

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility for special enrollment period.

Hearing Date: May 17, 2023

Decision Date: May 18, 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 March 12, 2023, that he was not eligible for a special enrollment period in which to purchase health insurance.

ISSUE

The issue addressed on 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 May 17, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (4/5/23) (1 page)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: SEP Denial Notice (3/12/23) (6 pages)
- Exhibit 4: Screen Shot of Application Summary (3 pages)
- Exhibit 5: Screen Shot of Eligibility Summary (2 pages)

Massachusetts Health Connector Appeals Unit



- Exhibit 6: Appeals Unit database notes (1 page)
- Exhibit 7: Notice of Appeal Hearing (4/13/23) (3 pages)
- Exhibit 8: Information on Office of Patient Protection waiver (1 page)
- Exhibit 9: OPP waiver application form (6 pages)
- Exhibit 10: 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. Appellant applied to the Health Connector in order to obtain health insurance for himself and his spouse on March 12, 2023. Exhibit 4.
2. Appellant and his spouse had moved to Massachusetts at the end of 2021 from another state. They did not have health insurance in that state.
3. They did not know that Massachusetts residents are required by state law to have health insurance if they can afford it or else to face a tax penalty. See Mass. Gen. Laws c. 111M, § 1. They chose not to obtain health insurance because they felt they didn't need it, even though insurance was offered through their jobs.
4. When Appellants filed their state income tax for tax year 2022 in early 2023, they were assessed a penalty for not having health insurance. Subsequently, they decided to apply for health insurance and did so on the Health Connector website on March 12.
5. 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>.
6. The Health Connector notified Appellant by notice dated March 12, 2023, that he did not qualify for a special enrollment period that would permit him and his spouse to purchase health insurance outside of the open enrollment period. Exhibit 3.
7. 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 certain times of the year, called open enrollment. 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, are allowed only under certain circumstances, known as "qualifying events." Such events are situations in which an individual has lost other

Massachusetts Health Connector Appeals Unit



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 did not seek to purchase insurance during the open enrollment period. When he did do so, the open enrollment season had ended. He did not experience a qualifying event within the previous 60 days that would have entitled him to a special enrollment period. He had not had health insurance at any point before he applied in March 2023; thus, he did not experience a loss of health insurance through a qualifying event, which would have entitled him to a special enrollment period. He also did not add a dependent within 60 days before his application. On these facts, the Health Connector correctly determined that Appellant was not entitled to a special enrollment period and so could not purchase health insurance at that time.

Appellant and his spouse have 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.

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Loss of eligibility for Connector Care.

Hearing Date: May 17, 2023

Decision Date: May 18, 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 February 10, 2023, that he was eligible only to obtain a Health Connector plan with an Advance Premium tax credit.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for Connector Care and was eligible only for a Health Connector plan with an advance premium tax credit.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on May 17, 2023. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (4/6/23) (6 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Eligibility Denial Notice (2/10/23) (10 pages)
- Exhibit 4: Screen Shot of Application Summary (3 pages)
- Exhibit 5: Screen Shot of Eligibility Summary (2 pages)

- Exhibit 6: Summary of Medicaid eligibility (6 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email from Health Connector to Appellant (4/6/23) (1 page)
- Exhibit 9: Notice of Appeal Hearing (4/13/23) (3 pages)
- Exhibit 10: 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. Appellant stated in his application for health insurance and confirmed at the hearing that he is a single individual with no dependents. Exhibit 4. Thus, he is in a household of one person.
2. Prior to 2023, Appellant had been receiving Connector Care for approximately 10 years. Connector Care is a program of subsidized health insurance, using federal and state subsidies, which is administered by the Health Connector. To be eligible for Connector Care, an individual must have a household income of below 300 percent of the federal poverty limit. See 956 C.M.R. § 12.04(3)(a)(1).
3. Appellant's eligibility for Connector Care was re-determined annually. His eligibility was re-determined at the start of 2023. The re-determination was based on information provided by Appellant about his current income.
4. At the time of his income re-determination, Appellant reported that he was working at a job where he earned about \$940 weekly. This amounted to \$48,880 annually. Exhibit 4. At the hearing, Appellant confirmed that this is the amount he earns regularly through his job. He stated that his income had been steadily increasing over the years.
5. In 2023, the federal poverty limit for a household of one person is \$14,580. See <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>.
6. Thus, 300 percent (or three times) of the federal poverty limit for a household of one in 2023 is \$43,740.
7. After receiving the information about Appellant's income, the Health Connector determined that his income was over three times the federal poverty limit. Exhibit 3.
8. As a result of this determination, Appellant was no longer eligible for Connector Care.
9. Accordingly, the Health Connector concluded that Appellant was eligible to receive only advance premium tax credits in an amount of \$114 a month. Exhibit 3. Advance premium tax credits are a federal subsidy provided to reduce the cost of health insurance.
10. The Health Connector notified Appellant of its eligibility determination by notice dated February 10, 2023. Exhibit 3.
11. Connector Care plans have cost sharing subsidies, which are payments made by the Health Connector to reduce the amount of cost that a covered individual would have to pay to receive health services. See 956 C.M.R. § 12.03. As a result, Connector Care plans do not have deductibles, which is the amount of money an insured must pay out-of-pocket before insurance coverage starts to pay the cost of medical services.
12. When Appellant lost Connector Care eligibility, he was no longer receiving the cost sharing subsidy.

13. Appellant is required to take a medication monthly. When he had been on Connector Care, the cost of that medication had been minimal. When he lost Connector Care, he was required to make a significant payment for that medication until he met the \$2,000 deductible required by his insurance plan.
14. Appellant filed a timely appeal of the February 10, 2023 eligibility determination. Exhibit 1.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for Connector Care based on his household income.

The Health Connector determines eligibility of individuals to receive federal and state subsidies to purchase health insurance. Federal subsidies to purchase health insurance are provided under the Affordable Care Act. 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percent of the federal poverty limit (FPL). *Id.* The FPL is a threshold determined annually by the federal government based on household income and size; it is used to determine eligibility for a range of federal assistance programs. *See* 42 U.S.C. § 9902(2).

In 2023, when Appellant's eligibility calculation was made, the FPL for a household of one person, like Appellant's, was \$14,580. Thus, Appellant's income of \$48,880 was over three times the FPL. At that level, the formula under federal law dictated that Appellant was entitled to an APTC payment of \$114 monthly, which reduced the cost of the health insurance premium.

In Massachusetts, the Health Connector also administers a program known as Connector Care, which is available to individuals with household incomes below 300 percent of the FPL. *See* 956 C.M.R. § 12.04(3)(a)(1). As noted in the fact section above, Connector Care plans feature not only low monthly premiums but also cost sharing subsidies, which drastically reduce or eliminate the amount a covered individual would have to pay for health services.

Unfortunately, when Appellant's household income exceeded 300 percent of the FPL, which it did in 2023, he was no longer eligible for Connector Care. The amount of income stated in his application, which is \$48,880 annually, was correct; he confirmed that amount at the hearing. That amount exceeds \$43,740, which is three times the FPL and the upper income limit of eligibility for Connector Care.

Instead, with income at that amount, Appellant was eligible to receive only APTCs. The Health Connector determined that he was entitled to APTCs in an amount of \$114 monthly. This reduced his monthly premium. However, persons who are eligible to receive only APTCs do not get the cost sharing subsidies that are part of the Connector Care program. As a result, they have cost sharing expenses. Appellant's insurance plan carried a \$2,000 deductible. This meant that he faced cost for the medication he purchased. This unfortunate result is a consequence of the legal eligibility rules for the various health insurance programs. It is not the result of an error in determining Appellant's eligibility.

Because the Health Connector correctly determined that Appellant did not qualify for Connector Care, and that he did qualify only for a Health Connector plan with APTCs, I am denying this appeal.

Massachusetts Health Connector Appeals Unit



ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18339

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized insurance based on access to Medicare

Hearing Date: March 20, 2023

Decision Date: May 30, 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 January 4, 2023, the Appellant was determined ineligible for Health Connector plans. The Appellant was denied subsidies because the Appellant has access to Medicare or is enrolled Medicare.

ISSUE

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

HEARING RECORD

On March 20, 2023, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: Appeals Affidavit (1 page)
- Exhibit 2: 1/23/23 Appeal (6 pages)
- Exhibit 3: 1/4/23 Eligibility Denial (2 pages)
- Exhibit 4: 1/4/23 Eligibility Results (3 pages)
- Exhibit 5: 1/4/23 Application Summary (5 pages)
- Exhibit 6: 1/4/23 Appeals Outreach Notes (1 page)

Exhibit 7: 1/24/23 Email from Appeals to Appellant (1 page)
Exhibit 8: 2/15/23 Hearing Notice (3 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance coverage through the Health Connector on January 4, 2023. (Exhibit 4)
2. At the time the Appellant applied for coverage, she was unaware that she was eligible for health insurance coverage through Medicare. (Appellant’s testimony)
3. The Appellant turned sixty-five years old in December 2022 and, as a result, qualified for Medicare health insurance coverage beginning on January 1, 2023. (Appellant’s testimony; Exhibit 5)
4. On January 4, 2023, the Health Connector determined that the Appellant was ineligible for health insurance coverage through the Health Connector because she had access to Medicare. (Exhibit 3 and Exhibit 4)

ANALYSIS AND CONCLUSIONS OF LAW

Under 42 USC 1395ss(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare.

When the Appellant’s eligibility for 2023 coverage was determined on January 4, 2023, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. Because the Appellant has access to Medicare, the Health Connector determined that the Appellant was not eligible for Health Connector plans. This was the correct determination, under 42 USC 1395ss(d)(3)(A)(i). Therefore, the Appellant’s appeal is denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 23-18571

Appeal Decision: Appeal denied.

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

Hearing Date: May 5, 2023

Decision Date: May 30, 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 December 27, 2022, the Appellant was advised that her spouse was 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's spouse was eligible for Health Connector Plan with APTC's.

HEARING RECORD

The Appellant and her Spouse appeared at the hearing, which was held by telephone on May 5, 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	(1P,	undated)
Exhibit 2:	Appellant's Appeal Request Form	(4 PP, received	2/22/2023)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated	3 /11/ 2023)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated	4/11/ 2023)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated	10/10/ 2022)

Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated	10/10/2022)
Exhibit 7	Health Connector's Final Renewal Notice	(8 PP, dated	10/10/2022)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	10/10/ 2022)
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	2/22 /2023)
Exhibit 11:	Secure Email from Connectorcare to Appellant	(1 P, dated	4/25 /2023)
Exhibit 12:	Health Connector's Notice of Eligibility	(1 P, dated	12/27/ 2022)
Exhibit 13:	Health Connector's Eligibility Results	(3 PP, dated	4/11/2023)
Exhibit 14:	Health Connector's Eligibility Results	(3 PP, dated	12/27/ 2022)
Exhibit 15:	Medicaid Household Determination	(8 PP, dated	2/22/ 2023)
Exhibit 16:	Health Connector's Application Summary	(3 PP, dated	12/27/ 2022)
Exhibit 17:	Health Connector's Application Summary	(3 PP, dated	4/11/ 2023)
Exhibit 18:	Health Connector's Notice of Invalid Timely Appeal	(3 PP, dated	2/22/ 2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was sent a Final Renewal Notice from the Health Connector on October 10, 2022, to verify income. (Exhibits. 1,7).
2. The Appellant referenced that they did not receive the Final Renewal Notice and called the Connector in February 2023 and stated they were having problems with their mail. (Exhibits 1 and 2).
3. The Appellant did not report a change to their income until December 27, 2023. (Exhibits. 1,7, 12, and 16).
4. The Appellant's Spouse was enrolled in Connectorcare with subsidies and APTC's until December 31, 2022. (Testimony, Exhibits 1,5-9).
5. The Appellant's adjusted monthly premium for a Connectorcare plan increased to \$615 Dollars in January 2023 for the Spouse because the subsidies and APTC's were lost as a result of unknow income. (Exhibits 1 and 9).
6. As of December 27, 2022, the Appellant updated their income and her Spouse was eligible for and enrolled effective February 1, 2023, for a Connectorecare plan with subsidies and APTC's. (Exhibits 1, 9, 13).
7. The Appellant's income was not verified until December 27, 2023, and the household income was determined to be 256.25% of Federal Poverty Level("FPL"). (Testimony, Exhibits 1, 2, 12-14).
8. The Appellant Spouse was retroactively reinstated for Connectorcare from January 1, 2023. The Appellant's Spouse never lost coverage. (Exs. 1, 9, and 17).
9. The Appellant Spouse became eligible for a lower cost Connectorcare plan as a result of a change in income on April 11, 2023. (Exhibits 1, 9, and 17).
10. The Appellant testified that she was informed by Connectorcare verbally in March 2023 that the amount of the increased January premium would be credited to their account. (Testimony).

11. The Appellant testified the income that was used to determine Connectorcare Plan with subsidies on December 27, 2023 was correct. (Testimony, Exhibits 1, 12, 14, and 17).
12. The Appellant was advised the appeal only addresses whether the Connector's decision regarding eligibility based on income was correct and they were encouraged to contact customer service regarding adjustment and crediting of any deducted premiums for January 2023.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's Spouse was enrolled in Connectorcare with subsidies and APTC's which were removed effective January 1, 2023, because of unknown income. (Testimony, Exhibits 1, 5-9, and 12). The Appellant's income was unknown as of October 10, 2022, and as a result the Appellant's Spouse lost coverage with subsidies and APTC's effective January 1, 2023. (Exhibits 1, 7) The Appellant verified their income on December 27, 2023, and their Federal Poverty Level ("FPL") was 256.25% resulting in a reduced premium effective February, 2023 compared to the \$615 January, 2023 monthly premium resulting from unknown income. The Appellant asserts that this determination is incorrect because the Spouse was reinstated effective January 2023 and the premium was reduced similar to the 2022 amount with subsidies and APTC's. The Appellant argued they should have received a retroactive credit for January 2023. (Testimony, Exhibits 13 and 14). The Appellant also argues that she should have stayed in ConnectorCare plan with subsidies and lower premiums because they never received the final renewal notice or notice of open enrollment. (Testimony, Exhibits 1,2, and 14). The Appellant stated, however that they were having issues with mail and did not receive the final renewal notice. (Testimony, Exhibits 1,2, 9, and 11).

The Connector's calculation of the January 1, 2023 premium based on unknown income, notice on December 27, 2022, and determination based on the Appellant's income verification to be 256.25% of Federal Poverty Level("FPL") is consistent with rules in federal regulation at 45 CFR § 155.335. (Testimony, Exhibits 1, 2, 5-6). The final determination was correct for the Appellant. (Exhibits 1,7). This was used to determine a household income equivalent to 256.25 % of the Federal Poverty Level. (Exhibits 1,11-15). 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.

Notwithstanding the above, the Appellant's income was verified on December 27, 2023, and the Appellant's spouse became eligible for a Connectorcare Plan on February 1, 2023. The Appellant's Spouse never lost coverage. The Appellant Spouse was also retroactively reinstated for Connectorcare from January 1, 2023. (Exhibits 1, 9, and 17). The Appellant Spouse also became eligible for a lower cost Connectorcare plan as a result of a change in income on April 11, 2023. (Exhibits 1, 9, and 17).

Based upon the totality of the evidence, it is concluded that the Connector's determination on December 27, 2022, regarding the Appellant's eligibility for Health Connector Plans with APTC's was correct. The Appellant was advised to call Customer Service and the Appeals Unit to report any changes in income, any other information on her application, regarding those issues regarding credits for the January 2023 premium.

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.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: May 12, 2023

Decision Date: May 25, 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 December 23, 2022, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector and based on the Appellant's tax filing status information provided on the application.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on May 12, 2023.

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)

Massachusetts Health Connector Appeals Unit



Exhibit 2:	Appellant's Appeal Request Form	(4 PP, received	3/6/2023)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated	3 28/ 2023)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated	4/12/ 2023)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated	12/13/ 2022)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated	12/13/ 2022)
Exhibit 7	Health Connector's Eligibility Denial	(8 PP, dated	12/13/ 2022)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	12/13/ 2022)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	2/13/ 2023)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	3/9 /2023)
Exhibit 11:	Secure Email from Connectorcare to Appellant	(1 P, dated	3/9 /2023)
Exhibit 12:	Connector Request re: Proof of Immigration	(3 PP, dated	3/28/ 2023)
Exhibit 13:	Connector Notice of Untimely Appeal	(3 PP, dated	3/9/2023)
Exhibit 14:	Appellant's Response to Untimely Appeal	(3 PP, dated	3/23/2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on December 13, 2022, after failing to establish that the Appellant is lawfully present to the Health Connector. (Exhibits 1, 5-7, and 9)
2. The Appellant did not attest to being lawfully present at the time the Appellant applied. (Exhibits 1, 5-7, and 9).
3. The Appellant did not attest to being a tax filer. (Exhibits 1, 5-7, and 9).
4. The Appellant had submitted documents showing residency but did not include proof of immigration. (Exhibits 1,2).
5. The Appellant testified that she has not been receiving emails from the Connector. (Appellant Testimony).
6. The Appellant testified her children were 10 and 8 years of age and were presently living in a shelter but the address on the Appellant's application was correct. (Appellant testimony).
7. One of the Appellant's children was receiving MassHealth. (Exhibits 1 and 9).
8. The Appellant testified she has been living in the United States for approximately 8 years and in Massachusetts for 1 year. (Appellant Testimony).
9. The Appellant was encouraged to contact Customer Service with proof of immigration status and tax filing status.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to establish lawful presence and because the Appellant was a non-tax filer. Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. One requirement to be eligible for eligibility requires having a valid tax filing status. 26 CFR § 1.36B-2T(b)(2)(ii), (b)(2)(ii).

On December 13, 2023, the Appellant applied for health insurance through the Health Connector but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant

Massachusetts Health Connector Appeals Unit



was not eligible for Health Connector plans. 45 CFR § 155.305(a)(1). The Health Connector correctly found that the Appellant was not eligible for Health Connector plans on December 23, 2023, based on the Appellant's attestation, and that determination is upheld.

ORDER

The appeal is denied.

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

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

William F. O'Connell
Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 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.

10Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 23-18744

Appeal Decision: Appeal denied

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

Hearing Date: May 5, 2023

Decision Date: May 25, 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 21, 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 and a child. The Appellant appeared at the hearing, which was held by telephone on May 5, 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 3/6/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 3 /14/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 4/11/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 2/21/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 2/21/2023)

Exhibit 7	Health Connector's Eligibility Approval	(8 PP, dated	2/21/2023)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	2/21/ 2023)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	3/22/ 2023)
Exhibit 10:	Secure Email from Connectorcare to Appellant	(1 P, dated	3/22 /2023)
Exhibit 11:	Verification Summary from Connectorcare	(1 P, dated	3/14 /2023)
Exhibit 12:	Health Connector Virtual Gateway	(1 P, dated	3/14 /2023)
Exhibit 13:	Appellant's 2021 1040 Schedule C	(2 PP, dated	3/14 /2023)
Exhibit 14:	Health Connector's Eligibility Results	(3 PP, dated	12/19/2022)
Exhibit 15:	Document Needed Request from Connector	(2 PP, dated	12/23/2022)
Exhibit 16:	Request for Additional Information	(2 PP, dated	10/24/2022)
Exhibit 17:	Health Connector's Application Summary	(3 PP, dated	12/19/ 2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant has a household of two and is eligible for and enrolled in a plan with Advanced Premium Tax Credits since March 1, 2023. (Exhibits 1 and 9).
2. Previously the Appellant was enrolled in a Connectorcare Plan. (Testimony, Exhibits 1-9).
3. On her application dated February 3, 2023, the Appellant entered a manual verified annual modified adjusted gross income of \$30,994.92 per year, or 164.36% of the Federal Poverty Level ("FPL"). (Exhibit 9)
4. The Health Connector's determined from other sources that the Appellant's annual modified adjusted gross income (MAGI) would place them at an income equivalent to 3,769.84 % of the Federal Poverty Level("FPL"). (Exhibits 1, 5-6, and 7).
5. This determination was based on manual verified income consisting of capital gains of \$53,905 per month and additional interest and employment income. (Exhibits 1, 5-7, and 9).
6. 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.
7. The Appellant's testified that attested amount of W2 earned income was correct, but the Capital Gains income should not have been included because it was an inheritance that she received in 2020 and 2021 from 401K and capital gains distributions totaling over \$650,000 Dollars. (Testimony, Exhibits 1, 6, and 7).
8. The Appellant testified that her 2022 income did not include the inheritance, only her employment earnings, and was substantially less and reflected on the amount of income for which she attested (Testimony, Exhibits 1 and 5).
9. The Appellant then filed this appeal on March 6, 2023, because she indicated that the Health Connector was using information from her income tax return from 2021 that reflected that she had an inheritance source of income that was not repeated in 2022.

10. The Appellant testified she had submitted to the Connector several documents including 2021 Income Tax 1040 return and schedules as well as income verification reflecting the reduced amount compared to the 2021 distribution and that this should have been used to determine their income. (Testimony, Exhibits 1,10, and 11).
11. The Appellant was sent a Document Needed Request from Connector requesting verification documents by January 22, 2023. (Exhibits 1, 15).
12. The record does not reflect that additional income verification documents were submitted by the Appellant after November 14, 2022. (Exhibits 1, 11, and 13).
13. The Appellant testified she recently filed her 2022 tax returns which had not yet been accepted. (Testimony).
14. The Appellant's Son was soon turning 26 years old and was going to be removed as a dependent (Testimony).
15. The Appellant was encouraged to contact the Connector to update their 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 without subsidies and APTC's from March 1, 2023. (Exhibits 1 and 9). Previously the Appellant was enrolled in a Connectorecare Plan. (Testimony, Exhibits 1-9). The Appellant's income was verified on February 21, 2023, wherein the Appellant testified that the attested amounts of W2 earned income and capital gains consisting of employment and income was correct, but that the manually verified amount of \$53,905 per month in capital gains income was incorrect. (Testimony, Exhibits 1, 5, 6-9). The Appellant asserts that this determination is incorrect and that based on her 2022 income, the premium should not have increased (Testimony).

The Appellant testified she submitted the requested income verification documents on November 14, 2022. (Testimony, Exhibits 1, 10, and 11). The Connector's notice on February 21, 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). This was used to determine a household income equivalent of 3,769.84% of the Federal Poverty Level. (Exhibits 1, 5-6). 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on February 21, 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.

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: May 5, 2023

Decision Date: May 25, 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 23, 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 appeared at the hearing, which was held by telephone, on May 5, 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	(6 PP, received	3/13/2023)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated	3/23/ 2023)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated	4/11/ 2023)
Exhibit 5:	Health Connector's Eligibility Results	(3 PP, dated	2/22/2023)
Exhibit 6:	Health Connector's Special Enrollment Period Denial	(8 PP, dated	2/22/2023)
Exhibit 7:	Medicaid Household Determination	(8 PP, dated	2/22/ 2023)

Massachusetts Health Connector Appeals Unit



Exhibit 8: Health Connector’s Appeals Unit Staff Notes (1 P, dated 3/23/ 2023)
Exhibit 9: Email from Connectorcare to Appellant (1 P, dated 3 /23 /2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant testified she had previously been enrolled in Connectorcare and during the renewal process in October 2022, the Appellant became enrolled in a different plan for 2023 that had included increased co-pays and deductibles. (Testimony).
2. The Appellant testified that her income was reduced in January 2023, and she called Connectorcare in February 2023 to update her income. (Testimony).
3. The Appellant was enrolled in Connectorcare with Advanced Premium Tax Credits (“APTC’s”) since February 2023. (Exhibits 1 and 8).
4. The Appellant attempted to change plans again on March 23, 2023, because she could not afford her current plan’s deductibles and co pays. (Testimony, Exhibits 1 and 2).
5. The Appellant’s income was determined to be 317.88% of the Federal Poverty Level(“FPL”) on February 22, 2023.
6. The Appellant wanted to change plans and answered the Can I Shop Questions on the Application. (Exhibits 1 and 8).
7. The Appellant attempted to change plans with Connectorcare on February 22, 2023, and was not granted a Special Enrollment Period. (Exhibits 1,5 and 6).
8. As of February 22, 2023, the Appellant had not experienced a qualifying life event. (Exhibits 1 and 8).
9. The Appellant was encouraged to update her income with the Connector. (Exhibits 1,9).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Connectorcare with APTC’s since February 1, 2023. (Exhibits 1,8). The Appellant testified she attempted to change plans because the copays and deductibles under her current plan were unaffordable. (Testimony, Exhibits 1 and 2). The Appellant applied again on February 22, 2023, outside of the open enrollment period, and was not granted a Special Enrollment Period because she did not have a qualifying life event, and therefore could not enroll in new coverage. (Exhibits 1,5, and 6). 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 grated 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 February 22, 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 317.88% of the Federal Poverty Level(“FPL”) on February 22, 2023. The unaffordability of a plan where the Appellant was eligible for a Connectorcare Plan with APTC’s is not a qualifying life event. (Exhibits 1, 5, and 6).

Massachusetts Health Connector Appeals Unit



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 qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was encouraged to update her 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/>.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-17782

Appeal Decision: Appeal Denied

Hearing Issue: Access to affordable ESI

Hearing Date: February 6, 2023

Decision Date: May 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.* 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 October 24, 2022, the Appellant was determined eligible for Health Connector Plans without any Advance Premium Tax Credit.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on October 24, 2022, that the Appellant did not qualify for any financial assistance in paying his monthly premium for his Health Connector coverage.

HEARING RECORD

On February 6, 2023, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: Affidavit (1 page)
- Exhibit 2: 10/31/22 Appeal (2 pages)
- Exhibit 3: 10/24/22 Notice of Eligibility Approval (8 pages)
- Exhibit 4: 2023 Eligibility Results (2 pages)
- Exhibit 5: Medicaid Household Determination (5 pages)

- Exhibit 6: 10/24/22 Review Application (2 pages)
Exhibit 7: 11/3/22 Outreach Notes (1 page)
Exhibit 8: Income Detail – HIX (3 pages)
Exhibit 9: 11/3/22 Email from Appeals re Access to ESI and Double-checking Income (1 page)
Exhibit 10: 1/17/23 Hearing Notice (2 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On October 24, 2022, the Appellant submitted his application for 2023 health insurance coverage through the Health Connector. (Exhibit 2)
2. On his 10/24/22 application to the Health Connector, the Appellant attested to having access to health insurance coverage through his employer in 2022. (Exhibit 2)
3. By letter dated October 24, 2022, the Health Connector notified the Appellant that he qualified to enroll in a Health Connector Plan with no financial help for 2023.
4. The Appellant had health insurance coverage through his employer until it ended in January 2023. (Appellant's testimony)
5. The Appellant attested in his 10/24/22 application for 2023 coverage through the Health Connector that he had access to affordable employer-sponsored health insurance coverage through his employer.

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 health insurance through an employer. 45 CFR § 155.303(f)(1)(ii)(B). Only qualifying coverage that is affordable and meets minimum value standards, as those terms are defined in law, will block an employee from being eligible for APTC. *See* 26 CFR §1.36B-3(c)(3). Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2023 if the employee's required contribution for self-only coverage is 9.66 percent of less of the employee's projected household modified adjusted gross income; and coverage meets minimum value standards if it has an actuarial value of at least 60 percent.

In the case at issue, the Appellant acknowledged in his application for 2023 health insurance coverage through the Health Connector, and at hearing, that he had access to affordable health insurance coverage through his employer. Therefore, the Health Connector correctly determined that the Appellant was eligible for Health Connector Plans with an Advance Premium Tax Credit of zero.

Accordingly, the Appellant's appeal is denied.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18494

Appeal Decision: Appeal Denied

Hearing Issue: Application for coverage outside of Open Enrollment Period

Hearing Date: April 3, 2023

Decision Date: May 30, 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

The Health Connector determined that the Appellant was not eligible for 2023 Health Connector plans at the time he applied because he did not qualify for a Special Enrollment Period.

ISSUE

The issue addressed on his appeal is whether the Health Connector correctly determined that the Appellant was not eligible for a Special Enrollment Period (SEP) for 2023 health insurance coverage.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on April 3, 2023.

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

Exhibit 1: 10/3/22 2023 Eligibility Results (3 pages)

Exhibit 2: 2/8/23 Appeal (6 pages)

Exhibit 3: 1/27/23 SEP Denial Notice (6 pages)

Exhibit 4: 2/12/23 Outreach Notes (1 page)

Exhibit 5: 3/9/23 Hearing Notice (2 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to the Health Connector for 2023 health insurance coverage on January 27, 2023. (Exhibit 3)
2. By letter dated January 27, 2023, the Health Connector notified the Appellant that it appeared that he did not qualify to enroll in a new health insurance plan at that time because his application was outside the 2023 Open Enrollment period, and he did not appear to have a qualifying life event to be eligible for a Special Enrollment Period. (Exhibit 3)
3. The Appellant was laid off from his job in October 2022 and lost his employer-sponsored health insurance coverage as a result. (Exhibit 2; Appellant's testimony)
4. The Open Enrollment period for 2023 coverage ended on January 23, 2023. (Massachusetts 2023 Schedule HC)
5. The Appellant did not apply to the Health Connector for 2023 health insurance coverage until January 27, 2023. (Exhibit 3)

ANALYSIS AND CONCLUSIONS OF LAW

Under 45 CFR Section 155.420, individuals may enroll in coverage only during Open Enrollment, which for 2023 was from 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.

When the Appellant's eligibility for 2023 coverage through the Health Connector was determined on January 27, 2023, the nearly three-month open-enrollment period for 2023 health insurance coverage through the Health Connector had just expired. While loss of coverage can qualify an applicant for a special enrollment period, in this case the Appellant had lost his employer-sponsored coverage three months before the Appellant applied to the Health Connector for coverage. Moreover, the Appellant had nearly three months to apply for coverage during the Health Connector's 2023 open-enrollment period, but failed to apply.

Accordingly, the Health Connector correctly determined on January 27, 2023, that the Appellant did not qualify for a special enrollment period. The Appellant's appeal is denied.

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 155.544, 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: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318760

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: May 1, 2023

Decision Date: May 25, 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 January 17, 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 May 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 April 11, 2023 for a May 1, 2023 hearing, addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated March 8, 2023 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated March 8, 2023
- Exhibit 4: Hearing Request from Appellant dated February 15, 2023
- Exhibit 5: Connector letter dated January 17, 2023 to Appellant, denial of eligibility
- Exhibit 5a: Connector letter dated July 18, 2022 to Appellant requesting proof of residency due October 16, 2022 with list of acceptable forms of proof attached
- Exhibit 5b: Connector letter to Appellant dated September 16, 2022 reminding Appellant that proof of residency due with list of acceptable forms of proof

- Exhibit 5c: Connector letter to Appellant dated January 9, 2023 informing Appellant that proof submitted not acceptable, with list of acceptable forms of proof attached
- Exhibit 6: Summary and results of Appellants' application for Connector health plan dated January 17, 2023
- Exhibit 6a: Summary and results of Appellants' application for Connector health plan dated October 5, 2022
- Exhibit 6b: Summary and results of Appellants' application for Connector health plan dated January 21, 2023
- Exhibit 7: Connector Customer Service print-outs showing documents received from Appellant on October 5, 2022, January 4, 2023, and January 20, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Connector in July of 2022. In a letter dated July 18, 2022, the Connector notified the appellant that Appellant needed to send in proof of residency by October 16, 2022. The letter included a list of acceptable forms of proof. One acceptable form of proof was a copy of a current lease with a copy of the most current rent payment (Exhibit 5a, Testimony of Appellant).
2. The Connector reminded the appellant that he needed to send in proof of residency by October 18, 2022 in a letter dated September 16, 2022. A list of acceptable forms of proof was included in the letter (Exhibit 5b).
3. Appellant received both letters notifying him that he had to send in proof of residency with the attached list of acceptable forms of proof (Testimony of Appellant).
4. The appellant sent in a copy of his current lease as proof of residency which was received on October 5, 2022. The appellant did not include a copy of his most recent rent payment as required (Exhibits 5a, 5b, 7, and 7a).
5. Appellant failed to send in acceptable proof of residency by October 16, 2022. In a letter from the Connector dated January 17, 2023, Appellant was informed that he was ineligible for coverage through the Connector because of his failure to submit an acceptable form of proof of residency by the deadline (Exhibit 5, Exhibit 6).
6. Whenever Appellant received correspondence from the Connector, he called Customer Service to inquire about what he should do next in the application process. Though the written notifications gave him instructions about what do to next, Appellant chose to talk to someone about the process. Appellant believed he received conflicting advice about what steps to take (Testimony of Appellant).
7. Appellant submitted a request for an appeal of the Connector's determination on February 15, 2023. (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on January 17, 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 October 16, 2022 as he was requested to do by the Connector. He submitted a copy of his lease, but did not submit a copy of his most recent rent payment despite being sent a list of acceptable forms of proof of residency by the Connector. See Exhibit 5a and the testimony of the appellant which I find to be credible. The list clearly shows that one form of acceptable proof of residency is a copy of the applicant's lease with a copy of the most recent rent payment. 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.

The January 17, 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 October 16th 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.

I note that Appellant called Customer Service many times seeking advice about how to proceed. Appellant felt he received conflicting advice and that, therefore, he should not have been found ineligible to enroll in a plan. Appellant's argument might be convincing if he had not received two letters from the Connector (Exhibits 5a and 5b) clearly outlining the steps needed to take to be eligible for coverage.

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18858

Appeal Decision: Appeal Denied.

Hearing Issues: Appellant's eligibility for ConnectorCare plans based on Medicare eligibility

Hearing Date: May 12, 2023

Decision Date: May 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 August 24, 2022, the Appellant was determined ineligible for Health Connector Plans because the Appellant is eligible for Medicare.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant's eligibility for Health Connector Plans.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on May 12, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant.

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

- Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated April 12, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Denial Notice dated March 9, 2023.

- Exhibit 5: 2023 Eligibility Results with an Application Summary dated March 9, 2023.
Exhibit 6: Medicaid Household Determination Printout dated March 9, 2023
Exhibit 7: The Appellant's Hearing Request Form dated March 20, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for subsidized health insurance through the Health Connector on March 9, 2023. The Appellant reported having income equal to 382.60% of the federal poverty level for their household of one (Exhibit 5).
2. The Appellant is eligible for Medicare (Exhibits 5, 6 and Testimony).
3. On March 9, 2023, the Health Connector determined that the Appellant is ineligible for Health Connector Plans because the Appellant is eligible for Medicare (Exhibits 4, 5, 6).
4. The Appellant filed an appeal on March 20, 2023. The Appellant reported that due to their former employer's mistake, the Appellant's Medicare Part B coverage is delayed. The Appellant indicated they need health insurance for chronic medical conditions (Exhibit 7).
5. The Appellant testified that their former employer did not put through paperwork in a timely manner. The Appellant also testified that they received a letter stating they are now eligible for Part B coverage, but the Appellant said that it is too expensive (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for subsidized health insurance through the Health Connector on March 9, 2023. The Appellant had reported income equal to 382.60% of the federal poverty level for their household of one. The Health Connector verified that the Appellant is eligible for Medicare. The Appellant was notified on March 9, 2023 that they were not eligible for health insurance coverage through the Health Connector because they are eligible for Medicare. The Appellant filed an appeal on March 20, 2023 to dispute the denial.

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

For new sales, the Health Connector is prohibited by the anti-duplication rule from ever selling coverage to an individual eligible for Medicare. For renewals, where the individuals are seeking to continue in coverage after the end of a plan year and which health insurance issuers are generally required to perform (45 CFR § 147.106), the federal government has clarified the applicability of the anti-duplication rule, by noting that health insurance

issuers would not violate that rule if they allowed Medicare-eligible enrollees to renew their “same policy or contract of insurance.” See 45 CFR § 147.106 and 45 CFR § 148.122; and discussion generally at 81 FR 94068, December 22, 2016.

The Appellant indicated that their ability to obtain Medicare Part B coverage was delayed due to their former employer’s failure to process paperwork in a timely manner. It is undisputed that as of March 9, 2023 the Appellant had Medicare Part A. The Appellant also testified that they received a letter recently stating that they could enroll in Part B coverage. The Appellant said it is too expensive.

Since the Appellant is eligible for Medicare, in accordance with the regulation cited above, the Health Connector correctly determined on March 9, 2023 that the Appellant was not eligible for coverage through the Health Connector.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Care for All at 1-800-272-4232 for further assistance.

The Appellant may also contact the SHINE program at 978-683-7747.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18688

Appeal Decision: Appeal denied.

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

Hearing Date: April 27, 2023

Decision Date: May 6, 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 23, 2023, the Connector advised the appellant that she did not qualify to enroll in a new or different insurance plan because she did not have a qualifying event. (Ex. 5) The appellant filed an appeal which was received on March 5, 2023. (Ex. 6) The matter was referred to a hearing after receipt of the appeal. (Ex. 10)

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 April 27, 2023, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

- Ex. 1— Health Connector’s Eligibility Determination Results based on a program determination date of February 6, 2023 (3 pages)
- Ex. 2—Health Connector’s Review of Application (3 pages)
- Ex. 3—Health Connector’s Notice of Eligibility Approval dated February 6, 2023 (4 pages)
- Ex. 4—Medicaid Household Determination document (6 pages)
- Ex. 5—Health Connector’s Notice of Special Enrollment Period Decision dated February 23, 2023 (6 pages)

- Ex. 6—Online Appeal Form received on March 5, 2023 (6 pages)
- Ex. 7—Acknowledgment of Appeal dated March 7, 2023 (1page)
- Ex. 8—Appeals Unit notes (1 page)
- Ex. 9—Health Connector email dated March 7, 2023 (1 page)
- Ex. 10—Notice of Hearing (3 pages)
- Ex. 11—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 25 -years-old, is single and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant first applied for health insurance through the Health Connector in October, 2021, and was determined ineligible due to residence. She became a resident of Massachusetts in February, 2022, and applied for insurance again with a new account because she thought the original account was no longer active. She was notified that she was not eligible due to the duplicate accounts. It took many months to resolve the issue and delete one of the two accounts. In or around November, 2022, the appellant was able to log into her account. She intended to enroll in insurance for 2023 at the time but got sidetracked by the holidays and other personal obligations. She was not aware of the time limits of the open enrollment period and did not log back into her account until the beginning of February, 2023, to apply for insurance. (Testimony)
3. The appellant was determined eligible for Health Connector Plans with Advanced Premium Tax Credit (APTC) on February 6, 2023, effective March 1, 2023. (Testimony, Exs. 1,3)
4. By notice dated February 23, 2023, the Health Connector notified the appellant that she did not qualify to enroll in health insurance because she did not have a qualifying life event that would allow her to enroll or change plans outside of the open enrollment period. (Ex. 5)
4. The appellant filed an appeal which was received on March 5, 2023, in which she stated in part that she was unable to access her account during the open enrollment period due to the duplicate account issue, and by the time the matter was resolved, she was outside of the open enrollment period and unable to enroll in insurance. (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.

Although the appellant indicated in her appeal that she could not access her account during the open enrollment period, she testified credibly that she was able to log into her account in November, 2022, and did not enroll in insurance at that time because she got sidetracked by the holidays and other personal obligations. She further testified that she was unaware of the time limits of the open enrollment period and did not log back into her account to apply for insurance until February, 2023. Accordingly, she does not dispute that her application for insurance was made after the open enrollment period closed on January 23, 2023.

Based on the foregoing, it is concluded that while the appellant encountered an unfortunate situation with the duplicate accounts she created in 2022, she did not enroll in insurance during the open enrollment period and failed to establish that she experienced a qualifying life event in order to be eligible for a SEP.

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.hhs.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 the Office of Patient Protection to request a waiver of the open enrollment period at <https://www.mass.gov/how-to/how-to-request-an-open-enrollment-waiver>, or by calling 800-436-7757.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18970

Appeal Decision: Appeal denied.

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

Hearing Date: May 16, 2023

Decision Date: May 31, 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 4, 2023, the Connector advised the appellants (husband and wife) that they did not qualify to enroll in a new or different insurance plan because they did not have a qualifying event. (Ex. 4) The appellants filed an appeal which was received on April 4, 2023. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Ex. 10)

ISSUE

Are the appellants 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 appellants' daughter, their authorized representative, appeared at the hearing which was held by telephone on May 16, 2023, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

Ex. 1— Health Connector's Eligibility Determination Results based on a program determination date of April 4, 2023 (3 pages)

Ex. 2—Health Connector's Review of Application (4 pages)

Ex. 3—Health Connector's Notice of Eligibility Approval dated April 4, 2023 (4 pages)

- Ex. 4—Health Connector’s Notice of Special Enrollment Period Decision dated April 4, 2023 (6 pages)
- Ex. 5—Online Appeal Form received on April 4, 2023 (6 pages)
- Ex. 6—Acknowledgment of Appeal dated April 11, 2023 (1page)
- Ex. 7—Appeals Unit notes (1 page)
- Ex. 8—Health Connector letter dated April 11, 2023 (1 page)
- Ex. 9—Office of Patient Protection Waiver Information and Instructions (6 pages)
- Ex. 10—Notice of Hearing (3 pages)
- Ex. 11—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellants are both 62-years-old, are married and have a tax household size of two. (Testimony, Ex. 2)
3. The appellants were determined eligible for Health Connector Plans with an Advanced Premium Tax Credit (APTC) of \$596.00/month on April 4, 2023, effective May 1, 2023. (Testimony, Exs. 1,3)
4. By notice dated April 4, 2023, the Health Connector notified the appellants that they did not qualify to enroll in health insurance because they did not have a qualifying life event that would allow them to enroll or change plans outside of the open enrollment period. (Ex. 4)
4. The appellants filed an appeal which was received on April 4, 2023, in which they stated that the husband has serious and significant medical needs. They believed that the husband’s complex problems would qualify them for a special enrollment period (SEP). (Testimony, Ex. 5)

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 appellants do not dispute that they filed an application for health insurance after the open enrollment period closed on January 23, 2023. They believed that the husband’s serious medical needs would qualify them for a special enrollment period.

Based on the foregoing, it is concluded that while the appellant husband needs medical care as soon as possible, neither he nor his wife applied for insurance during the open enrollment period and failed to establish that they experienced a qualifying life event in order to be eligible for a SEP.

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 appellants were advised to contact the Office of Patient Protection to request a waiver of the open enrollment period at <https://www.mass.gov/how-to/how-to-request-an-open-enrollment-waiver>, or by calling 800-436-7757.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18178

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: May 8, 2023

Decision Date: May 22, 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 December 12, 2022, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit, based on Appellant's income being 369% of the Federal Poverty Level.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit, based on Appellant's income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on May 8, 2023. The Hearing Record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit and Appeal Request dated December 22, 2022
- Exhibit 2: Eligibility on Appeal dated December 12, 2022
- Exhibit 3: Research and Resolution
- Exhibit 4: Eligibility and Request for information about income, dated November 15, 2022
- Exhibit 5: None
- Exhibit 6: Notices from Appeal Unit dated February 10, 2023 and April 12, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. On November 15, 2022, Appellant applied for subsidized health insurance and Appellant was asked to provide proof of income (Exhibit 4).
2. On November 15, 2022, Appellant was sent a letter from the Health Connector telling Appellant that Appellant was required to send proof of income information to the Health Connector (Exhibit 4).
3. On December 12, 2022, Appellant provided proof of income to the Health Connector (Exhibit 3 and Testimony of Appellant).
4. On December 12, 2022, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit based on an income that was 369% of the Federal Poverty Level (Exhibit 2).
5. Appellant believed that Appellant's income might decrease due to not being offered overtime hours (Exhibit 3 and Testimony of Appellant).
6. At the time of the hearing, Appellant was still working overtime hours and was unsure if that would continue (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit depending on their household income. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's Connector Care program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellant provided documents to verify income on December 12, 2022. Appellant was found to have a Federal Poverty Level of 369%. On December 12, 2022, Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credit. The Health Connector made the correct determination on December 12, 2022, based upon the documents provided by Appellant. See 956 CMR 12.04.

ORDER

The Appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting

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

ADDENDUM

Appellant should update projected income if there is a change in projected income or family size. Appellant should note that any Advance Premium Tax credits you get from the federal government will be reconciled when you file your 2023 federal income tax return. 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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18230

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare with Advance Premium Tax Credits.

Hearing Date: May 5, 2023

Decision Date: May 9, 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 December 13, 2022, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits. The decision was based on income verification submitted by the Appellant on December 7, 2022.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's financial eligibility based on the income information submitted on December 7, 2022.

HEARING RECORD

The Appellant and an Authorized Representative appeared at the hearing, which was held by telephone on May 5, 2023. The procedures to be followed during the hearing were reviewed with the parties who were then sworn in. The hearing record consists of the Appellant's testimony, the Representative's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated April 11, 2023.
- Exhibit 3: The Authorized Representative Appointment letter dated April 7, 2023.
- Exhibit 4: Health Connector Appeals Unit Outreach Notes.
- Exhibit 5: Health Connector Eligibility Approval Notice dated December 13, 2022.
- Exhibit 6: 2023 Eligibility Results with an Application Summary dated December 13, 2022.

- Exhibit 7: Medicaid Household Determination Printout dated December 13, 2022.
- Exhibit 8: The Appellant's Online Appeal Request dated January 4, 2023.
- Exhibit 9: My Workspace Printout of documents submitted by the Appellant on December 7, 2022.
- Exhibit 10: 2022 Eligibility Results with an Application Summary dated December 7, 2022.
- Exhibit 11: 2022 Eligibility Results with an Application Summary dated December 23, 2021.
- Exhibit 12: Health Connector Income Detail Printout for the Appellant based on December 7, 2022 verifications.
- Exhibit 13: Health Connector Income Detail Printout for the Appellant's Spouse based on December 7, 2022 verifications.

FINDINGS OF FACT

The record shows, and I so find:

1. On December 7, 2022 the Appellant updated their Application for ConnectorCare for the period beginning January 1, 2023. The Appellant reported income equal to 275.80% of the federal poverty level for their household of two. The Appellant is married but their Spouse is not applying for health insurance. The Appellant was determined eligible for ConnectorCare Plan 3B with Advance Premium Tax Credits (APTC) of \$546 pending verification of household income (Exhibit 10).
2. On December 7, 2023 the Appellant submitted proof of income including their 2021 Income Tax return, award letters and a pension statement (Exhibit 9).
3. The Appellant had attested to income equal to \$7,229.40. Health Connector determined the Appellant had manually verified income of \$12,086.88. Notably, the Appellant's Capital Gains income was increased from \$410 to \$809.58 monthly (Exhibit 12).
4. The Appellant's Spouse had attested to income equal to \$43,269.98. Health Connector determined the Spouse had manually verified income of \$50,573.26. This was based on the 2021 Income Tax Return, pension statement, and Social Security Award letter (Exhibits 9, 13).
5. On December 13, 2022, based on the income information submitted by the Appellant, Health Connector determined the Appellant's household of two has income equal to 342.22% of the federal poverty level (Exhibit 6).
6. On December 13, 2022, the Appellant was notified that they are eligible for Health Connector Plans with Advance Premium Tax Credits of \$390.00 effective January 1, 2022 (Exhibit 5).
7. The Appellant filed an appeal on January 4, 2023 (Exhibit 8).
8. The Appellant's Representative argued that the Social Security income of the Appellant's Spouse should not be counted. The Representative also argued that income such as capital gains is not received monthly and should not be considered monthly income (Representative Testimony).
9. The Appellant testified that the amount of their APTC changed several times, and they cannot afford to pay the new premium amount (Appellant Testimony).

10. The Appellant was advised that they could update their income and submit updated income verification at any time and their eligibility would be reviewed based on verified income.

ANALYSIS AND CONCLUSIONS OF LAW

On December 7, 2022 the Appellant updated their Application for ConnectorCare for the period beginning January 1, 2023. The Appellant attested to income equal to 275.80% of the federal poverty level for their household of two. The Appellant lives with their Spouse. The Spouse did not apply for health insurance. Based on the attested income, Health Connector determined on December 7, 2022 that the Appellant was eligible for ConnectorCare Plan 3B with monthly APTC of \$546 pending verification of household income.

The Appellant submitted updated income verification to the Health Connector on December 7, 2023. The documentation included a copy of their 2021 Income Tax return, pension statement, Social Security Award letter and the Appellant's earned income. Health Connector processed the information and determined on December 13, 2023 that the Appellant's household income was equal to 342.22% of the federal poverty level. The Appellant was determined eligible for Health Connector Plans with monthly APTC of \$390. The Appellant filed an appeal on January 4, 2023 to dispute the determination.

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 Representative argued that the Social Security income of the Appellant's spouse should not be considered. The Representative also argued that income such as capital gains and dividend income should not be considered on a monthly basis but only when received. As explained at the Hearing, financial eligibility for ConnectorCare is determined based on a family's annual Modified Adjusted Gross Income. 45 CFR § 155.305(f), 956 CMR 12.04(1). The Premium Assistance Payment is a payment made to a Health Plan by the Commonwealth on behalf of an Enrollee to reduce the value of a health plan premium paid by the individual on a monthly basis. 956 CMR 12.03, 12.11(1).

The Appellant pointed out that the amount of their APTC changed several times in a short period of time. Tax credit amounts are determined by various factors, including household income, the number of persons in the tax household and the cost of the second least-expensive Silver Plan available in the market area. 26 IRC §36(B)(2). Based on the household income verified to be equal to 342.22% for the Appellant's household of two, Health Connector determined that there are high quality health plans available to the Appellant through the Health Connector at an affordable premium with monthly APTC of \$390.00.

Health Connector reviews eligibility and updates an application based on information received. 956 CMR 12.07. Based on the income documentation submitted by the Appellant on December 7, 2022, Health Connector

determined the Appellant's income equal to 342.22% of the federal poverty level. Health Connector therefore correctly determined on December 13, 2022, that the Appellant is eligible for Health Connector Plans with APTC of \$390 effective January 1, 2023.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they may update their application and submit updated income documentation to the Health Connector at any time.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18509

Appeal Decision: Appeal Denied

Hearing Issue: TCE - Residency

Hearing Date: April 10, 2023

Decision Date: May 30, 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.* 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 January 3, 2023, the Health Connector determined that the Appellant no longer qualified for coverage through the Health Connector, due to his failure to verify his residency.

ISSUE

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

HEARING RECORD

On April 10, 2023, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 2/10/23 Online Appeal (6 pages)
- Exhibit 2: 1/3/23 Notice of Eligibility Denial (5 pages)
- Exhibit 3: 2023 Eligibility Results (2 pages)
- Exhibit 4: 2/26/23 Outreach Notes (1 page)
- Exhibit 5: 3/9/23 Hearing Notice (2 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On January 3, 2023, in response to the Appellant’s application for 2023 health insurance coverage through the Health Connector, the Health Connector notified the Appellant that he did not qualify to enroll in a new health insurance plan at that time, because the Appellant had not provided the proof of residency needed to verify his eligibility to purchase a Health Connector plan. (Exhibit 2)
2. The Appellant had not submitted to the Health Connector any proof of residency as of January 3, 2023. (Appellant’s testimony)
3. On February 10, 2023, the Appellant appealed the Health Connector’s 1/3/23 denial, circling “Failure to process reinstatement” as the basis for his appeal. (Exhibit 6)

ANALYSIS AND CONCLUSIONS OF LAW

In order to qualify for health insurance coverage through the Health Connector, an individual must be a resident of Massachusetts, under 45 CFR § 155.305(a)(1) and 45 CFR 155.315(f).

In this case, the Appellant submitted his application for health insurance coverage to the Health Connector on January 3, 2023. The application did not include any proof of residency in Massachusetts. In response, the Health Connector determined that the Appellant was not eligible for Health Connector plans, because he had failed to provide proof of residency. Therefore, I conclude that the Health Connector’s determination on January 3, 2023, was appropriate.

Accordingly, the Health Connector correctly determined on January 3, 2023, that the Appellant did not qualify for a Health Connector plan. The Appellant’s appeal is denied.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318596

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income verification

Hearing Date: April 12, 2023

Decision Date: May 4, 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 February 17, 2023, the Appellant was 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 Appellant was eligible for Health Connector plans with APTC, based on the Appellant's reported and verified income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on April 12, 2023. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (3-9-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (2-27-23) (1 page);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (2-24-23) (6 pages);
- Exhibit 6: Eligibility approval letter (2-17-23) (8 pages);

- Exhibit 7: Eligibility detail printouts and application summary printouts (10 pages);
Exhibit 8: Medicaid Household Determination (6 pages);
Exhibit 9: Request for Information (1-31-23); and
Exhibit 10: Workspace form and documents (19 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in January 2023. (Testimony, Exhibit 7).
2. Appellant was asked to submit information regarding income. (Exhibit 9).
3. Appellant submitted documents that showed severance income received and unemployment income. (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. Appellant appealed. (Exhibit 5, 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 February 17, 2023, the Appellant was 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 February 17, 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 can project income again and then reverify.

The Health Connector correctly found that the Appellant was eligible for Health Connector plans with APTC on February 17, 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: ACA23-18598

Appeal Decision: Appeal Denied

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

Hearing Date: April 11, 2023

Decision Date: May 31, 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 6, 2023, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on April 11, 2023. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (2 pages, dated March 9, 2023)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form 7 pages dated February 27, 2023)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated February 6, 2023)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout 5 pages, dated July 10, 2021)
- Exhibit 8: Historical Notices and Printouts (3 pages)
- Exhibit 9: Open Records request from the Health Connector

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. (Exhibit 6)
2. Appellant stated that he attempted to get health insurance for he and his wife, as they were married on 11/28/22. Appellant attempted to pay but his payment was rejected. Appellant tried to correct his payment but was unsuccessful. (Appellant’s testimony)
3. The Health Connector’s response to the Open Records request indicated that on October 25, 2022, Appellant uploaded a proof of marriage to his application. On January 25, 2023, the Appellant faxed in a proof of Residency to his application. On January 27, 2023 the Health Connector mailed a payment cancellation notice to the Appellant. On February 2, 2023, the Health Connector mailed a payment cancellation notice to the Appellant. On February 6, 2023, the Appellant contacted the Health Connector regarding a payment issue, as both times the payment transaction was unsuccessful and that he no longer qualified for health insurance, unless he has a qualifying life event. (Health Connector’s Open Record response)
4. The appellant did not produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant stated that he attempted to get health insurance for he and his wife, as they were married on 11/28/22. Appellant attempted to pay but his payment was rejected. Appellant tried to correct his payment but was unsuccessful.

The Health Connector's response to the Open Records request indicated that on October 25, 2022, Appellant uploaded a proof of marriage to his application. On January 25, 2023, the Appellant faxed in a proof of Residency to his application. On January 27, 2023 the Health Connector mailed a payment cancellation notice to the Appellant. On February 2, 2023, the Health Connector mailed a payment cancellation notice to the Appellant. On February 6, 2023, the Appellant contacted the Health Connector regarding a payment issue, as both times the payment transaction was unsuccessful and that he no longer qualified for health insurance, unless he has a qualifying life event.

Appellant was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 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 event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant did not produce any records that would indicate that he had a life qualifying event. The Health Connector's determination that the Appellants were not eligible for a special enrollment period was correct. 45 CFR s. 155.

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant should contact the Office of Patient Protection at 1-800-436-7757 to apply for a waiver of the Special Enrollment Period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18604

Appeal Decision: Appeal Denied

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

Hearing Date: April 11, 2023

Decision Date: May 31, 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 13, 2023, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on April 11, 2023. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (2 pages, dated March 9, 2023)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal 1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant’s appeal request form 6 pages dated February 21, 2023)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated February 13, 2023)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout 6 pages, dated February 13, 2023)
- Exhibit 8: Historical Notices and Printouts (7 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because she did not have a life qualifying event. (Exhibit 6)
2. Appellant stated that she lost her health insurance due to her husband remarrying because she was on her ex-husband’s health insurance. Appellant did not apply to the Health Connector until after the last date for applying had passed. Appellant was requested to forward to the Health Connector through and Open Records request all documents showing she had was terminated from her husband’s health insurance due to her husband being remarried. (Appellant testimony)
3. The appellant did not produce any documents that showed a life qualifying event.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant had health insurance with her ex-husband’s health insurance. Appellant stated her ex-husband remarried and her insurance was terminated. Appellant was requested to provide documentation of her health insurance termination. Appellant was determined ineligible and not granted a special enrollment period because she did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 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 event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. Appellant did not produce any records that would indicate that she had a life qualifying event. The Health Connector's determination that the Appellants were not eligible for a special enrollment period was correct. 45 CFR s. 155.

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant should contact the Office of Patient Protection at 1-800-436-7757 to apply for a waiver of the Special Enrollment Period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18648

Appeal Decision: Appeal denied.

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

Hearing Date: April 25, 2023

Decision Date: May 5, 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 15, 2023, the Connector advised the appellant that she did not qualify to enroll in a new or different insurance plan because she did not have a qualifying event. (Ex. 6) The appellant filed an appeal dated February 22, 2023. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 12)

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 and her daughter, her designated representative, appeared at the hearing which was held by telephone on April 25, 2023. The representative testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

- Ex. 1— Health Connector’s Eligibility Determination Results based on a program determination date of October 7, 2022 (3 pages)
- Ex. 2—Health Connector’s Review of Application (3 pages)
- Ex. 3—Medicaid Household Determination document (6 pages)
- Ex. 4—Health Connector’s Final Renewal Notice dated October 7, 2022 (8 pages)
- Ex. 5—Health Connector’s Notice of Plan Termination dated January 18, 2023 (2 pages)

- Ex. 6—Health Connector’s Notice of Special Enrollment Period Decision dated February 15, 2023 (6 pages)
- Ex. 7—Hearing Request Form dated February 22, 2023 (2 pages)
- Ex. 8—Acknowledgment of Appeal dated March 2, 2023 (1page)
- Ex. 9—Appeals Unit notes (1 page)
- Ex. 10—Health Connector email dated March 2, 2023 (1 page)
- Ex. 11—Health Connector email dated April 13, 2023 (1 page)
- Ex. 12—Notice of Hearing (3 pages)
- Ex. 13—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 54 -years-old, is single and has a tax household size of one. (Testimony, Ex. 2)
2. The appellant was enrolled in health insurance through the Health Connector in 2022. She was enrolled in “auto pay” and her premium was withdrawn from her bank account on a monthly basis. (Testimony)
3. The appellant was determined eligible for ConnectorCare Plan Type 2B with Advanced Premium Tax Credit (APTC) on October 7, 2022, effective January 1, 2023. (Testimony, Ex. 1)
3. The appellant enrolled in health insurance for 2023. She closed her bank account from which her monthly premium was withdrawn, and opened a new account at some point prior to her enrollment. She did not make the changes to her account prior to the monthly withdrawal for January, 2023. The Connector was unable to withdraw funds because the account was closed and by notice dated January 18, 2023, notified her that her coverage was ending on January 30, 2023. (Testimony, Ex. 5)
4. The January 18th letter notified the appellant that she could re-enroll in her health and dental plan within 35 days of her coverage end date. She was further notified that if she did not re-enroll during that time frame, she might need to wait until the next open enrollment period to get health insurance. (Ex. 5)
5. The appellant did not re-enroll in health insurance. By notice dated February 15, 2023, the Health Connector notified her that she did not qualify to enroll in health insurance because she did not have a qualifying life event that would allow her to enroll or change plans outside of the open enrollment period. (Ex. 6)
6. The appellant filed an appeal dated February 22, 2023, in which she stated that she needed health insurance. (Testimony, Ex. 7)
7. The appellant was determined eligible for ConnectorCare Plan Type 2B with APTC on April 13, 2023, and was further notified that she qualified for a Special Enrollment Period (SEP) through April 30, 2023. (Exs. 9, 11)

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 she failed to notify the Health Connector of changes to her bank account prior to the withdrawal of her premium for the month of January, 2023. She also does not dispute that she did not re-enroll in her health plan during the 35-day period after her coverage ended on January 30, 2023.

Based on the foregoing, it is concluded that while the appellant encountered an unfortunate situation resulting in the termination of her insurance, she did not re-enroll within the requisite time frame thereafter and failed to establish that she experienced a qualifying life event in order to be eligible for a SEP.

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 877-623-6765 to enroll in insurance pursuant to the April 13, 2023, notification from the Health Connector.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18708

Appeal Decision: Appeal Denied.

Hearing Issues: Eligibility for ConnectorCare retroactive to January 1, 2023.

Eligibility for ConnectorCare based on failure to verify income.

Hearing Date: May 12, 2023

Decision Date: May 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 March 2, 2023 the Appellant was determined eligible for Health Connector Plans with no financial assistance. The Appellant's determination was a result of the Appellant's failure to submit updated proof of income.

ISSUES

The first issue addressed is whether the Appellant is eligible for ConnectorCare retroactive to January 1, 2023.

The second issue addressed on this appeal is whether the Health Connector correctly determined on March 2, 2023 that Appellant eligible for Health Connector plans based on income information available?

HEARING RECORD

The Appellant appeared at the hearing that was held by telephone on May 15, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Health Connector's Hearing Record Affidavit.

Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated April 12, 2023.

- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector's Eligibility Approval notice dated March 2, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated March 2, 2023.
- Exhibit 6: The Appellant's Online Appeal Request received on March 4, 2023.
- Exhibit 7: MassHealth Approval Notice for the Appellant's child dated March 2, 2023.
- Exhibit 8: 2023 Eligibility Results with an Application Summary dated March 16, 2023.
- Exhibit 9: Health Connector Request for Information dated March 12, 2023.
- Exhibit 10: 2023 Eligibility Results with an Application Summary dated December 20, 2023.
- Exhibit 11: My Workspace printout of documents submitted by the Appellant dated March 4, 2023.
- Exhibit 12: MMIS Printout of the Appellant's Benefit History.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant's application for health insurance for the period beginning January 1, 2023 was updated on December 20, 2022. The Appellant had reported income equal to 243.44% of the federal poverty level for their household of three. The Appellant was determined eligible for ConnectorCare 2B and the Appellant's two children were determined eligible for MassHealth (Exhibit 10).
2. The Appellant did not enroll in a Connector Care plan for the months of January and February 2023 (Exhibits 3, 6, 12).
3. The Appellant updated their Application on March 2, 2023. The Appellant reported income equal to 54.20% of the federal poverty level for their household of three. The Appellant did not submit proof of income prior to March 2, 2023 (Exhibits 3, 5).
4. On March 2, 2023, Health Connector determined the Appellant eligible for Health Connector Plans with no financial assistance because the Appellant's proof of income had expired, and the Appellant failed to submit updated proof of income. The Appellant's children remained eligible for MassHealth. The Appellant was advised that they may be eligible for additional assistance if the Appellant submits the proof required (Exhibits 3, 4, 5).
5. The Appellant submitted income information to the Health Connector on March 4, 2023 (Exhibit 11).
6. On March 16, 2023 the Appellant was determined eligible for MassHealth. Coverage for the Appellant was retroactive to February 20, 2023 (Exhibits 7, 12).
7. Health Connector had granted the Appellant a Special Enrollment Period to enroll in a plan effective March 1, 2023. The Appellant enrolled and paid the premium. The premium payment was returned to the Appellant after MassHealth determined the Appellant eligible for MassHealth (Exhibits 3, 12).
8. The Appellant filed an appeal on March 4, 2023 and requested eligibility for their 2022 health plan be reinstated as of January 1, 2023. The Appellant noted that they were unaware that they had to re set up their auto-pay account for 2023. The Appellant indicated that they used auto pay in 2022. The Appellant noted that they are a single parent who is very busy (Exhibit 6).

ANALYSIS AND CONCLUSION OF LAW

On December 20, 2022, the Appellant's application for health insurance for the period beginning January 1, 2023 was reviewed. The Appellant had reported income equal to 243.44%% of the federal poverty level for their reported household of three. The Appellant's children were determined eligible for MassHealth. The Appellant was determined eligible for ConnectorCare 2B. The Appellant did not enroll in a ConnectorCare plan for the months of January and February 2023. The Appellant updated their Application on March 2, 2023. The Appellant was determined eligible for Health Connector Plans with no financial assistance because the Appellant failed to submit updated proof of income. The Appellant's children remained eligible for MassHealth. The Appellant filed an appeal on March 4, 2023 to dispute the eligibility determination. The Appellant also requested that their tax year 2022 plan be reinstated effective January 1, 2023.

The purpose of 956 CMR 12.00 is to implement the provisions of M.G.L. ch. 176Q and thereby facilitate the availability, choice, and adoption of qualified health plans to eligible individuals, families, and groups. 956 CMR 12.01. Eligible individuals must complete the Enrollment Process in order to receive covered services. Coverage begins on the Enrollment Effective Date, which is the first date of the month following the completion of Enrollment except in the case of birth, adoption or placement for adoption or foster care. 956 CMR 12.10(2). Following a determination of eligibility, Eligible individuals will be instructed to enroll in a Health Plan. Eligible individuals who are required to pay a premium must pay the first month's premium on or before the due date set by the Connector in order to complete the enrollment process. 956 CMR 12.10(1). Health Connector Policy CM-3 requires that initial payment for all non-group products be made by the 23Rd calendar day of the month before the coverage effective date.

While the Appellant began the enrollment process for tax year 2023 on December 20, 2022, it is undisputed that the Appellant did not complete the process by making premium payments for the months of January and February 2023 in a timely manner. The Appellant explained that this was an oversight because they did not realize that they had to re set up their auto pay account or tax year 2023. While this was an unfortunate error, there is nothing in Health Connector regulations to allow retroactive eligibility under these circumstances.

Health Connector is required to redetermine eligibility for its members annually. As part of this process, Health Connector is required to reverify member income information, including by using electronic data sources in accordance with 45 CFR §155.335(b). The Appellant updated their application for health insurance on March 2, 2023. The Appellant had attested to income equal to 54.20% of the federal poverty level for their household of three. The Appellant did not submit proof of income and on March 2, 2023 Health Connector determined the Appellant eligible for Health Connector Plans with no financial assistance.

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 only, 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 submitted income information while this appeal was pending. On March 16, 2023 the Appellant was determined eligible for MassHealth retroactive to February 20, 2023. The Appellant requested that their MassHealth be effective January 1, 2023. As explained at the Hearing MassHealth eligibility determinations are not reviewable by the Health Connector Appeals Unit. 956 CMR 12.02, 12.12. The Appellant was advised to contact MassHealth for further assistance.

Health Connector correctly determined on March 2, 2023, that the Appellant is eligible for Health Connector Plans based on the income information available to the Health Connector. 45 CFR § 155.305(f), and 956 CFR § 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 may contact MassHealth Customer Service at 1-800-841-2900.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18724

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: April 4, 2023

Decision Date: May 10, 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 1, 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 April 4, 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 February 23, 2023

Exhibit 2: Eligibility on Appeal dated February 1, 2023

Exhibit 3: Appeals Unit Research and Resolution

- Exhibit 4: None
- Exhibit 5: None
- Exhibit 6: Notice from Appeals Unit dated March 16, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. On February 1, 2023, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 2).
2. On February 1, 2023, Appellant was found to be eligible for a Health Connector Plan (Exhibit 2).
3. At the time of the application and the hearing, Appellant was on leave from employment and Appellant was covered by health insurance (Testimony of Appellant).
4. Appellant applied for health insurance through the Health Connector to find out the options available if Appellant's situation changed and Appellant would need health insurance in the future (Testimony of Appellant).
5. On February 1, 2023, Appellant was found not eligible for 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).
6. At the time of the application, Appellant did not have any of the changes in circumstances that would allow Appellant to enroll outside of the Open Enrollment Period (Testimony of Appellant).
7. On February 23, 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. Appellant had applied for a Health Connector Plan on February 1, 2023, which was outside of the open enrollment period. Appellant did not have any of the changes in circumstances that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 and Exhibits 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

Appellant is encouraged to call the Health Connector to obtain information for options for health insurance for when Appellant's current situation might change. Appellant should also be aware that Appellant must report a loss of health insurance or other changes within sixty days to be eligible for a Special Enrollment period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18738

Appeal Decision: Appeal denied.

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

Hearing Date: May 9, 2023

Decision Date: May 19, 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 9, 2023, the appellant was advised that he no longer qualified for a ConnectorCare Plan with Advanced Premium Tax Credit, effective on February 28, 2023. (Ex. 3) The appellant filed an appeal which was received on March 6, 2023. (Ex. 9) The matter was referred to a hearing after receipt of the appeal. (Ex. 22)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for a ConnectorCare Plan with APTC on February 9, 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 May 9, 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 9, 2023 (2 pages)
- Ex. 2--Health Connector's Review of Application (3 pages)
- Ex. 3—Health Connector's Notice of Eligibility Termination dated February 9, 2023 (6 pages)
- Ex. 4—Medicaid Household Determination Document (6 pages)
- Ex. 5—Health Connector's Eligibility Determination Results based on a program determination date of November 2, 2022 (3 pages)

- Ex. 6—Health Connector’s Review of Application (3 pages)
- Ex. 7—Health Connector’s Request for Information dated November 2, 2022 (3 pages)
- Ex. 8—Health Connector’s Reminder of Documents Needed Notice dated January 1, 2023 (1 page)
- Ex. 9—Hearing Request Form received on March 6, 2023 (6 pages)
- Ex. 10—Acknowledgment of Appeal dated March 12, 2023 (1 page)
- Ex. 11—My Workspace document dated January 11, 2023 (2 pages)
- Ex. 12—My Workspace document dated February 22, 2023 (2 pages)
- Ex. 13—My Workspace document dated December 6, 2022 (2 pages)
- Ex. 14—Health Connector letter with envelope addressed to appellant, undated (1 page)
- Ex. 15—Copy of lease extension dated November 1, 2021 (2 pages)
- Ex. 16—Copy of insurance statement dated January 23, 2023 (1 page)
- Ex. 17—Affidavit of Residence dated March 21, 2023 (1 page)
- Ex. 18—Health Connector letter regarding proof of residence dated March 12, 2023 (1 page)
- Ex. 19—Health Connector’s Eligibility Determination Results based on a program determination date of April 11, 2023 (3 pages)
- Ex. 20—Health Connector’s Review of Application (3 pages)
- Ex. 21-- Appeals Unit case notes (1 page)
- Ex.22—Notice of Hearing (3 pages)
- Ex. 23—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, Exs. 2,6, 20)
2. The appellant was enrolled in health insurance through the Health Connector in 2022. By notice dated November 2, 2022, the appellant was determined eligible for ConnectorCare Plan Type 3A with APTC, effective December 1, 2022. (Testimony, Ex. 5)
3. By letter of the same date, the appellant was asked to submit proof of residence by January 31, 2023. The notice contained a list of acceptable documents to prove residence. On December 6, 2022, the appellant submitted a copy of a Health Connector letter in an envelope addressed to him which was determined to be unacceptable proof of residence. (Testimony, Exs. 7, 13,14)
4. By letter dated January 1, 2023, the Health Connector sent the appellant a notice reminding him to submit proof of residence by January 31, 2023. On January 11, 2023, the appellant submitted a copy of a lease extension dated November 1, 2021. The submission was determined to be unacceptable proof of residence because it did not contain a record of his most recent rental payment. (Testimony, Exs. 8,11,15)
5. By notice dated February 9, 2023, the appellant was advised that he was not eligible for health insurance through the Health Connector, based on data from other sources. By notice of the same date, the Health Connector advised the appellant that he did not qualify for coverage through the Health Connector due to failure to provide proof of residency within the allowed time. He was further advised that his health insurance under ConnectorCare Plan Type 3A with APTC would be ending on February 28, 2023. (Exs. 1,3)
6. The appellant appealed the Connector’s February 28, 2023, determination on March 6, 2023, and stated in part that he provided proof of residence to the Health Connector and would like to reapply for insurance for 2023. (Testimony, Ex. 9)

7. On or about March 31, 2023, the appellant submitted an Affidavit to Verify Massachusetts Residency to the Health Connector. (Testimony, Ex. 17)

8. On April 11, 2023, the appellant was determined eligible for ConnectorCare Plan Type 3A with APTC effective May 1, 2023. (Ex. 19)

9. The appellant had not enrolled in insurance at the time of the instant hearing because he thought he had to wait for the hearing before he was able to enroll. (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, for plan years 2021 and 2022 only, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The Health Connector attempts to verify an applicant's eligibility by checking electronic data sources to confirm the information provided by the applicant, including the applicant's income, in accordance with 45 CFR 155.320(d). When the Connector cannot verify an applicant's information electronically, it requests verifying information, in accordance with 45 CFR 155.315(f). If an applicant does not provide verifying information, the Health Connector will revert to electronic data sources, and issue a new eligibility determination, in accordance with 45 CFR 155.315(f).

The appellant does not dispute that he submitted proof to the Connector on two occasions in December, 2022, and January, 2023, that was not responsive to the specific requirements of residence documentation as set forth in its November 2, 2022 request. He also does not dispute that he did not submit acceptable proof of residence on or before January 31, 2023. Accordingly, the appellant's insurance was terminated on February 28, 2023, based on his failure to provide sufficient documentation to prove residence within the required time frame.

Based upon the totality of the evidence, it is concluded that since the requested information was not submitted by the required date, the Connector relied on other data it had available from other sources to issue its determination. Accordingly, the Connector's determination on February 9, 2023, regarding the appellant's eligibility for ConnectorCare Plan Type 3A with APTC was correct, and is therefore affirmed.

ORDER

The appeal is **denied**.

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to contact customer service at 1-877-623-6765 for assistance with the enrollment process.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18752

Appeal Decision: Appeal denied.

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

Hearing Date: May 9, 2023

Decision Date: May 19, 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 2, 2023, the appellant was advised that he was not eligible for a Health Connector Plan effective March 31, 2023. (Ex.3) The appellant filed an appeal which was received on March 7, 2023. (Ex. 9) The matter was referred to a hearing after receipt of the appeal. (Ex. 19)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector Plans on March 2, 2023, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant and his wife appeared at the hearing which was held by telephone on May 9, 2023, and testified under oath. The hearing record consists of their 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 March 2, 2023 (2 pages)
- Ex. 2--Health Connector's Review of Application (3 pages)
- Ex. 3—Health Connector's Notice of Eligibility Termination dated March 2, 2023 (6 pages)
- Ex. 4—Health Connector's Eligibility Determination Results based on a program determination date of November 8, 2022 (2 pages)
- Ex. 5—Health Connector's Review of Application (3 pages)

- Ex. 6—Health Connector’s Request for Information dated November 8, 2022 (3 pages)
- Ex. 7—Health Connector’s Notice of Unacceptable Proof dated November 14, 2022 (7 pages)
- Ex. 8—Health Connector’s Reminder of Documents Needed Notice dated January 7, 2023 (3 pages)
- Ex. 9—Hearing Request Form received on March 7, 2023 (6 pages)
- Ex. 10—Acknowledgment of Appeal dated March 15, 2023 (1 page)
- Ex. 11—My Workspace document dated March 8, 2023 (1 page)
- Ex. 12—My Workspace document dated November 8, 2022 (2 pages)
- Ex. 13—Mortgage statement dated November 1, 2022 (2 pages)
- Ex. 14—Health Connector email dated March 23, 2023 (1 page)
- Ex. 15—Affidavit of Residence dated March 8, 2023 (1 page)
- Ex. 16—Health Connector’s Eligibility Determination Results based on a program determination date of March 21, 2023 (2 pages)
- Ex. 17—Health Connector’s Review of Application (3 pages)
- Ex. 18-- Appeals Unit case notes (1 page)
- Ex.19—Notice of Hearing (3 pages)
- Ex. 20—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 32-years-old, is married, and has a tax household size of two. (Testimony, Exs. 2, 5, 17)
2. The appellant was enrolled in health insurance through the Health Connector in 2022. By notice dated November 8, 2022, the appellant was determined eligible for Health Connector Plans with no financial help effective January 1, 2023. (Testimony, Ex. 4)
3. By letter of the same date, the appellant was asked to submit proof of residence by February 6, 2023. The notice contained a list of acceptable documents to prove residence including a copy of a deed and record of most recent mortgage payment. On November 8, 2022, the appellant uploaded a copy of a mortgage statement dated November 1, 2022, to his application. On November 14, 2022, the Connector advised the appellant that the document he submitted could not be used and requested that he submit additional documentation. The letter was sent to an address where the appellant had not lived for several years, and it was not forwarded to his then current address. (Testimony, Exs. 6,7,12,13)
4. By letter dated January 7, 2023, the Health Connector sent the appellant a notice reminding him to submit proof of residence by February 6, 2023. The letter was sent to the appellant’s then current address. He was not sure that he received it. (Testimony, Ex. 8)
5. By notice dated March 2, 2023, the appellant was advised that he was not eligible for health insurance through the Health Connector based on data from other sources. By notice of the same date, the Health Connector advised the appellant that he did not qualify for a Health Connector Plan as of March 31, 2023, due to his failure to provide the information needed to verify his eligibility. (Exs. 1,3)
6. The appellant appealed the Connector’s March 2, 2023, determination on March 7, 2023, and stated in part that he uploaded a copy of his mortgage statement to his application on November 8, 2022. (Testimony, Ex. 9)
7. On or about March 8, 2023, the appellant submitted an Affidavit to Verify Massachusetts Residency to the Health Connector. (Testimony, Exs. 11,15)

8. On March 21, 2023, the appellant was determined eligible for a Health Connector Plan effective April 1, 2023. (Ex. 16)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant's behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, for plan years 2021 and 2022 only, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The Health Connector attempts to verify an applicant's eligibility by checking electronic data sources to confirm the information provided by the applicant, including the applicant's income, in accordance with 45 CFR 155.320(d). When the Connector cannot verify an applicant's information electronically, it requests verifying information, in accordance with 45 CFR 155.315(f). If an applicant does not provide verifying information, the Health Connector will revert to electronic data sources, and issue a new eligibility determination, in accordance with 45 CFR 155.315(f).

The appellant does not dispute that he submitted documentation to the Connector on November 8, 2022, that did not comply with the specific requirements of residence proof as set forth in its November 8, 2022, request. It is not known why the November 14, 2022, Connector letter regarding unacceptable proof was sent to an outdated address. However, the Connector reminder letter dated January 7, 2023, was sent to the appellant's then current address. He does not dispute that he did not submit acceptable proof of residence to the Connector on or before February 6, 2023. Accordingly, the appellant's insurance was terminated on March 31, 2023, based on his failure to provide sufficient documentation to prove residence.

Based upon the totality of the evidence, it is concluded that since the requested information was not submitted by the required date, the Connector relied on other data it had available from other sources to issue its determination. Accordingly, the Connector's determination on March 2, 2023, regarding the appellant's lack of eligibility for insurance through the Health Connector 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 the enrollment process.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA23-18774

Appeal Decision: Denied

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

Hearing Date: May 5, 2023

Decision Date: May 9, 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 16, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on May 5, 2023. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated April 11, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval Notice dated February 15, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated February 15, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated February 15, 2023.
- Exhibit 7: Health Connector Special Enrollment Period Decision Denial dated February 13, 2023.

- Exhibit 8: The Appellant's Appeal Request Form dated March 9, 2023.
Exhibit 9: Health Connector Appeals Unit Outreach Email dated March 13, 2023
Exhibit 10: Health Connector Appeals Unit Outreach Email dated April 25, 2023.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 15, 2023 the Appellant applied for health insurance coverage on 255.43%, 2023 and reported income equal to 336.57% of the federal poverty level for their household of one. The Appellant was determined financially eligible for ConnectorCare Plan 3B (Exhibits 4, 5, 6).
2. On February 16, 2023 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period (SEP) because the Appellant failed to verify that they had experienced a Qualifying Life Event (Exhibit 7).
3. I take administrative notice of the fact that for tax year 2023 the Open Enrollment period to obtain health insurance through the Health Connector was November 1, 2022 through January 15, 2023.
4. The Appellant filed an Appeal on March 9, 2023 (Exhibit 8).
5. On March 13, 2023 the Health Connector Appeals Unit granted the Appellant an Administrative SEP. The Appeals Unit notified the Appellant of the approval via E-mail on March 13, 2023 that they should contact Customer Service to enroll in a plan. The SEP was effective through May 11, 2023 (Exhibits 4, 9).
6. On April 25, 2023 the Health Connector Appeals Unit granted the Appellant an Administrative SEP. The Appeals Unit notified the Appellant of the approval via E-mail on March 13, 2023 that they should contact Customer Service to enroll in a plan. The SEP was effective through May 11, 2023 (Exhibit 10).
7. The Appellant testified that they never received the E-mails from the Appeals Unit and were not aware that they had been granted an Administrative SEP. The Appellant said that the Email address was not correct (Appellant Testimony).
8. The Appeals Unit sent the March 13, 2023 and April 25, 2023 Emails to the contact Email address reported by the Appellant on their Appeal Request (Exhibits 8, 9, 10).
9. The Appellant was given contact information for Customer Service and was advised to enroll in a plan as soon as possible.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on February 15, 2023. The Appellant reported income equal to 255.43% of the federal poverty level and was determined eligible for ConnectorCare Plan 3B. Although the Appellant met eligibility criteria, Health Connector determined on February 16, 2023 that the Appellant was not eligible for a special enrollment period to enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding their application. Open Enrollment for tax year 2023 was from November 1, 2022 through January 15, 2023. The Appellant filed an

appeal on March 9, 2023 to dispute that determination. On their Appeal Request the Appellant provided a contact Email address and indicated that the Appeals Unit could contact the Appellant via Email as needed (See Exhibit 8).

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances. No evidence or testimony was offered to verify that the Appellant experienced a qualifying life event within 60 days prior to the February 15, 2023 application. The Denial was correct.

On March 13, 2023 the Health Connector Appeals Unit granted the Appellant an Administrative SEP. The Appeals Unit notified the Appellant of the approval via Email on March 13, 2023 and again on April 24, 2023. Both Emails were sent to the Email address provided by the Appellant on their Appeal Request. The Appellant was advised and agreed to contact Health Connector Customer Service to enroll in a Plan.

ORDER

The Appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they may contact Health Connector Customer Service at 1-877-623-6765 for assistance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318803

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: May 2, 2023

Decision Date: May 9, 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 February 12, 2023, the Appellant was determined eligible for Health Connector plans with no financial help, but was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant and the Appellant's representative appeared at the hearing, which was held by telephone, on May 2, 2023.

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

Exhibit 1: Health Connector notice of eligibility (8 pages, dated February 12, 2023)

Exhibit 2: Appellant's appeal request form (2 pages, dated March 8, 2023)

- Exhibit 3: Health Connector’s Acknowledgment of Appeal (1 page, dated March 17, 2023)
- Exhibit 4: Health Connector’s Hearing Notice (3 pages, dated April 11, 2023)
- Exhibit 5: Health Connector’s Hearing Record Affidavit (1 page, undated)
- Exhibit 6: Special Enrollment Period Denial letter (6 pages, dated February 12, 2023)
- Exhibit 7: Application results and summary (4 pages, dated February 12, 2023)
- Exhibit 8: Outreach notes and email (2 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was covered by their parent’s health insurance until Appellant turned 26 years old in October 2022, at which time the Appellant was no longer eligible. (Appellant testimony Exhibit 2).
2. The Appellant investigated COBRA but received incorrect information and missed the deadline to apply for Health Connector plans. (Exhibit 6, Appellant testimony).
3. At the time of the application for Health Connector in February 2023, the time period after a qualifying event had passed. (Exhibit 6, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans with no financial help (Appellant did not seek financial help), but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 was until January 31, 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 February 12, 2023, the Appellant was determined eligible for Health Connector plans with no financial help, but was found not eligible for a special enrollment period due to failure to have a qualifying life event. The Appellant’s loss of health insurance in October 2022 would have been a qualifying life event, but Appellant did not apply within sixty days of the qualifying event. Because the Appellant did not experience a 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.

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.

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: Appellant was referred to the Office of Patient Protection to apply for a SEP.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2318828

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, TCE residency

Hearing Date: May 2, 2023

Decision Date: May 9, 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 2, 2023, the Appellant's eligibility was terminated because Appellant had not submitted documents requested to be submitted.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant's eligibility be terminated based on the Appellant's failure to submit documents requested to be submitted.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on May 2, 2023. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (4-11-23) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (3-20-23) (1 page);
- Exhibit 4: Outreach notes and email (3 pages);
- Exhibit 5: Hearing Request form (3-16-23) (4 pages);
- Exhibit 6: Eligibility termination letter (3-2-23) (6 pages);

- Exhibit 7: Eligibility detail printouts and application summary printouts (16 pages);
- Exhibit 8: Medicaid Household Determination (6 pages);
- Exhibit 9: Workspace form and documents (9 pages); and
- Exhibit 10: RFI and Reminder re Request for Information (11-14-22 and 1-13-23) (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had applied for health insurance through the Health Connector in 2022 and had been requested to submit information about residency. (Testimony, Exhibits 7, 10).
2. Appellant did submit some documents and the application was updated but there was still some information missing. (Exhibits 5, 7, 9).
3. Appellant was redetermined on April 18, 2023 to be eligible for ConnectorCare Plan 2A but that was after the determination made on March 2, 2023. (Testimony, Exhibit 7).
4. Appellant appealed. (Exhibit 5, Appellant Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's eligibility was terminated for Health Connector plans because Appellant had not submitted requested documents and information within the time requested. 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 and residency, in accordance with 45 CFR § 155.320(c). Where the Health Connector cannot verify applicants' income or residency 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 2, 2023, the Appellant's eligibility was terminated for Health Connector plans because Appellant had not provided the documents requested within the time required. The process for the determination on March 2, 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).

The Health Connector correctly found that the Appellant's eligibility should be terminated on March 2, 2023, and that determination is upheld.

Appellant was subsequently redetermined as eligible for ConnectorCare Plan 2A, and was advised to enroll.

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: ACA2318829

Appeal Decision Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for subsidized Health Connector plans, based on failure to verify income

Hearing Date: May 8, 2023

Decision Date: May 23, 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 2, 2023, Appellant was determined eligible for Health Connector plans with no subsidies. The Appellant's determination came after failure to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no subsidies on March 2, 2023, based on Appellant's failure to verify income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 8, 2023. Also present was a duly sworn interpreter. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit and Appeal Request dated March 2023
- Exhibit 2: Eligibility on Appeal dated March 2, 2023
- Exhibit 3: Research and Resolution
- Exhibit 4: Historic Notes Eligibility results dated November 15, 2022
- Exhibit 5: Recent Determination None
- Exhibit 6: Notices from Appeals Unit dated April 12, 2023

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant was covered by a ConnectorCare Plan in early 2023 (Exhibit 4 and Testimony of Appellant).
2. On November 14, 2022 and January 14, 2023, Appellant was sent a notice to send in proof of income by February 13, 2023 in order to continue the ConnectorCare Plan (Exhibit 4).
3. On March 2, 2023, Appellant was sent a notice that beginning on April 1, 2023, Appellant was eligible for a Health Connector Plan with no subsidies and was no longer eligible for Connector Care (Exhibit 2).
4. Appellant's change in plans was because Appellant had not provided enough recent information about household income to qualify for subsidies (Exhibit 2).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit depending on their household income. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellant had been enrolled in a ConnectorCare plan in 2023. On November 14, 2022 and January 14, 2023, the Health Connector requested income information to be sent to the Connector by February 13, 2023. Appellant did not provide the income information by February 13, 2023. As a result, the Health Connector did not have enough recent information to determine if Appellant qualified for lower-cost coverage and Appellant was found eligible for Health Connector Plans without subsidies. This is the correct determination 45 CFR §§ 155.315(f)(5), 155.320(c).

ORDER

The appeal is denied.

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

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

ADDENDUM

Appellant should contact the Health Connector (1 877 623-6765) to update household income and should provide any documentation requested. Appellant will be eligible for Medicare soon and may want to contact SHINE (978 683-7747) to find out about the various options available.