lawful presence. Under 45 CFR s. 155.305(a)(1), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector.

On March 15, 2020, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not lawfully eligible for health Connector plans. 45 CFR s. 155.305(a)(1).

The Health Connector correctly found that the Appellant was not eligible for Health Connector plans on March 15, 2020, based on the Appellant's attestation, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to contact Customer Service and provide proof of lawful presence.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11572

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: June 1, 2020

Decision Date: June 17, 2020

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on March 5, 2020. The Health Connector determined the Appellant to be eligible for Health Connector plans.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector plans.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 1, 2020. 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 5, 2020)
- Exhibit 3: Health Connector's Acknowledgement of Appeal 1 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (3 pages)
- Exhibit 5: Appellant's appeal request form 1 pages dated April 1, 2020)
- Exhibit 6: Notice of Eligibility Determination (12 pages, dated March 5, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated March 5, 2020)
- Exhibit 8: Historical Notices & Printouts (3 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 56 year old unmarried female (Exhibit7)
2. The Appellant has a household of one. (Exhibit 7)
3. On her application, dated February 7, 2020 the Appellants entered a manual verified annual modified adjusted gross income of (MAGI) of \$55,079.43. (Exhibit 7)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 440.99% of the 2020 Federal Poverty Level (FPL). An individual at that income level would be eligible for unsubsidized coverage under the ACA, because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.
5. Appellant then filed her appeal on April 1, 2020.

ANALYSIS AND CONCLUSIONS OF LAW

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

Appellant's application stated her projected MAGI was \$55,079.73, which for a household of one, puts the Appellant's at approximately 440.99% of the 2020 Federal Poverty Level. The Health Connector correctly found The Appellant eligible for unsubsidized Health Connector plans. The Appellant the appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11551

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare based on failure to verify income.

Hearing Date: May 18, 2020

Decision Date: June 4 ,2020

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 15, 2020, Appellant was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 18, 2020. 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 (4 pages, dated April 16, 2020)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (2 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 18 pages dated March 20, 2020)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated March 15, 2020)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (8pages, dated March 15, 2020)
- Exhibit 8: Historical Notices and Printouts (8 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 is currently enrolled in a Health Connector Plan. (Appellant's testimony)
3. Appellant testified that she was appealing because she is unemployed and their income has changed .
4. The Health Connector sent a notice to Appellants, dated December 10, 2019 requesting information regarding Appellant's income be sent to the Health Connector by March 9, 2020. Appellant sent in the information on April 1, 2020. (Exhibit 8 and Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on a projected yearly MAGI. 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.

Appellant applied for health insurance coverage through the Connector. She was found eligible for Health Connector plans and she was notified that she was not eligible for ConnectorCare plans because she did not send

in the information regarding her income as requested. Appellant did not submit the documentation requested. On March 15, 2020, Appellant was notified that she was determined eligible for a Health Connector plans. The new determination was based on data from other sources because the Appellant did not send in the documents that were requested. On March 20, 2020, Appellant filed for an appeal based on her income.

The Connector made the correct determination based upon the information supplied by the Appellant and obtained from other sources. Appellant testified that she did not send in the requested information until April 1, 2020. When Appellant did not supply the required documentation, the Connector changed the determination based on data from other sources

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to call customer service to update her change in income

FINAL APPEAL DECISION NO. 20-11641

Appeal Decision: Appeal Denied, Eligibility Determination Upheld

Hearing Issue: Eligibility for ConnectorCare, based on failure to reconcile prior tax credits

Hearing Date: June 1, 2020

Decision Date: June 26, 2020

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 6, 2020, Appellant was determined eligible for Health Connector plans without subsidies since he did not verify that he had provided documentation and an attestation that he had filed tax returns to reconcile any previous Advance Tax Credits he had received.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was only eligible for Health Connector plans without subsidies since he did not provide documentation to verify that he had filed tax forms to reconcile any previous Advance Premium Tax Credits he had received.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 1, 2020.

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

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

Exhibit 2:	Health Connector's Hearing Notice of Hearing	(3 pages, dated	5/5/2020)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 page, dated	4/22/ 2020)
Exhibit 3(a)	Health Connector's Appeals Unit Staff Notes	(1 pages, dated	4/22 2020)
Exhibit 4:	Appellant's Appeal Request Form with Documentation	(2 pages, received	4/16/2020)
Exhibit 5:	Appellant's Eligibility Approval	(10 pages, dated	4/6/2020)
Exhibit 6:	Health Connector's 2018 1095-A to Appellant	(8 page, dated	1/11/ 2019)
Exhibit 7:	Health Connector's 2019 Corrected 1095-A to Appellant	(8 pages, dated	4/16/ 2020)
Exhibit 8:	Health Connector's Eligibility Summary Results	(4 pages, dated	4/6/2020)

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter dated April 6, 2020, from the Connector and entitled 'Eligibility Approval,' the Appellant was informed that for 2020, he was eligible to enroll in Health Connector Plans with no financial help. (Exhibit 5)
2. In the application submitted by the Appellant, the Appellant's income was 153.71% of the Federal Poverty Level (FPL). (Exhibit 5)
3. The Appellant filed a Hearing Request Form appealing the Connector's decision. (Appellant testimony and Exhibit 4)
4. The Appellant testified that he was not required to and did not file 2018 or 2019 tax returns because of his income. (Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Connector correctly determined that the Appellant could purchase health insurance through the Connector for 2020, but that he was not eligible for the Advance Premium Tax Credit and for subsidized health insurance through ConnectorCare.

In the Appellant's application for subsidized health insurance for 2020, the Appellant did not verify his eligibility for the Advance Premium Tax Credit. In order to be eligible for future Advance Premium Tax Credits, the recipient of the tax credits must reconcile their previous Advance Premium Tax Credits. (45 CFR §155.305(f) (4)). In order to comply with this requirement, the recipient must file his income taxes using Form 1040 and include Form 8962. The Appellant received prior Advance Premium Tax Credits, but he did not provide evidence that he filed the requisite tax forms to reconcile those tax credits at the time the Connector made its eligibility determination. The Appellant received Advance Premium Tax Credits in

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2018. At the hearing, he testified he that he was not required to and did not file 2018 or 2019 tax returns because of his income. (Testimony).

Based on the Appellant's failure to provide evidence that he had filed taxes reconciling his past Advance Premium Tax Credits, the Connector's decision to deny the Appellant access to those credits is upheld.

ORDER

The appeal is denied.

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

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

William F. O'Connell
Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2019 from the federal government will be reconciled when you file your 2019 federal income tax return (usually in the spring of 2020). 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 2019 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2019 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

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 2019 will be paid to you when you file your 2019 federal income tax return.