

FINAL APPEAL DECISION: ACA22-17264

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: September 16, 2022

Decision Date: September 28, 2022

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 July 7, 2022, Appellant was determined ineligible for Health Connector plans with coverage ending on July 31, 2019, 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 16, 2022.

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 page, undated)
Exhibit 2:	Appellant's Appeal Request Form	(6 PP, received 8/2/2022)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 P, dated 8/3/ 2022)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 P, dated 8/10/ 2022)
Exhibit 5:	Health Connector's Application Summary	(3 PP, dated 7/7/ 2022)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated 7/7/2022)
Exhibit 7:	Health Connector's Notice of Termination	(6 PP, dated 7/7/2022)

Exhibit 8:	Medicaid Household Determination	(8 PP, dated	7/7/ 2022)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	8/3/ 2022)
Exhibit 10:	Request for Information	(3 PP, dated	11/8/2021)
Exhibit 11:	Documents Needed Reminder	(3 PP, dated	3/21/2022)
Exhibit 12:	Email from Connectorcare to Appellant	(1 P, dated	8/24 /2022)
Exhibit 13:	Income detail	(1 P, dated	8/24 /2022)
Exhibit 15:	Health Connector's Application Summary	(3 PP, dated	8/26 2022)
Exhibit 16:	Health Connector's Eligibility Results	(3 PP, dated	8/26/2022)

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant testified he was terminated from Connectorcare by notice on July 7, 2022 effective July 31, 2022 for failure to provide proof residence and income. (Exhibits 1, 6, and 7).
2. Appellant testified he did not send in the required documentation by April 20, 2022 as requested in the Documents Needed Reminder dated March 21, 2022. (Exhibits 1, 10, 11, and Appellant's Testimony).
3. Appellant testified he mailed requested proof of residency documents including an affidavit of residency sent to him by the Connectorcare and income documents (2 paystubs) on August 18, 2022 with his appeal. (Appellant's Testimony, Exhibits 1 and 9).
4. Appellant's application was updated as of August 26, 2022 and is eligible for Health Connector with Advanced Premium Tax Credits ("APTC's) and can enroll. (Appellant's Testimony, Exs. 1, 9, 13, 14).
5. Appellant was informed by Connectorcare that he would not be able to enroll until Open Enrollment in November 2022.
6. Appellant was provided with the telephone number for Customer Service and encouraged to enroll.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to verify residency and income. 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 July 7, 2022, the Appellant was determined ineligible for Health Connector plans effective July 31, 2022, because the Appellant failed to submit residence verifications pursuant to a request for information requests and the documents needed reminder he received, with the documents due by April 20, 2022. The Appellant testified he sent the required documents including an affidavit of residence and paystubs on August 18, 2022. (Appellant's testimony, Exs. 1, 7, 13 and 15). The Appellant failed to send in documents verifying his residency and was determined ineligible for Health Connector plans on July 7, 2022. 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).

Based upon the evidence in the record, it is concluded that the Connector's determination on July 7, 2022, regarding the appellants' eligibility for Health Connector Plan was correct and is therefore affirmed. The Appellant submitted proof of residency and income after receiving the termination notice, his application was updated as of August 26, 2022, and the Appellant was provided with the telephone number for Customer Service at the Connector and encouraged to call Customer Service.

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 2022 from the federal government will be reconciled when you file your 2022 federal income tax return (usually in the spring of 2023). 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 2022 (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 2022 (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 2022 will be paid to you when you file your 2022 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 20, 2022

Decision Date: September 28, 2022

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 June 28, 2022, the Appellant was determined but was determined ineligible for a special enrollment period ineligible 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 20, 2022. An interpreter was requested by the Appellant, the Appellant was instructed by the Hearings Officer, and both the Interpreter and Appellant were sworn in. 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 page, undated)
Exhibit 2:	Appellant’s Appeal Request Form	(8 pages, received 8/10/2022)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 page, dated 8/15/ 2022)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 page, dated 8/10/ 2022)
Exhibit 5:	Health Connector’s Application Summary	(3 pages, dated 7/13/ 2022)
Exhibit 6:	Health Connector’s Eligibility Results	(3 pages, dated 7/13/2022)
Exhibit 7	Health Connector’s Special Enrollment Period Denial Notice (6 PP, dated	7/13/2022)

Massachusetts Health Connector Appeals Unit



Exhibit 8: Medicaid Household Determination (8 PP, dated 7/13/ 2022)
Exhibit 9: Health Connector’s Appeals Unit Staff Notes (1 P, dated 8/3/ 2022)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is married, and on May 1, 2022 her spouse lost his employment and health coverage. (Appellant testimony, Exhibit 1).
2. The Appellant applied for Connectorcare on July 13, 2022 but did not ask for help in paying for health insurance, and as a result was not granted a Special Enrollment Period. (Exhibits 1,5, 6, and 7).
3. As of July 13, 2022, the Appellant had not experienced a qualifying life event. (Exhibits 1 and 7).
4. The Appellant had never been enrolled in Connectorcare. (Exhibits 1,9).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant’s spouse lost his employment and health coverage on May 1, 2022. The Appellant had never been enrolled in Connectorcare. (Exhibits 1,9). The Appellant applied for Connectorcare on July 13, 2022 but did not ask for help in paying for health insurance, and as a result was not granted a Special Enrollment Period. (Exhibits 1,5, 6, and 7). The Appellant was not granted a special enrollment period because she did not have a qualifying life event, and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2021, to January 31, 2022. 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 July 13, 2022, the Appellant was determined ineligible for Health Connector plans under a special enrollment period due to failure to have a qualifying life event. The Appellant, where she did not ask for help in paying for insurance, and the loss of health insurance 60 days prior to the application previously is not a qualifying life event. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. The Appellant was encouraged to review the criteria for an Enrollment Waiver from and contact the Massachusetts Office of Patient Protection.

ORDER

The appeal is denied.

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

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

Massachusetts Health Connector Appeals Unit



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

Hearing Officer

Cc: Health Connector Appeals Unit

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-17305

Appeal Decision: Appeal denied

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

Hearing Date: September 20, 2022

Decision Date: September 28, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated August 3, 2022, the Appellant was advised determined eligible for ConnectorCare with Advanced Premium Tax Credits ("APTC's). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7)

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 20, 2022, and testified under oath. 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 page, undated)
Exhibit 2:	Appellant's Appeal Request Form	(8 pages, received 8/11/2022)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 page, dated 8/5/ 2022)
Exhibit 4:	Health Connector's Notice of Appeal Hearing	(1 page, dated 8/22/ 2022)

Exhibit 5:	Health Connector's Application Summary	(3 pages, dated	8/3/ 2022)
Exhibit 6:	Health Connector's Eligibility Results	(3 pages, dated	8/3/2022)
Exhibit 7	Health Connector's Eligibility Approval	(9 PP, dated	8/3/2022)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	8/3/ 2022)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	8/3/ 2022)
Exhibit 10:	Email from Connectorcare to Appellant	(1 P, dated	8/24 /2022)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is married, who plans to file a federal income tax return for tax year 2022. (Exhibits 1,5, and 6).
2. The appellant had been enrolled with ConnectorCare Plan Type 3B that was terminated on July 31, 2022 because the Appellant had not provided requested documents but the Appellant was eligible for a health connector plan with an APTCs after she had submitted the documents. (Testimony, Exs. 1, 7, 13, and 9).
3. The appellant testified that she submitted proof of citizenship and proof of income pursuant to a prior notice she had received by the August 11, 2022 deadline to be reinstated. (Appellant's Testimony, Exhibit 1).
4. The Appellant was sent a notice on August 3, 2022, that she was eligible only for Connectorcare with APTC's because her household's income had changed. (Exs. 1, 5-9).
5. This notice stated that the Health Connector's determination was based on an income equivalent to 327.74 % of the Federal Poverty Level("FPL"). The notice also instructed the appellant to review the information and if it was not correct, to report a change to the Appellant's application with the correct information. (Exhibits 1,7).
6. The Appellant testified her household's income that was used in the above FPL determination which included social security income for her and her spouse was correct. (Appellant's testimony).
7. The Appellant's self-attested monthly income for her spouse was \$2,063 and the Appellant's self-attested monthly income was \$841. (Exhibits 1,5, 6).
8. The Appellant testified that she was appealing because she provided the necessary documents prior to August 11, 2022, but was unable to re-enroll because the Connector told her she did not have a Qualifying Life Event. (Appellant's Testimony, Exhibit 1).
9. The Appellant was encouraged at the hearing to contact the Connector to re-enroll and update her income if it had changed.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant lost coverage was found eligible for Health Connector plans with APTC's after losing coverage ConnectorCare Plan Type 3B, after failing to provide requested documents. The Appellant submitted the documents and reapplied but was not granted a special enrollment period and therefore could not enroll in

coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1, 2021, to January 31, 2022. 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. Cancellation of coverage due to failure to pay premium is not a qualifying life event. 45 CFR § 155.420(e)(1).

The Appellant asserts that this determination was incorrect because and that she should be reinstated because the Appellant submitted the requested documents by August 11, 2021, as referenced in the termination notice dated July 7, 2022. (Exhibit 1). When the Appellant reapplied, her household income was increased based on the documents she submitted resulting in a change of plans to Health Connector Plan with Advanced Premium Tax Credits. The Appellant was found eligible for ConnectorCare with APTC's beginning in August 3, 2022 based on the Health Connector's determination that used an income and family size equivalent to 374.25 % of the Federal Poverty Level. The Appellant testified she was denied when she attempted to re-enroll because Connectorcare determined that she did not have a Qualifying Life Event (QLE"). Appellant indicated in her application that she had a QLE. (Appellant's Testimony). Cancellation of coverage due to failure to pay premium is not a qualifying life event. 45 CFR § 155.420(e)(1).

Based upon the totality of the evidence, it is concluded that the Connector's determination on August 3, 2022, regarding the Appellant's eligibility for Health Connector Plans with APTC's was correct. The Appellant was advised to call Customer Service and the Appeals Unit to reenroll and report any changes to her income or any other information on her application.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2022 from the federal government will be reconciled when you file your 2022 federal income tax return (usually in the spring of 2023). 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 2022 (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 2022 (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 2022 will be paid to you when you file your 2022 federal income tax return.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-17309

Appeal Decision: Appeal denied

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

Hearing Date: September 20, 2022

Decision Date: September 28, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated August 4, 2022, the Appellant was advised determined eligible for ConnectorCare with financial subsidies including advanced premium tax credits (“APTC’s”). Subsequent thereto, the Appellant was given notice that the documents regarding income he had submitted to the Connectorcare were unacceptable proof. The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.4)

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plans with subsidies based on the income submitted by the Appellant in the application and the information used in the Health Connector’s verification process.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 20, 2022, and testified under oath. 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 page, undated)
Exhibit 2:	Appellant’s Appeal Request Form	(8 PP, received 8/15/2022)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	(1 P, dated 8/3/ 2022)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	(1 P, dated 8/10/ 2022)

Exhibit 5:	Health Connector's Application Summary	(3 PP, dated	8/4/ 2022)
Exhibit 6:	Health Connector's Eligibility Results	(3 PP, dated	8/4/2022)
Exhibit 7:	Eligibility Approval	(8 PP, dated	8/4/2022)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	8/4/ 2022)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	(1 P, dated	8/16/ 2022)
Exhibit 10:	Email from Connectorcare to Appellant	(1 page, dated	8/16 /2022)
Exhibit 11:	Virtual Gateway	(1 P, dated	8/16/2022)
Exhibit 12:	2021 1099 K: Spouse submitted by Appellant	(1 P, undated)
Exhibit 13:	2021 1099 K: Appellant	(1 P, undated)
Exhibit 14:	Request for Information	(7 PP, dated	8/9/2022)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is married, who plans to file a federal income tax return for tax year 2022. (Exhibits 1,5, and 6).
2. The appellant had never been enrolled with ConnectorCare and was eligible for a health connector plan with APTC's after he had applied. (Testimony, Exs. 1, 7, and 9).
3. The appellant testified that he submitted stacks of documents including income documents (2021: 1099 for Spouse and 1099 for the Appellant- reflecting a one-time distribution from the IRA for home improvements) on two (2) separate occasions. (Appellant's Testimony, Exhibits 1, 11,13).
4. The Appellant was sent a notice on August 9, 2022, that the documents he had submitted were unacceptable proof and that he still needed to show proof of income by submitting additional verification documents including a most recent 1040 with all attachments including W2's as soon as possible, or the benefits could change, or his coverage be denied. (Ex. 1,10, 11, and 14).
5. As a result of not submitting acceptable proof, it was determined there was an increase in the Appellant's income, and the Appellant's Connectorcare plan changed and the premium increased effective August 31, 2022. (Exs. 1, 5-9, 14).
6. The Appellant testified that he was appealing because the current income only included what he attested to for the Appellant and Spouse, and because he had submitted documents including an explanation of the Spouse's current income situation (Appellant's Testimony, Exhibits 1, 5-7).
7. The Appellant was encouraged at the hearing to contact the Connector to re-enroll and update her income if it had changed.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant coverage was changed, and the premium increased after being found eligible for Health Connector plans with subsidies and APTC's after the Appellant did not provide proof of income and not timely submitting the requested income documents. As a result, effective August 31, 2022, the Appellant's Connectorcare coverage

changed and the premium increased. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to continue the same coverage for which the Appellant was approved on August 4, 2022, without a change to the plan and premium.

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 if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector is required to redetermine eligibility for its members annually, and as part of this process, is required to reverify member income information, including by using electronic data sources, in accordance with 45 CFR § 155.335(b).

The Appellant asserts that this determination was incorrect because the Appellant submitted documents twice including 1099's and other documents reflecting the Spouse's income. (Testimony, Exhibits 1, 12, and 13). The Appellant did not submit the required proof of income documentation pursuant to the Connector's, Request for Information on August 9, 2022. This is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant,

Based upon the totality of the evidence, it is concluded that the Connector's determination on August 31, 2022 regarding the change in Appellant's eligibility for Health Connector Plans with APTC's was correct, after the Appellant had submitted unacceptable proof of income and had not timely send in new documents. As a result, the This was used to determine a household income equivalent complied with federal law at 45 CFR §§ 155.335. The Appellant was advised to call Customer Service and the Appeals Unit to submit proof of income and any other information regarding a change in income. 45 CFR § 155.420(e)(1).

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2022 from the federal government will be reconciled when you file your 2022 federal income tax return (usually in the spring of 2023). 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 2022 (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 2022 (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 2022 will be paid to you when you file your 2022 federal income tax return.

FINAL APPEAL DECISION

Appeal Decision: Appeal Allowed.

Hearing Issue: Determination of ineligibility for a special enrollment period.

Hearing Date: August 1, 2022

Decision Date: August 11, 2022

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 letters from the Health Connector dated May 5, 2022 that she was eligible for Connector Care, but that she did not qualify for a special enrollment period, which would have allowed her to enroll outside the annual open enrollment period.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that the Appellant did not qualify for a special enrollment period.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 1, 2022. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Appeals Request Form (5/23/2022) (2 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility Notice (5/5/22) (10 pages)
- Exhibit 4: SEP Denial Notice (5/5/22) (6 pages)

Massachusetts Health Connector Appeals Unit



- Exhibit 5: Medicaid eligibility determination (4 pages)
- Exhibit 6: Screen Shot of Eligibility Summary (3 pages)
- Exhibit 7: Screen Shot of Application Summary (3 pages)
- Exhibit 8: Appeals Unit database notes (1 page)
- Exhibit 9: Email to Appellant (6/9/22) (1 page)
- Exhibit 10: Notice of Appeal Hearing (6/28/2022) (3 pages)
- Exhibit 11: 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 health insurance subsidies through the Health Connector in May 2022.
2. Based on information about her income, Appellant was determined to be eligible for Connector Care. Exhibit 3.
3. However, Appellant was told that she was not eligible to enroll at that time because it was outside open enrollment. Exhibit 4.
4. The annual open enrollment to purchase Health Connector plans for 2022 was from November 1, 2021 to January 23, 2022. <https://www.mahix.org/individual/>.
5. Appellant was notified of these determinations by noticed dated May 5, 2022. Exhibits 3, 4.
6. Appellant filed a timely appeal of these notices. Exhibit 1.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant did not qualify for a special enrollment period.

Under federal law, enrollment in health insurance plans is limited to certain times of the year, called open enrollment. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.410(a). The annual open enrollment period for 2022 coverage ended on January 23, 2022.

Exceptions to this rule, known as special enrollment periods, are allowed only under certain circumstances, known as “qualifying events.” Among such qualifying events is the circumstance of an individual being newly determined eligible for advance premium tax credits or cost sharing reductions. See 45 C.F.R. § 155.420(d)(6)(1). Advance premium tax credits and cost sharing reductions are forms of federal assistance for the payment of health insurance provided under the Affordable Care Act. 26 U.S.C. § 36B; 42 U.S.C. § 18071. Both advance premium tax credits and cost sharing reductions are provided through the Connector Care program.

Massachusetts Health Connector Appeals Unit



Thus, when Appellant was determined eligible for Connector Care, she was newly determined eligible for advance premium tax credits and cost sharing reductions. As a result, she qualified for a special enrollment period. Therefore, it was an error to state that she was not eligible for a special enrollment period.

The Health Connector notified Appellant by email in June 2022 that the problem had been resolved and she was eligible to enroll. Appellant stated that she did not receive or did not see this email. However, Appellant should call customer service at the Health Connector at 877-623-6765 to enroll. Alternately, she could do it online through the Health Connector website at www.mahealthconnector.org.

Because the Health Connector incorrectly determined that Appellant did not qualify for a special enrollment period, I am allowing this appeal.

ORDER

The appeal is allowed. The Health Connector should permit Appellant to enroll in Connector Care.

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: Determination of ineligibility based on lack of verification of residency and income.

Hearing Date: September 12, 2022

Decision Date: September 22, 2022

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 July 14, 2022 that she was no longer eligible for a Health Connector plan with Advance Premium Tax Credits because the Health Connector had not received information required to verify her residence and her income.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly terminated Appellant's eligibility.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 12, 2022. The hearing record consists of the Appellant's testimony and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (7/25/2022) (w/ attachment) (5 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Termination Notice (7/14/22) (6 pages)
- Exhibit 4: Screen Shot of Eligibility Summary (3 pages)
- Exhibit 5: Screen Shot of Application Summary (4 pages)

- Exhibit 6: Medicaid eligibility determination (5 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Appellant (1 page)
- Exhibit 9: Request for Information (4/5/22) (3 pages)
- Exhibit 10: Second Request for Information (6/4/22) (4 pages)
- Exhibit 11: Screen shot of Eligibility Determination (7/29/22) (4 pages)
- Exhibit 12: Screen shot of Application Summary (7/29/22) (4 pages)
- Exhibit 13: Notice of Appeal Hearing (7/15/2022) (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 and her husband applied in April 2022 for health insurance through the Health Connector. Appellant was determined eligible for Health Connector plans with Advance Premium Tax Credits based on the information she provided in her application.
2. The Health Connector sent Appellant a notice on April 5, 2022, saying that she was required to provide proof of her residence in Massachusetts and the amount of her and husband's incomes. Exhibit 9.
3. Appellant stated that she provided a copy of a W-2 form for one of her two sources of income. She further stated that she provided a letter from her employer about her second source of income, which was an independent contractor position that she had just started in 2022.
4. In April, Appellant's husband died.
5. Appellant stated that she received a notice from the Health Connector in May 2022, stating that the information she provided as verification was insufficient. When she called customer service to inquire, she was told that she needed to provide a 1099 form for her second job. She stated that she did not have one because she had only started working at that job in 2022 and so would not receive a 1099 form until early 2023.
6. On June 4, 2022, the Health Connector sent Appellant a reminder that it was requiring verification of residency and income. Exhibit 10.
7. On July 14, 2022, the Health Connector sent Appellant a notice that her eligibility for her Health Connector plan was being canceled for failure to provide verification.
8. On July 25, 2022, Appellant filed a notice of appeal. Attached to that notice were documents consisting of a W-2 for one of her jobs and a letter from the employer stating the details of her second job. Exhibit 1.
9. Based on those documents, Appellant's application was updated. Further, the application was updated to reflect the death of her husband. Exhibit 7, 12.
10. Based on that updated information, Appellant was found eligible again for Health Connector plans. Exhibits 11, 12.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant had lost eligibility for Health Connector plans because of lack of adequate verification of her residency and her income.

The Health Connector is a health insurance exchange authorized under the Affordable Care Act (ACA) to provide health insurance plans to qualified individuals. An individual is “qualified” to purchase insurance through an exchange only if that person is a resident of the state in which the exchange is established. 42 U.S.C. § 18032(f)(1)(A)(ii). See also 45 C.F.R. § 155.305(a)(3)(i). Thus, the Health Connector must determine whether an applicant is a resident of Massachusetts before it can determine that person eligible to purchase a health insurance plan.

Additionally, the Health Connector determines eligibility for advance premium tax credits (APTCs.) APTCs are federal subsidies provided under the Affordable Care Act (ACA). 26 U.S.C. § 36B. 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. Thus, in order to determine eligibility for APTCs, the Health Connector must determine an applicant’s household income.

In determining eligibility to purchase health insurance plans and to receive advance premium tax credits, the Health Connector must follow procedure set forth in federal regulations. Those procedures require that, whenever the Health Connector receives an application, it must verify the information in the application against external data sources. See 45 C.F.R. §§ 155.315(d) (verification of residency), 155.320(c) (verification of household income.) In each case, if the Health Connector cannot verify the information in the application against an external data source, it must request that the applicant provide some proof of the unverified information. Id. If the applicant does not provide satisfactory verification of the information in question, then the Health Connector must determine eligibility based on the information available in the external data sources. See 45 C.F.R. §§ 155.315(f), 155.320(c)(vi).

In this case, the Health Connector followed that procedure. The Health Connector was unable to verify Appellant’s residency in Massachusetts or her income through external data sources. Accordingly, the Health Connector notified Appellant that she was required to provide such proof. Exhibit 9. Appellant did not provide proof of her residency in Massachusetts. Thus, the Health Connector had no verification that she was a Massachusetts resident. Therefore, it could not determine her to be eligible to purchase health insurance plans because residency is a requirement of eligibility. 42 U.S.C. § 18032(f)(1)(A)(ii). See also 45 C.F.R. § 155.305(a)(3)(i). It accordingly notified Appellant of this fact in its July 14 notice. Exhibit 3.

Fortunately, Appellant was able to rectify this problem by providing further proof and updating her application. As a result, her eligibility was re-determined at the end of July. Exhibits 11, 12. Thus, as of the date of the hearing, Appellant’s eligibility was restored.

Because I conclude that the Health Connector correctly followed federally-required procedures for determining eligibility, I am denying this appeal.

Massachusetts Health Connector Appeals Unit



ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Allowed.

Hearing Issue: Determination of ineligibility for financial assistance because of access to employer sponsored insurance.

Hearing Date: September 12, 2022

Decision Date: September 22, 2022

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 27, 2022 that she was not eligible to receive financial assistance to purchase health insurance because she had said in her application that she had access to health insurance through a job.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for financial assistance because she had access to health insurance through a job.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 12, 2022. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Appeals Request Form (7/28/2022) (4 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility Notice (6/27/22) (8 pages)

- Exhibit 4: Screen Shot of Eligibility Summary (3 pages)
- Exhibit 5: Screen Shot of Application Summary (4 pages)
- Exhibit 6: Medicaid eligibility determination (5 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Appellant (1 page)
- Exhibit 9: Excerpt from on-line application (1 page)
- Exhibit 10: Screen shot of Eligibility Determination (8/4/22) (4 pages)
- Exhibit 11: Screen shot of Application Summary (8/4/22) (4 pages)
- Exhibit 12: Notice of Appeal Hearing (8/10/2022) (3 pages)
- Exhibit 13: 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 is a widow.
2. When Appellant was married, she received health insurance through her husband's employment. After her husband's death, Appellant remained on the insurance policy under the provisions of COBRA, a federal law which permits individuals to remain covered under a policy after the loss of employment, provided they pay the cost of this insurance themselves. Because this insurance was not subsidized, it was expensive for Appellant.
3. Appellant's income consists of a pension and Social Security benefits, and a small amount of dividends or interest. Exhibit 5. She does not currently work.
4. Her annual income is approximately \$30,000 yearly, which places her at 237.04 percent of the Federal Poverty Level. Exhibits 4, 5.
5. Appellant applied for health insurance through the Health Connector because the insurance she was receiving through COBRA had become too expensive.
6. In her application, she stated that she had access to health insurance through employment.
7. On June 27, 2022, the Health Connector sent Appellant a notice saying that she was not eligible for financial assistance to purchase health insurance because she had stated that she had access to health insurance through employment. Exhibit 3.
8. After receiving this notice, Appellant contacted the Health Connector and corrected her application to state that she did not have access to health insurance through employment.
9. After this correction was received, Appellant's eligibility was re-determined. However, she was still determined not to be eligible for financial assistance. Exhibits 10, 11.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible for financial assistance because she stated that she had access to health insurance through her employment.

The Health Connector determines eligibility for advance premium tax credits (APTCs). APTCs are federal subsidies provided under the Affordable Care Act (ACA). 26 U.S.C. § 36B. The ACA provides that an individual is not eligible to receive APTCs for any period of time when that individual is eligible to receive “minimum essential coverage” from another source. *Id.* § 36B(c)(2)(B). In turn, “minimum essential coverage” is defined to include an “employer sponsored health plan,” which is a health plan offered by an employer to an employee. *Id.* § 5000A(f). Further, in order to disqualify a person from receiving APTCs, the employer sponsored health plan must be “affordable,” which is defined as a plan that costs less than 9.5 percent of the applicant’s household income. *Id.* § 36B(c)(2)(C)(i).

In this case, Appellant was not receiving an “employer sponsored health plan” because she was insured under COBRA as the spouse of a deceased employee. Thus it was not a health plan offered by an employer to an employee. Further, it was not “affordable” to Appellant within the meaning of the ACA, given her low monthly income and the relatively high cost of the insurance. In short, her access to this insurance should not have disqualified her from receiving APTCs.

However, in her application, Appellant stated that she did have access to employer sponsored insurance. This was an error, as stated above. Based on this erroneous information provided by Appellant, the Health Connector determined, in accordance with the ACA, that Appellant was not eligible to receive financial assistance.

Fortunately, Appellant corrected that misinformation. This led to a new eligibility determination in August 2022. Exhibits 10, 11. However, that determination continued to state that Appellant was not eligible for financial assistance. This is an error. Appellant has met all the eligibility requirements to receive APTCs. The Health Connector has determined that her income places her at 237 percent of the Federal Poverty Limit. *See* Exhibits 10, 11. Because her household income is below 300 percent of the federal poverty level, she is eligible to receive Connector Care, which is a state program that combines APTCs with state subsidies to offset the cost of insurance. 956 C.M.R. § 12.08.

Because the eligibility determination made on August 4, 2022 was incorrect, I am allowing this appeal and ordering the erroneous eligibility determination to be corrected.

ORDER

The appeal is allowed. The Health Connector should determine Appellant eligible for Connector Care as of August 4, 2022.

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

Massachusetts Health Connector Appeals Unit



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: Determination of amount of financial assistance based on income.

Hearing Date: September 12, 2022

Decision Date: September 22, 2022

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 July 19, 2022 that she was eligible to receive financial assistance in an amount of \$494 a month based on her household income.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined Appellant's eligibility for financial assistance based on her income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 12, 2022. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Appeals Request Form (7/26/2022) (2 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)
- Exhibit 3: Eligibility Notice (7/19/22) (8 pages)
- Exhibit 4: Screen Shot of Eligibility Summary (3 pages)
- Exhibit 5: Screen Shot of Application Summary (3 pages)

Massachusetts Health Connector Appeals Unit



- Exhibit 6: Medicaid eligibility determination (5 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Appellant (1 page)
- Exhibit 9: Excerpt from on-line application (1 page)
- Exhibit 10: Request for Information (4/11/22) (6 pages)
- Exhibit 11: Notice of Appeal Hearing (8/10/2022) (3 pages)
- Exhibit 12: 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 is a single individual with no dependents. Thus, she is in a household of one person.
2. Appellant applied for health insurance through the Health Connector in April 2022. In that application, she requested financial assistance.
3. In her application, she stated that she had no income.
4. At that time, Appellant had left a job and was not earning any money.
5. The Health Connector sent her a notice on April 11, 2022, asking her to provide proof of the income figure that she had stated in her application. Exhibit 10.
6. She did not respond to that request.
7. Consequently, the Health Connector determined her eligibility for financial assistance based on income figures in recent federal data sources. Based on that figure, she was determined to have income that was at 202.25 percent of the Federal Poverty Level and thus was eligible for Connector Care. The Health Connector notified Appellant of this determination on July 19, 2022. Exhibit 3.
8. Appellant filed a timely notice of appeal of this determination. Exhibit 1.
9. At the hearing, Appellant testified that, since the time of her application in April, she had obtained part-time employment and was currently making \$800 a month in income.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant's eligibility for financial assistance based on her household 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). 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).

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. To be eligible for Connector Care, an individual must have household income below 300 percent of the federal poverty level. 956 C.M.R. § 12.04.

In determining eligibility to purchase health insurance plans and to receive APTCs, the Health Connector must follow procedure set forth in federal regulations. Those procedures require that, whenever the Health Connector receives an application, it must verify the information provided regarding income against external data sources. See 45 C.F.R. § 155.320(c) (verification of household income.) In each case, if the Health Connector cannot verify the information in the application against an external data source, it must request that the applicant provide some proof of the unverified information. Id. If the applicant does not provide satisfactory verification of the information in question, then the Health Connector must determine eligibility based on the information available in the external data sources. See 45 C.F.R. § 155.320(c)(vi).

In this case, Appellant stated in her application that she did not have any income. This did not match information in recent data sources, which would have reflected the income she made when she had been working. As a result of this mismatch, the Health Connector requested that the Appellant provide verification of her lack of income, such as a written statement that she was not working. Exhibit 10. Appellant did not respond to the request for information. As a result, the Health Connector determined her eligibility based on the income figure in the external data sources and determined that she was eligible for Connector Care. With that determination, she would have been receiving financial assistance but would still be required to pay a premium.

At the hearing, Appellant stated that she had started working at a part-time job and was making about \$800 a month. She should report that income to the Health Connector, which would lead to a new eligibility determination and potentially more financial assistance. Again, she would be likely to be asking to provide verification of that income figure.

Because the Health Connector correctly followed required procedures in determining Appellant's eligibility, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Massachusetts Health Connector Appeals Unit



Hearing Officer

Cc: Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

Hearing Issue: Determination of eligibility based on residence.

Hearing Date: September 19, 2022

Decision Date: September 22, 2022

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 July 14, 2022 that he was not eligible to purchase insurance plans through the Health Connector because he had not provided verification that he was living in Massachusetts.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined Appellant to be not eligible to purchase health insurance because of lack of verification of residency in Massachusetts.

HEARING RECORD

Before the hearing, Appellant had filed a designation of an authorized representative. Appellant, with his representative, appeared at the hearing, which was held by telephone, on September 19, 2022. The hearing record consists of the Appellant's and his representative's testimony and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (8/15/2022) (w/ attachments) (21 pages)
- Exhibit 2: Affidavit of Health Connector record keeper (1 page)

- Exhibit 3: Termination Notice (7/14/22) (6 pages)
- Exhibit 4: Screen Shot of Eligibility Summary (2 pages)
- Exhibit 5: Screen Shot of Application Summary (2 pages)
- Exhibit 6: Appeals Unit database notes (1 page)
- Exhibit 7: Email to Appellant (1 page)
- Exhibit 8: Verification Department work notes (1 page)
- Exhibit 9: Lease (4 pages)
- Exhibit 10: Request for Information (4/3/22) (3 pages)
- Exhibit 11: Request for Information Reminder (6/2/22) (2 pages)
- Exhibit 12: Screen shot of eligibility summary (8/26/22) (3 pages)
- Exhibit 13: Screen shot of application summary (8/26/22) (3 pages)
- Exhibit 14: Notice of Appeal Hearing (8/19/2022) (3 pages)
- Exhibit 15: Acknowledgement of Appeal Request (1 page)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellant moved to Massachusetts from another state in early 2022 and moved into an apartment in Middlesex County.
2. When he moved to Massachusetts, he applied to purchase a health insurance plan from the Health Connector.
3. Appellant was determined provisionally eligible and purchased a plan.
4. On April 3, 2022, the Health Connector sent Appellant a notice telling him to provide verification of his residence. Exhibit 10. On June 2, 2022, the Health Connector sent Appellant a second notice reminding him to send in that verification. Exhibit 11.
5. Appellant's representative uploaded a lease to the Health Connector's on-line eligibility determination system in response to that notice. Exhibit 9.
6. The information he provided was received and reviewed by a Health Connector employee, who determined that it was not satisfactory verification because it did not demonstrate payment of rent on the apartment. Exhibit 8.
7. On July 14, 2022, the Health Connector sent Appellant a notice that he was no longer eligible to purchase a health insurance plan through the Health Connector because he had not submitted satisfactory verification of residence. Exhibit 3.
8. Appellant filed a timely appeal of that notice. Exhibit 1. With his notice of appeal, Appellant appended a number of documents, including a driver's license with a Massachusetts address. Exhibit 1.
9. Subsequently, those documents were used as verification. As a result, Appellant's residence was verified, and he was deemed eligible again to purchase health insurance through the Health Connector. Exhibits 11, 12.

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined Appellant to be ineligible to purchase health insurance because of lack of verification of residence.

The Health Connector is a health insurance exchange authorized under the Affordable Care Act (ACA) to provide health insurance plans to qualified individuals. An individual is “qualified” to purchase insurance through an exchange only if that person is a resident of the state in which the exchange is established. 42 U.S.C. § 18032(f)(1)(A)(ii). See also 45 C.F.R. § 155.305(a)(3)(i). Thus, the Health Connector must determine whether an applicant is a resident of Massachusetts before it can determine that person eligible to purchase a health insurance plan.

In determining eligibility to purchase health insurance plans and to receive advance premium tax credits, the Health Connector must follow procedure set forth in federal regulations. Those procedures require that, whenever the Health Connector receives an application, it must verify the information in the application regarding residency against external data sources. See 45 C.F.R. § 155.315(d). If the Health Connector cannot verify the information in the application against an external data source, it must request that the applicant provide some proof of the unverified information. Id. If the applicant does not provide satisfactory verification of the information in question, then the Health Connector must determine eligibility based on the information available in the external data sources. See 45 C.F.R. §§ 155.315(f).

In this case, the Health Connector followed that procedure. The Health Connector was unable to verify Appellant’s residency in Massachusetts through external data sources. Accordingly, the Health Connector notified Appellant twice that he was required to provide such proof. Exhibit 10, 11. Appellant’s representative did provide a lease, but that alone was insufficient to verify residency because it did not include a proof of rental payment. Exhibit 8. Because the Health Connector did not receive sufficient verification of residency, it was required to proceed as if it had no proof that Appellant was a Massachusetts resident. Therefore, it determined him to be ineligible to purchase health insurance plans because residency is a requirement of eligibility. 42 U.S.C. § 18032(f)(1)(A)(ii). See also 45 C.F.R. § 155.305(a)(3)(i). It accordingly notified Appellant of this fact in its July 14 notice. Exhibit 3.

Fortunately, Appellant was able to rectify this problem by providing further proof, which was sent to the Health Connector’s appeals unit. That proof was forwarded and used to verify residence. As a result, Appellant’s eligibility was re-determined and he was found to be eligible to purchase insurance. Exhibits 12, 13. He has until November 12, 2022 to sign up for an insurance plan.

Because I conclude that the Health Connector correctly followed federally-required procedures for determining eligibility, I am denying this appeal.

When Appellant applied for insurance through the Health Connector, he did not ask for financial assistance. As a result, he was not asked about his income, because income is relevant only to determining eligibility for and the amount of financial assistance. However, during the hearing, Appellant indicated that his anticipated income in 2022 was about \$43,000. At that amount, he may be eligible for financial assistance. Appellant can pursue that

Massachusetts Health Connector Appeals Unit



by going into his on-line account at www.mahealthconnector.org and amending the application to ask for financial assistance and then providing information in response to the questions. Alternatively, he can call the Health Connector's customer service department and request to modify his application to seek financial assistance; the phone number is 877-623-6765.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-17207

Appeal Decision: Denied

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

Hearing Date: September 9, 2022

Decision Date: September 13, 2022

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 7, 2022 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 9, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated August 9, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period Decision denial notice dated July 7, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated May 4, 2022.
- Exhibit 6: Medicaid Household Determination Printout dated May 4, 2022.
- Exhibit 7: Health Connector Eligibility Approval Notice dated May 4, 2022.

- Exhibit 8: The Appellant's Hearing Request Form, with attachments, received on July 25, 2022.
- Exhibit 9: Health Connector Appeals Unit Outreach Email with contact information for the Office of Patient Protection dated July 27, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on July 7, 2022 and reported income equal to 544.74% of the federal poverty level for their household of two (Exhibit 5).
2. On July 7, 2022 Health Connector determined that the Appellant was eligible for Health Connector Plans with Advance Premium Tax Credits. The notice informed the Appellant that they were eligible for a Special Enrollment Period (SEP) and must enroll in a plan by June 28, 2022 because the Appellant had attested that they had experienced a Qualifying Life Event (Exhibits 5, 6, 7).
3. As of July 7, 2022 the Appellant had not enrolled in a health plan and Health Connector denied the Appellant's request for a second Special Enrollment Period (Exhibits 3, 4 and Appellant Testimony).
4. The Appellant filed an Appeal on July 25, 2022 (Exhibit 8).
5. On July 27, 2022 Health Connector Appeals Unit sent an Email to the Appellant with a referral to the Office of Patient Protection to request a Waiver (Exhibit 8).
6. The Appellant testified that their employer sponsored health insurance ended on April 29, 2022 when their employer terminated their employment. The Appellant explained that Health Connector required proof of the cancellation of their insurance in order to enroll in a plan. The Appellant said that they contacted the insurance carrier (Blue Cross) and was informed that the Appellant's former employer had not deactivated the insurance coverage and Blue Cross was not able to provide a coverage end date. The Appellant said that their employer finally deactivated their coverage on July 7, 2022 retroactive to April 29, 2022 but Health Connector issued the SEP denial notice the same day. The Appellant's credible testimony is supported by documentation submitted with their appeal request (Exhibits 4, 8 and Appellant Testimony).
7. The Appellant did not contact the Office of Patient Protection to request a Waiver prior to the hearing held on September 9, 2022 (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on May 4, 2022 and reported income equal to 544.74% of the federal poverty level for their household of two. The Appellant also reported that they lost their employer sponsored health insurance on April 29, 2022 when their employment was terminated. On May 4, 2022 Health Connector determined the Appellant and their Spouse eligible for Health Connector Plans with Advance Premium Tax Credits. The Appellant was informed on May 4, 2022 that they were eligible for a special enrollment period and must choose a plan and enroll by June 28, 2022. It is undisputed that the Appellant did not enroll in a plan by June 28, 2022. On July 7, 2022 the Appellant attempted to enroll in a health plan. Health Connector determined on July 7, 2022 that the Appellant was not eligible for a special enrollment period to

enroll in a plan because the Appellant had failed to verify that they experienced a qualifying life event in the sixty-day period preceding July 7, 2022. On July 25, 2022 the Appellant filed an appeal to dispute that determination.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances. The Appellant experienced a qualifying life event on April 29, 2022 when they lost access to their employer sponsored health insurance. Health Connector determined the Appellant was eligible for a special enrollment period at that time. The special enrollment period is a sixty-day open enrollment period. The Appellant was informed that they must enroll in a health plan by June 28, 2022 when the special enrollment period ended.

The Appellant did not enroll by June 28, 2022. The Appellant testified credibly that their former employer failed to deactivate their health insurance until July 7, 2022 when it was retroactively terminated effective April 29, 2022. Because the Appellant's health insurance was still showing as active, the Appellant was unable to verify that they no longer had insurance coverage and were eligible to enroll in a health plan by June 28, 2022.

Although the Appellant's testimony regarding the termination of their employer sponsored health insurance was credible, as explained at the Hearing Health Connector regulations require a Hearing Officer to make a determination based on the evidence and testimony in the record as well as the applicable regulations. There is no provision that allows a Hearing Officer to waive the Open Enrollment regulations. 956 CMR 12.11, 12.12. The Appellant was referred to the Office of Patient Protection to request a waiver.

It is undisputed that the Appellant did not experience a second qualifying life event within the sixty-day period prior to July 7, 2022. Because the Appellant did not experience a qualifying life event, the Health Connector correctly determined on July 7, 2022 that the Appellant is not eligible for a special enrollment period. 45 CFR § 155.420.

ORDER

The Appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. 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 was advised that they could contact the Office of Patient Protection at 1-800-436-7757 to inquire about a Waiver Request.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-17218

Appeal Decision: Denied

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

Hearing Date: September 9, 2022

Decision Date: September 13, 2022

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 23, 2022 Health Connector determined that the Appellant was not eligible for a Special Enrollment Period because the Appellant had failed to verify that they had a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 9, 2022. Interpreter services were offered but the Appellant declined. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated August 9, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Special Enrollment Period Decision denial notice dated June 23, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated June 23, 2022.
- Exhibit 6: Medicaid Household Determination Printout dated June 23, 2022.

- Exhibit 7: The Appellant's Hearing Request Form received on July 27, 2022.
Exhibit 9: Health Connector Appeals Unit Outreach Email with contact information for the Office of Patient Protection dated July 27, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance coverage on June 23, 2022 and reported income equal to 388.20% of the federal poverty level for their household of one (Exhibit 5).
2. On June 23, 2022 Health Connector determined that the Appellant was otherwise eligible for Health Connector Plans with Advance Premium Tax Credits but was not eligible for a Special Enrollment Period because they failed to verify that they had experienced a Qualifying Life Event (Exhibits 4, 5, 6).
3. The Appellant filed an Appeal on July 27, 2022 and submitted a copy of a Waiver Request with their appeal request (Exhibits 3, 7).
4. I take administrative notice of the fact that for tax year 2022 the Health Connector Open Enrollment period was November 1, 2021 through January 23, 2022.
5. On July 27, 2022 Health Connector Appeals Unit sent an Email to the Appellant advising the Appellant that they must submit their Waiver Request to the Office of Patient Protection because the Appeals Unit does not evaluate Waiver Requests. The Email provided a fax number and address for the Appellant to send their Waiver Request to the Office of Patient Protection (Exhibit 8).
6. The Appellant testified that they did not receive the July 27, 2022 Email. The Appellant said that they were told to send this paperwork to the Appeals Unit (Appellant Testimony).
7. The Appellant was given the address and telephone number for the Office of Patient Protection and was encouraged to contact that office as soon as possible.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on June 23, 2022 and reported income equal to 388.20% of the federal poverty level for their household of one. On June 23, 2022 Health Connector determined the Appellant was otherwise eligible for Health Connector Plans with Advance Premium Tax Credits but was not eligible for a Special Enrollment period to enroll in a health plan because the Appellant did not verify that they had experienced a qualifying life event. The Appellant filed an appeal on July 27, 2022.

Under 45 CFR § 155 and 956 CMR 12.10(5), enrollees may enroll in a Health Plan in that Enrollee's Service Area during any open enrollment periods established by state or federal law. Enrollees may not transfer from a Health Plan or enroll in a Health Plan outside of open enrollment unless the Enrollee experiences a qualifying life event as listed in the Health Connector's Policy NG-5. Qualifying life events include marriage, birth or adoption of a child, loss of coverage for reasons other than non-payment of a premium, moving to Massachusetts, or other exceptional circumstances.

Open Enrollment for tax year 2022 ended on January 23, 2022. It is undisputed that the Appellant did not verify that they experienced a qualifying life event within the sixty-day period prior to their June 23, 2022 application. Because the Appellant did not experience a qualifying life event, the Health Connector correctly determined on June 23, 2022 that the Appellant is not eligible for a special enrollment period. 45 CFR § 155.420.

ORDER

The Appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. 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 was advised that they could contact the Office of Patient Protection at 1-800-436-7757 to submit a Waiver Request. The address is:

Health Policy Commission
Office of Patient Protection
50 Milk Street, 8th Floor
Boston, MA 02109

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17219

Appeal Decision: Appeal Denied.

Hearing Issue: Eligibility for health insurance plans based on lawful presence

Hearing Date: September 9, 2022,

Decision Date: September 13, 2022

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 12, 2022, the Appellant was determined ineligible for health insurance coverage at the Health Connector because the Appellant failed to demonstrate that they are lawfully present in Massachusetts.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 9, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant. The hearing record consists of the Appellant's testimony as well as the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated August 9, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Denial Notice dated July 12, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated July 12, 2022.
- Exhibit 6: Medicaid Eligibility Printout dated July 12, 2022.

Exhibit 7: The Appellant's Hearing Request Form dated July 28, 2022.
Exhibit 9: Health Connector Request for Information dated April 6, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance at the Health Connector on July 12, 2022 and reported zero income for their household of one. The Appellant did not attest their intention to file taxes (Exhibit 5).
2. The Appellant is not a US citizen. The Appellant did not submit proof that they are lawfully present in Massachusetts (Exhibits 4, 5, 6).
3. On July 12, 2022, the Health Connector determined that the Appellant is ineligible for health insurance coverage at the Health Connector because the Appellant failed to establish that they are lawfully present in Massachusetts (Exhibits 4, 5, 6).
4. The Appellant filed an appeal on July 28, 2022 to dispute the denial of their application (Exhibit 7).
5. The Appellant was asked if they had any documentation of their immigration status and the Appellant responded that they are in the process of trying to get a T-1 Visa (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector on July 12, 2022. The Appellant was determined ineligible for health insurance through the Health Connector. The Appellant filed an appeal to dispute the determination on July 28, 2022.

The Appellant is not a US citizen. The Appellant did not identify any immigration status on their application. On July 12, 2022, the Appellant was notified that they were not eligible for health insurance through the Health Connector because the Appellant failed to submit the documentation needed to demonstrate that they are lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant testified that they are trying to get a T-1 Visa but have no other documentation to verify lawful presence. The Appellant did not submit any evidence to verify lawful presence in Massachusetts. Health Connector's July 12, 2022, determination that the Appellant is not eligible for coverage through the Health Connector was correct.

ORDER

This appeal is denied.

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they may contact South Coast Legal Services, 460 W. Main Street, Hyannis, MA for assistance with obtaining documentation. Telephone: 508-775-7020.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216385

Appeal Decision: Appeal denied. The Connector's determination of Appellant's eligibility to obtain a Health Connector plan during the next open enrollment period or when Appellant had a qualifying life event is affirmed.

Hearing Issue: Whether the Connector correctly determined Appellant's eligibility to enroll in a Health Connector plan during the next open enrollment period or upon Appellant having a qualifying life event.

Hearing Date: July 8, 2022

Decision Date: September 27, 2022

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 April 5, 2022, the Connector determined Appellant to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellant had a qualifying life event.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 8, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated June 3, 2022 addressed to Appellant for July 8, 2022 hearing
- Exhibit 2a: Connector Appeals Unit Notice of Hearing dated April 15, 2022 addressed to Appellant for May 20, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated April 14, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated April 14th, May 25th, and May 31st, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on May 25, 2022
- Exhibit 4a: Letter from Appellant requesting new hearing date
- Exhibit 5: Connector letter dated April 5, 2022 to Appellant regarding special enrollment period
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated

May 2, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through employment. Appellant's coverage through employment ended on January 31, 2022. She obtained a new job, but the coverage offered would not be effective until April 1, 2022. This new coverage did not meet the Commonwealth's minimum credible coverage standards. Appellant's spouse had coverage through employment, but the spouse could not add Appellant to his plan until the next open enrollment period (Testimony of Appellant, Exhibit 4).
2. Appellant applied to the Connector for coverage on April 5, 2022 (Testimony of Appellant, Exhibits 5 and 6).
3. In a letter from the Connector dated April 5, 2022, the Connector determined and notified the appellant that while she was eligible to purchase health insurance through the Connector, she was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow her to enroll outside of an open enrollment period (Exhibits 5 and 6).
4. Appellant did not have any qualifying life event which would allow her to purchase and enroll in a health insurance plan through the Connector outside of the Connector's open enrollment period. While she had lost her health insurance coverage, a qualifying life event, on the date she applied for coverage, more than 60 days had gone by since that event took place. Appellant had not moved, gotten married, or had a child or added a dependent to her family in the 60 day prior to April 5th. Appellant was not a Native American or an Alaska indigenous person (Testimony of the Appellant).
5. On May 25, 2022, Appellant appealed the determination by the Connector which denied her a special open enrollment period (Exhibit 4).
6. I take administrative notice that the Connector's open enrollment period for 2022 started on November 1, 2021 and ended on January 23, 2022.

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 5, 2022 that the appellant was eligible for a Health Connector plan, but was not eligible to enroll until the next open enrollment period or until Appellant had a qualifying life event. The appellant have appealed this determination. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. See also 45 CFR Section 155. 420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period. If an individual has had a qualifying life event within 60 days of applying for health insurance and enrolling in a plan, the individual may enroll in a plan outside of an open enrollment period, if otherwise eligible. According to 45 Code of Federal

Regulations Section 155.420 (c)(1) and 155.420 (d)(1)(i), the loss of health insurance coverage is a qualifying life event. In 2022, the open enrollment period ran from November 1, 2021 to January 23, 2022.

In this matter, Appellant lost her health insurance as of January 31, 2022. Appellant did not apply for health insurance through the Connector until April 5, 2022, more than 60 days after she had lost coverage. Appellant had no other qualifying event 60 days prior to applying for coverage. She had not moved, or had a child or added a dependent to her family in the past 60 days. She had not married. There is no evidence in the record that Appellant had any other qualifying event. See the testimony of the Appellant which I find credible.

In a letter from the Connector dated April 5, 2022, the Connector determined and notified the appellant that while she was eligible to purchase health insurance through the Connector, she was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow her to enroll outside of an open enrollment period. See Exhibit 5.

I determine that the Connector's determination that Appellant was not eligible for a special enrollment period should be affirmed. Appellant missed being able to enroll outside of the open enrollment period (November 1, 2021 through January 23, 2022 in Massachusetts) because she did not apply for and enroll in a plan within 60 days of losing her prior coverage. There is no evidence in the record that Appellant had any other qualifying life event within 60 days of her application for coverage. See cites above including 45 CFR Section 155.420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period.

ORDER: The action taken by the Connector regarding Appellant's ineligibility to enroll in a Health Connector plan until the next open enrollment period or until she had a qualifying life event 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. Appeals Unit

Hearing Officer

Addendum: If Appellant has not already done so, she may wish to apply for a waiver of the open enrollment period requirement through the Office for Patient Protection. She can receive an application for a waiver on line or by phone at 1-800-436-7757.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216470

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

Hearing Issue:

Whether the Connector correctly determined that the appellant was no longer eligible to purchase and enroll in a health insurance plan through the Connector.

Hearing Date: June 2, 2022

Decision Date: August 31, 2022

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 April 7, 2022, the Connector determined that the appellant was no longer eligible to purchase and enroll in any health insurance plan through the Connector. It notified the appellant that coverage would be terminated as of April 30, 2022.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 2, 2022. 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 from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 5, 2022 for a June 2, 2022 hearing addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated April 26, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated April 26, 2022
- Exhibit 3b: Appeals Unit staff email to Appellant dated April 26, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on April 19, 2022
- Exhibit 5: Connector letter dated April 7, 2022 to Appellant regarding termination of eligibility
- Exhibit 5a: Connector letter dated November 3, 2021 to Appellant requesting proof of residency

- by February 1, 2022
- Exhibit 5b: Connector letter dated February 22, 2022 to Appellant requesting proof of residency
March 24, 2022
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated April 7,
2022
- Exhibit 7: MassHealth Member Benefits print-out determination, April 7, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance coverage through the Connector in 2021. In a letter dated November 3, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by February 1, 2022. The letter included a list of acceptable forms of proof (Exhibits 5a).
2. The appellant did not send in any documentation of residency to the Connector by the deadline (Testimony of Appellant).
3. After the appellant did not send in acceptable proof of residency by February 1, 2022, the Connector sent the appellant another request for proof of residency dated February 22, 2022. The deadline set was March 24th. Again, a list of acceptable forms of proof was attached (Exhibit 5b).
4. The appellant did not send in any proof of residency by March 24, 2022 (Testimony of Appellant).
5. On April 7, 2022, the Connector determined that the appellant was no longer eligible to obtain health insurance through the Connector. The Connector sent a notice to the appellant dated April 7th informing the appellant that Appellant's coverage was going to be terminated as of April 30, 2022. The notice informed Appellant that this action was being taken because Appellant had not sent in documentation of information the Connector needed to verify Appellant's eligibility (Exhibits 5 and 6).
6. Appellant submitted a request for an appeal of the Connector's determination on April 19, 2022. (Exhibit 4, Testimony of Appellant).
7. By the date of this hearing, Appellant had not sent in any other documents acceptable as proof of residency (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 7, 2022 that the appellant was no longer eligible to be enrolled in a health insurance plan through the Connector because the appellant had not submitted proof of residency. See Exhibits 4 and 5.

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

In this matter, Appellant had health insurance coverage through the Connector in 2021. In a letter dated November 3, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by February 1, 2022. The letter included a list of acceptable forms of proof. The appellant did not send in any documentation of residency to the Connector by the deadline. After the appellant did not send in acceptable proof of residency by February 1, 2022, the Connector sent the appellant another request for documentation. In a letter dated February 22, 2022, the Connector again asked the appellant to submit proof of residency. The deadline set was March 24th. Again, a list of acceptable forms of proof was attached. The appellant did not send in any proof of residency by March 24, 2022. See the testimony of the appellant which I find credible and Exhibits 5a and 5b.

On April 7, 2022, the Connector determined that the appellant was no longer eligible to obtain health insurance through the Connector. The Connector sent a notice to the appellant dated April 7th informing the appellant that Appellant's coverage was going to be terminated as of April 30, 2022. The notice informed Appellant that this action was being taken because Appellant had not sent in the information which the Connector had request, proof of residency. Exhibits 5 and 6.

Appellant submitted a request for an appeal of the Connector's determination on April 19, 2022. See Exhibit 4. By the date of this hearing, Appellant had not sent in any other documents as proof of residency. See the testimony of the appellant which I find to be credible.

The April 7, 2022 determination was correct at the time it was made because of Appellant's failure to send in proof of residency. Without proof of residency, the appellant was no longer eligible for coverage through the Connector. See 45 Code of Federal Regulations 155.305(a)(1 through 3). Residency in the exchange's state is a requirement for eligibility. The determination of the Connector is, therefore, affirmed.

ORDER: The determination by the Connector terminating Appellant's coverage through the Connector is affirmed.

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

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216589

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

Hearing Issue: Whether the Connector correctly determined the appellants' eligibility to purchase a Health Connector plan with advance premium tax credit.

Hearing Date: June 23, 2022

Decision Date: September 15, 2022

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 April 8, 2022, the Connector determined that the appellants were eligible to purchase a Health Connector plan with an advance premium tax credit based upon information supplied by the appellants to the Connector and/or other data sources.

ISSUE

Whether the Connector correctly determined that the appellants were eligible to purchase a Health Connector plan with an advance premium tax credit.

HEARING RECORD

One of the appellants appeared at the hearing which was held by telephone on June 23, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data by the Connector
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 18, 2022 addressed to Appellant for June 23, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated May 13, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated May 13, 2022
- Exhibit 3b: Appeals Unit email to Appellant dated May 13, 2022
- Exhibit 4: Hearing Request Form from Appellant received on April 28, 2022

- Exhibit 5: Connector letter dated April 8, 2022 to Appellant regarding eligibility
- Exhibit 5a: Connector letter dated May 16, 2019 to Appellant requesting proof of income
- Exhibit 5b: Connector letter dated March 30, 2022 to Appellant requesting proof of income by April 20, 2022
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated April 8, 2022
- Exhibit 7: Print-out showing Medicaid determination, April 8, 2022
- Exhibit 8: Connector print-out showing Appellant's self-attested income and manual verification, effective date March 1, 2022
- Exhibit 8a: Connector print-out showing other appellant's self-attested income and manual verification, effective date March 1, 2022
- Exhibit 9: Appellants' paystubs, received by Customer Service on March 28, 2022 and April 5, 2022, processed on March 30, 2022 and April 8, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants had ConnectorCare coverage during 2021 (Testimony of Appellant).
2. The Connector requested that Appellants submit proof of income for 2022 coverage. In a letter dated March 30th, the Connector asked for proof by April 20, 2022 (Testimony of Appellant, Exhibit 5b).
3. On their application, one appellant attested to having no earnings. The other attested to earning \$1,083 a week with a projected annual income of \$19,014. After the appellants sent in paystubs, the Connector found that the appellant who had attested to having no earnings was now earning \$700 weekly. The Connector verified that the other appellant earned \$1,083 weekly. Based upon these figures, the Connector determined that the appellants had a projected annual income of \$36,397 and \$56,356 respectively. Their combined projected income equaled 532.45% of the Federal Poverty Level (Exhibits 6, 8, 8a, and 9).
4. Based upon the verified income, the Connector found that the appellants were eligible to purchase and enroll in a Connector Health plan with an advance premium tax credit. The Connector notified the appellants of this decision in a letter dated April 8, 2022 (Exhibits 5, 6).
5. Appellants submitted a request for an appeal of the Connector's determination on April 28, 2022 because they disagreed with the Connector's determination about their projected annual income. One of the appellants stated that her job was seasonal and in 2022 she would only work from March through September (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 8, 2022 that the appellants were eligible for a Health Connector plan with an advance premium tax credit.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq.

If an applicant is otherwise eligible to purchase health insurance through the Connector, the applicant's projected income is at least 100% of the Federal Poverty Level, and the cost of the second lowest price Silver plan is more than 8.5% of the applicant's Federal adjusted gross income, the applicant is eligible for an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq. and Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.

In this matter, Appellants had ConnectorCare coverage during 2021. The Connector requested that Appellants submit proof of income for 2022 coverage. In a letter dated March 30th, the Connector asked for proof by April 20, 2022. On their application, one appellant attested to having no earnings. The other attested to earning \$1,083 a week with a projected annual income of \$19,014. After the appellants sent in paystubs, the Connector found that the appellant who had attested to having no earnings was now earning \$700 weekly. The Connector verified that the other appellant earned \$1,083 weekly. Based upon these figures, the Connector determined that the appellants had a projected annual income of \$36,397 and \$56,356 respectively. Their combined projected income equaled 532.45% of the Federal Poverty Level. See Exhibits 5b, 6, 8, 8a, and 9, and the testimony of Appellant which I find to be credible.

Based upon the verified income, the Connector found that the appellants were eligible to purchase and enroll in a Connector Health plan with an advance premium tax credit. The Connector notified the appellants of this decision in a letter dated April 8, 2022. See Exhibits 5, 6. Appellants submitted a request for an appeal of the Connector's determination on April 28, 2022 because they disagreed with the Connector's determination about their projected annual income. One of the appellants stated that her job was seasonal and in 2022 she would only work from March through September. See Exhibit 4, and the testimony of Appellant which I find to be credible.

What is at issue on appeal is whether the Connector made the correct determination when it was made based upon the information available to the Connector at that time. Based upon the information given by the appellants to the Connector, the Connector correctly determined on April 8, 2022 that the appellants were eligible for a Connector Health plan with an advance premium tax credit. See Exhibit 5.

Appellants submitted proof of income to the Connector. One of the appellants who works at a seasonal job, sent in proof of weekly income, but did not inform the Connector that her job was seasonal and that she would be unemployed for several months in 2022. See Exhibits 9. The Connector properly relied upon the appellants' proof and determined that Appellants were no longer eligible for ConnectorCare coverage, but was eligible for a Health Connector plan with an advance premium tax credit.

As noted above, as a result of the American Rescue Plan for 2021 and 2022, any applicant who purchases coverage through the Connector may be eligible for advance premium tax credits even if the projected income is greater than 400% of the Federal Poverty Level. An applicant may be eligible if the annual premium for the second lowest cost silver plan exceeds 8.5 % of the applicant's annual household income. See Health Connector Policy #NG-2 and the American Rescue Plan for 2021 and 2022.

The determination of the Connector is affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan with an advance premium tax credit 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: Appellant who appeared at the hearing, was advised to inform Customer Service that her job was seasonal. In May, 2022, the appellant sent in her W-2 forms for 2020 and 2021, but she did not submit her full tax return for either year. She was advised that the W-2 form alone was not sufficient proof of income. If Appellant has not already done so, she may wish to call the Connector's Customer Service line at 1-877-623-6765 and amend her application to reflect that her job is seasonal.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216625

Appeal Decision: Appeal denied. The Connector's determination of Appellant's eligibility to obtain a Health Connector plan during the next open enrollment period or when Appellant had a qualifying life event is affirmed.

Hearing Issue: Whether the Connector correctly determined Appellant's eligibility to enroll in a Health Connector plan during the next open enrollment period or upon Appellant having a qualifying life event.

Hearing Date: June 23, 2022

Decision Date: September 5, 2022

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, 2022, the Connector determined Appellant to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellant had a qualifying life event.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on June 23, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 18, 2022 addressed to Appellant for June 23, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated May 11, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated May 11, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on May 2, 2022
- Exhibit 5: Connector letter dated May 2, 2022 to Appellant regarding special enrollment period
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated May 2, 2022
- Exhibit 7: Print-out showing Medicaid determination for Appellants' household, May 2, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through his ex-spouse's plan. At the end of March, 2022, Appellant learned that the coverage he had had was terminated as of February 1, 2022 (Testimony of Appellant, Exhibit 4).
2. Appellant applied for health insurance coverage through the Connector on May 2, 2022 (Exhibits 5 and 6).
3. In a letter from the Connector dated May 2, 2022, the Connector determined and notified the appellant that while he was eligible to purchase health insurance through the Connector, he was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow him to enroll outside of an open enrollment period (Exhibit 5).
4. Appellant did not have any qualifying life event which would allow him to purchase and enroll in a health insurance plan through the Connector outside of the Connector's open enrollment period. While he had lost his health insurance coverage, a qualifying life event, more than 60 days had gone by since that event took place. Appellant had not moved, gotten married, or had a child or added a dependent to his family in the 60 day prior to May 2nd (Testimony of the Appellant).
5. On May 2, 2022, Appellant appealed the determination by the Connector which denied him a special open enrollment period (Exhibit 4).
6. I take administrative notice that the Connector's open enrollment period for 2022 started on November 1, 2021 and ended on January 23, 2022.

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on May 2, 2022 that the appellant was eligible for a Health Connector plan, but was not eligible to enroll until the next open enrollment period or until Appellant had a qualifying life event. The appellant have appealed this determination. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. See also 45 CFR Section 155. 420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period. If an individual has had a qualifying life event within 60 days of applying for health insurance and enrolling in a plan, the individual may enroll in a plan outside of an open enrollment period, if otherwise eligible. According to 45 Code of Federal Regulations Section 155.420 (c)(1) and 155.420 (d)(1)(i), the loss of health insurance coverage is a qualifying life event. In 2022, the open enrollment period ran from November 1, 2021 to January 23, 2022.

In this matter, Appellant lost his health insurance as of February 1, 2022. Appellant did not apply for health insurance through the Connector until May 2, 2022, more than 60 days after he had lost coverage. Appellant had no other qualifying event 60 days prior to applying for coverage. He had not moved, or

had a child or added a dependent to his family in the past 60 days. He had not married. There is no evidence in the record that Appellant had any other qualifying event. See the testimony of the Appellant which I find credible.

In a letter from the Connector dated May 2, 2022, the Connector determined and notified the appellant that while he was eligible to purchase health insurance through the Connector, he was not eligible to enroll in a plan until the next open enrollment period or until Appellant had a qualifying life event which would allow him to enroll outside of an open enrollment period. See Exhibit 5.

I determine that the Connector's determination that Appellant was not eligible for a special enrollment period should be affirmed. Appellant missed being able to enroll outside of the open enrollment period (November 1, 2021 through January 23, 2022 in Massachusetts) because he did not apply for and enroll in a plan within 60 days of losing his prior coverage. There is no evidence in the record that Appellant had any other qualifying life event within 60 days of his application for coverage. See cites above including 45 CFR Section 155.420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period.

ORDER: The action taken by the Connector regarding Appellant's ineligibility to enroll in a Health Connector plan until the next open enrollment period or until he had a qualifying life event 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. Appeals Unit

Hearing Officer

Addendum: If Appellant has not already done so, he may wish to apply for a waiver of the open enrollment period requirement through the Office for Patient Protection. He can do that on line or by phone at 1-800-436-7757.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216704

Appeal Decision: Appeal denied. The Connector's determination of Appellants' eligibility to obtain a Health Connector plan during the next open enrollment period or when Appellants had a qualifying life event is affirmed.

Hearing Issue: Whether the Connector correctly determined Appellants' eligibility to enroll in a Health Connector plan during the next open enrollment period or upon Appellant having a qualifying life event.

Hearing Date: July 14, 2022

Decision Date: September 1, 2022

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 5, 2022, the Connector determined Appellants to be eligible to purchase and to enroll in a Connector health insurance plan during the next open enrollment period or when the appellants had a qualifying life event.

HEARING RECORD

One of the appellants appeared at the hearing which was held by telephone on July 14, 2022. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated June 9, 2022 addressed to Appellant for July 14, 2022 hearing
- Exhibit 3: Connector Appeals Unit letter dated May 26, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated May 25, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on May 10, 2022
- Exhibit 5: Connector letter dated May 5, 2022 to Appellant regarding special enrollment period
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated April 29, 2022
- Exhibit 7: Print-out showing Medicaid determination for Appellants' household, April 29, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants lost the health insurance they had in 2021. Appellants applied for health insurance through the Connector on April 29, 2022 (Testimony of Appellant, Exhibit 6).
2. In a letter from the Connector dated May 5, 2022, the Connector determined and notified the appellant that while he and his family were eligible to purchase health insurance through the Connector, they were not eligible to enroll in a plan until the next open enrollment period or until Appellants had a qualifying life event which would allow them to enroll outside of an open enrollment period (Exhibit 5).
3. Appellants did not have any qualifying life event which would allow them to purchase and enroll in a health insurance plan through the Connector outside of the Connector's open enrollment period. While they had lost their health insurance coverage, a qualifying life event, more than 60 days had gone by since that event took place. They had not moved, or had a child or added a dependent to their family in the past 60- days. Their immigration status had not changed. They are not Native American or Alaskan indigenous people (Testimony of the Appellant).
4. On May 10, 2022, Appellants appealed the May 5th determination by the Connector (Exhibit 4).
5. I take administrative notice that the Connector's open enrollment period for 2022 started on November 1, 2021 and ended on January 23, 2022.

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on May 5, 2022 that the appellant and his family were eligible for a Health Connector plan, but were not eligible to enroll until the next open enrollment period or until Appellants had a qualifying life event. The appellants have appealed this determination. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. See also 45 CFR Section 155. 420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period. If an individual has had a qualifying life event within 60 days of applying for health insurance and enrolling in a plan, the individual may enroll in a plan outside of an open enrollment period, if otherwise eligible. According to 45 Code of Federal Regulations Section 155.420 (c)(1) and 155.420 (d)(1)(i), the loss of health insurance coverage is a qualifying life event. In 2022, the open enrollment period ran from November 1, 2021 to January 23, 2022.

In this matter, Appellants lost their health insurance some time in 2021. Appellants did not apply for health insurance through the Connector until April, 2022, more than 60 days after they lost their coverage. Appellants had no other qualifying event 60 days prior to applying for coverage. They had not moved, or had a child or added a dependent to their family in the past 60 days. Their immigration status had not changed. They are not Native Americans or Alaskan indigenous people. See the testimony of the

Appellant which I find credible. There is no evidence in the record that Appellants had any other qualifying event.

In a letter from the Connector dated May 5, 2022, the Connector determined and notified the appellant that while he and his family were eligible to purchase health insurance through the Connector, they were not eligible to enroll in a plan until the next open enrollment period or until Appellants had a qualifying life event which would allow them to enroll outside of an open enrollment period. See Exhibit 5.

I determine that the Connector's determination that Appellants were not eligible for a special enrollment period should be affirmed. Appellants missed being able to enroll outside of the open enrollment period (November 1, 2021 through January 23, 2022 in Massachusetts) because they did not apply for and enroll in a plan within 60 days of losing their prior coverage. There is no evidence in the record that Appellants had any other qualifying life event within 60 days of their application for coverage. See cites above including 45 CFR Section 155.420 which provides for special enrollment periods and for eligibility requirements for enrolling outside of an open enrollment period.

ORDER: The action taken by the Connector regarding Appellants' ineligibility to enroll in a Health Connector plan until the next open enrollment period or until they had a qualifying life event 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. Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216861

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, TCE income and residency

Hearing Date: August 9, 2022

Decision Date: September 5, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 12, 2022, the Appellant was determined ineligible for Health Connector plans based on failure to submit requested information and documents.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was ineligible for Health Connector plans, based on the Appellant's failure to provide requested documents and information.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on August 9, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (6-30-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (6-6-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (5-24-22) (with document) (4 pages);

- Exhibit 6: Eligibility termination letter (5-12-22) (6 pages);
- Exhibit 7: Eligibility detail printouts and application summary printouts (7 pages);
- Exhibit 8: Request for Information (7-31-21) (5 pages);
- Exhibit 9: Medicaid Household Determination (6 pages); and
- Exhibit 10: Reminder letter re documents (3-31-22) (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had health insurance through the Health Connector in 2021, and had been requested to submit documents regarding income and residency (Exhibits 7, 8, and 10).
2. The Appellant was determined not eligible for Health Connector plans, on May 12, 2022, after failing to send in documents verifying income, and residency. (Exhibits 6, 7).
3. Appellant did not submit the documents requested within the time frame required (Appellant Testimony, Exhibits 6, 10).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans based on failing to verify income, and failure to submit proof residency. The Appellant appealed. 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 if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D). In addition, if the applicant fails to submit requested documents, the applicant will be determined ineligible for Health Connector plans.

In 2021, the Appellant was determined eligible Connector Care plans 3A, and was asked to verify their income, and was provided with a list of acceptable documents to verify income, and was also asked to submit proof of residency. On March 31, 2022, Appellant was reminded again to submit the documents. The Appellant failed to verify their income, and failed to submit the requested proof of residency, the Health Connector terminated the Appellant's eligibility to have health insurance through the Health Connector. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). The Appellant was found ineligible for Health Connector plans, and that is the correct determination based on the failure to submit the documents.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216885

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income verification

Hearing Date: August 2, 2022

Decision Date: September 5, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 23, 2022, the Appellant was determined eligible for Health Connector plans with Advance Premium Tax Credits (APTC).

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on August 2, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (6-28-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (6-7-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (5-30-22) (with letter) (3 pages);
- Exhibit 6: Eligibility approval letters (5-18-22 and 5-23-22) (12 pages);

- Exhibit 7: Eligibility detail printouts and applications summary printouts (13 pages);
Exhibit 8: Workspace form and documents (7 pages); and
Exhibit 9: Medicaid Household Determinations (11 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector, and was initially determined eligible for Connector Care Plan 3B on May 18, 2022, based on income resulting in a Federal Poverty Level of 298%. (Testimony, Exhibits 6 and 7).
2. Appellant received a Request for Information to submit documents regarding income and submitted the documents. (Exhibit 8).
3. As a result of submitting the documents, the income determination was just over the amount for Connector Care (302%), and instead, Appellant was deemed eligible for Health Connector plans with Advance Premium Tax Credits (APTC). (Testimony, Exhibits 6, 7).
4. The Health Connector determined that Appellant was eligible for Health Connector plans with APTC based on income information available to the Health Connector. (Exhibits 6, 7).
5. Appellant appealed. (Exhibit 5, Appellant Testimony)
6. Appellant re-attest to income if they believe it is different from the determination. (Exhibit 6).

ANALYSIS AND CONCLUSIONS OF LAW

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

On May 18, 2022, the Appellant was determined eligible for Connector Care Plan 3B based on self-attested income resulting in a Federal Poverty Level of 298%. Individuals with under 300% are eligible for ConnectorCare in addition to APTC. Individuals with between 300% and 400% are eligible for APTC only. Once the income verification documents were processed, on May 23, 2022, Appellant was deemed eligible for Health Connector plans with APTC only based on income resulting in a FPL of 302%. Appellant believed the insurance was not affordable for them. The process for the determination on May 23, 2022 complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the information available to the Health Connector. 45 CFR § 155.305(f).

The Health Connector correctly found that the Appellant was eligible for Health Connector plans with APTC on May 23, 2022, and that determination is upheld.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216900

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, TCE income

Hearing Date: August 9, 2022

Decision Date: September 5, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 12, 2022, the Appellant was determined eligible for Health Connector plans with no financial help based on failure to submit requested information and documents.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial help, based on the Appellant's failure to provide requested documents and information.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on August 9, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (6-30-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (6-14-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (6-1-22) (6 pages);

- Exhibit 6: Eligibility approval letters (5-12-22 and 6-1-22) (16 pages);
Exhibit 7: Eligibility detail printouts and applications summary printouts (11 pages);
Exhibit 8: Request for Information and reminder letters (6-19-19 and 4-3-22) (8 pages);
Exhibit 9: Medicaid Household Determinations (10 pages); and
Exhibit 10: Workspace form and documents (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had health insurance through the Health Connector in 2021, and had been requested to submit documents regarding income (Exhibits 7, 8).
2. Appellant was moved from a subsidized to a non-subsidized plan on May 12, 2022, after failing to submit sufficient documents verifying income. (Exhibit 6).
3. The Appellant subsequently submitted documents, and was redetermined as eligible for ConnectorCare and retroactively approved to June 1, 2022. (Exhibits 4, 6, 7).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans based on failing to verify income. The Appellant appealed. 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 if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

In 2021, the Appellant was determined eligible Connector Care plans 2, and was asked to verify their income, and was provided with a list of acceptable documents to verify income. On April 2, 2022, Appellant was reminded again to submit the documents. The Appellant failed to verify their income, and the Health Connector changed the Appellant's eligibility to Health Connector plans with no financial help. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). The Appellant was found eligible for Health Connector plans with no financial help, and that is the correct determination based on the failure to submit the documents. Appellant subsequently sent in the documents, and was retroactively approved as of June 1, 2022 for Connector Care Plan 3.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216974

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, TCE income

Hearing Date: August 17, 2022

Decision Date: September 14, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 12, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance based on failure to submit requested information and documents.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's failure to provide requested documents and information.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on August 17, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (7-13-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (6-16-22) (1 page);
- Exhibit 4: Outreach notes and emails (6 pages);
- Exhibit 5: Hearing Request form (6-10-22) (with documents) (10 pages);

- Exhibit 6: Eligibility approval letter (5-12-22) (8 pages);
Exhibit 7: Eligibility detail printouts and application summary printouts (20 pages);
Exhibit 8: Request for Information and reminder letters (10-18-21 and 3-21-22) (8 pages); and
Exhibit 9: Medicaid Household Determination (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had health insurance through the Health Connector in 2021, and had been requested to submit documents regarding income (Exhibits 7, 8).
2. The Appellant was determined eligible for Health Connector plans with no financial assistance, on May 12, 2022, after failing to send in documents verifying income. (Exhibits 6, 7).
3. Appellant did not submit the documents requested within the time frame required (Appellant Testimony, Exhibits 6, 7).
4. Appellant subsequently did submit the documents and was then redetermined as eligible for Mass Health. (Exhibit 7).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans with no financial assistance based on failing to verify income, and failure to submit proof of income. The Appellant appealed. 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 if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D). In addition, if the applicant fails to submit requested documents, the applicant will be determined ineligible for Health Connector plans.

In 2021, the Appellant was determined eligible Connector Care plans 3A, and was asked to verify their income, and was provided with a list of acceptable documents to verify income. On March 21, 2022, Appellant was reminded again to submit the documents. The Appellant failed to verify their income, and failed to submit the requested documents, the Health Connector determined the Appellant's eligibility to be Health Connector plans with no financial assistance. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). The Appellant was found eligible for Health Connector plans with no financial assistance, and that is the correct determination based on the failure to submit the documents. The Appellant subsequently did submit the documents and was redetermined as eligible for Mass Health.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17010

Appeal Decision: Denied

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

Hearing Date: August 12, 2022

Decision Date: September 14, 2022

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 9, 2022, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits. The decision was based on income verification submitted by the Appellant on April 8, 2022.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's financial eligibility based on the income information submitted on April 8, 2022.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on August 12, 2022. 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's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 30, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector's Eligibility Approval Notice dated June 9, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated June 9, 2022.
- Exhibit 6: Medicaid Household Determination Printout dated June 9, 2022.
- Exhibit 7: The Appellant's Online Appeal Request received on June 18, 2022.

- Exhibit 8: My Workspace Printout of documents received on April 8, 2022.
Exhibit 9: Health Connector Appeals Unit Outreach Email dated June 21, 2022.
Exhibit 10: Health Connector Documents Needed Reminder Notice dated March 21, 2022.
Exhibit 11: Health Connector Appeals Unit Open Record Form dated August 12, 2022.
Exhibit 12: Additional Information Submitted by the Health Connector on August 25, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for ConnectorCare prior to June 9, 2022. The Appellant had attested to having annual unearned income of \$28,587. Health Connector determined this income to be equal to 221.95% of the federal poverty level for the Appellant's household of one (Exhibits 3, 5 and Appellant Testimony).
2. On March 21, 2022, Health Connector issued a Documents Needed Reminder Notice. The Appellant was advised that they must submit updated income verification to the Health Connector by April 20, 2022 in order to maintain their eligibility (Exhibit 10).
3. On April 8, 2022 the Appellant submitted a copy of their 2021 W-2 form verifying earned income of \$57,601 and two pages from their 2021 Form 1040 verifying adjusted gross income of \$151,527 (Exhibit 12, pp.7, 8, 9, 12, 13).
4. On June 9, 2022, based on the income information submitted by the Appellant, Health Connector determined the Appellant has income equal to 3,192.31% of the federal poverty level for their household of one (Exhibit 5).
5. On June 9, 2022, the Appellant was notified that they are eligible for Health Connector Plans with Advance Premium Tax Credits (APTC) of \$0 effective July 1, 2022 (Exhibit 4).
6. The Appellant filed an appeal on June 18, 2022 and reported that they have not had earned income since 2021 and their only source of income is investment income (Exhibit 7).
7. The Appellant testified that they telephoned Health Connector and reported that they no longer had earned income. The Appellant said that they were told they had to submit their 2021 Tax return to verify their unearned income projection for tax year 2022 (Appellant Testimony).
8. The record was left open until August 26, 2022 to allow the Health Connector to submit copies of documentation submitted by the Appellant after March 22, 2022 that was used to make the June 9, 2022 eligibility determination at issue for this appeal (Exhibit 11).
9. On August 25, 2022 Health Connector submitted copies of the income information submitted by the Appellant on April 8, 2022. As noted above, the Appellant submitted a copy of their 2021 W-2 and two pages from their Form 1040 for tax year 2021. The Appellant did not submit an Affidavit or other written statement indicating that the Appellant no longer had the earned income verified by the tax year 2021 documents. The Appellant had telephoned Health Connector on April 25, 2022 to confirm their

enrollment information. No information regarding the Appellant's income was discussed (Exhibit 12, pp.14-18).

10. The documentation submitted by Health Connector on August 25, 2022 was forwarded to the Appellant. The record was left open until September 12, 2022 to allow the Appellant to submit a written response (Exhibits 11, 12).
11. As of September 14, 2022 the Appellant did not file a written response.

ANALYSIS AND CONCLUSIONS OF LAW

Prior to July 1 2022 the Appellant was receiving ConnectorCare. The Appellant had reported annual unearned income of \$28,587 which was determined to be equal to 221.95% of the federal poverty level for their household of one. On March 21, 2022 Health Connector issued a Documents Needed Reminder Notice advising the Appellant that they must submit updated proof of income to the Health Connector by April 20, 2022. On April 8, 2022 the Appellant submitted a copy of their tax year 2021 W-2 verifying earned income of \$57,601 and two pages from their Form 1040-2021 verifying adjusted gross income of \$151,527 for tax year 2021.

Based on the documentation submitted by the Appellant on April 8, 2022 Health Connector determined on June 9, 2022 that the Appellant had income equal to \$3,192.31% of the federal poverty level. The Appellant was notified on June 9, 2022 that they were eligible for Health Connector Plans with APTC of \$0 effective July 1, 2022. On June 18, 2022, the Appellant filed an Appeal to dispute this determination.

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

The Appellant testified that they have not had earned income since tax year 2021. The Appellant indicated that they informed Health Connector of this and were told to submit a copy of their 2021 Tax Return to verify their projected unearned income. Documentation submitted by the Health Connector indicates that the Appellant did not submit an Affidavit or other statement with the Tax documents submitted on April 8, 2022 verifying that the Appellant no longer had earned income. In addition, the 2021 Form 1040 verifies income substantially higher than the \$28,587 attested to by the Appellant even if the earned income was not considered.

As explained at the Hearing, Health Connector reviews eligibility and updates an application based on information received. 956 CMR 12.07. Based on the income documentation submitted by the Appellant on April 8, 2022, Health Connector determined the Appellant eligible for Health Connector Plans with APTC. 26 IRC § 36B and 45 CFR § 155.305(f).

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they may submit updated income documentation to the Health Connector at any time including a written Affidavit stating that they no longer have earned income for tax year 2022.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17012

Appeal Decision: Appeal Denied

Hearing Issue: Special Enrollment Period

Hearing Date: August 1, 2022

Decision Date: September 26, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 24, 2022, the Appellant was determined ineligible for a Special Enrollment Period.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on May 24, 2022, that the Appellant was not eligible for a Special Enrollment Period (SEP).

HEARING RECORD

On August 1, 2022, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: Affidavit
- Exhibit 2: 6/20/22 Appeal (6 pages)
- Exhibit 3: 4/26/22 Application Summary (3 pages)
- Exhibit 4: 4/26/22 Eligibility Approval (9 pages)
- Exhibit 5: 5/24/22 Special Enrollment Period Denial (6 pages)
- Exhibit 5A: 6/21/22 and 7/21/22 Outreach Notes (1 page)
- Exhibit 6: 6/28/22 Hearing Notice (3 pages)

Exhibit 7: 7/1/22 Notice of Qualification for SEP (2 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On April 26, 2022, the Appellant submitted her application for health insurance coverage to the Health Connector. (Exhibit 3)
2. On April 26, 2022, the Health Connector informed the Appellant that, while she qualified for Health Connector Plans with Advance Premium Tax Credit, she could enroll at this time only if she had a qualifying event. (Exhibit 4)
3. On May 24, 2022, the Health Connector informed the Appellant that she could not enroll in a new health insurance plan at that time, as she had not established that she qualified for a Special Enrollment Period. (Exhibit 5)
4. On June 21, 2022, the Appeals Unit emailed the Appellant, informing her why she had lost her health insurance coverage at the end of April 2022 and referring her to the Office of Patient Protection for assistance. (Exhibit 5A)
5. On July 21, 2022, the Appeals Unit left a voice mail for the Appellant, informing her that she could enroll in health insurance coverage through the Health Connector now and through September 18, 2022. (Exhibit 5A)
6. The Appellant stated that she would contact Customer Service immediately following the hearing and enroll in health insurance coverage. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 45 CFR § 155.420, individuals may enroll in coverage only during Open Enrollment, which for 2022 was from November 1, 2021, to January 23, 2022. Outside of an open enrollment period 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.

In this case, the Appellant submitted her application for health insurance coverage through the Health Connector during the last week of April 2022. This was outside of any open enrollment period, and the Appellant failed to provide any basis for the Health Connector granting her a special enrollment period. Therefore, I conclude that the Appellant did not experience a qualifying event, under 45 CFR § 155.420(e)(1).

Accordingly, the Health Connector correctly determined on May 24, 2022, that the Appellant did not qualify for a special enrollment period. The Appellant's appeal is denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2217087

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, age over 65, income under 100%

Hearing Date: August 17, 2022

Decision Date: September 14, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 30, 2022, the Appellant was determined eligible for Health Connector plans with no financial assistance due to being over age 65 and having income resulting in under 100% of the Federal Poverty Level.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's being over age 65 and having income resulting in under 100% of the Federal Poverty Level.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on August 17, 2022. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (7-13-22) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (7-8-22) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (7-1-22) (6 pages);

- Exhibit 6: Eligibility Approval letter (6-30-22) (8 pages);
Exhibit 7: Eligibility detail printout and application summary printout (10 pages);
Exhibit 8: Medicaid Household Determination (6 pages); and
Exhibit 9: Additional documents from Appellant (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for subsidized health insurance through the Health Connector in 2022. (Testimony, Exhibit 7).
2. Appellant is sixty-six years old. They are not eligible for Medicare. (Testimony, Exhibit 7)
3. Based on the Appellant's application for subsidized health insurance, the Health Connector determined that Appellant was eligible for Health Connector plans without financial assistance based on Appellant's income resulting in a Federal Poverty Level of under 100%. (Exhibits 6, and 7).
4. Appellant filed a hearing request dated July 1, 2022. (Testimony, Exhibit 5).
5. Appellant's projected yearly income on the application for subsidized health insurance was \$0.00, which is 0% of the Federal Poverty Level. (Exhibit 7, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

Based on Appellant's projected income for 2022, Appellant would have income that was 0% of the Federal Poverty Level. Although Appellant is 66 years old, they are not eligible for Medicare.

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

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

Appellant may be eligible for Mass Health, but needs to contact MassHealth.

The Health Connector correctly found that the Appellant was eligible for Health Connector plans without financial assistance on June 30, 2022, and that determination is upheld.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17105

Appeal Decision: Appeal denied

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

Hearing Date: August 23, 2022

Decision Date: September 18, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated June 22, 2022, the appellant was advised that she did not qualify for health insurance through the Health Connector because she had access to or was enrolled in Medicare. (Ex. 3) The appellant filed an appeal dated July 5, 2022. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Ex. 8)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector plans correct at the time of its determination on January 10, 2022, pursuant to 42 U.S.C. 1395ss?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on August 23, 2022, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results based on a program determination date of June 22, 2022 (2 pages)
- Ex. 2—Health Connector's Review of Application (4 pages)
- Ex. 3—Health Connector's Notice of Eligibility Denial dated June 22, 2022 (6 pages)
- Ex. 4—Medicaid Household Determination document (5 pages)
- Ex. 5—Hearing Request Form dated July 5, 2022 (6 pages)
- Ex. 6—Acknowledgement of Appeal dated July 8, 2022 (1 page)

- Ex. 7-- Appeals Unit notes (1 page)
- Ex. 8—Notice of Hearing (3 pages)
- Ex. 9—Affidavit of Connector representative (1page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 62-years-old, and is married. Her husband is 65-years-old. (Testimony, Exs. 2,4)
2. The appellant was enrolled in her husband's employer provided health insurance for several years until September 2, 2022, when he retired from employment. He enrolled in Medicare when his employment ended. (Testimony, Ex. 5)
3. In or around 2013, the appellant began to receive social security disability benefits. She continued to receive them for about two-and-a-half years. Her benefits ended when she returned to employment on June 15, 2015. (Testimony)
4. In anticipation of losing her health insurance after her husband's retirement, the appellant applied for insurance through the Health Connector. By notice dated June 22, 2022, the Health Connector advised the appellant that she was not eligible for health insurance through the Health Connector because she had access to or was enrolled with Medicare. (Ex. 3)
5. After several conversations with the Connector and Medicare, the appellant was advised that she had been enrolled in Medicare Part A for several years as a function of her receipt of social security disability benefits. She was completely unaware of the situation and asked Medicare if she could be disenrolled from Part A. She was advised that her enrollment would end in December, 2023. (Testimony)
6. The appellant appealed the Connector's June 22, 2022, decision on July 5, 2022, and stated in part that she is not enrolled in Medicare and does not receive social security disability benefits. (Ex. 5)

ANALYSIS AND CONCLUSIONS OF LAW

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

For new sales, the Health Connector is prohibited by the anti-duplication rule from ever selling coverage to an individual eligible for Medicare. For renewals, where individuals are seeking to continue in coverage after the end of a plan year and which health insurance issuers are generally required to provide (45 CFR § 147.106), the federal government has clarified the applicability of the anti-duplication rule, by noting that health insurance issuers would not violate that rule if they allowed Medicare-eligible enrollees to renew their "same policy or contract of insurance." See 45 CFR § 147.106 and 45 CFR § 148.122; and discussion generally at 81 FR 94068, December 22,

2016. In choosing this standard, the federal government indicated a clear directive to not renew the individual market coverage of Medicare-eligible individuals except in the narrowest of circumstances, and regardless of whether the individual might otherwise satisfy the eligible criteria at 45 CFR § 155.305(a).

Although the appellant was initially unaware of the situation, she does not dispute that she has been enrolled in Medicare Part A for several years based on her receipt of social security disability benefits. Based on that information, the Connector determined that she was not eligible for health insurance through the Health Connector. The appellant's enrollment in Part A will not end until December, 2023, according to information Medicare provided her, and she will not be eligible for Part B until she turns 65-years-old.

Based on the foregoing, it is concluded that the Connector's determination on June 22, 2022, regarding the appellant's eligibility for health insurance through the Health Connector based on access to Medicare was correct.

ORDER

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to contact SHINE at 1-800-243-4636 for information on health insurance options for seniors. She was also advised to contact Medicare to inquire whether she is eligible to be disenrolled from Part A earlier than December, 2023, or in the alternative, to contact her husband's former health insurance provider directly to determine whether she can continue her insurance through that company.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA 22-17110

Appeal Decision: Appeal Denied

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

Hearing Date: September 1, 2022

Decision Date: September 15, 2022

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 9, 2022, the Appellant was determined ineligible for Health Connector plans without subsidies, due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 1, 2022. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant and his attorney were sworn in and testified. The following documents were admitted into evidence with no objection from the Appellants:

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

- Exhibit 2: Health Connector’s Hearing Notice (3 pages, dated August 9, 2022)
- 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 7, 2022)
- Exhibit 6: Notice of Eligibility Determination (7 pages, dated June 28, 2022)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (5 pages, dated June 9, 2022)
- Exhibit 8: Health Connector’s Determination Results and Review Computer Printout (4 pages, dated July 7, 2022)
- Exhibit 9: Historical Notices and Printouts (3 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans because he did not have a life qualifying event. (Exhibit 6 & 7)
2. Appellant had health insurance with the Health Connector. The Appellant’s health insurance was terminated by the Connector for failing to provide proof of residency. The Appellant reapplied to the Health Connector and provided proof of residency but after the enrollment period had expired.
3. Appellant did not testify to or produce any documents that showed a life qualifying event.
4. The Appellant was granted a Special Enrollment Period and was requested to contact the Health Connector’s customer service department to enroll in a plan.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant previously had health insurance with the Health Connector but did not provide proof of residency and his health insurance was terminated. Appellant reapplied for the Health Connector in June of 2022. When Appellant then applied to the Health Connector for health insurance on June 9, 2022, he was determined ineligible and not granted a special enrollment period because he did not have a life qualifying event. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2022 was November 1,

2021 to January 23, 2022. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

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

ORDER

The appeal is Denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant has been granted a Special Enrollment Period.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2216719

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

Hearing Issue:

Whether the Connector correctly determined that appellant was no longer eligible to purchase and enroll in a health insurance plan through the Connector.

Hearing Date: July 14, 2022

Decision Date: September 27, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 7, 2022, the Connector determined that the appellant was no longer eligible to purchase and enroll in any health insurance plan through the Connector.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on July 14, 2022. 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 from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated June 9, 2022 for a July 14, 2022 hearing addressed to Appellant
- Exhibit 3: Connector Appeals Unit letter dated May 24, 2022 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff outreach notes dated May 24, 2022 and July 5, 2022
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on May 16, 2022 with proof of residency documents attached
- Exhibit 5: Connector letter dated April 7, 2022 to Appellant regarding termination of eligibility
- Exhibit 5a: Connector letter dated November 29, 2021 to Appellant requesting proof of income by February 27, 2022

- Exhibit 5b: Connector letter to Appellant dated February 25, 2022: reminder of request of proof of residency by March 27, 2022
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated April 7, 2022
- Exhibit 6a: Summary and results of Appellant's application for Connector health plan dated May 31, 2022
- Exhibit 7: Connector print-outs showing receipt and processing of Appellant's proof of residency on April 25, 2022, proof unacceptable
- Exhibit 7a: Documents sent in by Appellant received April April 25, 2022
- Exhibit 8: Residency Affidavit signed by Appellant on June 10, 2022

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance coverage through the Connector in 2021. In a letter dated November 29, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by February 29, 2022. The letter included a list of acceptable forms of proof (Exhibits 5a).
2. In a letter dated February 25, 2022, the Connector notified the appellant that she still needed to send in proof of residency. The deadline was extended to March 27, 2022. In this notice, the Connector also informed the appellant that if she did not send in the required proof, her coverage would be terminated (Exhibit 5b).
3. In a letter dated April 7, 2022, the Connector notified the appellant that because she had not sent in the required proof, her coverage would be terminated as of April 30, 2022 (Exhibit 5).
4. The appellant did not send in any documents to prove residency until April 25, 2022. The documents Appellant submitted were determined to be unacceptable forms of proof (Exhibits 7 and 7a).
5. After the appellant did not send in proof of residency by March 27th, the Connector determined that the appellant was no longer eligible to obtain health insurance through the Connector. The Connector sent a notice to the appellant dated April 7, 2022 informing her that her coverage was going to be terminated as of April 30, 2022. The notice informed her that this action was being taken because she had not sent in acceptable proof of residency (Exhibits 5 and 6).
6. Appellant submitted a request for an appeal of the Connector's determination on May 16, 2022. (Exhibit 4, Testimony of Appellant).
7. By the date of this hearing, Appellant sent in acceptable proof of residency. The Connector determined that the appellant was again eligible to obtain coverage and that Appellant had until September 2, 2022 to enroll in a plan (Exhibit 6a).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on April 7, 2022 that the appellant was no longer eligible to be enrolled in a health insurance plan through the Connector. See Exhibits 4 and 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an

advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) which sets out eligibility requirements for purchase of coverage through state exchanges. One of the requirements is residency. Pursuant to 45 CFR 155.320 the Connector may verify information obtained from the applicant by checking with other data sources.

In this matter, Appellant had health insurance coverage through the Connector in 2021. In a letter dated November 29, 2021, the Connector notified the appellant that Appellant needed to send in proof of residency by February 29, 2022. The letter included a list of acceptable forms of proof. See Exhibit 5a. In a letter dated February 25, 2022, the Connector notified the appellant that she still needed to send in proof of residency. The deadline was extended to March 27, 2022. In this notice, the Connector also informed the appellant that if she did not send in the required proof, her coverage would be terminated. See Exhibit 5b.

After the appellant did not send in proof of residency by March 27th, the Connector determined that the appellant was no longer eligible to obtain health insurance through the Connector. The Connector sent a notice to the appellant dated April 7, 2022 informing her that her coverage was going to be terminated as of April 30, 2022. The notice informed her that this action was being taken because she had not sent in acceptable proof of residency. See Exhibits 5 and 6.

The appellant did not send in any documents to prove residency until April 25, 2022, almost a month after the deadline set by the Connector. The documents Appellant submitted were determined to be unacceptable forms of proof. See Exhibits 7 and 7a. Appellant submitted a request for an appeal of the Connector's determination on May 16, 2022. See Exhibit 4.

The April 7, 2022 determination was correct at the time it was made based upon Appellant's failure to send in an acceptable form of proof of residency. The deadline for sending in proof was March 27, 2020 (extended from the original deadline of February 27th). The documents submitted by the appellant were not received until April 25th. Without proof of residency, the appellant, as of April 30th, was no longer eligible for coverage through the Connector. See 45 Code of Federal Regulations 155.305(a)(1 through 3). Residency in the exchange's state is a requirement for eligibility. The determination of the Connector is, therefore, affirmed.

I note that by the date of this hearing, Appellant had sent in acceptable proof of residency. The Connector determined that the appellant was again eligible to obtain coverage and that Appellant had until September 2, 2022 to enroll in a plan.

ORDER: The determination by the Connector terminating Appellant's coverage through the Connector is affirmed.

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

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

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA22-17344

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare, based on tax filing status.

Hearing Date: September 26, 2022

Decision Date: September 30, 2022

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On August 2, 2022 the Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies because the Appellant did not attest that they planned to file a joint income tax return.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for subsidies, based on the Appellant's tax filing status information reported on the application.

HEARING RECORD

The Appellant appeared at the Hearing that was held telephonically on September 26, 2022. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. The hearing record consists of the Representative'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 August 23, 2022.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval Notice dated August 2, 2022.
- Exhibit 5: 2022 Eligibility Results with an Application Summary dated August 2, 2022.
- Exhibit 6: Medicaid Household Determination Printout dated August 2, 2022.
- Exhibit 7: The Appellant's Hearing Request Form dated August 15, 2022.
- Exhibit 8: Health Connector Request for Information dated August 2, 2022.

Exhibit 9: Health Connector Unacceptable Proof Notice dated July 22, 2022.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant's application for subsidized health insurance was updated on August 2, 2022. The Appellant reported that they are married but only applying for coverage for themselves. The Appellant reported having income equal to 107.03% of the federal poverty level. The Appellant did not attest that they planned to file a joint income tax return with their spouse (Exhibits 3, 5, 6).
2. On August 2, 2022, the Health Connector determined that the Appellant was eligible for Health Connector plans without subsidies, because the Appellant is married and did not indicate that they would file a joint income tax return with their spouse (Exhibits 3, 4, 5).
3. The Appellant filed an appeal on August 25, 2022 (Exhibit 7).
4. The Appellant testified that they live with their spouse, but the partners do not get along very well. For this reason, the Appellant said that they do everything separately. The Appellant said that they have been filing separate returns for years. The Appellant also testified that they no longer have self-employment income (Appellant Testimony).
5. There is no evidence or testimony in this administrative record to verify that the Appellant claimed an exception to the joint income tax return filing requirement (Exhibit 7 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's application for subsidized health insurance was updated on August 2, 2022. The Appellant reported that they are married but only applying for health insurance for themselves. The Appellant reported having rental income, self-employment income and Social Security income. Their spouse was noted to have earned income. Based on the information provided, Health Connector determined the Appellant's income equal to 107.03% of the federal poverty level. The Appellant did not attest that they planned to file a joint income tax return with their spouse. Based on this information, on August 2, 2022 the Appellant was determined eligible for Health Connector Plans with no financial assistance. 45 CFR § 155.305(f)(2), 956 CMR 12.04. The Appellant filed an appeal to dispute the determination on August 15, 2022.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain tax households 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 applies to married couples. In general, married applicants must attest that they will file a joint tax return in order to claim APTC (even if only one spouse is seeking coverage). 26 CFR § 1.36B-2T(b)(2)(i). However, if one of the spouses is the victim of domestic abuse or spousal abandonment, that taxpayer may attest to filing as married filing separately, and still receive APTC. 26 CFR § 1.36B-2T(b)(2)(ii). To claim domestic abuse, the taxpayer must certify that he or she is living apart from the other spouse at the time of tax filing and is unable to file a joint return because the taxpayer is a victim of

“physical, psychological, sexual, or emotional abuse, including efforts to control, isolate, humiliate, and intimidate, or to undermine the victim's ability to reason independently.” 26 C.F.R. § 1.36B-2T(b)(2)(ii), (b)(2)(iii). Spousal abandonment similarly requires that the taxpayer certify that he or she is living apart from the other spouse at the time of tax filing, and that the taxpayer is unable to file a joint tax return because “the taxpayer is unable to locate his or her spouse after reasonable diligence.” 26 C.F.R. § 1.36B-2T(b)(2)(iv), (b)(2)(ii), (iv). Each exception may be claimed if only if it has not been claimed in each of the three preceding taxable years. 26 CFR § 1.36B-2T(b)(2)(v). Applicants looking to claim one of these exceptions must attest that they will file their taxes in accordance with the required certification, which appears on Form 8962.

In addition to the above exceptions to the requirement to file a joint tax return, taxpayers who qualify to file as head of household may also receive APTC. Even those taxpayers who are technically married may qualify to file as head of household, so long as the test for head of household status is satisfied. This test requires that the taxpayer be “unmarried,” that the taxpayer paid more than half the cost of keeping up a home for the year, and that a qualifying person lived with the taxpayer for more than half the year. 26 CFR § 1.2-2(b). Married taxpayers may be “considered unmarried,” and therefore eligible for head of household status, so long as the taxpayer, among other requirements, has not lived with the taxpayer’s spouse during the last six months of the tax year. 26 CFR § 1.7703-1. Taxpayers who are married but file as head of household are technically filing as unmarried, and so do not need an exception to the rule that they file a joint tax return and may claim APTC so long as they are otherwise eligible. See 26 CFR § 1.36B-4T(b)(5) (Example 9). Applicants looking to claim APTC by claiming head of household status must attest that they will file their taxes as head of household.

The Appellant does not dispute that they are married and living in the same household as their spouse. The Appellant indicated that they do not get along very well with their spouse and prefer to keep their applications and tax returns separate from each other. The Appellant also reported that their income has changed.

Based on the Appellant’s marital status and the fact that the Appellant reported they would not file a joint income tax return and did not claim an exemption, the Health Connector correctly found on August 2, 2022 that the Appellant was eligible for Health Connector plans with no financial assistance.

ORDER

The appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 to report the change in income and to update their tax filing status if they choose to do so.