

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: February 8, 2024

Decision Date: February 27, 2024

AUTHORITY

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

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 October 18, 2023, Appellant was determined ineligible for Health Connector plans, due to failure to establish residency and for the Appellant’ Spouse failure to establish lawful presence to the Health Connector.

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.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 8, 2024. The Appellant’s Household consists of the Appellant, her Spouse, and three (3) children. The Appellant was sworn in.

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

- Exhibit 1: Health Connector’s Hearing Record Affidavit (1 P, undated)
- Exhibit 2: Appellant’s Appeal Request Form- (Proof of Residency-Lease, Insurance, School Admittance) (34 PP, received 1/23/2024)
- Exhibit 3: Health Connector’s Acknowledgment of Appeal (1 P, dated 11/8/ 2023)
- Exhibit 4: Health Connector’s Notice of Appeal Hearing (1 P, dated 1/4/ 2024)

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Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated	10/18/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated	10/18/2023)
Exhibit 7:	Health Connector’s Eligibility Denial	(8 PP, dated	10/18/2023)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	10/18 2023)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	12/13/ 2023)
Exhibit 10:	Health Connector’s Email to Appellant	(3 PP, dated	12/13/ 2023)
Exhibit 11:	Health Connector’s Manage Documents Form	(1 PP, dated	12/13/2023)
Exhibit 12:	Health Connector’s Eligibility Results	(8 PP, dated	12/13/ 2022)
Exhibit 13:	Health Connector’s Application Summary	(3 PP, dated	12/13/ 2023)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on October 18, 2023, after failing to establish that the Appellant was a resident of Massachusetts, and her Spouse is lawfully present to the Health Connector. (Exhibits 1, 4-7).
2. The Appellant moved from Pennsylvania in July 2023. (Testimony).
3. The Appellant submitted residency and other documents after being denied Connectorcare. (Exhibits 1, 11, and Testimony).
4. The Appellant Spouse did not attest to being lawfully present at the time the Appellant applied. (Exhibit 4).
5. The Appellant and her children have been enrolled in MassHealth since the end of December, 2023. (Exhibits 1, 12,13, and Testimony).
6. The Appellant’s Spouse is not insured. (Exhibits 1, Appellant’s Spouse).
7. The Appellant has submitted documents showing that the Appellant is lawfully present to the Health Connector and has been redetermined and is now enrolled for MassHealth. (Exhibits 1,11, and 12, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to establish residency and lawful presence. 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. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants’ eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants’ residency status, in accordance with 45 CFR § 155.315(d). Where the Health Connector cannot verify applicants’ residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On October 18, 2023, the Appellant applied for health insurance through the Health Connector but was denied for not establishing residency in Massachusetts. The Appellant’s Spouse also did not establish lawful presence. Because the Appellant did not present any evidence of The Appellant submitted residency and other documents

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until after being denied Connectorcare and her Spouse has not provided evidence of being lawfully present, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans. 45 CFR § 155.305(a)(1).

While the Appellant and her children have now established residency and are eligible and enrolled in MassHealth, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans on October 18, 2023, based on the Appellant's attestation, and that determination is upheld.

Based upon the evidence in the record, it is concluded that the Connector's determination on October 18, 2023, regarding the appellants' eligibility for Health Connector Plan 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. 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 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 2024 from the federal government will be reconciled when you file your 2024 federal income tax return (usually in the spring of 2025). 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 2024 (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 2024 (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.

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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 2024 will be paid to you when you file your 2024 federal income tax return.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-21080

Appeal Decision: The Connector's denial of Appellant's application for the purchase of subsidized health insurance for 2024 is overturned

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

Hearing Date: February 2, 2024

Decision Date: April 18, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on November 14, 2023. The Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 2, 2024. Also present was Appellant's Spouse. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

1. Affidavit and Appeal Request dated November 22, 2023
2. Eligibility on Appeal dated November 14, 2023
3. Research and Resolution Notes from the Appeals Unit
4. Historic Notices None
5. Recent Determination None
6. Notice from Appeals Unit dated January 4, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. In August 2023, Appellant was laid off from Appellant's job (Testimony of Appellant)
2. After Appellant was laid off, Appellant enrolled in COBRA at a cost of \$1,300 per month (Testimony of Appellant).
3. Appellant applied for subsidized health insurance for 2024 on November 14, 2023 (Exhibit 2).
4. At the time of the application for health insurance on November 14, 2023, Appellant was unemployed and receiving unemployment insurance (Testimony of Appellant).
5. At the time of the application on November 14, 2023, Appellant was still covered by COBRA (Testimony of Appellant).
6. On November 14, 2023, the Health Connector found that the Appellant had a Federal Poverty Level of 369.05% (Exhibit 2).
7. On November 14, 2022, the Health Connector found Appellant eligible for Health Connector plans, but Appellant was not found eligible for subsidies, because the Appellant had access to affordable health coverage through a job (Exhibit 2).
8. On November 30, 2023, Appellant visited a Community Health Center (Exhibit 3 and Testimony of Appellant).
9. Appellant and a Certified Application Counselor from the Community Health Center reached out to the Health Connector to find out why Appellant was not eligible for financial assistance (Exhibit 3).
10. The Health Connector Agent told the Certified Application Counselor and Appellant that Appellant did not qualify for financial assistance due to having access to affordable coverage (Exhibit 3).
11. Appellant told the Health Connector Agent that Appellant was on COBRA and could not afford the premiums (Exhibit 3).
12. The Health Connector Agent advised the Appellant and the Certified Application Counselor that Appellant could file an appeal (Exhibit 3).
13. Appellant told the Health Connector Agent that Appellant had already filed an appeal on November 22, 2023 (Exhibits 1, 3 and Testimony of Appellant).

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 500% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including health insurance through an employer. 45 CFR § 155.305(f)(1)(ii)(B). Being enrolled in COBRA will block an Applicant from receiving APTCs.

When Appellant was laid off in August 2023, Appellant signed up for COBRA through the former employer at a cost of \$1,300 per month. Appellant would have been able to drop the COBRA coverage only during Health Connector Open Enrollment for 2024 (November 1, 2023 through January 23, 2024). If Appellant had dropped the COBRA coverage during Open Enrollment, Appellant would have been eligible to enroll in subsidized health insurance through the Health Connector during Open Enrollment for 2024. Appellant was not told about this option and was not given the correct information from the Health Connector Agent on November 30, 2023, which

was during the Open Enrollment period. I find that the Health Connector decision should be overturned. See Exhibits 1, 2, 3 and Testimony of Appellant, which I find to be credible.

ORDER

The appeal is allowed.

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.

OPTION FOR RETROACTIVE COVERAGE

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2421462

Appeal Decision: Appeal allowed. The determination of the Connector is overturned.

Hearing Issue:

Whether the Connector correctly determined that the appellant was ineligible to purchase health insurance through the Health Connector because the appellant failed to establish lawful presence.

Hearing Date: April 2, 2024

Decision Date: April 20, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On December 4, 2023, the Connector determined that the appellant was ineligible to purchase a Health Connector plan because of the appellant's failure to establish lawful presence in the United States.

HEARING RECORD

The appellant's representative appeared at the hearing which was held by telephone on April 2, 2024. The procedures to be followed during the hearing were reviewed with the representative who was then sworn in. Exhibits were reviewed with the representative, marked as exhibits, and admitted in evidence with no objection. The representative testified.

The hearing record consists of the testimony of Appellant's representative, and the following documents which were admitted in evidence with no objection by the appellant:

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated March 5, 2024 for April 2, 2024 hearing addressed to Appellant
- Exhibit 3: Appeals Unit letter to Appellant dated January 23, 2024 acknowledging receipt of request for appeal
- Exhibit 3a: Appeals Unit staff outreach notes dated January 23, and March 26, 2024
- Exhibit 4: Hearing Request from Appellant received on January 5, 2024 with attachments
- Exhibit 5: Connector letter to Appellant dated December 4, 2023 regarding denial of eligibility
- Exhibit 5a: Connector letter to Appellant dated December 22, 2023 regarding denial of eligibility
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated December 4, 2023

Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated December 22, 2023

Exhibit 6b: Summary and results of Appellant's application for Connector health plan dated March 26, 2024

Exhibit 7: Connector print-out showing documents for proof of immigration status, residency and income submitted by Appellant and uploaded on December 22, 2023, and January 23, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant arrived in the United States on August 1, 2007 from her country of origin. She later obtained a permanent resident card which expires on January 24, 2028 (Testimony of Representative, Exhibits 3a and 7).
2. Appellant applied for health insurance through the Connector on December 4, 2023. On her application, Appellant attested to having a permanent resident card. At the time Appellant applied, she was employed, had a social security number, and was making contributions through her job to Social Security and Medicare. She also owned property and was paying property taxes (Exhibits 6 and 7).
3. The Connector determined and notified Appellant of the determination in a letter dated December 4, 2023 that Appellant was ineligible to obtain health insurance through the Connector because the Connector had no information showing that Appellant was lawfully present in the United States. In the letter, the appellant was informed that if the information about Appellant's status was incorrect, Appellant could submit additional proof. Appellant submitted a copy of her permanent resident card as well as proof of income and residency to the Connector on December 22nd and again on March 26, 2024 (Exhibits 3a, 5, 6, 7 and Testimony of Representative).
4. Appellant's application was run by the Connector several times, in December, 2023 twice, and again in March, 2024. The appellant was determined to be ineligible two times, on December 4th, and on December 22nd. On March 26th, the Connector determined that the appellant was eligible. Nothing changed about the appellant's immigration status during this period (Testimony of Representative, Exhibits 3a, 5, 5a, 6, 6a, 6b, and 7).
4. Appellant submitted a request for an appeal of the Connector's determination on January 5, 2024 (Exhibit 4)

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on December 4, 2023 that the appellant was ineligible to purchase health insurance through the Connector because the Connector did not have information to show that the appellant was lawfully present. See Exhibit 5.

According to her application, Appellant was not a citizen of the United States, but she did have a permanent resident card that had not expired. See Exhibit 6 and the testimony of the appellant's representative which I find credible. After being denied eligibility, Appellant sent the Connector a copy of her permanent resident card. This was uploaded as part of her file on December 22nd. Appellant was again found to be ineligible. Her application was run again on March 26 after she again sent in a copy of her permanent resident card. This time, though nothing had changed regarding her immigration status, Appellant was found to be lawfully present and, therefore, eligible for coverage. See Exhibits 3a, 5, 5a, 6, 6a, 6b, and 7.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other

things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR155.305(a)(1).

The Connector's determination denying Appellant eligibility to obtain health insurance through the Connector is overturned. As noted above, an applicant must be lawfully present to be eligible for coverage. According to her application, Appellant was lawfully present. On December 22, 2023, Appellant sent the Connector a copy of her permanent resident card. This was uploaded into the system. Despite the attestation and the submission of documentation, Appellant was denied eligibility. She sent the same documentation in March and was then found to be eligible. There is no evidence in the record indicating that Appellant was not lawfully present or that the Connector did not have documentation to support the appellant's attestation of lawful presence as of at least December 22, 2023. Even on December 4th, 2023, the date the Connector first denied the appellant eligibility, the Connector had Appellant's attestation. I note that as of March 26th, the appellant was found to be eligible for coverage using the same documentation submitted by Appellant.

Had the appellant been found eligible for coverage as of December 5th or even December 22nd, it is possible that she would have had coverage as of January 1st, 2024. Appellant should be given the option to have retroactive coverage, understanding that premium payments would also be retroactive.

ORDER: The determination by the Connector regarding Appellant's ineligibility to purchase a Health Connector plan is overturned.

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: ACA2421699

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income

Hearing Date: April 3, 2024

Decision Date: May 9, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On January 17, 2024, the Appellant was determined eligible for ConnectorCare Type 3C, with Advanced Premium Tax Credits.

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 3, 2024. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

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

- Exhibit 7: Eligibility detail printouts and applications summary printouts (7 pages);
- Exhibit 8: Medicaid Household Determination (5 pages) and;
- Exhibit 9: MassHealth denial (1-17-24) (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector and was deemed eligible for ConnectorCare Type 3C. However, Appellant wanted to have MassHealth. (Appellant Testimony Exhibits 5, 6).
2. The Health Connector determined that Appellant was eligible for ConnectorCare Plan Type 3C based on Appellant's income resulting in a Federal Poverty Level of 324%. (Exhibits 6, and 7).
3. Appellant did not believe they could afford the premium and appealed. (Testimony, Exhibit 5).
4. Appellant's appeal was bifurcated so that there was a MassHealth appeal as well as the Health Connector appeal. (Exhibits 3 and 4).
5. Appellant's income as indicated on the application is the correct income. (Testimony, Exhibit 7).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was deemed eligible for ConnectorCare Plan Type 3C based on income reported and verified from other sources. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(c). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

In January 2024, the Appellant was determined eligible for ConnectorCare Plan Type 3C based on information in Appellant's application, and Appellant confirmed that the income was correct during the hearing. Appellant was informed that the MassHealth denial was a separate hearing and that this hearing was only to determine if the Health Connector decision that Appellant was eligible for ConnectorCare Plan Type 3C was correct. This process complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the documents submitted and information available to the Health Connector. 45 CFR § 155.305(f).

The Health Connector correctly found that the Appellant was eligible for ConnectorCare Plan Type 3C on January 17, 2024, 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.

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Eligibility for health insurance and for special enrollment peri.

Hearing Date: May 2, 2024

Decision Date: May 15, 2024

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set 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 January 17, 2024, that she was not eligible to receive insurance through the Health Connector because the Health Connector did not have information establishing that she was a citizen or legal permanent resident of the United States.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to purchase insurance.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on May 2, 2024. At the hearing, she was accompanied by a counselor for Serving Health Insurance Needs for Everyone (SHINE), a program that provides assistance to individuals over 65 in obtaining health insurance. The hearing record consists of the testimony of Appellant, and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (10 pages)
- Exhibit 2: Health Connector Record Affidavit (2 pages)

- Exhibit 3: Proof of Residence status (2 pages)
- Exhibit 4: Eligibility Denial Notice (1/17/24) (7 pages)
- Exhibit 5: Screen Shot of eligibility determination (1 page)
- Exhibit 6: Screen Shot of application summary (3 pages)
- Exhibit 7: Summary of Medicaid eligibility determination(4 pages)
- Exhibit 8: [Erroneously omitted]
- Exhibit 9: Appeals Unit database notes (1 page)
- Exhibit 10: Email to Appellant (2/14/24) (1 page)
- Exhibit 11: Record of document uploading (1 page)
- Exhibit 12: Hearing Notice (3 pages)
- Exhibit 13: 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. In 2023, Appellant had been receiving health coverage through MassHealth, which is the state’s Medicaid program for low-income individuals.
2. Her eligibility for MassHealth was re-determined in the middle of 2023. At that time, she was determined to be no longer eligible because her income was over the income limits. Appellant confirmed at the hearing that her income was approximately \$46,000 annually.
3. After being notified that she had lost her MassHealth, Appellant applied for coverage through the Health Connector. The application was submitted in January 2024. The application was submitted over the telephone. See Exhibit 6.
4. In the application, Appellant was asked if she was a citizen of the United States or if she had a documented legal permanent resident status. Appellant answered “no” to both those questions. See Exhibit 6.
5. In fact, Appellant was a legal permanent resident of the United States and had a card proving that. Exhibit 3.
6. Based on the information provided in her application, Appellant was denied eligibility to obtain insurance through the Health Connector. She was notified of this fact by notice dated January 17, 2024. Exhibit 3.
7. Appellant filed a timely appeal of this notice. Exhibit 1.

CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to purchase health insurance based on the information provided in her application.

The Health Connector is a health insurance “exchange” established under the federal Affordable Care Act (ACA) for the purposes of selling insurance to eligible individuals. 42 U.S.C. § 13031(b)(1). Under the ACA, only an individual who is a citizen or “an alien lawfully present in the United States” may obtain health insurance through

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an “exchange.” 42 U.S.C. § 18032(f)(3). Thus, the Health Connector must determine whether an individual applying for coverage qualifies under that rule.

The procedures for determining whether an individual qualifies are established by federal law. See 42 U.S.C. § 18081(b)(2). These procedures require the Health Connector to collect from applicants information about their citizenship or immigration status.

In the present case, when Appellant applied for coverage, she answered no to questions about whether she was a citizen or had documented legal permanent resident status. As a result, the Health Connector determined that she was not eligible to purchase health insurance through the Health Connector. Thus, it was required to deny her eligibility.

This information was incorrect because Appellant does have legal permanent resident status. Appellant can correct this error by revising her application. She was advised at the hearing that she could revise the application by going on-line at www.mahealthconnector.org. Alternatively, she could call the customer service department at 877-623-6765. When updating her application, she can provide information about her resident status. After doing that, she can get a new eligibility determination based on the corrected information.

Because the Health Connector correctly made a determination based on the information provided to it, 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-21901

Appeal Decision: Appeal Denied.

Hearing Issues: Eligibility for ConnectorCare based on access to MassHealth health plan.

Hearing Date: May 15, 2024

Decision Date: May 16, 2024

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 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 12, 2024, the Appellant's household of three was determined ineligible for ConnectorCare because the household was eligible for a MassHealth benefit.

ISSUE

The issue addressed is whether the Health Connector correctly determined that the Appellant's household was not eligible for subsidies based on the household's eligibility for a MassHealth benefit.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 15, 2024. The procedures for the Hearing were explained and the Appellant was sworn in. 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 17, 2024.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval Notice dated February 1, 2024.
- Exhibit 5: 2024 Eligibility Results with an Application Summary dated February 12, 2024.
- Exhibit 6: Medicaid household determination printout dated February 12, 2024.
- Exhibit 7: The Appellants' Online Hearing Request dated February 14, 2024.

- Exhibit 8: MassHealth Eligibility Approval Notice for Transitional Medical Assistance dated February 11, 2024.
- Exhibit 9: 2024 Eligibility Results with an Application Summary dated March 21, 2024.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 1, 2024 Health Connector issued a notice to the Appellant stating that the Appellant and their Spouse had been determined eligible for ConnectorCare 3A based on reported income Health Connector determined was equal to 218.25% of the federal poverty level for their household of three (Exhibit 4).
2. On February 11, 2024 MassHealth notified the Appellant that based on a reported change in income, the Appellant, their spouse, and child were determined eligible for Transitional Medical Assistance through MassHealth (Exhibit 8).
3. On February 12, 2024 the Appellant's application for their household of three was updated. The household income was determined to be equal to 347.55% for their household of three. All three household members remained eligible for MassHealth (Exhibits 5, 6).
4. On February 14, 2024 the Appellant filed an appeal. The Appellant indicated that they did not want MassHealth and requested that all three household members be determined eligible for ConnectorCare (Exhibit 7).
5. A staff member at the Health Connector Appeals Unit instituted informal resolution of the Appellant's case via emails during the period of March 7, 2024 through March 21, 2024 (Exhibit 3).
6. On March 21, 2024 the Appellant's application was updated. Based on income equal to 347.55% of the federal poverty level, the Appellant and their Spouse were determined eligible for ConnectorCare 3C. The Appellant's child remains eligible for MassHealth (Exhibit 9).
7. The Appellant testified that they do not want their child on MassHealth and prefer to add their child to their ConnectorCare plan. The Appellant said that this started when MassHealth incorrectly determined their countable income (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

Individuals who are otherwise eligible to purchase Health Connector Plans may receive Advance Premium Tax Credit based on their income to lower their monthly premium payment. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 500% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. To be eligible for ConnectorCare, individuals must not have access minimum essential coverage through other government subsidized programs such as MassHealth 45 CFR § 155.305(f)(1)(ii).

The Appellant's household was initially determined eligible for ConnectorCare 3A by notice dated February 1, 2024. The Appellant updated their income information and on February 11, 2024 MassHealth determined that

the Appellant, their spouse, and child were eligible for Transitional Medical Assistance through MassHealth. The Appellant's income was determined to be equal to 347.55% of the federal poverty level on February 12, 2024.

The Appellant filed an appeal on February 14, 2024. The Appellant indicated that they do not want MassHealth Transitional Medical Assistance and prefer that their family receive ConnectorCare. The Appellant maintains that MassHealth incorrectly calculated their income, and this resulted in an incorrect eligibility determination.

The Health Connector Appeals Unit instituted informal resolution activities to try and resolve this appeal. M.G.L. c. 30A §10. On March 21, 2024, as a result of these activities, the Appellant and their spouse were determined eligible for ConnectorCare 3C. The Appellant agrees with this determination but does not agree with the determination that their child remains eligible for MassHealth. As explained at the Hearing, MassHealth eligibility determinations are not reviewable under the ConnectorCare regulations. 956 CMR 12.02.

As of the date of the hearing, the Appellant's child is still receiving a MassHealth benefit. This household member is therefore not eligible for ConnectorCare. 45 CFR § 155.305(f)(1)(ii).

ORDER

This Appeal is Denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded to contact MassHealth Customer Service at 1-800-623-6765 for assistance.

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FINAL APPEAL DECISION: ACA2422006

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase and enroll in a ConnectorCare Plan, Type 3C with an advance premium tax credit.

Hearing Date: May 3, 2024

Decision Date: May 19, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On January 24, 2024, the Connector determined that the appellant was eligible to purchase and enroll in a ConnectorCare Plan, Type 3C, with an advance premium tax credit based upon information supplied by the appellant to the Connector and/or other data sources.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on May 3, 2024. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence. Appellant had no objection to the documents being admitted in evidence. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of appeals files by the Connector
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated April 11, 2024 addressed to Appellant for a May 3, 2024 hearing
- Exhibit 3: Connector letter to the appellant dated March 12, 2024 acknowledging receipt of request for a hearing
- Exhibit 3a: Appeals Unit outreach notes dated March 12, 2024
- Exhibit 3b: Appeals Unit letter to Appellant dated March 12, 2024 with application for premium reduction or waiver
- Exhibit 4: Hearing Request Form from Appellant received on February 25, 2024
- Exhibit 5: Connector letter dated January 24, 2024 to Appellant regarding eligibility
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated January 24, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had MassHealth coverage in the past when Appellant was unemployed. Starting in October, 2023, Appellant was employed. The appellant no longer has MassHealth coverage (Testimony of Appellant).
2. Appellant has two minor children. The appellant has not claimed them as tax dependents. On her application for health insurance, Appellant listed her children as non-tax filers. The Connector considered them members of separate households (Testimony of Appellant, Exhibit 6).
3. The appellant attested to a projected income of \$48,000 for 2024 on her Connector application. Based on this attestation, the Connector determined that the appellant's income was equal to 329.22% of the Federal Poverty Level and that the appellant was eligible to enroll in a ConnectorCare Plan, Type 3C with an advance premium tax credit (Testimony of Appellant, Exhibits 5, 6).
4. The Connector notified the appellant of this determination of eligibility in a letter dated January 24, 2024 (Exhibit 5).
5. As of the date of this hearing, Appellant's projected income was unchanged (Testimony of Appellant).
6. Appellant submitted a request for an appeal of the Connector's January 24th determination on February 25, 2024. In the request for a hearing the appellant stated that Appellant could not afford the premiums for the ConnectorCare plan (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on January 24, 2024 that the appellant was eligible to purchase and enroll in a ConnectorCare plan, Type 3C, based upon information supplied by the appellant to the Connector and/or by other data sources. Appellant submitted a request for an appeal of the Connector's January 24th determination on February 25, 2024. See Exhibits 4, 5, and the testimony of Appellant.

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. Eligibility for an advance premium tax credit and the amount of the credit are determined by the income and size of an applicant's tax household. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. See also 45 CFR 155.320 which allows the Connector to verify information obtained from the applicant by checking other data sources.

If an applicant is otherwise eligible to purchase health insurance through the Connector, and the applicant's projected income is over 100% of the Federal Poverty Level, the applicant may be eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant, given the applicant's projected income and the size of the applicant's tax household. If the individual's income is projected to be between 100% and 500% of the Federal Poverty Level, and if the individual is otherwise eligible, the

individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq. and Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.

In this matter, Appellant attested to having a projected annual income of \$48,000 and to having a tax household of one. Though she has two minor children, she indicated on her Connector application that the children were non-tax filers. Given the information that the appellant had supplied to the Connector, the Connector determined that the appellant's income was equal to 329.22% of the Federal Poverty Level and that the appellant was eligible to enroll in a ConnectorCare plan, Type 3C. Appellant was notified of this determination by letter dated January 24, 2024. Appellant appealed the determination. See Exhibits 4, 5 and 6 and the testimony of the appellant which I find to be credible.

What is at issue on appeal is whether the Connector made the correct determination when it was made based upon the information available to the Connector on January 24, 2024. As noted above, the Connector's determination was based upon information supplied to the Connector by the appellant. See Exhibit 6. During this hearing, Appellant confirmed the attestation on the Connector application. With a projected annual income of 329.22%% of the Federal Level, and a tax household of one, Appellant was eligible for a ConnectorCare plan, Type 3C, as the Connector determined. See 956 CMR 12.04(3)(b).

The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan is affirmed.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Addendum: If Appellant's tax household size changes, Appellant should notify the Connector. Appellant may do this by calling 1-877-623-6765. The tax household size would change if Appellant's minor children became Appellant's tax dependents.