

Massachusetts Health Connector Appeals Unit

Appeal Decision: Appeal denied.

The Health Connector (Connector) correctly denied Appellant's eligibility for ConnectorCare and the Advance Premium Tax Credit (APTC) for 2023, because the Appellant projected modified adjusted income for 2023 was less than 100% of the federal poverty level.

Hearing Issue: Whether the Connector correctly determined the Appellant's eligibility for ConnectorCare and the Advanced Premium Tax Credit based on his projected modified adjusted gross income for 2023.

Hearing Date: June 9, 2023

Decision Date: June 20, 2023

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 CONNECTOR

The Health Connector found that the Appellant was not eligible for ConnectorCare and the Advanced Premium Tax Credit through the Health Connector, because his projected modified adjusted gross income for 2023 was less than 100% of the federal poverty level.

ISSUE

Whether the Connector correctly determined the eligibility of the Appellant for ConnectorCare and the Advanced Premium Tax Credit based on the Appellant's projected modified adjusted gross income for 2023.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 9, 2023. Testimony was recorded electronically. The hearing record consists of the Appellant's Testimony and the following documents, which were admitted into evidence.

Exhibit 1:	Health Connector's Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant's Appeal Request Form	(4 PP, received 1/18/2023)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated 1/18/ 2023)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated 2/15/ 2023)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated 12/27/ 2022)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated 12/27/2022)
Exhibit 7:	Health Connector's Eligibility Approval	(8 PP, dated 12/27/2022)
Exhibit 8:	Medicaid Denial	(8 PP, dated 12/27/2022)
Exhibit 9:	Medicaid Household Determination	(8 PP, dated 12/27/ 2022)
Exhibit 10:	Health Connector's Appeals Unit Staff Notes	(1 P, dated 4/24/ 2023)
Exhibit 11:	Email from Connectorcare to Appellant	(1 P, dated 1/19/2023)
Exhibit 12:	Health Connector's Benefit Lookup	(3 PP, dated 4/24/ 2023)
Exhibit 13:	Health Connector's Rehearing Notice	(3 PP, dated 5/11/2023)
Exhibit 14:	Notice of Bifurcated Appeal	(3 PP, dated 4/24/ 2023)
Exhibit 15:	Appellant's Rehearing Appeal Request Form	(46 pages, dated 4/10/ 2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is sixty-nine (69) years old. He is not eligible for Social Security or Medicare. (Appellant testimony and Exhibits 1, 3).
2. The Appellant applied for subsidized health insurance through the Health Connector on December 27, 2022. (Exhibits 1, 7).
3. Based on the Appellant's application for subsidized health insurance, the Health Connector found that the Appellant was eligible for Health Connector plans without subsidies, because the Appellant's projected income for 2023 was less than 100% of the federal poverty level. (Exhibits 1, 4, 5, 6, 7, and 8).
4. The Appellant filed a Hearing Request Form dated January 18, 2023, appealing the Health Connector's decision. (Exhibits 1, 3)
5. The Appellant's projected yearly income on his application for subsidized health insurance was \$800 a year. (Testimony).
6. On his appeal the Appellant stated that he doesn't have any income. (Exhibits 1, 2, 4, and 5)
7. The Appellant has not been enrolled in ConnectorCare. (Appellant testimony, Exhibits 1, 10)

ANALYSIS AND CONCLUSIONS OF LAW

In his application to the Health Connector the Appellant stated that he didn't have any income, and his projected income for 2023 was \$0. Based on his projected income, the Appellant would have income that was 0% of the federal poverty level. Appellant testimony and Exhibits 1, 3). Although the Appellant is 69 years old, he is not eligible for Medicare or Social Security. (Id).

In order to be eligible for the Advance Premium Tax Credit (APTC), the tax filer must have an expected household income of greater than or equal to 100% of the federal poverty level and less than 400% of the federal poverty level for the year in which coverage is sought. (45 CFR 155.305 (f) (1) (i)). The Appellant's expected income is only 0% of the federal poverty level. (Exhibits 1,5-7). Therefore, the Appellant is not eligible for the APTC.

ConnectorCare is a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. Pursuant to 956 CMR 12.09, in order to be eligible for Connector Care an individual must be a resident of Massachusetts and the individual's family's modified adjusted gross income cannot exceed 300% of the Federal Poverty Level. In addition, the individual must be eligible for the federal Advance Premium Tax Credit pursuant to 45 CFR sec. 155.305 (f).

Since the Appellant is not eligible for the federal Advance Premium Tax Credit, He is also not eligible to enroll in ConnectorCare.

ORDER

Connector's decision is upheld, and the Appellant's appeal is denied.

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 155.500 *et seq.*, 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 decision.

Hearing Officer

Massachusetts Health Connector Appeals Unit



Cc: Connector Appeals Unit

ADDENDUM: If the Appellant's situation changes, and his projected modified adjusted gross income exceeds 100% of the Federal Poverty Level, which for 2023, he may want to update his application to the Health Connector for subsidized health insurance.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility for special enrollment period.

Hearing Date: June 7, 2023

Decision Date: June 14, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by the Health Connector on April 2, 2023, that she was not eligible for a special enrollment period in which to purchase health insurance.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a special enrollment period in which to purchase health insurance.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on June 7, 2023. The hearing record consists of the testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (4/13/23) (6 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Special Enrollment Period Denial Notice (4/2/23) (6 pages)
- Exhibit 4: Eligibility notice (1/12/23)
- Exhibit 5: Screen Shot of eligibility determination (2 pages)

- Exhibit 6: Screen Shot of application summary (2 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Notice of Appeal Hearing (5/11/23) (3 pages)
- Exhibit 9: OPP waiver application form (6 pages)
- Exhibit 10: Information on Office of Patient Protection waiver (1 page)
- Exhibit 11: Acknowledgement of Appeal (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Throughout 2022, Appellant was covered under her parents' health insurance.
2. Appellant turned 26 years old in December 2022. As a result, she was no longer covered under her parents' insurance policy. The coverage ended on December 31, 2022.
3. Because she was no longer covered under her parents' insurance, Appellant applied to the Health Connector in order to obtain health insurance in early January 2023. Exhibit 4.
4. Appellant was determined eligible and was notified by letter dated January 12, 2023 that she was eligible. Exhibit 4.
5. The notice of eligibility stated that Appellant's next step was to enroll in an insurance plan. Exhibit 4.
6. Appellant did not take steps to enroll until April 2023.
7. The annual open enrollment period for 2023 ended on January 23, 2023.
<https://www.mahealthconnector.org/help-center-answers/when-is-open-enrollment-and-when-do-health-connector-plans-start>.
8. When Appellant sought to enroll in April, the open enrollment period had already ended. Appellant did not state any circumstance that would qualify her for a special enrollment period.
9. The Health Connector notified Appellant by notice dated April 2, 2023, that she did not qualify for a special enrollment period that would permit her to purchase health insurance outside of the open enrollment period. Exhibit 3.
10. Appellant filed a timely appeal of that notice. Exhibit 1.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a special enrollment period in which to purchase health insurance.

Under federal and state law, enrollment in health insurance plans is limited to a certain time of the year, called open enrollment period. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.401(a). See also Mass. Gen. Laws ch. 176J, § 4. The annual open enrollment period for 2023 coverage ended on January 23, 2023.

There are exceptions to this rule, known as “special enrollment periods.” Special enrollment periods are allowed only under certain circumstances, known as “qualifying events.” Such events are situations in which an individual has lost other insurance coverage due to a move to another state, a recent loss of a job, or divorce, or has a new dependent as a result of a birth or adoption. See 42 U.S.C. § 18031(c)(6)(C), incorporating 26 U.S.C. § 9801(f). See also 45 C.F.R. § 155.420. When such an event occurs, the special enrollment period lasts for 60 days after the qualifying event. 45 C.F.R. § 155.420(c)(1).

In this case, Appellant initially applied for health insurance within the open enrollment period and was determined eligible. However, she did not seek to enroll until some months later after open enrollment ended. Thus, she could not enroll at that time unless she was within a special enrollment period.

At the end of December 2022, Appellant lost coverage under her parents’ insurance policy. Under the Affordable Care Act, insurers are required to maintain coverage for adult children of the insured until the child reaches 26 years of age. 42 U.S.C. § 300gg-14. When Appellant turned 26, she was no longer eligible and so she lost coverage effective January 1, 2023.

The loss of that coverage was a qualifying event, which opened a special enrollment period. However, as stated above, the special enrollment period lasts for only 60 days after the qualifying event. In this case, the special enrollment period would have ended on March 2, which is 60 days after the January 1 loss of coverage. However, Appellant did not seek to enroll until April. On these facts, the Health Connector correctly determined that Appellant was not entitled to a special enrollment period in April and so could not purchase health insurance at that time.

Appellant has the option of applying for a waiver of the open enrollment restriction. The waiver can be granted by the state’s Office of Patient Protection (OPP). See Mass. Gen. Laws c. 176J, § 4(a)(4). To apply for a waiver, an individual must complete and submit an application form that can be found at this website: <https://www.mass.gov/service-details/request-an-open-enrollment-waiver>.

Because the Health Connector correctly determined that Appellant did not qualify for a special enrollment period after open enrollment ended, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Massachusetts Health Connector Appeals Unit



Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld.

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

Hearing Date: June 2, 2023

Decision Date: June 20, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 13, 2023, the Appellant was determined ineligible for a special enrollment period for Health Connector plans due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant(The Applicant and Spouse who is a household member), appeared at the hearing, which was held by telephone, on June 2, 2023. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant’s Appeal Request Form	(1 P, received 3/30/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 4 /13/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 5/15/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 3/6/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 3/6/ 2023)
Exhibit 7	Health Connector’s Special Enrollment Denial	(6 PP, dated 3/13/2023)

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Exhibit 8:	Medicaid Household Determination	(8 PP, dated	3/6/ 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	4/13/ 2023)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	4/13/ 2023)

The record shows, and I so find:

1. The Appellant testified he was enrolled in Employer Sponsored Insurance (ESI) until December 1, 2023. (Testimony).
2. The Appellant’s Spouse was part of the household but was not applying for Connectorcare. (Testimony, Exhibits 1, 5-7).
3. The Appellant testified they applied for Connectorcare on March 6, 2023, which was five (5) days after the sixty (60) day requirement for eligibility under and SEP. (Testimony).
4. The Appellant had worked for the employer for thirty (30) years and was not timely informed by the new company who acquired the Appellant’s employer that he was losing health insurance. (Testimony).
5. The Appellant’s household adjusted gross income was 442.93% of the Federal Poverty Level and would have been eligible for Connectorcare with Advanced Premium Tax Credits if they had a qualifying life event. (Exhibits 1,5 and 6).
6. As of March 6, 2023, the Appellant had not experienced a qualifying life event. (Exhibits 1 and 7).
7. The Appellant was encouraged to update their income with the Connector and review the criteria for an Enrollment Waiver from and contact the Massachusetts Office of Patient Protection. (Exhibits 1,9, and 10).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Employer Sponsored Insurance until December 1, 2023. (Testimony). The Appellant had worked or the employer for thirty (30) years and was not timely informed by the new company who acquired the Appellant’s employer that he was losing health insurance. (Testimony). The Appellant testified they applied for Connectorcare on March 6, 2023, which was five (5) days after the 60 days requirement for eligibility under and SEP. Because the Appellant applied outside of the open enrollment period, he was not granted a Special Enrollment Period because he did not have a qualifying life event, and therefore could not enroll in new coverage. (Testimony, Exhibits 1,5, and 7). The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector.

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2022, to January 23, 2023. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420.

On March 13, 2023, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period(“SEP”) due to failure to have a qualifying life event. The Appellant’s income was determined to be 4442.93% of the Federal Poverty Level(“FPL”). Unfortunately, the Appellant had applied for Connectorcare five (5) days after the sixty (60) days from the time he lost his ESI. (Exhibits 1, 5, and 6).

At hearing, the Appellant did not adduce any testimony whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector’s policy NG-1E. Because the Appellant did not experience a

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qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420. The Appellant was encouraged to update their income with the Connector and review the criteria for an Enrollment Waiver from and contact the Massachusetts Office of Patient Protection.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

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

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

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FINAL APPEAL DECISION: ACA 23-19021

Appeal Decision: Appeal denied

Hearing Issue: Appeal of eligibility Health Connector plans and Advance Premium Tax Credit (APTC's).

Hearing Date: June 9, 2023

Decision Date: June 20, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated April 10, 2023, the Appellant was advised that she was determined eligible for ConnectorCare without subsidies or Advanced Premium Tax Credits (“APTC’s”). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7).

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plan without subsidies or APTC’s based on the income used in the Health Connector’s verification process.

HEARING RECORD

The Appellant household consists of the Appellant. The Appellant appeared at the hearing, which was held by telephone on June 9, 2023, and testified under oath. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant’s Appeal Request Form	(4 PP, received 4/13/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 4/27/ 2022)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 5/11/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 4/10/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 4/10/ 2023)
Exhibit 7	Health Connector’s Eligibility Approval	(8 PP, dated 4/10/ 2023)

Exhibit 8:	Medicaid Household Determination	(8 PP, dated	4/10/ 2023)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	4/27/ 2023)
Exhibit 10:	Verification Income-2022 1040	(24 PP, dated	4/27/ 2023)
Exhibit 11:	Change in Income	(4 PP, dated	4/10/ 2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant has a household of one and is eligible for and enrolled in a plan with Advanced Premium Tax Credits since May 1, 2023. (Exhibits 1,7 and 9).
2. On her application dated April 10, 2023, the Appellant entered a manual verified annual modified adjusted gross income of \$4,874 per month ("FPL"). (Exhibits 1, 9)
3. The Health Connector's determined from other sources that the Appellant's annual modified adjusted gross income (MAGI) would place her at an income equivalent to 430.42 % of the Federal Poverty Level("FPL"). (Exhibits 1, 5-6, and 7).
4. This determination was based on manual verified income consisting of \$4,874 per month and additional interest and capital gains income. (Exhibits 1, 5-7, and 9).
5. An individual at that income level would be eligible for unsubsidized coverage under the Affordable Care Act ("ACA"), without Advanced Premium Tax Credits 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.
6. The Appellant's credibly testified that she attested to the amount of the non-distributed IRA amount that was distributed to a Roth IRA in 2022 because that was the only way she could proceed with the application. (Testimony, Exhibits 1, 2,5, and 7).
7. The Appellant testified that she did not receive any income from the IRA distribution although it was shown on her 2022 1040 as income because it was converted into a Roth IRA. (Testimony, Exhibits 1, 2, and 10).
8. The Appellant testified she was told by the Connector customer service representatives that Roth IRA would not be counted as income for income determination purposes. (Testimony, Exhibits 1 and 2).
9. The Appellant testified that her current income only includes a minimal amount of income and savings (Testimony, Exhibits 1 and 5).
10. The Appellant then filed this appeal on April 13, 2023, because of the information she had been provided and that the IRA for which she had not received income was being used in the income eligibility determination process. (Exhibits 1 and 2).
11. The Appellant was encouraged to contact the Connector to update her income.

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).

The Appellant is eligible for and enrolled in Connectcare Plan with APTC's from May 1, 2023. (Exhibits 1 and 9). The Appellant's income was verified on April 10, 2023, wherein the Appellant testified that the attested amounts of the 2022 IRA distribution because that is the only way she could proceed with the application, but that the manually verified amount of \$4,874 per month was incorrect. (Testimony, Exhibits 1, 5, 6-9). The Appellant asserts that the Connectors use of the 2022 IRA distribution in its determination is incorrect and that because she never received that income it should not have been counted (Testimony).

The Connector's notice on April 10, 2023, is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant. (Exhibits 1,5-7 and 11). Although the Appellant testified that she did not receive any income from the IRA distribution because it was converted to a Roth IRA, it was treated as income on her 2022 1040 as income and used to determine a household income equivalent of 430.42.% of the Federal Poverty Level. (Exhibits 1, 5-6, and 10). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on April 10, 2023, regarding the Appellant's eligibility for Health Connector Plans without subsidies and APTC's was correct. The Appellant was advised to call Customer Service and the Appeals Unit to report any changes in income or any other information on the application.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

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 2023 from the federal government will be reconciled when you file your 2023 federal income tax return (usually in the spring of 2024). 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 2023 (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 2023 (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 2023 will be paid to you when you file your 2023 federal income tax return.

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FINAL APPEAL DECISION: ACA 23-19054

Appeal Decision: Appeal denied

Hearing Issue: Appeal of eligibility Health Connector plans and Advance Premium Tax Credit (APTC's).

Hearing Date: June 9, 2023

Decision Date: June 20, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated March 29, 2023, the Appellant was advised that she was determined eligible for ConnectorCare with Advanced Premium Tax Credits (“APTC’s”). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7).

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plan with APTC’s based on the income used in the Health Connector’s verification process.

HEARING RECORD

The Appellant household consists of the Appellant. The Appellant appeared at the hearing, which was held by telephone on June 9, 2023, and testified under oath. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

- Exhibit 1: Health Connector’s Hearing Record Affidavit (1 P, undated)
- Exhibit 2: Appellant’s Appeal Request Form (6 PP, received 4/18/2023)
- Exhibit 3: Health Connector’s Acknowledgment of Appeal (1 P, dated 4 /25/ 2023)
- Exhibit 4: -Health Connector’s Notice of Appeal Hearing (1 P, dated 5/11/ 2023)
- Request for Information (4 PP, dated 1/3/ 2023)
- Document Reminder Notification (3 PP, dated 3/4/ 2023)

Exhibit 5:	Health Connector's Application Summary	(3 PP, dated 3 PP, dated	3/29/ 2023) 1/9/ 2023)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated 3 PP, dated	3/29/ 2023) 1/9/ 2023)
Exhibit 7	Health Connector's Eligibility Approval	(8 PP, dated	3/29/ 2023)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	3/29/ 2023)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	4/25/ 2023)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	4/25 /2023)
Exhibit 11:	Income Verification Appellant	(12 P, dated	5/23 /2023)
Exhibit 12:	Proof of Expense Appellant	(2 P, dated	5/23 /2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is enrolled in Connectorcare with APTC's. (Testimony, Exhibits 1, 5-9).
2. The Appellant's income was verified on March 29, 2023, and the annual household income was determined to be 388.34% of Federal Poverty Level ("FPL") based on an attested monthly income of \$3,836. (Testimony, Exhibits 1, 2, 5-7).
3. The Appellant previously had a less expensive plan based on an FPL of 330.57%, but after the Appellant's income was verified the premium increased effective May 1, 2023. (Exhibits 1, 6, and 9).
4. The FPL was increased after the income was manually verified and changed after receiving the Appellant's proof of income to reflect the amount of the unemployment benefit. (Exhibits 1, 9, and 11).
5. The Appellant credibly testified that she could not afford to pay the cost of the increased premium and payment would be a hardship given her other basic necessary living expenses. (Testimony, Exhibit 12).
6. The Appellant credibly testified that her unemployment benefits would soon be ending, and she would not have any income (Testimony, Exhibits 1, 2,13, and 14).
7. This appeal addresses the issue of the Connector's income eligibility determination on March 29, 2023, in verification of the Appellant's income. (Exhibits 1,6, and 7).
8. The Appellant was advised the appeal only addresses whether the Connector's decision regarding eligibility based on income was correct. The Appellant was encouraged to contact customer service regarding hardship waiver appeal.

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).

The Appellant was enrolled in Connectorcare with APTC's until the premium increased on May 1, 2023 as a result of a manual verification of the Appellant's income. (Testimony, Exhibits 1, 6-7, and 11). The Appellant's income was verified on March 29, 2023, wherein it was determined her FPL was 388.34 % based on a manually verified weekly income of \$1,015. (Testimony, Exhibits 1, 7,8-11). The Appellant asserts that this determination is incorrect because she is receiving less than the manual verification and because her unemployment income will be ending, and the new premium is unaffordable. (Testimony, Exhibits 1,7 and 12).

The Connector's notice on March 29, 2023, and the determination based on the Appellant's income verification was determined to be 388.34 % % of Federal Poverty Level("FPL") based on a verified weekly income of \$ 1,015 is consistent with rules in federal regulation at 45 CFR § 155.335. (Testimony, Exhibits 1, 7,9, and 11). The final determination was correct for the Appellant. (Exhibits 1,7). This was used to determine a household income equivalent to 388.34 % of the Federal Poverty Level. (Exhibits 1,7, and 11). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on March 29, 2023, regarding the Appellant's eligibility for Health Connector Plans with APTC's was correct. The Appellant was advised to update her application or call Customer Service to report any changes in income, any other information on her application, regarding those issues. The Appellant was encouraged to contact customer service regarding hardship waiver appeal.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

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 2023 from the federal government will be reconciled when you file your 2023 federal income tax return (usually in the spring of 2024). 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 2023 (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 2023 (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 2023 will be paid to you when you file your 2023 federal income tax return.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18357

Appeal Decision: Appeal denied.

Hearing Issue: Appeal of eligibility for Health Connector plans based on access to Medicare

Hearing Date: April 25, 2023

Decision Date: June 7, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated January 10, 2023, the appellant was advised that she did not qualify for health insurance through the Health Connector because she had access to or was enrolled in Medicare. (Ex. 3) The appellant filed an appeal dated January 23, 2023. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Exs. 8,9)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector plans correct at the time of its determination on January 10, 2023, pursuant to 42 U.S.C. 1395ss?

HEARING RECORD

The appellant's husband appeared at the hearing which was held by telephone on April 25, 2023, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results based on a program determination date of January 10, 2023 (3 pages)
- Ex. 2-- Health Connector's Review of Application (4 pages)
- Ex. 3—Health Connector's Notice of Eligibility Denial dated January 10, 2023 (6 pages)
- Ex. 4—Medicaid Household Determination document (6 pages)
- Ex. 5—Hearing Request Form received on January 23, 2023 (6 pages)
- Ex. 6—Acknowledgement of Appeal dated January 26, 2023 (1 page)

- Ex. 7—Appeals Unit notes (3 pages)
- Ex. 8—Notice of Hearing dated February 15, 2023 (3 pages)
- Ex. 9—Notice of Hearing dated March 31, 2023 (3 pages)
- Ex. 10—Affidavit of Connector representative (1page)

The record was held open at the conclusion of the hearing for documentation requested by the hearing officer. The documentation was submitted in a timely manner and was marked as follows:

- Ex. 11—Letter from Social Security Administration dated January 23, 2023 (4 pages)
- Ex. 12—Letter from the appellant’s husband dated April 26, 2023 (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 52-years-old, is married and has a tax household size of two. (Testimony, Ex. 2)
2. The appellant was enrolled in her husband’s employer-provided health insurance until it ended on December 31, 2022. They both applied for health insurance through the Health Connector. (Testimony)
3. By notice dated January 10, 2023, the Health Connector advised the appellant that she was not eligible for health insurance through the Health Connector because she had access to or was enrolled with Medicare. (Ex. 3) ¹
4. On the application associated with the January 10, 2023, determination, the appellant attested to having access to Federal MEC/Type—Medicare minimum essential coverage (MEC). (Testimony, Ex. 2)
5. The appellant appealed the Connector’s January 10th determination on January 23, 2023, and stated in part that she does not have access to or is enrolled in Medicare and that the Connector’s denial was based on misinformation. (Ex. 5)
6. By letter dated January 23, 2023, the Social Security Administration stated that an application for disability benefits had been filed, but “we have not yet finished working on the claim, and at this time we cannot tell you whether benefits will be payable.” The letter further stated that the appellant was not “currently eligible for benefits”. (Ex. 11)

ANALYSIS AND CONCLUSIONS OF LAW

In general, an individual may purchase health insurance through the Health Connector if s/he satisfies 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. The 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 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.

¹ The appellant’s husband was determined eligible for Health Connector Plans with Advanced Premium Tax Credit (APTC).

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 individuals are seeking to continue in coverage after the end of a plan year and which health insurance issuers are generally required to provide (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. In choosing this standard, the federal government indicated a clear directive to not renew the individual market coverage of Medicare-eligible individuals except in the narrowest of circumstances, and regardless of whether the individual might otherwise satisfy the eligible criteria at 45 CFR § 155.305(a).

At the time of the Connector’s January 10, 2023, determination, it appears that the appellant had applied for social security disability benefits, but no decision had yet been made on her claim. However, the appellant mistakenly attested to access to Medicare on the application, and it is opined that the combination of her attestation and her pending application for disability benefits resulted in the Connector’s determination denying her eligibility. The letter from Social Security is insufficient on its own to overcome federal data sources and the presumption that the appellant had access to Medicare, and it is suggested that she obtain a letter from Medicare which affirmatively states that she is not enrolled in the program.

Based on the totality of the evidence, it is concluded that the Connector’s January 10, 2023, determination regarding the appellant’s lack of eligibility for health insurance through the Health Connector based on access to Medicare was correct.

ORDER

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant is advised to contact customer service at 877-623-6765 for assistance with updating her application with accurate information regarding her access to insurance through Medicare.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18666

Appeal Decision: Appeal approved.

Hearing Issue: Appeal of eligibility for a special enrollment period for health insurance coverage with the Massachusetts Health Connector

Hearing Date: June 8, 2023

Decision Date: June 16, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated February 28, 2023, the Connector advised the appellant that he did not qualify to enroll in a new or different insurance plan because he did not have a qualifying event. (Ex. 5) The appellant filed an appeal dated February 28, 2023. (Ex. 6) The matter was referred to a hearing after receipt of the appeal. (Ex. 11)

ISSUE

Is the appellant eligible for a special enrollment period for health insurance coverage pursuant to 45 C.F.R.155.420 and 956 CMR 12.10(5)?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 8, 2023, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1— Health Connector’s Eligibility Determination Results based on a program determination date of February 5, 2023 (2 pages)
- Ex. 2—Health Connector’s Review of Application (2 pages)
- Ex. 3—Health Connector’s Notice of Eligibility Approval dated February 5, 2023 (5 pages)
- Ex. 4—Medicaid Household Determination document (6 pages)
- Ex. 5—Health Connector’s Notice of Special Enrollment Period Decision dated February 28, 2023 (6 pages)

- Ex. 6—Online Appeal Form received on February 28, 2023 (6 pages)
- Ex. 7—Acknowledgment of Appeal dated March 3, 2023 (1page)
- Ex. 8—Health Connector email dated March 3, 2023 (1 page)
- Ex. 9—Health Connector email with Office of Patient Protection Waiver Form and Instructions (7 pages)
- Ex. 10—Appeals Unit notes (1 page)
- Ex. 11—Notice of Hearing (3 pages)
- Ex. 12—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 26 -years-old, is single and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant was enrolled in health insurance through his parents until he turned 26 in November, 2022. (Testimony)
3. The appellant began a job in February, 2022. The employer represented that health insurance and other benefits would be provided following a 90-day waiting period. Nothing happened after the waiting period expired and the appellant made several inquiries to no avail. The situation continued to drag on, but the appellant trusted that it would eventually work out for him. In late January/early February, 2023, the company folded and the appellant lost his job and had no prospect of health insurance. (Testimony)
4. Subsequent to losing employment, the appellant applied for health insurance through the Health Connector. By notice dated February 5, 2023, the Connector advised the appellant that he was eligible for a Health Connector Plan with no financial help. (Testimony, Ex. 3)
5. By notice dated February 28, 2023, the Connector advised the appellant that he did not have a qualifying life event that would allow him to enroll in or change plans outside of the Open Enrollment period. (Ex. 5)
6. The appellant filed an appeal of the Connector's denial of a qualifying life event on February 28, 2023. (Testimony, Ex. 6)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 956 CMR 12.10 (5), an individual may enroll in a health plan outside of the open enrollment period during a special enrollment period (SEP) established by the Connector only for one of the following reasons: (a) the enrollee experiences a triggering event, as set forth in 45 CFR 155.420 and applicable state law; (b) a qualified individual is determined newly eligible for a ConnectorCare plan in accordance with 956 CMR 12.08; (c) the enrollee changes plan types in accordance with 956 CMR 12.04(3); or (d) the enrollee has been approved for a hardship waiver in accordance with 956 CMR 12:11; or (e) the enrollee's hardship waiver period has ended. Enrollees have sixty (60) days to enroll in a health plan from the date of one of the aforesaid events. Outside of open enrollment an individual may be granted a SEP, during which the individual can enroll in coverage, because s/he experiences a qualifying life event, such as a change in household composition or loss of coverage.

I take administrative notice of the fact that the open enrollment period for health insurance for 2023 ended on January 23, 2023, for the commercial non-group market, and that closed enrollment runs from January 24, 2023 to October 31, 2023.

The appellant does not dispute that he applied for health insurance after the 2023 open enrollment period closed on January 23, 2023. Nonetheless, he testified credibly that he relied on the representations of his former employer that he would be provided with insurance after the end of the 90-day waiting period. He further testified that after several inquiries to no avail, the company folded in late January/early February, 2023, leaving him unemployed and without any prospect of insurance. After the collapse of his job, he applied for insurance through the Connector forthwith.

The appellant's circumstances do not fall within the parameters of the foregoing regulations and as such, would not be considered a qualifying event which would entitle him to a SEP. However, pursuant to 45 CFR 155.420(d)(9), "exceptional circumstances" are considered an event which triggers a SEP. The appellant offered substantial and credible evidence which established that he relied in good faith on his former employer's promise to provide health insurance, and the ensuing events deprived him of an opportunity to enroll in Connector insurance through no fault of his own. Accordingly, it is concluded that the appellant's situation arguably can be construed as exceptional circumstances. See

<http://www.healthreformbeyondthebasics.org/wpcontent/uploads/2015/06/SEP-Reference-Chart.pdf>.

Based on the totality of the evidence, it is concluded that the appellant established that his situation constitutes exceptional circumstances which qualifies him for a SEP. As such, the Connector's determination that the appellant was ineligible for a SEP is incorrect and is overturned.

ORDER

The appeal is **approved**. The Connector is ordered to establish a new 60-day special enrollment period and to assist the appellant with an effective enrollment date appropriate to his circumstances.

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

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

Hearing Officer

Cc: Connector Appeals Unit

OPTION FOR RETROACTIVE COVERAGE

The Health Connector made an incorrect determination about your eligibility. Normally, you would be eligible for the correct coverage type beginning on the first day of the month following the date of this decision. However,

you may also choose to have retroactive coverage. Your eligibility for this coverage would go back to the date you should have had that coverage.

In order to receive retroactive coverage, YOU MUST PAY ANY ADDITIONAL PREMIUM FOR THOSE MONTHS THAT WOULD OTHERWISE HAVE BEEN NECESSARY. In order to select retroactive coverage, you must submit a Request for Retroactive Coverage form to the Health Connector within thirty (30) days of receiving this decision.

If you do not wish to have retroactive coverage, then you do not need to take any additional action at this time. Your coverage will be effective on the first day of the month following the implementation of this decision, as long as you pay the premium for that month by the 23rd day of the prior month.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18748

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare Plans

Hearing Date: June 13, 2023

Decision Date: June 16, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 22, 2023 the Appellant was determined eligible for ConnectorCare Plan Type 3A with Advance Premium Tax Credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's financial eligibility based on the income information provided.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 13, 2023¹. The Appellant's spouse attended the Hearing but did not testify. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Affidavit of Hearing Record
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated May 16, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated February 22, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated February 22, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated February 22, 2023.
- Exhibit 7: The Appellant's Online Appeal Request submitted on March 7, 2023.

¹ This Appeal was heard with appeal ACA23-18671. Since the Appeals deal with separate issues, separate decisions are issued.

Exhibit 8: Health Connector Appeals Unit Outreach Email dated March 15, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant, their spouse and one adult child were determined eligible for ConnectorCare 2A in January 2023. Two minor children were determined eligible for MassHealth (Exhibit 3).
2. On February 22, 2023 the Appellant updated their application to report changes in household income. The Appellant changed jobs and their income increased. The Appellant's spouse who had previously reported zero income, reported receiving Unemployment Compensation income (Exhibit 5).
3. Based on the income reported, Health Connector determined the Appellant's household of five had income equal to 239.76% of the federal poverty level (Exhibit 5).
4. On February 22, 2023 Health Connector determined the Appellant and two adult household members eligible for ConnectorCare 3A with Advance Premium Tax Credits of \$1,343 because the Appellant's verified projected income placed their household at more than 200.1.1% but less than 250% of the Federal Poverty Level. The Appellant's two minor children were determined eligible for MassHealth (Exhibits 3, 4, 5, 6).
5. The Appellant filed an appeal on March 7, 2023 (Exhibit 7).
6. The Health Connector Appeals Unit contacted the Appellant via Email on March 15, 2023 and advised the Appellant to review the income information reported on their February 22, 2023 application and report any changes (Exhibit 8).
7. The Appellant testified that even though their spouse began receiving unemployment compensation income this income was substantially less than when they were employed. The Appellant explained that their household expenses remained the same as when their spouse was employed, and this has created a hardship. The Appellant also said that the unemployment has stopped (Appellant Testimony)².
8. The Appellant was advised to update their application and report any changes in income.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's application for subsidized health insurance for their household of five was updated on February 22, 2023. The Appellant had started a new job and their income increased from January 2023. The Appellant's spouse who had previously reported having no income began receiving unemployment compensation income.

Health Connector determined based on the income reported that the Appellant's household had income equal to 239.76% of the federal poverty level. Health Connector determined the Appellant, their Spouse and another

² The Appellant's request for a Premium Waiver due to Financial Hardship is not addressed in this decision but is addressed in the decision for Appeal ACA23-18671.

adult household member were eligible for ConnectorCare Plan 3A. The Appellant's two minor were determined eligible for MassHealth. The Appellant filed an appeal on March 7, 2023.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. As a result of the federal American Rescue Plan, for Plan Years 2021, 2022 and 2023, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 6/1/21). The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant's verified income was determined to be less than 300% of the Federal Poverty Level and rendered the Appellant financially eligible for state and federal subsidies. Since the Appellant's projected MAGI was more than 200.1% but less than 250% of the Federal Poverty Level, the Health Connector determined the Appellant and two other adult household members eligible for ConnectorCare Plan Type 3A with APTC of \$1,551. 956 CMR 12.04(3). The Appellant's minor children were determined eligible for MassHealth.

The Appellant argues that although their spouse began receiving Unemployment Compensation income, the family's total income is less than when their spouse was employed but their household expenses remain high. The Appellant said that they cannot afford the increased health insurance premium. The Appellant also said that they no longer have the same income they had in February 2023.

Based on the income information reported by the Appellant for their household of five on February 22, 2023, Health Connector correctly determined the Appellant's financial eligibility for ConnectorCare (956 CMR 12.04).

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded to update their application to report any changes in income. The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for assistance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18839

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

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

Hearing Date: May 8, 2023

Decision Date: June 12, 2023

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 16, 2023, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a Health Connector Plan.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on May 8, 2023. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1: Affidavit and Appeal Request dated March 16, 2023

Exhibit 2: Eligibility on Appeal dated March 16, 2023

Exhibit 3: Appeals Unit Research and Resolution

Exhibit 4: None

Exhibit 5: None

Exhibit 6: Notice from Appeals Unit dated March 23, 2023 and April 12, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had been covered by an unsubsidized Health Connector Plan in 2022 (Testimony of Appellant).
2. Appellant did not make a timely payment for December 2022 coverage and was terminated from the Health Connector Plan (Testimony of Appellant).
3. In late 2022, Appellant made many trips to visit a very ill family member. The family member then passed away (Testimony of Appellant).
4. Due to Appellant's travel and grief, Appellant did not make the December payment and did not take steps to re-enroll for 2023 coverage (Testimony of Appellant).
5. Due to Appellant's travel and grief, Appellant did not learn that Appellant had been terminated from health insurance in December 2022 (Testimony of Appellant).
6. Appellant learned about the termination at a doctor's visit in February 2023 (Testimony of Appellant).
7. Appellant submitted a new application and on March 16, 2023 was found eligible for a Health Connector Plan with no subsidies (Exhibit 2).
8. On March 16, 2023, Appellant was denied a Special Enrollment Period due to not having a qualifying life event that would allow Appellant to enroll outside of the Open Enrollment Period (Exhibit 2).
9. Appellant did not have any of the changes in circumstances enumerated by the law that would allow Appellant to enroll outside of the Open Enrollment Period (Testimony of Appellant).
10. On March 16, 2023, Appellant filed an appeal for the denial of a Special Enrollment Period (Exhibit 1).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. The criteria for qualifying for a special enrollment period include marriage, divorce, birth, loss of coverage for a reason other than failure to pay premiums and other reasons enumerated at CFR 155.410 and 155.420 and Health Connector Policy: NG-1E.

Due to Appellant's very difficult circumstances in late 2022, Appellant lost coverage in December 2022 and did not learn about the loss of coverage until notified at a doctor's visit in February 2023. The Appellant applied for a Health Connector Plan on March 16, 2023 which was outside of the open enrollment period. Appellant did not have any of the changes in circumstances enumerated by the law that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420, Health Connector Policy NG-1E and Exhibits 1, 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant's appeal is denied.

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

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

ADDENDUM

The Health Connector has provided Appellant with information for applying for an open enrollment waiver from the Office of Patient Protection. If Appellant has not already done so, Appellant is encouraged to follow up with the Office of Patient Protection at 1 800 436-7757.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318877

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income verification

Hearing Date: May 9, 2023

Decision Date: June 13, 2023

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 16, 2023, the Appellants were determined eligible for Health Connector plans with Advance Premium Tax Credits ("APTC").

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were eligible for Health Connector plans with APTC, based on the Appellants' reported and verified income.

HEARING RECORD

Appellants appeared at the hearing, which was held by telephone, on May 9, 2023. The hearing was recorded. The hearing record consists of the Appellants' 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 (4-12-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (4-12-23) (1 page);
- Exhibit 4: Outreach notes and email (5 pages);
- Exhibit 5: Hearing Request form (3-20-23) (6 pages);
- Exhibit 6: Eligibility approval letter (3-16-23) (9 pages);

- Exhibit 7: Eligibility detail printouts and applications summary printouts (27 pages);
Exhibit 8: Medicaid Household Determination (6 pages);
Exhibit 9: Request for Information and reminder (12-14-22 and 2-12-23) (7 pages);
Exhibit 10: Workspace form and documents (21 pages); and
Exhibit 11: Customer service notes (7 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants applied for health insurance through the Health Connector in December 2022. (Testimony, Exhibit 7).
2. Appellants were asked to submit information regarding income. (Exhibit 9).
3. Appellants submitted documents that showed income and were redetermined but still not correct in that Appellants had a loss in 2022 but did not believe that would be the case for 2023. (Testimony).
4. The Health Connector determined that Appellant was eligible for Health Connector plans with APTC help based on income information available to the Health Connector. (Exhibits 6, 7).
5. At the time of the hearings Appellants believed that income information was correct and determination now correct. (Exhibit 7, Appellant Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was deemed eligible for Health Connector plans with APTC based on income verification issues. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(c). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information or provide unacceptable information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On March 16, 2023, the Appellants were determined eligible for Health Connector plans with APTC based on Appellant's income as reported not being verified from other sources. The process for the determination on March 16, 2023, complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the information available to the Health Connector. 45 CFR § 155.305(f). Appellant submitted additional income verifications and was redetermined again and Appellants believed it was now accurate.

The Health Connector correctly found that the Appellant was eligible for Health Connector plans with APTC on March 16, 2023, and that determination is upheld.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318881

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, Over 65, under 100%FPL, no Medicare

Hearing Date: May 9, 2023

Decision Date: June 13, 2023

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 12, 2023, the Appellants were determined eligible for Health Connector plans with no financial assistance based on the income being equivalent to under 100% FPL.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were eligible for Health Connector plans with no financial assistance, based on the Appellants' reported and verified income and age and immigration status.

HEARING RECORD

Appellants and Appellants' representative appeared at the hearing, which was held by telephone, on May 9, 2023. The hearing was recorded. The hearing record consists of the Appellants' representative's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (4-12-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (3-21-23) (1 page);
- Exhibit 4: Outreach notes (2 pages);
- Exhibit 5: Hearing Request form (3-20-23) (6 pages);

- Exhibit 6: Eligibility approval letter (3-12-23) (8 pages);
Exhibit 7: Eligibility detail printouts and applications summary printouts (12 pages);
Exhibit 8: Medicaid Household Determination (7 pages); and
Exhibit 9: MH application re 65 and older and letter (43 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants applied for health insurance through the Health Connector in December 2022. (Testimony, Exhibit 7).
2. Appellants are over 65 years of age and have been in the United States over 5 years, and their income equates to under 100% FPL. (Exhibit 7, Testimony).
3. Appellants had not been eligible for Medicare. (Testimony).
4. The Health Connector determined that Appellants were eligible for Health Connector plans with no financial assistance based on income under 100% FPL. (Exhibits 6, 7).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellants were deemed eligible for Health Connector plans with no financial assistance based on income under 100% FPL. In order to be eligible for the Advance Premium Tax Credit (APTC), the tax filer must have an expected household income of greater than or equal to 100% of the federal poverty level (FPL) and less than 400% of the FPL for the year in which coverage is sought. (45 CFR 155.305 (f) (1) (i)). The Appellants' expected income is less than 100% FPL. Therefore the Appellants are not eligible for the APTC.

ConnectorCare is a Massachusetts based program that provides additional subsidies to help make the cost of insurance more affordable. Pursuant to 956 CMR 12.09, in order to be eligible for ConnectorCare an individual must be a resident of Massachusetts and the individual's family's modified adjusted gross income cannot exceed 300% FPL. In addition, the individual must be eligible for the federal APTC pursuant to 45 CFR sec. 155.305 (f). Since the Appellants are not eligible for the federal APTC, they are also not eligible to enroll in ConnectorCare.

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.

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318917

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

Hearing Issue: Whether the Connector correctly determined that Appellant was ineligible for health insurance coverage through the Connector because Appellant did not submit timely proof of residency.

Hearing Date: June 1, 2023

Decision Date: June 26, 2023

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 7, 2023, the Connector determined that the appellant was ineligible for health insurance coverage through the Connector because of Appellant's failure to submit timely proof of residency.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 1, 2023. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection. The appellant testified.

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

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

Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 11, 2023 for a June 1, 2023 hearing, addressed to Appellant

Exhibit 3: Connector Appeals Unit letter dated April 6, 2023 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Appeals Unit staff outreach notes dated April 6, 2023

Exhibit 4: Hearing Request from Appellant dated March 27, 2023

Exhibit 5: Connector letter dated March 7, 2023 to Appellant, denial of eligibility

Exhibit 6: Summary and results of Appellants' application for Connector health plan dated March 7, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Connector in the fall of 2022. In a letter dated November 30, 2022, the Connector notified the appellant that Appellant needed to send in proof of residency by February 28, 2023. The letter included a list of acceptable forms of proof (Exhibit 5a, Testimony of Appellant).
2. Appellant failed to send in acceptable proof of residency by February 28, 2023 (Testimony of Appellant, Exhibit 5).
3. In a letter from the Connector dated March 7, 2023, Appellant was informed that he was ineligible for coverage through the Connector because of his failure to submit the requested proof by the deadline (Exhibit 5, Exhibit 6).
4. Appellant submitted a request for an appeal of the Connector's determination on March 27, 2023. (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on March 7, 2023 that the appellant was ineligible to be enrolled in a health insurance plan through the Connector because of his failure to submit proof of residency in a timely fashion. Appellant appealed the determination. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) which sets out eligibility standards for purchase of coverage through state exchanges. These requirements include, among other things, residency in the state where the state exchange is located. See 45 CFR 155.305. Pursuant to 45 CFR 155.320 the Connector may verify information obtained from the applicant by checking with other data sources.

In this matter, the appellant failed to send in proof of residency by February 28, 2023 as he was requested to do by the Connector. The Connector notified the appellant that Appellant needed to send in proof of residency by that date. The notification included a list of acceptable forms of proof. Appellant testified that he did not send in the proof. See Exhibit 5a and the testimony of the appellant which I find to be credible. Because of Appellant's failure to send in acceptable proof by the deadline given, the Connector determined that the appellant was ineligible to obtain health insurance through the exchange. See Exhibit 5.

The March 7, 2023 determination was correct at the time it was made based upon Appellant's failure to send in an acceptable form of proof of residency by the February 28th deadline. Without proof of residency, the appellant was not eligible for coverage through the Connector. See 45 Code of Federal Regulations 155.305(a)(1 through 3). Residency in the exchange's state is a requirement for eligibility. The determination of the Connector is, therefore, affirmed.

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19044

Appeal Decision: Appeal denied.

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

Hearing Date: June 12, 2023

Decision Date: June 20, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated March 12, 2023, the appellant was advised that she was eligible for a Health Connector Plan with no financial help beginning on April 1, 2023. (Ex. 3) The appellant filed an appeal which was received on April 17, 2023. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 11)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector Plans with no financial help on March 12, 2023, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant's son, her designated representative, appeared at the hearing which was held by telephone on June 12, 2023, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results showing a program determination date of March 12, 2023 (2 pages)
- Ex.2—Health Connector's Review of Application (3 pages)
- Ex. 3— Health Connector's Notice of Eligibility Approval dated March 12, 2023 (8 pages)
- Ex. 4—Medicaid Household Determination document (6 pages)
- Ex. 5—Health Connector's Eligibility Determination Results showing a program determination date of October 11, 2022 (2 pages)

- Ex. 6—Health Connector’s Review of Application (3 pages)
- Ex. 7—Online Appeal Request received on April 17, 2023 (6 pages)
- Ex. 8—Acknowledgment of Appeal dated April 27, 2023 (1 page)
- Ex. 9—MassHealth Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (42 pages)
- Ex. 10—Appeals Unit case notes (1 page)
- Ex. 11—Notice of Hearing (3 pages)
- Ex. 12—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 82-years-old and is a widow. (Testimony, Exs. 2, 6)
2. The appellant became a legal permanent resident of the United States on March 12, 2018. She is a citizen of Pakistan. (Testimony)
3. The appellant is not eligible for Medicare. She has not had any income since she arrived in the U.S. (Testimony)
4. The appellant has had subsidized health insurance through the Health Connector since she arrived in the U.S. in 2018. (Testimony)
5. By notice dated October 11, 2022, the appellant was determined eligible for ConnectorCare Plan Type 1 with Advanced Premium Tax Credits (APTC), effective January 1, 2023. She enrolled in a plan that began on January 1st. (Testimony, Ex. 5)
6. By notice dated March 12, 2023, the appellant was determined eligible for Health Connector Plans with no financial help beginning on April 1, 2023. The notice stated that her household income was determined to be 0.00% of the Federal Poverty Level (FPL) based on information provided in her application or obtained from income data sources. The notice further stated that the appellant did not qualify for financial help for one of a number of reasons including that her annual income was below 100% of the FPL. (Ex. 3)
7. The appellant filed an appeal of the March 12, 2023, determination on April 17, 2022, and requested a reassessment of eligibility for financial help/premium tax credits. (Ex. 7)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an Advanced Premium Tax Credit (APTC) if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant’s behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector’s ConnectorCare program, pursuant to 956 CMR section 12.04.

Although the appellant is over the age of 65, she is not eligible for Medicare Part A without a premium. The Health Connector regulations do not address individuals who are over age 65, but not eligible for Medicare.¹ Under federal law, individuals with income at or below 100% of the FPL are not eligible for premium tax credits, and only individuals eligible for premium tax credits are eligible for ConnectorCare. 45 CFR section 155.305(f)(1)(i) and 26 CFR section 1.36B-2(a) and (b). This rule affects adults over the age of 65 who are not eligible for Medicare, and who have income up to 100% of the FPL but do not qualify for MassHealth. The APTC eligibility exception set forth in 956 CMR 12.04(3)(a)/ 45 CFR 155.305 (f)(2) for non-citizens who are lawfully present and have income less than 100% FPL is only available if that individual is otherwise ineligible for Medicaid due to his/her immigration status. Since the appellant has been a U.S. permanent resident for more than five years, she no longer meets the special criteria for non-Medicaid eligible lawfully present individuals to received APTCs. If the FPL threshold of 100% did not apply, she would be eligible for ConnectorCare (which has no asset test). However, the result of the application of these rules blocks the appellant's eligibility for subsidized health insurance.

Based on the totality of the evidence, it is concluded that the Connector's determination on March 12, 2023, regarding the appellant's eligibility for Health Connector Plans with no financial help was correct, and is therefore affirmed.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

At the conclusion of the hearing, the appellant was advised to fill out the MassHealth application for individuals over the age of 65 which was sent to her by the Connector. (Ex. 9) (<https://www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services>) She was also advised to contact a volunteer at SHINE for assistance with the application. (1-800-243-4636; <https://www.mass.gov/health-insurance-counseling>)

¹ Individuals who are enrolled in Medicare or eligible for Medicare are not eligible for premium tax credits regardless of income. 45 CFR section 155.305(f).

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-19087

Appeal Decision: Appeal denied.

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

Hearing Date: June 12, 2023

Decision Date: June 21, 2023

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated April 11, 2023, the appellant was advised that he was eligible for a ConnectorCare Plan with an Advanced Premium Tax Credit (APTC) effective on May 1, 2023. (Ex. 3) The appellant filed an appeal dated April 20, 2023. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 14)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for a ConnectorCare Plan with an APTC on April 11, 2023, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 12, 2023, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results showing a program determination for April 11, 2023 (4 pages)
- Ex. 2—Health Connector's Review of Application (4 pages)
- Ex. 3—Health Connector's Notice of Eligibility Approval dated April 11, 2023 (8 pages)
- Ex. 4—Medicaid Household Determination Document (7 pages)
- Ex. 5—Health Connector's Eligibility Determination Results based on a program determination date of January 20, 2023 (3 pages)

- Ex. 6—Health Connector’s Review of Application (4 pages)
- Ex. 7—Hearing Request Form dated April 20, 2023 (6 pages)
- Ex. 8—Acknowledgment of Appeal dated April 26, 2023 (1 page)
- Ex. 9—My Workspace document dated April 10, 2023 (1 page)
- Ex. 10—MassHealth letter dated April 1, 2023 with earnings statements (7 pages)
- Ex. 11—Income detail form (3 pages)
- Ex. 12—Health Connector email dated April 27, 2023 (1 page)
- Ex. 13--Appeals Unit case notes (1 page)
- Ex. 14—Notice of Hearing (3 pages)
- Ex. 15—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 27-years-old, is married and has a tax household size of one. (Testimony, Exs. 2,6)
2. The appellant had been enrolled in health insurance with MassHealth for approximately one year until May 1, 2023. By notice dated January 20, 2023, he was determined eligible for MassHealth CarePlus, and his household income was determined to be within 123.26% of the Federal Poverty Level (FPL). On the application on which the determination was based, the appellant projected his annual income to be \$16,751.55. A request for proof of income was made with the determination. (Testimony, Exs. 5,6)
3. By letter dated April 1, 2023, MassHealth requested that the appellant submit proof of income from his employer by June 30, 2023. (Ex. 10)
4. In response to the April 1, 2023, request, the appellant submitted four earnings statements on April 10, 2023, dated February 24, 2023, March 3, 2023, March 10, 2023, and March 17, 2023. (Exs. 9,10)
5. Based on the appellant’s submission, the Connector verified the appellant’s projected income to be \$36,332.21. (Ex. 11)
6. By notice dated April 11, 2023, the appellant was determined eligible for ConnectorCare Plan Type 3B with an APTC of \$256.00/month effective May 1, 2023. His household income was determined to be within 267.35% of the FPL. (Ex. 3)
7. The appellant appealed the Connector’s April 11, 2023, determination on April 20, 2023, and stated in part that his earnings statements are an inaccurate representation of his income. (Testimony, Ex. 7)
8. The appellant suffers from several serious medical conditions which can cause his bones to break among other things. He is often in excruciating pain and is unable to get out of bed. During those times, he is unable to work. At other times when he is not affected, he is able to work. The earnings statements which he submitted as proof of income were from a period when he was in good health and able to work consistently for several weeks. He does not believe that those statements are an accurate reflection of his annual income as it fluctuates significantly based on his health situation. (Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these

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

The appellant does not dispute that the earnings statements he submitted as proof of income were an accurate representation of his income for that particular time frame. However, he argues that his income fluctuates significantly based on his health conditions and the documentation he submitted is not an accurate reflection of what he earned and/or earns averaged over the course of twelve months. The Connector used the financial information he submitted to reach its determination. It is unfortunate that the submission was insufficient to prove his qualification to remain enrolled in the plan for which he was approved on January 20, 2023, and resulted in a redetermination of his eligibility.

Accordingly, based upon the totality of the evidence, it is concluded that the Connector's determination on April 11, 2023, regarding the appellant's eligibility for ConnectorCare Plan Type 3B with an APTC of \$256.00/month was correct, and is therefore affirmed.

ORDER

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to contact customer service at 1-877-623-6765 for assistance with a recalculation of his projected income.

