

**FINAL APPEAL DECISION: ACA24-23203**

**Appeal Decision:** Appeal Denied, determination of eligibility for Massachusetts Health Connector plan upheld for failure to establish immigration status

**Hearing Issue:** Appellant seeks retroactive subsidized plan via the Health Connector

**Hearing Date:** October 3, 2024,

**Decision Date:** October 25, 2024

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**AUTHORITY**

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

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

Appellant was notified by the MHC on June 17, 2024, that she was eligible for a Limited Plan and Health Safety Net and her three minor children qualified for MassHealth Standard. This notice informed her that the reason for this determination was the fact that she did not provide adequate proof that she was lawfully in the United States.

The issue addressed on this appeal is whether the MHC made the correct determination for 2024 regarding the eligibility of Appellant for a Massachusetts Health Connector Plan. Appellant wishes to have retroactive coverage for herself to cover a bill she received for recent medical treatment.

**HEARING RECORD**

The Appellant appeared at the Hearing as did the Interpreter, which was held by telephone, on October 3, 2024. Both individuals were properly sworn. The hearing record consists of the Appellant’s testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit - Appeal Request (8 pages)
- Exhibit 2: Eligibility on Appeal (21 pages)
- Exhibit 3: Research and Resolution (1 page)
- Exhibit 4: Notices from Appeal Unit (8 pages)

### **FINDINGS OF FACT**

The record shows, and I so find:

1. Appellant has three minor children who live with her and are covered by MassHealth Standard Plans (Exhibit 2 and Appellant Testimony).
2. The Appellant applied for a MHC insurance plan on June 17, 2024, and she was deemed eligible for a Limited plan and the Health Safety Net and her three children were deemed eligible for and received plans through MassHealth. On June 17, 2024, the MHC determined that Appellant is not eligible for a MHC plan due to her immigration status, that is, she offered no proof of being lawfully in the United States. (Appellant Testimony and Exhibit 2).
3. The Appellant answered no to both immigration questions on her application with the MHC (Exhibit 3).
4. Appellant was notified by MHC on June 17, 2024 that she did not qualify for a plan due to no proof of immigration status. In addition, on July 2, 2024, MHC notified her by letter that she needs to provide proof of immigration status with a list of acceptable documents to prove immigration status. Appellant was also left a voice mail by the MHC staff to update her application on July 2, 2024. (Exhibits 2, 3 and 4)
5. Appellant seeks retroactive coverage (40 days) back from her application date of June 17, 2024, to cover medical bills, for treatment she received in May of 2024(Appellant Testimony and Exhibit 1).
6. Appellant testified and stated in filings with the MHC that she experienced a fire in her home recently and was receiving assistance from local charities (Appellant Testimony and Exhibit 1).
7. The Appellant offered no testimony or documentary proof to counter the findings of non-eligibility due to her immigration status by the MHC of June 17, 2024. When asked directly about this topic at the Hearing, Appellant did not address her residency status, but only stated that her living situation is complicated due to the recent fire at her home (Appellant Testimony).

### ANALYSIS AND CONCLUSIONS OF LAW

The Health Connector found that the Appellant was not eligible for ConnectorCare due to her lack of documentation provided on her immigration status, which was the correct determination. The MHC made a further determination that Appellant's minor children are eligible for MassHealth Standard.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR 155.305(a)(1). See also 8 U.S.C. 1641 for qualifications to receive a Federal public benefit.

Appellant presented no new evidence to justify her receiving a plan via the MHC, nor to amend the finding of the MHC for retroactive coverage<sup>1</sup>. The MHC based its decision on the information it had, at least in part, been provided by the Appellant. The timely submission of documentation to support an application or other updates is the obligation of the Appellant. Applicants and enrollees for MHC benefits have an obligation to cooperate and are responsible for the timely reporting of information and/or changes to establish and maintain eligibility. See 956 CMR §12.09. In addition, Appellant was given ample opportunities to amend her original application in the form of letter and phone messages. Retroactive policy coverage is allowed in certain circumstances, however Appellant did not articulate any reason to justify a change or retroactive coverage in her filings or in her testimony at the Hearing.

Appellant can attempt to amend her application with the MHC by supplying new and adequate information or re-apply at the beginning of the open enrollment season in November of this year. The Appellant may also consider reviewing MHC Policy on the submission of documentation. The MHC will decide on the information it has in its possession if a change (such as income of the applicant) cannot be verified. See: <https://www.mahealthconnector.org/about/policy-center/policies>. Information on Appellant's immigration status is required. See: 45 CFR 155.305 requiring: "Citizenship, status as a national, or lawful presence".

The Appellant's 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 45 CFR § 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address, and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130.

The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the

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<sup>1</sup> Appellant's application to MHC was made June 17, of 2024 and her medical bills that she wishes to be covered by a retroactive policy are from May 15 and 29, 2024 (See Appellant Testimony and Exhibit 1).

## Massachusetts Health Connector Appeals Unit



Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Cc: Health Connector Appeals Unit

**FINAL APPEAL DECISION ACA24-22891**

**Appeal Decision:** Appeal Denied, determination of eligibility of unsubsidized plans upheld

**Hearing Issue:** Appellant seeks subsidized plans via the Health Connector for herself and two minor children

**Hearing Date:** August 13, 2024

**Decision Date:** September 25, 2024

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**AUTHORITY**

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

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

Appellant was notified by the MHC on May 6, 2024 that her two minor children qualified for a MHC Plan with no financial help. This notice informed her that among the possible reasons for this determination was the fact that she was eligible for an Employer’s Insurance plan. She testified that she and her children were covered via an insurance plan through the MHC and she stopped paying the premium sometime in the spring of 2024 and received a termination notice. The Hearing Officer sent an Open Record Form to the Appellant on August 13, 2024 for information on this plan including its termination and her Employer’s plan and was told by the Staff of the MHC that no additional documents were received from Appellant.

**ISSUE**

The issue addressed on this appeal is whether the MHC made the correct determination for 2024 regarding the eligibility of Appellant and her children for a MHC insurance plan.

## HEARING RECORD

The Appellant appeared at the Hearing, which was held by telephone, on August 13, 2024. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit - Appeal Request (7 pages)
- Exhibit 2: Eligibility on Appeal (19 pages)
- Exhibit 3: Research and Resolution (1 pages)
- Exhibit 4: Historic Notices (7 pages)
- Exhibit 5: Notices from Appeal Unit (4 pages)

## FINDINGS OF FACT

The record shows, and I so find:

1. Appellant has two minor children who live with her. She testified that the children's father passed away in 2018 (Exhibit 2 and Appellant Testimony)
2. The Appellant applied for a MHC insurance plan on October 18, 2023, and she and her two children were deemed eligible for and received a plan through the MHC (ConnectorCare Plan Type 2A with Advance Premium Tax Credit). On May 6, 2024, the MHC determined that Appellant is not eligible for a plan and her two minor children are eligible for Catastrophic Health Plans with no subsidy. This notice informed Appellant that because she had access to an Employer's health insurance plan no financial assistance is available (Appellant Testimony and Exhibit 2).
3. Appellant had access to a health insurance plan via her employer. She said could not afford this plan as the monthly premium was too expensive and she needed a subsidized plan from the MHC to cover her and her two children (Appellant Testimony).
4. The Appellant testified that in the Spring of 2024 her MHC policy was terminated due to nonpayment of the premium (Appellant Testimony).
5. The Hearing Officer submitted an Open Record Form to the Appellant concerning documentation surrounding her plan that she claimed she had through MHC until the Spring of 2024. No documentation was received from Appellant.

### ANALYSIS AND CONCLUSIONS OF LAW

The Appellant attested on her application that she has access to affordable employer sponsored insurance that meets minimum value standards. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare, which was the correct determination. The MHC made a further determination that Appellant's minor children are not eligible for any financial assistance based on the information it was provided.

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including health insurance through an employer. 45 CFR § 155.305(f)(1)(ii)(B). Only qualifying coverage that is affordable and meets minimum value standards, as those terms are defined in law, will block an employee from being eligible for APTC. See 26 CFR § 1.36B-2(c)(3). Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2024 if the employee's required contribution for self-only coverage is 8.5 percent or less of the employee's projected household modified adjusted gross income; and coverage meets minimum value standards if it has an actuarial value of at least 60 percent.

Appellant presented no new evidence to justify her receiving a plan via the MHC, nor to amend the finding of the MHC regarding her children. The MHC based its decision on the information it had at least in part, been provided by Appellant. The timely submission of documentation to support an application or other updates is the obligation of the Appellant. Applicants and enrollees for MHC benefits have an obligation to cooperate and are responsible for the timely reporting of changes to their economic positions. See 956 CMR §12.09.

Appellant can attempt to amend her application with the MHC by supplying new and adequate information or apply at the beginning of the open enrollment season in November of this year. The Appellant may also consider reviewing MHC Policy on the submission of documentation. The MHC will decide on the information it has in its possession if a change (such as income of the applicant) cannot be verified. See: <https://www.mahealthconnector.org/about/policy-center/policies>.

The Appellant's 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 45 CFR § 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address, and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130.

## Massachusetts Health Connector Appeals Unit



The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Cc: Health Connector Appeals Unit



# Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-23255

**Appeal Decision** Appeal Denied

**Hearing Issue:** The primary issue for the hearing is to address the Appellant's self-reported non-tax filer status on the Health Connector application, as well as their access to Employer-Sponsored Insurance, which caused them to not have access to any financial subsidies from the Health Connector.

**Hearing Date:** October 10, 2024

**Decision Date:** Thursday, October 31, 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 June 11, 2024, the Health Connector determined that the Appellant qualifies for enrollment in a Health Connector plan without financial assistance. The primary issues under appeal are the Appellant's status as a non-tax filer, which impacts eligibility for certain subsidies and programs, and the Appellant's reported access to employer-sponsored insurance, which may preclude eligibility for marketplace coverage if deemed affordable. These determinations are based on the Health Connector's most recent Notice of Eligibility, dated June 11, 2024.

## **HEARING RECORD**

Appellant appeared at the hearing which was held by telephone on Thursday, October 10, 2024 at 9:00 AM. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1:	Hearing Request Form	1 page
Exhibit 2:	Health Connector Appeals Unit Affidavit (signed by T.C.)	1 page
Exhibit 3:	Eligibility Approval Notice(s), dated 6/11/2024	1 page
Exhibit 4:	Health Connector's Hearing Notice	3 pages
Exhibit 5:	Health Connector's Acknowledgement of Appeal	1 page
Exhibit 6:	Appeals Unit Staff Case Notes	1 page
Exhibit 7:	Appellant's appeal request form	1 page

### **FINDINGS OF FACT**

1. On Tuesday, June 11, 2024, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 3).
2. Although the appellant applied outside of the open enrollment period, they were found by the Health Connector to be eligible for a Special Enrollment Period.
3. On Tuesday, June 11, 2024, the Health Connector found that Appellant qualifies to enroll in a Health Connector plan with no financial help (Exhibit 3).
4. The Appellant is currently 30 years old. They will become eligible for Medicare at age 65, which is in 35 years, provided all other conditions are met. At the time of application, they were not yet eligible for Medicare. Note: Other eligibility conditions include U.S. citizenship or permanent legal residency, and having worked long enough to be eligible for Social Security benefits.
5. The Appellant acknowledged making an error when completing the application due to confusing language. (Appellant's Testimony). He clarified that he was indeed a tax filer and had updated his application on or around Wednesday, October 9th, 2024, to reflect that fact. (Appellant's Testimony).
6. Furthermore, the Appellant testified that he believed the income amount attributed by the Health Connector was inaccurate. (Appellant's Testimony). He contended that the calculation was based on his gross income rather than his net income, which he felt did not accurately represent his financial situation.

### **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant indicated on their Health Connector application that they are a non-tax filer. This status significantly impacts their eligibility for certain health insurance programs and subsidies. Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) only if they meet qualifying income levels, other eligibility requirements, and agree to file federal tax returns.

ConnectorCare, a Massachusetts-based program that provides additional subsidies, also requires tax filing as a condition of eligibility. The tax filing requirement is essential because both APTC and ConnectorCare are subsidized through premium tax credits. These credits are

typically paid in advance to the health insurance provider to lower the member's premium costs during the year.

To reconcile advance payments and maintain eligibility for Advance Premium Tax Credit (APTC) and ConnectorCare, individuals must adhere to specific federal tax return filing requirements. These stipulations mandate that an individual file a federal tax return for the year in which they are seeking these benefits, as well as attest to their intention to file a federal tax return for the tax year in which the premium tax credit is paid in advance. It's important to note that this requirement applies universally, even to individuals whose income is typically low enough that they haven't needed to file taxes in previous years. The consequences of non-compliance are significant; failure to file taxes in a year when APTC was received will result in ineligibility for both APTC and ConnectorCare in subsequent years. This ineligibility persists until the required tax forms for the prior period are filed, underscoring the critical importance of maintaining accurate and timely tax records for those benefiting from these healthcare programs.

Given the Appellant's status as a non-tax filer, they are not eligible for APTC or ConnectorCare. However, they may still be eligible for other health insurance options through the Health Connector, such as unsubsidized plans, or they may qualify for MassHealth (Medicaid) depending on their income level. The Appellant should be advised that if they wish to become eligible for APTC and ConnectorCare in the future, they will need to file federal tax returns and attest to their willingness to do so for any year in which they receive these benefits. They may want to consult with a tax professional or a Health Connector representative to understand the implications of changing their tax filing status.

### **Basis for Denial of Appeal**

After careful consideration of the Appellant's testimony and the relevant facts, the appeal is being denied. The Appellant acknowledged making an error when completing the initial application due to confusing language. While he clarified that he was indeed a tax filer and updated his application on or around Wednesday, October 9th, 2024, this correction occurred after the eligibility determination in question. This appeal concerns eligibility as it was determined in June of 2024. Based on the Appellant's testimony, it appears that the Health Connector was correct in their June determination based on the specific information provided in his original application.

The Appellant testified that he believed the income amount attributed by the Health Connector was inaccurate. He contended that the calculation was based on his gross income rather than his net income, which he felt did not accurately represent his financial situation. However, it's important to note that eligibility determinations are typically based on gross income, as this is the standard measure used for such assessments. The use of gross income is consistent with federal and state guidelines for determining eligibility for health insurance programs.

The Appellant testified that he had access to COBRA coverage, which is considered a form of Employer-Sponsored Insurance (ESI). While the Appellant indicated that the COBRA coverage was very expensive, it's crucial to understand that the mere availability of ESI can affect

eligibility for ConnectorCare, regardless of its cost. However, ESI will only block access to ConnectorCare if it is deemed affordable. In Massachusetts, the determination of affordability for employer-sponsored health plans is guided by state-specific guidelines. According to the 2023 Schedule HC instructions for the relevant tax year, the affordable premium is calculated based on a percentage of income that aligns with the individual's income range and filing status, as outlined in Table 3: Affordability, found on page HC-10 of the Schedule HC instructions.

Without specific information about the Appellant's income and the cost of the COBRA coverage, we cannot definitively determine if the ESI was considered affordable in this case. However, the availability of COBRA coverage is a factor that must be considered in the eligibility determination process.

Based on the information provided in the Appellant's testimony and the timing of his application correction, the Health Connector's June 2024 determination appears to have been correct given the information available at that time. The subsequent correction in October 2024, while noted, does not retroactively change the June determination. Additionally, the dispute over gross versus net income calculation and the availability of COBRA coverage further support the original eligibility determination.

It is acknowledged that the Appellant has already submitted an updated application with corrected information. At the time of the hearing, the Appellant was awaiting a new eligibility determination based on this updated information. This new determination, once completed, will reflect the Appellant's current circumstances and the corrected information provided in the updated application. However, this pending determination does not affect the validity of the June 2024 decision, which remains the subject of 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 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.

John Taylor  
Hearing Officer

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Denial of eligibility for Health Connector plans.

**Hearing Date:** October 7, 2024      **Decision Date:** October 9, 2024

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### **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 was notified by letter from the Health Connector dated June 8, 2024 that he was not eligible to obtain plans from the Health Connector because information regarding his eligibility had not been provided.

### **ISSUE**

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

### **HEARING RECORD**

Appellant is a minor child born in March 2023. At the hearing, his mother, who had completed the application for health insurance and filed the appeal, appeared on Appellant's behalf. In this decision, she will be referred to as Mother. The hearing was held by telephone on October 7, 2024. The hearing record consists of the Mother's testimony and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (7/8/24) (6 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility denial notice (6/18/24) (6 pages)

- Exhibit 4: Eligibility determination (4 pages)
- Exhibit 5: Screen Shot of Application Summary (7 pages)
- Exhibit 6: Medicaid eligibility determination (4 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Mother (7/16/24) (1 page)
- Exhibit 9: Summary of application (9/10/23) (7 pages)
- Exhibit 10: Eligibility determination (9/10/23) (4 pages)
- Exhibit 11: Eligibility determination (8/26/24) (4 pages)
- Exhibit 12: Summary of application (8/26/24) (7 pages)
- Exhibit 13: Notice of Appeal Hearing (8/28/2024) (3 pages)
- Exhibit 14: Acknowledgement of Appeal Request (1 page)

### FINDINGS OF FACT

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

The record shows, and I so find:

1. In September 2023, Mother applied for health insurance on behalf of herself and her three minor children, including Appellant. Exhibit 9.
2. In that application, when asked, Mother did not provide a Social Security number for Appellant. Exhibit 9.
3. After the application was submitted, the Health Connector request Mother to provide information verifying her and her spouse's income. She was also asked to provide information regarding Appellant's Social Security number. Exhibit 9.
4. Provisionally, Mother and the three children were determined eligible for MassHealth, pending receipt of the requested information. Exhibit 10. MassHealth is the name of the Medicaid program in Massachusetts. MassHealth is a joint federal-state program of health insurance for low-income individuals. That program is administered by the MassHealth agency, not the Health Connector.
5. Mother did not provide the required information within the requested time period.
6. As a result of the lack of required verification, a new eligibility determination was performed in June 2024. Exhibit 4. In that new determination, both Mother and Appellant lost their MassHealth. Mother did not file an appeal of that determination.
7. Further, in June, Appellant was determined ineligible to purchase Health Connector plans because the information requested regarding his eligibility had not been provided. Appellant was mailed a notice dated June 18, 2024, stating that he was not eligible to purchase Health Connector plans. Exhibit 3.
8. Mother filed an appeal of that determination on July 8. Exhibit 1.
9. Subsequently, Mother provided the information regarding her and her spouse's income and Appellant's Social Security number. Exhibit 12. That information resulted in a new eligibility determination on August 23, 2024. Exhibit 11. In that determination, Appellant was determined eligible for MassHealth. Id.
10. At the hearing, Mother stated that Appellant had already been enrolled in MassHealth.

## **ANALYSIS AND CONCLUSIONS OF LAW**

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

The Health Connector is a health insurance exchange established under the Affordable Care Act (ACA). See 42 U.S.C. § 18031(b)(1). As an exchange, the Health Connector offered health insurance plans to persons who are “qualified individuals” under federal law. 42 U.S.C. § 18031(d)(1). The ACA specifically provides that a “qualified individual” is either a citizen or lawful permanent resident of the United States. 42 U.S.C. § 18032(f)(3). See also 45 C.F.R. § 155.305(a)(1). The eligibility determination process is governed by federal regulations. Those regulations specifically provide that an exchange such as the Health Connector must require an individual seeking to purchase a plan to provide a Social Security number. 45 C.F.R. § 155.310(a)(3)(i). The Social Security number is then used to verify that the applicant is a citizen or legal permanent resident.

The Health Connector followed this procedure in this case. Mother did not provide a Social Security number for Appellant when she applied. When she was asked for that number, she initially did not respond. As a result, the Health Connector was required to determine that Appellant was not eligible to purchase health insurance plans on the exchange. This determination was consistent with federal statute and procedure. Appellant was notified of this determination by letter dated June 18. Exhibit 3.

Fortunately, this matter has become moot because, after June 18, Mother did provide a Social Security number for Appellant. As a result, Appellant’s eligibility was re-determined, and Appellant was determined eligible for MassHealth. He was enrolled in MassHealth as of the date of the hearing. As a result, Appellant no longer needs to obtain an insurance policy through the Health Connector, because MassHealth eligibility provides comprehensive cost-free health care coverage.

Because the Health Connector correctly determined that Appellant was not eligible to purchase plans because of a failure to provide a Social Security number, 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



# Massachusetts Health Connector Appeals Unit



Cc: Health Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-23606

**Appeal Decision** Appeal Denied

**Hearing Issue:** The primary issue for the hearing is to address the Appellant's eligibility for a Special Enrollment Period.

**Hearing Date:** Friday, October 18, 2024 **Decision Date:** Thursday, October 31, 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 July 31, 2024, the Health Connector determined that The appellant does not qualify to shop for Health Insurance on the Health Connector because they are trying to do so outside of the Open Enrollment Period and were not granted a Special Enrollment Period in light of the fact that they did not indicate in their application that they had any Qualifying Life Events. The primary issues under appeal are a failure to establish eligibility for a special enrollment period. These determinations are based on the Health Connector's most recent Notice of Eligibility, dated July 31, 2024.

## **HEARING RECORD**

Appellant appeared at the hearing which was held by telephone on Friday, October 18, 2024 at 10:00 AM. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1: Hearing Request Form

1 page

Exhibit 2:	Health Connector Appeals Unit Affidavit (signed by T.C.)	1 page
Exhibit 3:	Eligibility Approval Notice(s), dated 7/31/2024	1 page
Exhibit 4:	Health Connector's Hearing Notice	3 pages
Exhibit 5:	Health Connector's Acknowledgement of Appeal	1 page
Exhibit 6:	Appeals Unit Staff Case Notes	1 page
Exhibit 7:	Appellant's appeal request form	1 page

## **FINDINGS OF FACT**

1. On Wednesday, July 31, 2024, Appellant applied for health insurance through the Health Connector (Testimony of Appellant and Exhibit 3).
2. The appellant appeared to have not applied for health insurance during the open enrollment period.
3. On Wednesday, July 31, 2024, the Health Connector found that the appellant does not qualify to shop for Health Insurance on the Health Connector because they are trying to do so outside of the Open Enrollment Period and were not granted a Special Enrollment Period in light of the fact that they did not indicate in their application that they had any Qualifying Life Events (Exhibit 3 & Appellant's Testimony).
4. The Appellant is currently 60 years old. They will become eligible for Medicare at age 65, which is in 5 years, provided all other conditions are met. At the time of application, they were not yet eligible for Medicare. Note: Other eligibility conditions include U.S. citizenship or permanent legal residency, and having worked long enough to be eligible for Social Security benefits.
5. The appellant testified during the hearing that he initially received a price quote from the Health Connector, which he considered too high. (Appellant's Testimony).
6. In January 2024, while the open enrollment period was still ongoing, he approached his employer and asked to be enrolled in healthcare. (Appellant's Testimony). According to the appellant's testimony, his employer offered a pay raise if he would seek insurance on his own. The appellant testified that this conversation took place in January 2024 and his raise was proffered in the same month. Despite this, he took no action, and the open enrollment period ended. (Appellant's Testimony).
7. The appellant stated that he was unfamiliar with the concept of open enrollment and contacted the Health Connector several months later (Exhibit 3 & (Appellant's Testimony). He was informed that he did not qualify for special enrollment due to the absence of any qualifying life events, which is the basis of his appeal.
8. However, during the hearing, the appellant conceded that the Health Connector's assessment was correct and that no qualifying life events had occurred. (Appellant's Testimony).
9. The hearing officer provided the appellant with information regarding the Office of Patient Protection.
10. According to the Health Connector's outreach notes, this information had already been

provided to him in August.

11. The appellant acknowledged that he was unfamiliar with the Office of Patient Protection and had not contacted them. He indicated he would reach out to them after the hearing, and the hearing officer supplied him with the necessary contact details, including the phone number and website.

### **ANALYSIS AND CONCLUSIONS OF LAW**

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. It's important to note that even if Special Enrollment Period (SEP) eligibility is established, to be eligible for APTC and ConnectorCare, applicants must also commit to filing federal tax returns.

The appeal is denied. The appellant testified that in January 2024, during the open enrollment period, he approached his employer about healthcare enrollment. According to the appellant's testimony, his employer offered a pay raise if he would seek insurance on his own. Despite this conversation and the offered raise occurring in January 2024, the appellant took no action, and the open enrollment period ended.

The appellant stated that he was unfamiliar with the concept of open enrollment and contacted the Health Connector several months later. He was informed that he did not qualify for special enrollment due to the absence of any qualifying life events. During the hearing, the appellant conceded that the Health Connector's assessment was correct and that no qualifying life events had occurred.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may only enroll in a Health Plan outside of the open enrollment period if they experience a qualifying life event. The Health Connector correctly assessed that the appellant did not qualify for special enrollment, as he did not experience any qualifying life events as defined by the Health Connector's Policy NG-5.

The appellant's unfamiliarity with open enrollment does not constitute an exceptional circumstance warranting a special enrollment period. The Health Connector's outreach notes indicate that information regarding the Office of Patient Protection had been provided to the appellant in August.

During the hearing, additional information about the Office of Patient Protection was provided to the appellant, as he indicated he was not familiar with this resource and had not yet contacted them.

The regulations are clear in this matter. The appellant missed the open enrollment period, did not experience any qualifying life events that would allow for special enrollment, and was unable

to demonstrate any exceptional circumstances justifying an exception to the established enrollment rules. The Health Connector followed the correct procedures and regulations in assessing the appellant's situation. Therefore, the 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.

John Taylor  
Hearing Officer

**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:** October 25, 2024

**Decision Date:** October 31, 2024

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**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 August 5, 2024, the Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence and provide income documentation.

**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 provide income documentation.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on October 25, 2024. The Appellant and a Spanish Interpreter were sworn in. During the hearing, the Interpreter left the audio hearing. The Appellant was provided the opportunity to obtain another interpreter but waived the Interpreter and proceeded.

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 w/ Immigration Document (2 PP, received 8/12/2024 )
- Exhibit 3: Health Connector’s Acknowledgment of Appeal ( 1 P, dated 8/23/ 2024)
- Exhibit 4: Health Connector’s Notice of Appeal Hearing ( 1 P, dated 9/18/2024)

# Massachusetts Health Connector Appeals Unit



Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated	7/24/ 2024)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated	7/24/2024
Exhibit 7:	Health Connector’s Eligibility Denial	(8 PP, dated	7/24/2024)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	7/24/ 2024)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	( 1 P, dated	8/23/ 2024)
Exhibit 10:	Health Connector’s Email to the Appellant: Proof of Income	(1 P, dated	8/23/2024)
Exhibit 11:	Health Connector’s Application Summary	(8 PP, dated	9/23/ 2024)
Exhibit 12:	Health Connector’s Eligibility Results	(3 PP, dated	9/23/ 2024)
Exhibit 13:	Health Connector’s Letter to the Appellant re: Income	(1 P, dated	8/23/2024)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on July 24, 2024; after failing to establish he was lawfully present to the Health Connector. (Exhibits 1, 4-7)
2. The Appellant had coverage through Health Safety Net and had never been enrolled in Connectorcare. (Exhibits 1,9).
3. The Appellant lost MassHealth Standard on October 14, 2023 due to a time clock expiration of proof of income. (Exhibit 9).
4. The Appellant’s spouse and children have been eligible for MassHealth Standard since 2017-2019 and from 10/25/19 to 7/26/2021 but never enrolled. (Exhibit 9).
5. On July 24, 2024, the Appellant applied for health insurance through the Health Connector but was denied for not establishing lawful presence. (Exhibits 1, 7).
6. The Connector emailed the Appellant a request for proof of income after the application was submitted. (Exhibit 10).
7. The Appellant was denied even though he is a naturalized citizen and the information is on his application because there was no MassHealth termination or denial notice. (Exhibit 9).
8. The Appellant testified he had submitted lawful presence documents including a passport with his appeal. (Exhibits 1, 2, 10, and Testimony).
9. The Appellant was encouraged to call the Connector and submit proof of immigration documents showing that the Appellant is lawfully present to the Health Connector.

## ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to establish 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.

On July 24, 2024, the Appellant applied for health insurance through the Health Connector but was denied for not establishing lawful presence. (Exhibits 1, 7). Although the Appellant was a naturalized citizen and submitted proof of lawful presence, because the Appellant had lost MassHealth and there was not a denial or termination notice, he was not considered lawfully present. (Exhibit 9). The Appellant had also not provided requested income documentation to the Connector. (Exhibits 10 and 13). Because the Appellant was not considered lawfully present

## Massachusetts Health Connector Appeals Unit



by the Health Connector due to their not being a MassHealth denial or termination notice and undetermined income, the Connector correctly found that the Appellant was not eligible for Health Connector plans. 45 CFR § 155.305(a)(1). (Exhibits 9, 10, and 13).

Based upon the evidence in the record, it is concluded that the Connector's determination on July 25, 2024, 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.

*William F. O'Connell*  
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 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.

*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: ACA 24-23795

**Appeal Decision:** Appeal denied

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

**Hearing Date:** October 25, 2024

**Decision Date:** October 31, 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

By notice dated July 3, 2024, the Appellant was advised that they were determined eligible for ConnectorCare without subsidies. 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 based on the income used in the Health Connector's verification process.

#### HEARING RECORD

The Appellant household consists of the Appellant and Spouse. ("Appellant"). The Appellant appeared at the hearing, which was held by telephone on October 25, 2024, 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 dated 8/7/2024	( 2 PP, received 8/12/2024 )
Exhibit 3:	Health Connector's Acknowledgment of Appeal	( 1 P, dated 8/26/ 2024)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	( 1 P, dated 9/18/2024)
Exhibit 5:	Health Connector's Application Summary	( 3 PP, dated 7/3/ 2024)
Exhibit 6:	Health Connector's Eligibility Results	( 3 PP, dated 7/3/2024
Exhibit 7:	Health Connector's Eligibility Approval	( 8 PP, dated 7/3/2024)
Exhibit 8:	Medicaid Household Determination	( 4 PP, dated 7/3/ 2024)

Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	8/23/ 2024)
Exhibit 10:	Health Connector Email to the Appellant	(1 P, dated	6/26/2024)
Exhibit 11:	Health Connector-Change in Income Verification	(6 PP, dated, 6/27/2024, 7/1/2024)	
Exhibit 12:	Health Connector-Change in Income Verification	(6 PP, dated, 6/27/2024, 7/1/2024)	
Exhibit 13:	Health Connector's Eligibility Approval	(4 PP, dated	6/26/2024)
Exhibit 14:	Health Connector's Eligibility Results	(2 PP, dated	6/26/ 2024)
Exhibit 15:	Health Connector's Application Summary	(3 PP, dated	6/26/ 2024)
Exhibit 16:	Health Connector's Eligibility Approval	(4 PP, dated	7/30/2024)
Exhibit 17:	Health Connector's Eligibility Results	(2 PP, dated	7/30/ 2024)
Exhibit 18:	Health Connector's Application Summary	(3 PP, dated	7/30/ 2024)
Exhibit 19:	Medicaid Household Determination	(4 PP, dated	8/30/ 2024)
Exhibit 20:	Health Connector's Eligibility Results	(3 PP, dated	8/30/ 2024)
Exhibit 21:	Affidavit of Residency	(1 P, dated	undated)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant testified the household consisted of he and him and his Spouse. (Testimony, Exhibit 1,5).
2. The Appellant was not previously enrolled in Connectorcare. (Testimony, Exhibits 1, 5-9).
3. The Appellant's household income was verified on July 3, 2024, and the annual household income was determined to be 1116.73 % of Federal Poverty Level("FPL") based on an attested received monthly income of \$15,735.36 a month for the Appellant and \$4,741.66 for the Spouse. (Testimony, Exhibits 1, 4-5).
4. The Appellant testified that their attested income was accurate at the time of the application but did not take into account the fact that the Appellant is now self-employed with substantially less income and his Spouse is no longer employed, and that the insurance unaffordable. (Testimony, Exhibit 1).
5. The Appellant credibly testified that they are unable to afford to pay the cost of the plan that they are being offered because of the substantial expense. (Testimony, Exhibits 1,2, and 7).
6. The Appellant's application was rerun on August 30, 2024, their FPL was substantially reduced, and they are eligible for a Connectocare CC Plan 3C.(Exhibit 20).
7. The Appellant testified they were enrolled in Connectorcare but the plan is still unaffordable where the Appellant is self employed and the Spouse is unemployed, and because the Spouse is caring for a family member. (Testimony).
8. The Appellant was advised however, that this appeal addresses only the issue of the Connector's income eligibility determination on July 3, 2024, in verification of the Appellant's income. (Exhibits 1,5, and 7).
9. The Appellant was advised the appeal only addresses whether the Connector's decision regarding eligibility based on income was correct at the time of the application on July 3, 2024. The Appellant was encouraged to contact customer service to report a change in income and to obtain information for a premium hardship waiver.

## **ANALYSIS AND CONCLUSIONS OF LAW**

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

The Appellant was previously not enrolled in Connectorcare at the time of their application on July 3, 2024. (Testimony, Exhibits 1 and 9). The Appellant's income was verified on July 3, 2024, wherein it was determined his FPL was 1116.73% based on a based on an attested monthly income of \$ of \$15,735.36 a month for the Appellant and \$4,741.66 for the Spouse. (Testimony, Exhibits 1, 7-9, Finding No. 3, Infra). The Appellant asserts that this determination is incorrect because the current income they are currently receiving is less than the income from the manual verification to warrant the assigned premium without subsidies. (Testimony, Exhibits 1 and 2). However, the Appellant testified the plan being offered is unaffordable, especially given the substantial amount of copays and deductibles. (Testimony, Exhibits 1,7 and 12).

The Connector's notice on July 3, 2024, and the determination based on the Appellant Household's income verification was determined to be 1116.73% of Federal Poverty Level("FPL") based on an attested monthly income of \$15,735.36 a month for the Appellant and \$4,741.66 for the Spouse is consistent with rules in federal regulation at 45 CFR § 155.335. (Testimony, Exhibits 1, 5, and 7). The final determination was correct for the Appellant. (Exhibits 1,5, and 7). This was used to determine a household income equivalent to 1116.73 % of the Federal Poverty Level. (Exhibits 1,5, 7, and 9). 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 July 3, 2024, regarding the Appellant's eligibility for Health Connector Plans without subsidies was correct. The Appellant was advised to update their application or call Customer Service to report any changes in income, any other information on his application, regarding those issues. The Appellant should also contact Customer Service about a Premium Hardship Waiver as that issue was not part of 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 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 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.

*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.

**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:** October 23, 2024

**Decision Date:** October 31, 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 August 5, 2024, the Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that 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 October 23, 2024. 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 (1P, undated )
- Exhibit 2: Appellant’s Appeal Request Form w/ Lawful Presence Documents (5 PP, received 8/19/2024)
- Exhibit 3: Health Connector’s Acknowledgment of Appeal (1 P, dated 9/1/ 2024)
- Exhibit 4: Health Connector’s Notice of Appeal Hearing (1 P, dated 9/16/2024)
- Exhibit 5: Health Connector’s Application Summary (3 PP, dated 8/5/ 2024)

# Massachusetts Health Connector Appeals Unit



Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated	8/5/2024)
Exhibit 7:	Health Connector’s Denial Notice	(8 PP, dated	8/5/2024)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	4/17/ 2024)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	8/29/ 2024)
Exhibit 10:	Health Connector Manage Documents	(1 P, dated	8/29/2024)
Exhibit 11:	Health Connector’s Application Summary	(8 PP, dated	8/22/ 2024)
Exhibit 12:	Health Connector’s Eligibility Results	(3 PP, dated	8/22/ 2024)
Exhibit 13:	Health Connector’s Application Summary	(3 PP, dated	8/22/ 2024)
Exhibit 14:	Health Connector’s Eligibility Approval	(8 PP, dated	8/22/ 2024)
Exhibit 15:	Massachusetts Request for Documents	(6 PP, dated	8/14/ 2024)
Exhibit 16:	Massachusetts Notice Regarding Documents	(6 PP, dated	8/22/ 2024)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on August 5, 2024 after failing to establish she was lawfully present to the Health Connector. (Exhibits 1, 4-7).
2. The Appellant had coverage through Health Safety Net and had never been enrolled in Connectorcare. (Exhibits 1,9).
3. On August 5, 2024, the Appellant applied for health insurance through the Health Connector but was denied for not establishing lawful presence. (Exhibits 1, 7).
4. The Appellant was sent a notice dated August 14, 2024, requesting proof of lawful presence with a list of acceptable documents. (Exhibits 1, 15).
5. The Appellant testified she had submitted lawful presence documents in late August 2024. (Exhibits 1, 2, 10, and Testimony).
6. The Appellant had submitted documents on August 19, 2024, with the Appeal. (Exhibits 1, 2, 10, and Testimony).
7. The Appellant was sent a notice dated August 19, 2024, advising her that the documents she submitted were not readable and to submit lawful presence documents. (Exhibits 1, 15).
8. The documents the Appellant submitted included a Form I-797 and a card, but the documents were determined to not be readable. (Exhibits 1 and 16).
9. The Appellant was eligible for Connectcare on August 22, 2024, but without financial assistance because the Connector did not have proof of lawful presence. (Exhibits 1, 9, and 14).
10. The Appellant testified she was requesting an appeal because she was requesting a secondary insurance from the Connector in addition to her employer health insurance coverage(“ESI”). (Testimony).
11. The Appellant was encouraged to call the Connector and submit proof of immigration documents showing that the Appellant is lawfully present to the Health Connector.

## ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to establish 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.

## Massachusetts Health Connector Appeals Unit



On August 5, 2024, the Appellant applied for health insurance through the Health Connector but was denied for not establishing lawful presence. (Exhibits 1, 7). Because the Appellant did not present proof 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). Subsequent thereto, the Appellant submitted documents related to lawful presence, but the ConnectorCare determined they were not readable. (Exhibits 1, 7, and 16). The Appellant was encouraged to contact Customer Service and submit proof of immigration documents showing that the Appellant is lawfully present to the Health Connector. Notwithstanding the above, the Appellant testified she was requesting a secondary insurance from the Connector in addition to her employer health insurance coverage (“ESI”). (Testimony).

Based upon the evidence in the record, it is concluded that the Connector’s determination on August 5, 2024, 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.

*William F. O’Connell*  
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 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

## Massachusetts Health Connector Appeals Unit



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



# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-23305

**Appeal Decision:** Denied

**Hearing Issue:** Eligibility for ConnectorCare Plans

**Hearing Date:** October 15, 2024

**Decision Date:** November 13, 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.

### ACTIONS TAKEN BY THE HEALTH CONNECTOR

On June 13, 2024 Health Connector determined the Appellant eligible for Health Connector plans with no financial assistance. The Decision after the Appellant failed to submit acceptable proof of household income as requested.

### ISSUE

Did the Appellant submit the documentation required to determine their eligibility for ConnectorCare prior to June 13, 2024.

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on October 15, 2024. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Affidavit of Hearing Record
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated September 13, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated June 13, 2024.
- Exhibit 5: 2024 Eligibility Results with an Application Summary dated June 13, 2024
- Exhibit 6: Medicaid Household Determination Printout dated June 13, 2024.
- Exhibit 7: The Appellant's Online Appeal request, received on June 26, 2024.
- Exhibit 8: Health Connector Request for Information issued on December 15, 2023.
- Exhibit 9: Health Connector Documents Needed Reminder Notice dated February 13, 2024.
- Exhibit 10: Health Connector Insufficient Documents Notice dated March 18, 2024.

- Exhibit 11: Health Connector Insufficient Documents Notice dated April 12, 2024.
- Exhibit 12: My Workspace Printout of documents submitted on December 15, 2023.
- Exhibit 13: My Workspace Printout of documents submitted on March 13, 2023.
- Exhibit 14: My Workspace Printout of documents submitted on April 10, 2023.
- Exhibit 15: 2024 Eligibility Results with an Application Summary dated July 10, 2024.
- Exhibit 16: Health Connector Appeals Unit Open Record Form dated October 15, 2024.
- Exhibit 17: Additional documentation submitted by the Health Connector on October 24, 2024.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. On June 13, 2024 Health Connector notified the Appellant that they were eligible for Health Connector Plans with no financial assistance. The decision came after the Appellant failed to submit acceptable proof of income and their household income could not be determined (Exhibits 4, 5).
2. On June 26, 2024 the Appellant submitted an Online Appeal request and wrote that their monthly premium had quadrupled but their income remained the same (Exhibit 7).
3. On July 10, 2024 the Appellant's application was updated. The Appellant was determined eligible for ConnectorCare 2A based on reported income equal to 126.98% of the federal poverty level (Exhibit 15).
4. The Appellant testified that their health insurance was cancelled without notice. The Appellant requested retroactive coverage (Appellant Testimony).
5. The record was left open and the Health Connector was asked to submit documentation regarding the Appellant's testimony that their insurance was cancelled without notice (Exhibit 16).
6. On October 24, 2024, Health Connector submitted 188 pages of documentation. A copy was mailed to the Appellant and the Record was left open until November 11, 2024 to allow the Appellant to submit a written response (Exhibit 17).
7. The Appellant did not submit any additional information during the Record Open Period.
8. The Appellant completed an application for ConnectorCare for the period beginning January 1, 2024 on December 15, 2023. The Appellant is a household of five and applied for coverage for themselves and one child. The Appellant did not apply for their spouse or two other children. The Appellant reported self-employment income for themselves and their spouse that was determined to be equal to 114.40% of the federal poverty level. The Appellant was determined eligible for ConnectorCare plan 2A (Exhibit 17, pp. 9-20).
9. On December 15, 2023 Health Connector notified the Appellant that they must submit updated proof of income for themselves and their spouse. A list of acceptable documents was provided on the notice (Exhibits 8 and 17, pp25-32).

10. On December 22, 2023 the Appellant submitted a copy of their Income Tax Return for tax year 2022 as proof of their current income (Exhibits 12 and 17, pp.35-76).
11. On December 22, 2023 Health Connector issued an Unacceptable Document Notice advising the Appellant that the documentation submitted was too old to be used to verify their current income. The notice contained a list of acceptable documents to be submitted (Exhibit 17, pp. 77-84).
12. On February 13, 2024 Health Connector issued a Documents Needed Reminder Notice to the Appellant reminding them that they must submit proof of income so that their continued eligibility could be determined. A list of acceptable documents was included (Exhibit 17, pp. 85-88).
13. On March 8, 2024 the Appellant submitted copies of bank statements. The documents were not acceptable proof of income (Exhibit 17, pp. 89-92).
14. On March 13, 2024 the Appellant submitted a one-page document entitled Profit and Loss statement for a fitness business January 2024 (Exhibit 17, p. 95).
15. On March 14, 2024 the Appellant submitted a one-page profit and Loss Statement for their spouse's business (Exhibits 14 and 17, pp. 97-99).
16. On March 18, 2024 Health Connector issued an Insufficient Document Notice to the Appellant. The Appellant was advised that the documentation submitted was insufficient in that it did not contain sufficient detail or business records. A list of acceptable documents was included in the request for additional information (Exhibit 17, pp 121-125).
17. On April 4, 2024, Health Connector issued a Request for Information. The Appellant was advised that they must submit proof of income for themselves and their spouse by June 3, 2024. A list of acceptable documents was included (Exhibit 17, pp. 143-146).
18. On April 10, 2024 the Appellant submitted copies of bank statements (Exhibit 17, pp. 153-162).
19. On April 12, 2024, Health Connector issued an Insufficient Documents Notice (Exhibit 11).
20. On May 5, 2024 Health Connector issued a Documents Needed Reminder Notice. A list of acceptable documents to verify income was included (Exhibit 17, pp 163-166).
21. On June 13, 2024 Health Connector issued a Plan Termination notice advising the Appellant that their ConnectorCare plan was terminated effective June 30, 2024. Contact information for assistance was provided (Exhibit 17, pp. 167-168).

### **ANALYSIS AND CONCLUSIONS OF LAW**

On December 15, 2023 the Appellant applied for ConnectorCare for the period beginning January 1, 2024. The Appellant is married and three children live in the home. The Appellant did not apply for their spouse or two of the three children. On the Application the Appellant reported self-employment income for themselves and their

spouse. The Appellant was determined eligible for ConnectorCare 2A based on reported income equal to 114.40% of the federal poverty level.

On December 15, 2023 Health Connector notified the Appellant that they must submit proof of their income, or their eligibility may be terminated. CFR §155.305(a)(1),(3),(f). On December 22, 2023 the Appellant submitted a copy of their Income Tax Return for tax year 2022. On December 22, 2023 Health Connector notified the Appellant that the 2022 Tax Return was not acceptable to verify income for tax year 2024. As noted in Findings of Fact above, multiple notices were issued to the Appellant during the period of December 22, 2023 through May 5, 2024. The notices contained a list of acceptable verifications. Although the Appellant submitted some documentation, the bank statements and one page Profit and Loss Statements for the self-employment income for the Appellant and their spouse did not contain the information requested by the Health Connector and was insufficient to determine the household's income.

Health Connector did not terminate the Appellant's ConnectorCare without notice. A notice was issued on June 13, 2024 advising the Appellant that their ConnectorCare plan would be terminated June 30, 2024. Contact information for Customer Service was provided should the Appellant need assistance. Health Connector regulations require enrollees to provide requested information to establish and maintain eligibility. 956 CMR 12.09(1). The June 13, 2024 termination of the Appellant's ConnectorCare was correct because Health Connector did not have the verifications needed to determine the Appellant's eligibility.

On June 13, 2024 the Appellant was notified that they were eligible for Health Connector plans effective July 1, 2024 because Health Connector was unable to determine the household's financial eligibility for subsidies. The notice advised the Appellant how to enroll in a plan for coverage effective July 1, 2024 so that the Appellant would not be without health insurance coverage. The Appellant filed an appeal on 6/26/24 to dispute the increased monthly premium but as stated above, the Appellant's ConnectorCare was correctly terminated on June 13, 2024.

## **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

## Connector Appeals Unit

### FINAL APPEAL DECISION: ACA24-23878

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** November 14, 2024

**Decision Date:** November 15, 2024

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#### **AUTHORITY**

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

#### **JURISDICTION**

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

#### **ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

On August 21, 2024, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

#### **ISSUE**

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

#### **HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on November 14, 2024. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant

was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (3 pages, dated October 16, 2024)
- 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 (4 pages dated September 16, 2024)
- Exhibit 6: Notice of Eligibility Determination (7 pages, dated August 21, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (9 pages, dated August 21, 2024)
- Exhibit 87: Historical Notices and Printouts (5 pages)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant is a 43 year old unmarried female (Exhibit 7 )
2. The Appellant has a household of four. (Exhibit 7 )
3. The Appellant did not provide any documents of being lawfully present at the time of her application.
4. The Appellant has not submitted documents showing that the Appellant is lawfully present to the Health Connector. (Appellant's testimony)

## **ANALYSIS AND CONCLUSIONS OF LAW**

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

On August 21, 2024, The Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not lawfully eligible for Health Connector plans. 45 CFR s. 155.305(a)(1).

The Health Connector correctly found The Appellant was not eligible for Health Connector plans on August 21, 2024, based on the Appellant's attestation and that determination is upheld.

**ORDER**

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

**ADDENDUM**

The Appellant is urged to MassHealth and inquire about coverage for herself and her three children at 1-800-841-2900

**Connector Appeals Unit**

**FINAL APPEAL DECISION: ACA24-23454**

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Eligibility for Premium Waiver.

**Hearing Date:** October 18, 2024

**Decision Date:** November 18, 2024

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**AUTHORITY**

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

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

Appellant submitted an application for subsidized health insurance on June 18, 2024. The Health Connector determined the Appellant to be eligible for a ConnectorCare plan with Advance premium Tax credits.

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for a ConnectorCare plan with Advance Premium Tax Credits.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on October 18, 2024. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant



was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (3 pages, dated September 13, 2024)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (2 pages)
- Exhibit 5: Appellant's appeal request form (4 pages dated July 10, 2024)
- Exhibit 6: Notice of Eligibility Determination (9 pages, dated January 11, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated January 11, 2024)
- Exhibit 7: Historical Notices and Printouts (29pages)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant is a 35 year old single male (Exhibit 7)
2. The Appellant has a household of one. (Exhibit 7 )
3. On his application, dated June 18, 2024 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$68,235.02 (Exhibit 7)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place him at 468% of the 2024 Federal Poverty Level (FPL).
5. An individual at that income level would not be eligible for subsidized coverage under the ACA, with Advanced Premium Tax Credits because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.

6. The Appellant was sent a notice on January 11, 2024 that he was eligible for a Connectorplan 3D with APTC. Appellant testified that he signed up for the plan. Appellant was enrolled from January 1, 2024 through March 31, 2024.
7. Appellant was disenrolled for failure to make payment of his insurance premiums.
8. Appellant filed a Premium Waiver or Reduction application on July 15, 2024.
9. Appellant's Hardship Waiver was denied on June 24, 2024, due to insufficient documentation.
10. Appellant testified at his hearing that the amount owed the landlord was only 50% owed by Appellant. Appellant testified that his income noted by the Health Connector was accurate.
11. Appellant testified that his employer offered health insurance but it was too expensive. Appellant did not know the amount of the premium from 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 government sponsored health insurance such as Medicare. 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

Under 956 CMR # 12:12(7) an Appellant can apply for a waiver of the premium. The Appellant did not payback any owed premiums. The Health Connector correctly found The Appellant did not supply sufficient documentation and his FPL was 468%. This was the correct determination and the Appellant's appeal is therefore denied.

## **ORDER**

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

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

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

with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

**ADDENDUM**

The Appellant is urged to contact the Health Connector Customer Service and inform the Health Connector that he wishes to sign up for a Health Connector plan.