

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Determination of Connector Care plan type eligibility based on reported income.

Hearing Date: September 25, 2024 **Decision Date:** September 30, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant was notified by letter from the Health Connector dated May 6, 2024 that, based on her income, she was eligible for Connector Care Plan Type 3A.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined Appellant's Connector Care Plan Type based on Appellant's reported income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 25, 2024. The hearing record consists of the Appellant's testimony and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (6/4/24) (2 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility Notice (5/6/24) (8 pages)
- Exhibit 4: Screen Shot of Eligibility Summary (4 pages)
- Exhibit 5: Screen Shot of Application Summary (6 pages)

Exhibit 6;	Medicaid eligibility determination (4 pages)
Exhibit 7:	Appeals Unit database notes (1 page)
Exhibit 8:	Income verification notes (3 pages)
Exhibit 9:	Sales Force notes (6 pages)
Exhibit 10:	My WorkSpace notes (1 page)
Exhibit 11:	Income verification documents (12 pages))
Exhibit 12:	Eligibility results (4/11/24) (4 pages)
Exhibit 13:	Summary of application (6 pages)
Exhibit 14:	Notice of Appeal Hearing (9/28/2022) (3 pages)
Exhibit 17:	Acknowledgement of Appeal Request (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellant filed an appeal on June 4, 2024. Exhibit 1.
2. Appellant was appealing a notice that had been sent to her by the Health Connector on May 6, 2024, stating that she was eligible for Connector Care Plan Type 3A based on her household income. Exhibit 3.
3. Connector Care is a program of subsidized health insurance provided through the Health Connector. Connector Care is offered in plan types, ranging from Plan Type 1 through Plan Type 3D. The determination of which plan type a person is eligible for is based on that person's income and household size. The plan types represent different levels of subsidies. As the plan type increases, the level of subsidy decreases.
4. Appellant is a single mother of two children. Thus, for purposes of determining income, Appellant is in a household of three persons. Exhibit 5.
5. Appellant had been receiving Connector Care through the Health Connector since at least some time in 2023. Exhibit 12. Connector Care is a program of subsidized health insurance offered through the Health Connector for qualified individuals with household income below 500 percent of the FPL. 956 C.M.R. § 12.04(3).
6. In an earlier application for health insurance, Appellant reported that she had income from a temporary job agency, which was calculated at \$836 every two weeks or about \$21,700 annually. Exhibit 12.
7. Based on that income amount, she was determined eligible for Connector Care Plan Type 2B. Exhibit 12.
8. Connector Care members are advised to update their application if they have a change in their income.
9. Appellant stopped working at that temporary agency at the end of 2023. At that point, she took a new job, which paid her about \$750 a week or \$39,000 annually. Appellant did not update the income amount in her application to reflect that new information.
10. At some point in 2024, she was requested to provide proof of her income. She provided two pay stubs from her new job. Exhibit 11.
11. Because Appellant had not updated her application to remove the income from the temporary job that she had left earlier, the amount of new income she reported was added on to that other amount. As a

result, the information in her application reflected that she was earning about \$61,000 annually, which represented the \$39,000 she earned from her new job and the \$21,000 she had previously earned from her temporary job.

12. Based on this information, Appellant was determined eligible for Connector Care Plan Type 3A. Exhibit 4. In that plan type, the amount of subsidy received to pay for health insurance is lower than in plan type 2B. Thus, the premium that Appellant was required to pay increased, because that amount is the part of cost of the insurance not covered by the subsidy,
13. Appellant appealed because the cost of her insurance had increased and she didn't understand why.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant's Connector Care plan type based on her reported income.

The Health Connector determines eligibility of individuals to receive federal subsidies to purchase health insurance under the Affordable Care Act (ACA). 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percentage of the federal poverty limit (FPL). *Id.* The FPL is a threshold determined annually by the federal government based on household size and income; it is used to determine eligibility for a range of federal assistance programs. *See* 42 U.S.C. § 9902(2). In 2024, the FPL for a household of three persons was \$25,820. <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>.

Additionally, the Health Connector determines eligibility for Connector Care. That is a program under which state-funded subsidies are added to the APTCs for eligible individuals. Persons are determined eligible for a particular plan type of Connector Care based on their household income, expressed as a percentage of the FPL. 956 C.M.R. § 12.04(3)(b). Thus, for instance, a person whose household income was at or below the FPL would be in Plan Type 1. A person whose household income is between 250 and 300 percent of the FPL would be in Plan Type 3B. *Id.* As the plan type increases, the amount of subsidy decreases. Because the subsidy offsets the cost of the insurance, a person in a higher plan type will pay more for insurance than in a lower plan type.

In this case, Appellant's initial application for Connector Care provided information about her earnings from her work at the temporary agency. Based on that information, Appellant was determined to be at about 156 percent of the FPL and therefore she was determined eligible for Plan Type 2B, which is the plan type for persons with household income between 150 and 200 percent of the FPL. 956 C.M.R. § 12.04(3)(b). When she later provided information about the income from her new job, that amount was added to the amount already in her application. As a result, her income was calculated to be over \$69,000 annually, which amounted to between 200 and 250 percent of the FPL; given that calculation, she was determined eligible for Plan Type 3A. Exhibits 4, 5.

The determination of Appellant's plan type, which is reflected in the notice sent to her on May 6, 2024, was based on the information on file for her in her application. That information included the amount of income from the temporary agency job, which had been reported earlier, and the amount of income from the new job, which was reflected in the pay stubs she provided. Based on the amount of reported income, the calculation of her plan type was not erroneous.

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In order to correct this problem, Appellant must update the income information in her application to reflect her actual current income. She should report that she no longer has income from the temporary job where she worked in 2023. She should ensure that her application reflects only that she has income from her new job that she started in 2024. She can do that by calling the Health Connector at 877-623-6765, or by updating her application on-line at www.mahealthconnector.org.

Because the Health Connector correctly determined Appellant's eligibility for advance premium tax credits based on income, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of a premium waiver.

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

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 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 May 22, 2024 that her request for a premium waiver had been denied.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly denied Appellant's request for a premium waiver.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 7, 2024. The hearing record consists of the Appellant'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: Pay stubs (16 pages)
- Exhibit 4: Premium waiver denial notice (5/22/24) (8 pages)
- Exhibit 5: Eligibility determination (1/20/24) (2 pages)

- Exhibit 6: Screen Shot of Application Summary (1/20/24)(4 pages)
- Exhibit 7; Medicaid eligibility determination (4 pages)
- Exhibit 8: Appeals Unit database notes (1 page)
- Exhibit 9: Email to Appellant (1 page)
- Exhibit 10: Sales Force notes (7 pages)
- Exhibit 11: Premium waiver application (4 pages)
- Exhibit 12: My WorkSpace notes (1 page)
- 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 Appellant, or, if noted, from the exhibits taken into evidence, and the reasonable inferences drawn therefrom.

The record shows, and I so find:

1. Appellant applied for Connector Care in January 2024. Exhibit 6. Connector Care is a program of subsidized health insurance run by the Health Connector.
2. In that application, Appellant stated that she was in a household of two persons, consisting of herself and a minor child. Exhibit 6. Further, she stated that her monthly income was \$3,320 monthly, which annualizes to \$39,840. Id.
3. Based on that information, Appellant was determined eligible for Connector Care Plan Type 3A. Exhibit 5. Connector Care is offered in plan types, ranging from Plan Type 1 through Plan Type 3D. The determination of which plan type a person is eligible for is based on that person's income and household size. The plan types represent different levels of subsidies. As the plan type increases, the level of subsidy decreases.
4. Persons in Connector Care pay a premium. This amount represents the cost of the insurance reduced by the amount of the subsidy. Persons in Plan Type 3A would pay a premium of between \$150 to \$200.
5. During the first months of 2024, Appellant experienced various health challenges that would periodically prevent her from working. As a result, she was earning less month to month than the amount stated in her application.
6. Appellant did not notify the Health Connector about her reduction in income or update the information about her income provided in January.
7. At some point, Appellant decided that she could not afford to keep paying the premium for her health insurance.
8. Appellant filed an application for a premium waiver. Exhibit 11. In that application, Appellant claimed that she had experienced a significant increase in household expenses resulting from a major illness. In support, she attached utility bills showing that her monthly charges had gone unpaid and had accumulated over time. Id.
9. On May 22, 2024, the Health Connector sent Appellant a notice stating that her premium waiver application had been denied because she had not met any of the conditions required to obtain such a waiver. Exhibit 4.
10. Appellant filed an appeal of this denial on July 8, 2024. Exhibit 1.

11. In mid-August, Appellant lost her job. As of the date of the hearing, she was not working and had not yet been approved to receive unemployment benefits.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for a premium waiver.

The Health Connector determines eligibility of individuals to receive federal subsidies to purchase health insurance under the Affordable Care Act (ACA). 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). The amount of APTCs is determined under a formula that depends on the calculation of the person's household income as a percentage of the federal poverty limit (FPL). Id. The FPL is a threshold determined annually by the federal government based on household size and income; it is used to determine eligibility for a range of federal assistance programs. See 42 U.S.C. § 9902(2). In 2024, the FPL for a household of two persons was \$20,440. <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>.

Additionally, the Health Connector determines eligibility for Connector Care. That is a program under which state-funded subsidies are added to the APTCs for eligible individuals. Persons are determined eligible for a particular plan type of Connector Care based on their household income, expressed as a percentage of the FPL. 956 C.M.R. § 12.04(3)(b). Thus, for instance, a person whose household income was at or below the FPL would be in Plan Type 1. A person whose household income is between 200 and 250 percent of the FPL would be in Plan Type 3A. Id. As the plan type increases, the amount of subsidy decreases. Because the subsidy offsets the cost of the insurance, a person in a higher plan type will pay more for insurance than in a lower plan type.

In this case, Appellant's initial application for Connector Care provided information about her earnings, which stated that she made \$39,953 annually. Exhibit 5. Based on that information, the Health Connector determined that she was eligible for Plan Type 3A. Exhibit 4. Appellant is not appealing that determination.

However, Appellant's actual earnings in 2024 were significantly less than the amount of \$39,953 stated in her application. This is because she had health issues, which caused her to work intermittently. Further, since August, she has been out of work and without income. But Appellant never notified the Health Connector about this change in her income. Connector Care enrollees are expected to inform the Health Connector of changes in income that could result in a change in premium. 956 C.M.R. § 12.09(2). If Appellant had reported this decline in income, there would have been a new determination of plan type eligibility, which would have resulted in a lowering of her premium.

Instead, Appellant applied for a premium waiver. The Health Connector's regulations provide that an enrollee in Connector Care can obtain a waiver of premiums for up to one year only if the enrollee demonstrates that they have experienced one of a list of conditions that caused an "extreme financial hardship." 956 C.M.R. § 12.12(7). These conditions include events such as a foreclosure on a home, a fire, or bankruptcy. Id.

In her application, Appellant stated that she had experienced an increase in expenses due to a serious illness. Exhibit 11. One of the listed conditions that entitle a person to a premium waiver is a sudden, unexpected increase in household expenses resulting from the need to provide full-time care to self or a family member

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resulting from an illness. 956 C.M.R. § 12.12(7)(a)(3)(c). In support of that claim, Appellant attached various utility bills showing that the monthly charge had gone unpaid. But those documents do not show an increase in household expenses due to the need for full-time care resulting from illness. In fact, Appellant's expenses had not increased.

Rather, her income had decreased. This does not constitute grounds for a premium waiver under the governing regulations. A premium waiver is designed for unusual circumstances which prevent an individual from paying the premium that is appropriate for their income level. By contrast, the remedy for a decrease in income is to update information about income so that a new determination of eligibility may be made. 956 C.M.R. § 12.09(2). In Appellant's case, reporting that her income has declined from the amount reported in January will result in a new eligibility determination and a likely reduction in premium.

Appellant should contact the Health Connector to report her loss of income. She can do this by calling the Health Connector at 877-623-6765, or by updating her applying on-line at www.mahealthconnector.org.

Because the Health Connector correctly determined that Appellant was not eligible for a premium waiver, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Denial of eligibility for Health Connector plans.

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

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 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: ACA24-23034

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: September 9, 2024

Decision Date: September 27, 2024

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; 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 18, 2024, Appellant was found eligible for a Connector Care Plan Type 3C beginning on July 1, 2024.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for a Connector Care Plan Type 3C, based upon Appellant's income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on September 9, 2024. The Hearing Record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

1. Affidavit and Appeal Request dated May 29, 2024
2. Eligibility on Appeal dated May 22, 2024
3. Research and Resolution
4. Historic notices Eligibility dated November 2, 2023 and May 9, 2024
5. Recent Determination dated June 18, 2024
6. Notice from Appeal Unit dated July 25, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. On November 2, 2023, Appellant applied for subsidized health insurance for 2024 (Exhibit 2).
2. On November 2, 2023, Appellant was found eligible for a Connector Care Plan 2B, beginning on January 1, 2024, based on a federal poverty level of 175.91% (Exhibit 2).
3. On May 9, 2024, Appellant was found eligible for a Connector Care Plan 3B, beginning on June 1, 2024, based on a federal poverty level of 253.80% (Exhibit 4)
4. On May 9, 2024, Appellant was required to send in proof of income (Exhibit 4).
5. Appellant sent in the requested proof of income on May 22, 2024 (Exhibit 3).
6. Based upon the new information, on May 22, 2024, Appellant received a new determination of a federal poverty level of 312.48% and eligibility for a Connector Care Plan 3C beginning on July 1, 2024 (Exhibit 2).
7. During July and August 2024, Appellant experienced a large decrease of income (Testimony of Appellant).
8. Appellant filed an appeal of the May 22, 2024 eligibility determination on May 29, 2024 (Exhibit 1).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit depending on their household income. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 500% FPL qualify for additional state subsidies through the Health Connector's Connector Care program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

On November 2, 2023, Appellant applied for subsidized health insurance for 2024. Appellant was found to have a Federal Poverty Level of 175.91% and found eligible for a Connector Care Plan 2B. On May 9, 2024, Appellant received a new determination and was required to submit proof of income. On May 22, 2024, Appellant provided the information about proof of income. Based upon the proof of income information submitted by Appellant, the Health Connector found that Appellant had a federal poverty level of 312.48% and on May 22, 2024, Appellant was found eligible for a Connector Care Plan 3C. I find that the Health Connector made the correct determination on May 22, 2024. See 956 CMR 12.04.

ORDER

The Appeal is denied.

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

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

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

ADDENDUM

If Appellant has not already done so, Appellant should immediately report changes in income to the Health Connector (1-877 623-6795) and provide any documents requested.

Appellant should note that if you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a Connector Care plan (which also includes Advance 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 from the federal government will be reconciled when you file your 2024 federal income tax return. This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during 2024 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2024 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

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FINAL APPEAL DECISION: ACA24-23163

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare Plans

Hearing Date: October 11, 2024

Decision Date: October 16, 2024

AUTHORITY

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

JURISDICTION

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

ACTIONS TAKEN BY THE HEALTH CONNECTOR

On May 29, 2024 Health Connector Denied the Appellant's Application for ConnectorCare. The Decision came after the Appellant failed to provide the verifications needed to determine eligibility.

On June 27, 2024 Health Connector determined the Appellant eligible for ConnectorCare plan 3C based on the documentation submitted by the Appellant while their June 11, 2024 appeal was pending.

ISSUES

Did the Appellant submit the documentation required to determine their eligibility for ConnectorCare prior to May 29, 2024?

Was the financial eligibility determination made by the Health Connector correct based on the wage stubs submitted by the Appellant on June 11, 2024?

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on October 11, 2024. Interpreter services were provided at the Appellant's request. 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 12, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.

- Exhibit 4: Health Connector Eligibility Denial notice dated May 29, 2024.
Exhibit 5: 2024 Eligibility Results with an Application Summary dated May 29, 2024
Exhibit 6: Medicaid Household Determination Printout dated May 29, 2024.
Exhibit 7: The Appellant's Hearing Request Form, with attachments, received on June 11, 2024.
Exhibit 8: Appellant E-mail submitted to the Health Connector Appeals Unit on August 14, 2024.
Exhibit 9: Health Connector Request for Information issued on January 12, 2024.
Exhibit 10: 2024 Eligibility Results with an Application Summary dated June 27, 2024.
Exhibit 11: Health Connector Appeals Unit Outreach Email requesting additional information dated June 25, 2024.
Exhibit 12: Health Connector Outreach Email dated June 28, 2024.
Exhibit 13: 2024 Eligibility Results with an Application Summary dated January 12, 2024.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for subsidized health insurance on January 12, 2024 and reported having weekly income of \$400. The Appellant was determined eligible for ConnectorCare 2A based on having income equal to 142.65% of the federal poverty level for their household of one (Exhibit 13).
2. On January 12, 2024 Health Connector notified the Appellant that they were required to submit proof of their income, residency and a Social Security card so that their continued eligibility could be determined. The Appellant was advised that the documentation must be submitted by April 11, 2024 or eligibility could be terminated (Exhibit 9).
3. As of May 29, 2024 the Appellant had not submitted documentation to the Health Connector. The Appellant had not enrolled in a health plan (Exhibits 3, 4, 5).
4. On May 29, 2024 Health Connector denied the Appellant's application for ConnectorCare because the Appellant failed to submit required documentation of income, residency and their Social Security number (Exhibits 4, 5).
5. The Appellant filed an appeal on June 11, 2024 and submitted proof of residency and two wage stubs with their appeal request (Exhibit 7).
6. The wage stub dated June 6, 2024 verified weekly gross income of \$920.26 and the wage stub dated June 16, 2024 verified weekly gross income of \$1,004.74 (Exhibit 7).
7. On June 25, 2024 the Health Connector Appeals Unit sent the Appellant an E-mail informing them that they still needed to send in a copy of their Social Security card so that their eligibility could be determined (Exhibits 3, 11).
8. On June 26, 2024 the Appellant submitted a copy of their Social Security card as requested (Exhibit 3).

9. On June 27, 2024 Health Connector determined the Appellant eligible for ConnectorCare 3C based on the wage stubs dated June 6, 2024 and June 16, 2024 verifying income equal to 343.48% of the federal poverty level (Exhibits 7, 10).
10. On June 28, 2024 the Health Connector Appeals Unit notified the Appellant via E-mail that they were determined eligible for ConnectorCare 3C and should call Customer Service to enroll. Contact information was provided (Exhibit 12).
11. On August 14, 2024 the Appellant notified the Health Connector Appeals Unit that they did not wish to withdraw their appeal because the insurance premium they were quoted was too high (Exhibit 8).
12. The Appellant testified that they were denied by MassHealth in January due to their income. The Appellant said that when they contacted Health Connector they were given choices of plans with monthly premiums between \$200 and \$250. The Appellant said that due to the high cost of their living expenses they could not pay that amount so they did not enroll. The Appellant said that their income fluctuates from \$650 per week to \$1,100 per week gross but after taxes, living expenses and sending money to their family in another country they cannot pay a health care premium of \$345 which was the most recent quote they received. The Appellant then asked about their employer's insurance and said that they believe the cost is \$50 but they cannot enroll until open enrollment for 2025. The Appellant said that she has been trying to get a less expensive plan through the Health Connector for months (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

On January 12, 2024 the Appellant applied for subsidized health insurance and reported weekly income of \$400. Health Connector determined the Appellant eligible for ConnectorCare plan 2A based on the reported income that was determined to be equal to 142.65% of the federal poverty level.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. As a result of the federal American Rescue Plan, for Plan Years 2021 through 2025, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 10/23/23). The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 500% FPL in 2024 qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant's attested income was determined to be less than 500% of the Federal Poverty Level and rendered the Appellant financially eligible for state and federal subsidies. Since the Appellant's projected MAGI was more than 100.1% but less than 150% of the Federal Poverty Level, the Health Connector correctly determined on January 12, 2024 that the Appellant was eligible for ConnectorCare Plan Type 2A. 956 CMR 12.04(3).

On January 12, 2024 Health Connector notified the Appellant that they must submit proof of their income, Massachusetts residency and immigration status by April 11, 2024 or their eligibility may be terminated. CFR

§155.305(a)(1),(3),(f). As of May 29, 2024 the Appellant had not submitted the required documentation and their eligibility for ConnectorCare was terminated. An Applicant's failure to provide requested information may result in a denial of eligibility. 956 CMR 12.09(1). Health Connector's May 29, 2024 denial of the Appellant's application was correct because Health Connector did not have the verifications needed to determine the Appellant's eligibility.

The Appellant filed an appeal on June 11, 2024 and submitted proof of Massachusetts residency and income with the appeal request. The Appeals Unit contacted the Appellant and advised them that they still needed to submit a copy of their Social Security card so that their application could be updated and processed. The Appellant submitted the Social Security documentation on June 26, 2024.

As of June 27, 2024 all requested documentation had been submitted. Based on the wage stubs submitted by the Appellant on June 11, 2024, Health Connector determined the Appellant's average weekly income of \$963.13 was equal to 343.48% of the federal poverty level. Since the Appellant's projected MAGI was more than 300.1% but less than 400% of the Federal Poverty Level, the Health Connector correctly determined on June 27, 2024 that the Appellant is eligible for ConnectorCare Plan Type 3C. 956 CMR 12.04(3).

The Appellant argues that due to taxes and the high cost of their living expenses they cannot afford the premiums quoted by the Health Connector. As explained at the Hearing, the Appellant should report any changes in income and submit updated wage stubs 956 CMR 12.09(2). The Appellant also mentioned access to employer sponsored health insurance. The Appellant was advised to contact Human Resources at their company to request enrollment information.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 to report any changes in income, enroll in a plan, and to request the information needed to apply for a Premium Waiver or Reduction due to financial hardship.

FINAL APPEAL DECISION: ACA24-22942

Appeal Decision: Appeal Denied

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

Hearing Date: September 27, 2024

Decision Date: September 30, 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 May 9, 2024, Appellant was determined ineligible for Health Connector plans due to failure to verify residency.

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 verify Appellant's residency.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 27, 2024. The Appellant had an Interpreter, and both the Appellant and the Interpreter were sworn in.

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

Exhibit 1:	Health Connector's Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant's Appeal Request Form	(2 PP, received 5/20/2024)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated 6/5/ 2024)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated 9/9/2024)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated 5/9/ 2024)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated 5/9/2024)
Exhibit 7:	Health Connector's Eligibility Termination	(8 PP, dated 5/9/2024)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated 5/9/ 2024)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated 9/17/ 2024)

Exhibit 10:	Health Connector's Request for Information	(8 PP, dated	1/25/2024)
Exhibit 11:	Health Connector's Documents Needed Reminder	(13 PP, dated	3/25/ 2024)
Exhibit 12:	Health Connector's Application Summary	(8 PP, dated	1/25/ 2024)
Exhibit 13:	Health Connector's Eligibility Results	(3 PP, dated	1/25/ 2024)

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant testified he was terminated from Connectorcare by notice on May 9, 2024, for failure to provide proof residence. (Exhibits 1,7, 11, and 12).
2. Appellant testified he received the Request for Information dated January 25, 2024 with the documents due by April 24, 2024. (Exhibits 1, 10, Appellant's Testimony).
3. Appellant testified he received the and Documents Needed Reminder dated March 25, 2024, with the documents due by April 24, 2024. (Exhibits 1, 11, Appellant's Testimony).
4. Appellant testified he has been living at the current address where he received the Request for Information and Documents Needed Reminder Notices from the Connectorcare. (Appellant's Testimony, Exs. 1, 10, and 11).
5. I credit the Appellant testimony that he sent the proof of residency documents three (3) times and mailed requested proof of residency document on June 7, 2024. (Appellant's Testimony).
6. I find that the Appellant did not submit the residency documents as requested by April 24, 2024.
7. The Appellant was encouraged to contact customer service at the Connector to confirm the receipt of the proof of residency document.

ANALYSIS AND CONCLUSIONS OF LAW

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

On May 9, 2024, the Appellant was determined ineligible for Health Connector plans because the Appellant failed to submit residence verifications pursuant to a request for information he received dated January 25, 2024, with the documents due by April 24, 2024. The Appellant testified he received the and Documents Needed Reminder dated March 25, 2024, with the documents due by April 24, 2024. (Exhibits 1, 11, Appellant's Testimony). Furthermore, the Appellant testified he has been living at the current address where he received the Request for Information and Documents Needed Reminder Notices from the Connectorcare. (Appellant's Testimony, Exs. 1, 10, and 11). The Appellant testified he mailed a document with proof of residency three (3) times and on June 7, 2024, after the due date. (Appellant's testimony, Exs. 1,7,10,11,).

Where the Appellant sent in his residency documents after the April 24, 2024, date, the Connector correctly determined that the Appellant failed to send in documents verifying his residency and was determined ineligible

for Health Connector plans on May 9, 2024. This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f) and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a). The Appellant was encouraged to contact customer service at the Connector to confirm the receipt of the proof of residency document.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2024 from the federal government will be reconciled when you file your 2024 federal income tax return (usually in the spring of 2025). This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during 2024 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2024 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

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 a special enrollment period, based on failure to have a qualifying life event.

Hearing Date: September 30, 2024

Decision Date: September 30, 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 9, 2024, the Appellant was determined ineligible for a Special Enrollment Period (“SEP”) for Health Connector plans due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing which was held by telephone on September 30, 2024. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant’s Appeal Request Form	(2 PP, received 8/9/2024)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 8/20/ 2024)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 9/11/2024)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 3/20/ 2024)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 3/20/2024)
Exhibit 7:	Health Connector’s Special Enrollment Period Denial	(8 PP, dated 8/9/2024)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated 3/20/ 2024)

Massachusetts Health Connector Appeals Unit



Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	8/20/ 2024)
Exhibit 10:	Health Connector’s Email to Appellant	(1 P, dated	8/20/ 2024)
Exhibit 11:	Health Connector’s Change in Income	(3 PP, dated	9/11/2024)
Exhibit 12:	Health Connector’s Change in Income	(3 PP, dated	9/11/2024)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had previously been enrolled in Connectorcare but his premiums increased based on an application where the household income was determined to be 345.17% of Federal poverty Level. (FPL) (Exhibits 1,6,9, 11, and Testimony).
2. The Appellant applied for Connectorcare on March 20, 2024 and was found eligible for Connectorcare without subsidies and Advanced Premium Tax Credits (“APTC’s”) with a Federal Poverty income Level(“FPL”) of 345.17%. (Exhibits 1,5-7), effective April 1, 2024.
3. The Appellant did not enroll. (Exhibits 1, 5,6, and 9).
4. The Appellant testified that he had been enrolled with Connectore care with a monthly premium of approximately \$96 and had always made his payments on time. (Testimony).
5. The Appellant is self-employed, and his income depends on available work but testified that the income he manually attested to in March 2024 along with his Spouse’s was accurate. (Testimony, Exhibit 1 and 6).
6. The Appellant’s income was verified on March 20, 2024, and the annual household income was determined to be 345.17 % of Federal Poverty Level(“FPL”) based on an attested monthly income of \$736.91 a month for the Appellant and \$4,935.34 for the Spouse. (Testimony, Exhibits 1, 6-7, 10 and 11).
7. The Appellant testified that their attested income was accurate at the time of the application but that the income was reduced since that time as he is self-employed and his work is not consistent, which makes the insurance unaffordable. (Testimony, Exhibits 1, 6-7, 10 and 11).
8. The Appellant was not able to subsequently enroll because he was not granted a Special Enrollment Period(“SEP”) because even though he answered YES on the CAN I SHOP Questions; he did not indicate he had a qualifying life event. (Exhibits 1,7, and 9).
9. As of August 9, 2024, the Appellant had not experienced a qualifying life event. (Exhibits 1,5,7, 9 and 10).
10. The Appellant was subsequently granted an SEP because of being eligible for Connectorcare Plan CC3B but included in his appeal his income being incorrect. (Exhibit 1, 9, and Testimony).
11. The Appellant’s decision not to enroll because of a higher premium based on a verified income determination is not a qualifying life event. (Appellant Testimony, Exhibits 1,2, 7, and 10).
12. The Appellant was provided information from the Connectorcare via email to update his income and was encouraged to contact call Customer Service to report a change to his household income.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Connectorcare until he discontinued coverage due to an increase in premiums after an application on March 20, 2024. (Exhibits 1, 2, and Testimony). The Appellant testified that the premium was previously \$96 per month and the new premium would be over \$600 a month which he could not afford. (Testimony, Exhibits 1 and 6). The Appellant applied and answered the CAN I SHOP QUESTIONS but was not granted a Special Enrollment Period because he did not have a qualifying life event, and therefore could not enroll in new coverage. (Exhibits 1,7, and 9). The Appellant asserts that this determination was incorrect and also asserts

Massachusetts Health Connector Appeals Unit



that this determination is incorrect because the current income they are currently receiving is less than the income from the manual verification to warrant an increase in the premium. (Testimony, Exhibits 1 and 9). The Appellant testified the plan being offered is unaffordable, especially given that he is self-employed, and his income is dependent on available work. (Testimony, Exhibits 1,7 and 12).

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2024 was November 1, 2023, to January 23, 2024. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420.

On August 9, 2024, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period ("SEP") due to failure to have a qualifying life event. The Appellant's decision not to enroll because of a higher premium based on a verified income determination is not a qualifying life event. (Appellant Testimony, Exhibits 1,7, and 10). (Appellant Testimony, Exhibits 1,7,11, and 12). The Applicant was subsequently granted an SEP to enroll but has not done so because the plan is unaffordable.

At the hearing, the Appellant did not adduce any testimony or evidence whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector's policy NG-1E. Because the Appellant did not experience a qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420. The Appellant was encouraged to contact the Connector regarding enrollment.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit



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

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

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld.

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

Hearing Date: 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 15, 2024, the Appellant was determined ineligible for a Special Enrollment Period (“SEP”) for Health Connector plans due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing which was held by telephone on October 23, 2024. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	(1 P, undated)
Exhibit 2:	Appellant’s Appeal Request Form	(2 PP, received 8/15/2024)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 8/28/ 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 8/9/ 2024)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 8/9/2024)
Exhibit 7:	Health Connector’s Eligibility Approval	(3 PP, dated 8/9/2024)
Exhibit 8:	Health Connector’s Special Enrollment Period Denial	(8 PP, dated 8/15/2024)

Massachusetts Health Connector Appeals Unit



Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	8/28/ 2024)
Exhibit 10:	Health Connector Email to the Appellant regarding OPP	(1 P, dated	8/28/ 2023)
Exhibit 11:	2024 Insurance Open Enrollment Waiver Form		(6 PP, undated)

The record was left open until November 8, 2024, for the Appellant to submit any additional evidence of application or any other documents related to Qualifying Life Event. On October 29, 2024, the

Exhibit 12: Health Connector’s Request for Additional Information Identity

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was not enrolled in Connectorcare but lost coverage Employer Sponsored Coverage (“ESI”) on the last day of May (May 31), 2024. (Testimony).
2. The Appellant testified that she began applying for health insurance with the Connector at the end of July, 2024 but was having issues uploading the required identity documents to the Connector. (Exhibit 12, Testimony).
3. The Appellant testified that she was unable to proceed with the application because of these issues uploading documents. (Testimony).
4. The Appellant testified that she phoned the Connectorcare and was finally able to upload the requirement documents and complete her application after the sixty (60) days from the time she lost her ESI. (Testimony).
5. The Appellant testified that she received documentation from the Connectorcare dated July 30, 2024, evidencing proof that her application was commenced within the 60-day requirement and thus had a Qualified Life Event. (Testimony, Exhibits. 1,2, and 12).
6. The Appellant testified that she was having issues uploading a required document, that she pursued same by calling Connectorcare, that the process of applying was not easy, and was eventually able to upload the required document and complete her application after the sixty 60-day time limit. (Testimony).
7. The Appellant completed the application on August 9, 2024, which was 60 days after she had lost her ESI. (Exhibits 1, 2, 7, and Testimony).
8. The Appellant was not able to enroll because she was not granted a Special Enrollment Period (“SEP”) because even though she answered YES on the CAN I SHOP Questions; she did not have a qualifying life event because her application was completed after the 60-day time limit required. (Exhibits 1,7,9, and 10).
9. As of August 15, 2024, the Appellant had not experienced a qualifying life event. (Exhibits 1,5,7, 9 and 10).
10. The Appellant’s completion of the application after the 60 days from the loss of her ESI is not a qualifying life event. (Appellant Testimony, Exhibits 1,2, 7, and 10).
11. The Appellant was provided information from the Connectorcare via email including an OPP Waiver and was encouraged to contact call Customer Service to determine how to enroll.

ANALYSIS AND CONCLUSIONS OF LAW

Massachusetts Health Connector Appeals Unit



The Appellant was not enrolled in Connectorcare and applied for Connectorcare after she lost ESI on the last day of May 31, 2024. The Appellant commenced her application with Connectorcare prior to the 60 days but did not complete the application until August 9, 2024, which was 60 days after she had lost her ESI. (Exhibits 1, 2, and Testimony). The Appellant testified that she was having issues uploading a required document, that she pursued same by calling Connectorcare, that the process of applying was not easy, and was eventually able to upload the required document and complete her application after the 60-day time limit. (Testimony, Exhibits 1 and 2).

The Appellant answered the CAN I SHOP QUESTIONS but was not granted a Special Enrollment Period because she did not have a qualifying life event, and therefore could not enroll in new coverage. (Exhibits 1,7, and 9). The Appellant asserts that this determination was incorrect, and she should not have qualified coverage because she commenced the application within the 60 days and had a Qualifying Life Event, and thus have been permitted to enroll under an SEP for coverage through the Health Connector.

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2024 was November 1, 2023, to January 23, 2024. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420.

On August 15, 2024, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period (“SEP”) due to failure to have a qualifying life event. The Appellant’s loss of coverage because of not completing the application within the 60-day timeframe from the loss of ESI is not a qualifying life event. (Appellant Testimony, Exhibits 1,2, 7, and 10).

At the hearing, the Appellant did not adduce any testimony or evidence whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector’s policy NG-1E. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was provided with an email to apply for an SEP Waiver to obtain coverage through OPP.

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.

Massachusetts Health Connector Appeals Unit



Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2423102

Appeal Decision Appeal Denied, Eligibility determination upheld

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

Hearing Date: September 9, 2024

Decision Date: October 17, 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 May 2, 2024, Appellants were determined eligible for Health Connector plans with no subsidies. The Appellant's determination came after failure to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were eligible for Health Connector plans with no subsidies on May 2, 2024, based on Appellants' failure to verify income.

HEARING RECORD

The Appellants appeared at the hearing, which was held by telephone, on September 9, 2024. The hearing record consists of the Appellants' testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit and Appeal Request dated June 7, 2024
- Exhibit 2: Eligibility on Appeal dated May 30, 2024
- Exhibit 3: Research and Resolution
- Exhibit 4: Historic Notes Eligibility results dated February 1, 2024 and Request for Information dated February 1, 2024
- Exhibit 5: Recent Determination None
- Exhibit 6: Notice from Appeals Unit dated July 25, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. On February 1, 2024, Appellants were found eligible for a ConnectorCare Plan 3D with Advance Premium Tax Credit (Exhibit 4 and Testimony of Appellant).
2. On February 1, 2024, and March 2, 2024, Appellants were sent a notice to send in proof of income by April 1, 2024 in order to continue the ConnectorCare Plan (Exhibit 4).
3. On May 2, 2024, Appellants were sent a notice that beginning on June 1, 2024, Appellants were eligible for a Health Connector Plan with an Advance Premium Tax Credit of \$0 and were no longer eligible for a ConnectorCare Plan (Exhibit 2).
4. Appellants' change in plans was because Appellants had not provided enough recent information about household income and the determination was based on electronic data from other sources (Exhibit 2).
5. Appellants sent in income information on several occasions (Exhibit 3 and Testimony of Appellants).
6. The Health Connector reviewed the information and informed the Appellants that the information was not acceptable and complete and asked for more information (Exhibit 3 and Testimony of Appellants).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit depending on their household income. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 500% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellants were enrolled in a ConnectorCare plan in early 2024. On February 1, 2024, and March 2, 2024, the Health Connector requested income information to be sent to the Connector by April 1, 2024 in order for Appellants to continue in the ConnectorCare Plan. Appellants did not provide satisfactory income information by April 1, 2024. As a result, the Health Connector did not have enough recent information to determine if Appellants qualified for lower-cost coverage and Appellants were issued a new determination based on electronic data from other sources. Appellants were found eligible for Health Connector Plans with an Advance Premium Tax Credit of \$0. This is the correct determination 45 CFR §§ 155.315(f)(5), 155.320(c).

ORDER

The appeal is denied.

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

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

right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM

At the hearing, Appellants had asked for some assistance as they believed that the income that the Health Connector used was inaccurate. After the hearing, a member of the Appeals Unit called the Appellants, but there was no response, and Appellants did not return the call. Appellants can call the Appeals Unit at 617 933-3061 if they would like assistance with what documents are still needed for a new determination. Alternatively, Appellants can contact the Health Connector (1 877 623-6765) to update household income and should provide any documentation requested.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-23344

Appeal Decision: Appeal Denied

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

Hearing Date: October 4, 2024

Decision Date : October 14, 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 May 15, 2024, Appellant was determined ineligible for ConnectorCare Plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is or is enrolled in Medicare health plans and that Appellant's income was too high.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for ConnectorCare Plans based on the Appellant's access to Medicare Administration health plans and that his income was too high.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 4, 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 11, 2024)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeal Unit Staff Case Notes (1Page)
- Exhibit 5: Appellant's appeal request form (2 pages dated June 27, 2024)
- Exhibit 6: Notice of Eligibility Determination (6 pages Dated May 15, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated May 15, 2024)
- Exhibit 8: Historical Notices & Printouts (48 pages)

FINDINGS OF FACT

The record shows, and I so find:

- 1.The Appellant was determined ineligible for ConnectorCare Plans on May 15, 2024, based on *being eligible for Medicare health plans*. Appellant indicated that she had long term social security disability but is now eligible for Medicare. (Exhibit 6 & 7 &, Appellant's testimony)
- 2.Appellant is enrolled in Medicare health plans. (Exhibit 6 & 7, Appellant's testimony)
- 3.Appellant testified that she currently has a Medicare health plan.

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 health plans. 42 USC s. 1395ss(d)(3)(A)(i); 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

When the Appellant's eligibility for 2024 coverage was determined on May 15, 2024, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare health plans. The Appellant confirmed at hearing that she was eligible for Medicare health plans. Because the Appellant was eligible for Medicare health plans, the Health Connector found that the Appellant was not eligible to receive ConnectorCare Plans. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-23472

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: October 18, 2024

Decision Date: October 28, 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 12.13.

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 (1 page)
- Exhibit 5: Appellant's appeal request form (2 pages dated July 11, 2024)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated June 18, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (8 pages, dated June 18, 2024)
- Exhibit 7: Historical Notices and Printouts (6 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 49 year old divorced male (Exhibit 7)
2. The Appellant has a household of four but Appellant states he is divorced. (Exhibit 7)
3. On his application, dated June 18, 2024 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$53,740.47 (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 368.59% of the 2024 Federal Poverty Level (FPL).
5. An individual at that income level would 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 June 18, 2024 that he was eligible for a Connectorplan 3C with APTC. Appellant testified that he signed up for the plan and paid with his debit card. Appellant was sent a letter on June 29, 2024 indicating that he had tried to enroll in health

coverage through the Health Connector but his enrollment was canceled because the Health Connector did not receive the required payment .

Appellant testified that he did not know if his payment from his debit card was accepted by the Health Connector

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 Health Connector correctly found The Appellant eligible for ConnectorCare Plans. The Appellant attempted to sign up but the Health Connector did not receive his payment for his plan and his enrollment was cancelled. 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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2423476

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

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

Hearing Date: October 7, 2024

Decision Date: October 24, 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 2, 2024 the Connector determined that the appellant was ineligible to purchase a Health Connector plan because of Appellant's failure to establish lawful presence in the United States.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on October 7, 2024. A friend of the appellant was also present as representative for the appellant. The appellant gave the representative permission to translate as the Portuguese interpreter left the call shortly after starting the hearing with no explanation. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection. Appellant testified.

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

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

Exhibit 2: Connector Appeals Unit Notice of Hearing dated September 11, 2024 for October 7, 2024 hearing addressed to Appellant

Exhibit 3: Connector Appeals Unit letter dated July 30, 2024 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Appeals Unit staff outreach notes dated July 26, 2024

Exhibit 3b: Appeals Unit letter to Appellant dated July 30, 2024 in Portuguese and English

Exhibit 4: Hearing Request from Appellant received July 16, 2024 with utility bill attached

- Exhibit 5: Connector letter to Appellant dated July 2, 2024 regarding denial of eligibility in English and Portuguese
- Exhibit 5a: MassHealth letter in English and Portuguese to the appellant dated March 26, 2024 regarding need for proof of residency
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated July 2, 2024
- Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated March 26, 2024
- Exhibit 7: Medicaid household determination print-out, July 2, 2024

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant arrived in the United States in 2021 from his country of origin. Appellant entered the U. S. on a visa. The visa had expired by the time the appellant applied for health insurance through the Connector (Testimony of Appellant).
2. When the appellant applied to the Connector for coverage, Appellant attested to not being a citizen of the United States and to not having any documentation showing lawful presence (Testimony of Appellant, Exhibit 6).
3. The Connector determined on July 2, 2024 that Appellant was ineligible to obtain health insurance through the Connector because the Connector had no information showing that Appellant was lawfully present in the United States. The Connector notified the appellant of this determination by letter dated July 2, 2024 (Exhibits 5, 6, and Testimony of Appellant).
4. Appellant submitted a request for appeal of the Connector's determination on July 16, 2024 (Exhibit 4).
5. Appellant wants to obtain coverage through MassHealth. MassHealth asked Appellant to send in proof of residency in March, 2024. Appellant obtained a MassHealth card in June, but he does not know if this means that he has MassHealth coverage (Testimony of Appellant, Exhibit 5a).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on July 2, 2024 that the appellant was ineligible to purchase health insurance through the Connector because of his failure to establish that Appellant was lawfully present in the United States. See Exhibit 5. According to the appellant's application, Appellant was not a citizen of the United States, and he had no documentation which would establish that he was lawfully present. Appellant's testimony corroborated these attestations. See Exhibit 6 and the testimony of the appellant which I find credible.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR155.305(a)(1).

The Connector's determination denying Appellant eligibility to obtain health insurance through the Connector is affirmed. As noted above, an applicant must be lawfully present to be eligible for coverage. According to Appellant's application, Appellant was not lawfully present. Though he entered the United States on a visa, by the time Appellant applied for coverage, the visa had expired. See the testimony of the appellant which I find to be credible. Using the information supplied by the appellant to the Connector, the Connector correctly denied eligibility at the time the determination was made.

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

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

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

Cc: Connector Appeals Unit

Hearing Officer

Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-23535

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: October 9, 2024

Decision Date: October 15, 2024

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set 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 April 23, 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 9, 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 11, 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 (2 pages dated July 14, 2024)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated April 23, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated April 23, 2024)
- Exhibit 7: Historical Notices and Printouts (6 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 61 year old unmarried male (Exhibit 7)
2. The Appellant has a household of one. (Exhibit 7)
3. On his application, dated April 23, 2024 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$30,677.00 (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 198.70% of the 2024 Federal Poverty Level (FPL). The Health Connector determined from other sources that the Appellant's annual modified adjusted gross income (MAGI) would place him at 330.82% of the 2024 Federal Poverty Level (FPL).
5. An individual at that income level would be eligible for 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 testified that his income was based on unemployment benefits but that he thought he was applying for benefits from January through March of 2024, as He became employed with the MBTA in March 2024 and his salary was then \$65,041.60. The Appellant did not know that he had to notify the Health connector that his income had changed. The Appellant had not notified the Health Connector about his change of income.

ANALYSIS AND CONCLUSIONS OF LAW

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

The Health Connector correctly found The Appellant eligible for ConnectorCare Plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is urged to contact the Health Connector Customer Service and inform the Health Connector that his income has changed to see if he is eligible for Health Connector plans.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-23546

Appeal Decision: Appeal Denied

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

Hearing Date: October 9, 2024

Decision Date : October 15, 2024

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 27, 2024, Appellant was determined ineligible for ConnectorCare Plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is or is enrolled in Medicare health plans.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 9, 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 11, 2024)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeal Unit Staff Case Notes (5Pages)
- Exhibit 5: Appellant's appeal request form (2 pages dated July 15, 2024)
- Exhibit 6: Notice of Eligibility Determination (6 pages Dated June 27, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated June 27, 2024)
- Exhibit 8: Historical Notices & Printouts (9 pages)

FINDINGS OF FACT

The record shows, and I so find:

- 1.The Appellant was determined ineligible for ConnectorCare Plans on June 27, 2024, based on *being eligible for Medicare health plans*. Appellant indicated that she had long term social security disability but is now eligible for Medicare. (Exhibit 6 & 7 &, Appellant's testimony)
- 2.Appellant is enrolled in Medicare health plans. (Exhibit 6 & 7, Appellant's testimony)
- 3.Appellant testified that she currently has a Medicare health plan.

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 health plans. 42 USC s. 1395ss(d)(3)(A)(i); 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

When the Appellant's eligibility for 2024 coverage was determined on June 27, 2024, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare health plans. The Appellant confirmed at hearing that she was eligible for Medicare health plans. Because the Appellant was eligible for Medicare health plans, the Health Connector found that the Appellant was not eligible to receive ConnectorCare Plans. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant was urged to contact the SHINE program to see if she was eligible for other help with health insurance.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA24-23878

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: October 24, 2024

Decision Date: October 28, 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 12.13.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on August 30, 2024. The Health Connector determined the Appellant to be eligible for a Health Connector.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 24, 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 16, 2024)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case Notes (1 pages)
- Exhibit 5: Appellant's appeal request form (2 pages dated August 15, 2024)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated August 1, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated August 1, 2024)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (5 pages, dated August 30, 2024)
- Exhibit 7: Historical Notices and Printouts (10 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 59 year old unmarried male (Exhibit 7 & *)
2. The Appellant has a household of one. (Exhibit 7 & 8)
3. On his application, dated April 23, 2024 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$38,000.00 (Exhibit 7 & 8)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place him at 260.63% of the 2024 Federal Poverty Level (FPL).
5. An individual at that income level would 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.

Appellant had also indicated that he had Employer Sponsored Insurance. However, the Appellant did not submit proof of income as requested by the Health Connector

6. The Appellant testified that his income is now based on unemployment benefits. He had not informed the Health Connector about becoming unemployed. The Appellant did not know that he had to notify the Health connector that his income had changed. The Appellant had not notified the Health Connector about his change of income.

ANALYSIS AND CONCLUSIONS OF LAW

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

The Health Connector correctly found The Appellant eligible for Health Connector Plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is urged to contact the Health Connector Customer Service and inform the Health Connector that his income has changed.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 24-23504

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for Health Connector plans based on having ESI.

Hearing Date: October 3, 2024

Decision Date: October 14, 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 24, 2024, Appellant's child was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to qualify for MassHealth.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was ineligible for MassHealth plans, based on the Appellant's failure to qualify for MassHealth.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 3, 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 August 21, 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 (6 pages dated July 20, 2024)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated July 8, 2024)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (9 pages, dated July 24, 2024)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (8 pages, dated July 8, 2024)
- Exhibit 9: Historical Notices and Printouts (10 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain MassHealth for one of her twin boys. Appellant has health insurance for herself, her husband and both of her twin boys. Appellant applied for and received MassHealth for boy number one but was denied for boy number two. They have both been diagnosed with disabilities and Appellant wanted to obtain additional coverage for their disabilities.
2. Appellant was told at the hearing that this hearing only applied to Health Connector plans that Appellant did not want or need. (Exhibit 6, 7 & 8).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant appealed for MassHealth for her twin son. The appellant had health insurance for herself, her husband and both of her twin boys. Appellant was not appealing the granting of Health Connector plans for twin number two.

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 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 has been provided the telephone number for MassHealth and requested to telephone MassHealth for further information as to why one of her twin sons was granted MassHealth but the other twin was rejected for MassHealth.