

FINAL APPEAL DECISION: ACA24-22942

**Appeal Decision:** Appeal Denied

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

**Hearing Date:** September 27, 2024

**Decision Date:** September 30, 2024

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**AUTHORITY**

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

**JURISDICTION**

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

On May 9, 2024, Appellant was determined ineligible for Health Connector plans due to failure to verify residency.

**ISSUE**

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

**HEARING RECORD**

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

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

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

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

## FINDINGS OF FACT

The record shows, and I so find:

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

## ANALYSIS AND CONCLUSIONS OF LAW

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

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

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

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

## **ORDER**

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

## **ADDENDUM**

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

*Note:* If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2024 will be paid to you when you file your 2024 federal income tax return.

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied, Eligibility determination upheld.

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

**Hearing Date:** September 6, 2024

**Decision Date:** September 26, 2024

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### **AUTHORITY**

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

### **JURISDICTION**

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

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

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

### **ISSUE**

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

### **HEARING RECORD**

The Appellant appeared at the hearing which was held by telephone on September 6, 2024. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	( 1 P, undated )
Exhibit 2:	Appellant’s Appeal Request Form	( 2 PP, received 5/22/2024)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	( 1 P, dated 6/18/ 2024)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	( 1 P, dated 7/24/2024)
Exhibit 5:	Health Connector’s Application Summary	( 3 PP, dated 5/15/ 2024)
Exhibit 6:	Health Connector’s Eligibility Results	( 3 PP, dated 5/15/2024)
Exhibit 7:	Health Connector’s Special Enrollment Period Denial	( 8 PP, dated 5/15/2024)

# Massachusetts Health Connector Appeals Unit



Exhibit 8:	Medicaid Household Determination	(8 PP, dated	5/15/ 2024)
Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	6/10/ 2024)
Exhibit 10:	Health Connector’s Eligibility Approval	(8 PP, dated	5/15/2024)
Exhibit 11:	Health Connector’s Email to the Appellant	(1 P, dated	6/18/2024)
Exhibit 12:	Health Connector’s Eligibility Results	(8 PP, dated	12/12/ 2023)
Exhibit 13:	Health Connector’s Application Summary	(3 PP, dated	12/12/ 2023)
Exhibit 14:	Health Connector’s Documents Needed Reminder	(3 PP, dated	2/10/ 2024)
Exhibit 15:	Health Connector’s Request for Information	(3 PP, dated	12/12/ 2023)
Exhibit 16:	Health Connector’s Eligibility Results	(8 PP, dated	5/15/ 2024)
Exhibit 17:	Health Connector’s Application Summary	(3 PP, dated	5/15/ 2024)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had previously been enrolled in Connectorcare but lost coverage on March 31, 2024, due to not submitting proof of required residency. (Exhibits 1,9, and 14).
2. The Appellant was sent a Documents Reminder Notice from the Connector dated February 10, 2024, which referenced that coverage could be cancelled if proof of residency documents were not received by March 11, 2024. (Testimony, Exhibits 1 and 14).
3. The Appellant testified he did not realize he had to continue to provide residency verification after being enrolled and that he did receive mail at his residence but never saw the Document Reminder or Request for Information. (Testimony, Exhibits 1, 2, 14, and 15).
4. The Appellant updated and submitted the required proof of residency after discovering he did not have insurance in May 2024, and sent in the required documents within a week. (Testimony, Exhibits. 1,5, and 11).
5. The Appellant reapplied for coverage but was not granted a Special Enrollment Period(“SEP”) because the loss of coverage due to not providing proof of residency is not a qualifying life event. (Exhibits 1,7, and 9).
6. As of May 25, 2024, the Appellant had not experienced a qualifying life event. (Exhibits 1, 7 and 9).
7. The Appellant was subsequently granted a special enrollment and is enrolled as of July 1, 2024. (Exhibits 1, 9 and Testimony).

## ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Connectorcare with Advanced Premium Tax Credits (“APTC’s”) until he lost coverage for failure to provide proof of residency. (Exhibits 1 and 14). The Appellant testified he did not realize he had to continue to provide residency verification after being enrolled and that he did receive mail at his residence but never saw the Document Reminder or Request for Information. (Testimony, Exhibits 1 and 2). The Appellant reapplied and answered the CAN I SHOP QUESTIONS but was not granted a Special Enrollment Period because he did not have a qualifying life event, and therefore could not enroll in new coverage. (Exhibits 1,7, and 9). The Appellant asserts that this determination was incorrect and should not have lost coverage and should have been permitted to enroll under and SEP for coverage through the Health Connector.

## Massachusetts Health Connector Appeals Unit



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

On May 15, 2024, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period (“SEP”) due to failure to have a qualifying life event. The Appellant’s loss of coverage because of non-failure to provide proof of residency is not a qualifying life event. (Appellant Testimony, Exhibits 1,7, and 14).

At the hearing, the Appellant did not adduce any testimony or evidence whether the Appellant had experienced any other qualifying life event, as listed in the Health Connector’s policy NG-1E. Because the Appellant did not experience a qualifying life event, the Health Connector’s determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR § 155.420. The Appellant was subsequently granted an SEP has been enrolled as of July 1, 2024.

### **ORDER**

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

### **ADDENDUM**

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

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

## 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 6, 2024

**Decision Date:** September 26, 2024

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### **AUTHORITY**

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

### **JURISDICTION**

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

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

On August 12, 2024, the Appellant was determined ineligible for a Special Enrollment Period (“SEP”) for Health Connector plans due to failure to have a qualifying life event.

### **ISSUE**

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

### **HEARING RECORD**

The Appellant appeared at the hearing which was held by telephone on September 6, 2024. The Appellant testified at the hearing. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	( 1 P, undated )
Exhibit 2:	Appellant’s Appeal Request Form	( 2 PP, received 8/25/2024)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	( 1 P, dated 6/18/ 2024)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	( 1 P, dated 7/24/2024)
Exhibit 5:	Health Connector’s Application Summary	( 3 PP, dated 8/12/ 2024)
Exhibit 6:	Health Connector’s Eligibility Results	( 3 PP, dated 8/12/2024)
Exhibit 7:	Health Connector’s Special Enrollment Period Denial	( 8 PP, dated 8/12/2024)
Exhibit 8:	Medicaid Household Determination	( 8 PP, dated 8/12/ 2024)

# Massachusetts Health Connector Appeals Unit



Exhibit 9:	Health Connector’s Appeals Unit Staff Notes	(1 P, dated	8/28/ 2024)
Exhibit 10:	Health Connector’s Eligibility Approval	(8 PP, dated	8/12/2024)
Exhibit 11:	Health Connector’s Email to the Appellant	(1 P, dated	8/29/2024)
Exhibit 12:	Health Connector’s Email to the Appellant	(1 P, dated	8/29/2024)
Exhibit 13:	Health Connector’s Eligibility Results	(8 PP, dated	8/28/ 2024)
Exhibit 14:	Health Connector’s Application Summary	(3 PP, dated	8/28/ 2024)
Exhibit 15:	Medicaid Household Determination	(8 PP, dated	8/28/ 2024)
Exhibit 16:	OPP Waiver	(6 PP, dated	8/29/ 2024)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant had previously been enrolled in Connectorcare but lost coverage in March 2024 because of not submitting payments which she testified was an accident. (Exhibits 1,2 and Testimony).
2. The Appellant testified that she took full responsibility for not submitting payments and had been away and recently come home. (Testimony).
3. The Appellant is working per diem and not eligible for Employer Sponsored Insurance. (Testimony, Exhibit 1 and 2).
4. The Appellant was not able to enroll because she was not granted a Special Enrollment Period(“SEP”) because even though she answered YES on the CAN I SHOP Questions; she did not indicate she had a qualifying life event. (Exhibits 1,7,9, and 10).
5. As of August 12, 2024, the Appellant had not experienced a qualifying life event. (Exhibits 1,5,7, 9 and 10).
6. The Appellant’s loss of coverage because of a failure regarding a payment issue is not a qualifying life event. (Appellant Testimony, Exhibits 1,2, 7, and 10).
7. The Appellant was provided information from the Connectorcare via email including an OPP Waiver and was encouraged to contact call Customer Service to determine how to enroll.

## ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was enrolled in Connectorcare until she lost coverage due to a non-payment issue. (Exhibits 1, 2, and Testimony). The Appellant testified she had been away and took full responsibility. (Testimony, Exhibits 1 and 2). The Appellant reapplied and answered the CAN I SHOP QUESTIONS but was not granted a Special Enrollment Period because she did not have a qualifying life event, and therefore could not enroll in new coverage. (Exhibits 1,7, and 9). The Appellant asserts that this determination was incorrect and should not have lost coverage and should have been permitted to enroll under and SEP for coverage through the Health Connector.

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



## Massachusetts Health Connector Appeals Unit



On August 12, 2024, the Appellant was determined ineligible for Health Connector plans under a Special Enrollment Period (“SEP”) due to failure to have a qualifying life event. The Appellant’s loss of coverage because of a failure regarding a payment issue is not a qualifying life event. (Appellant Testimony, Exhibits 1,2, 7, and 10).

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

### **ORDER**

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

### **ADDENDUM**

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: ACA24-23034

**Appeal Decision:** Appeal Denied, Eligibility determination upheld

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

**Hearing Date:** September 9, 2024

**Decision Date:** September 27, 2024

### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 18, 2024, Appellant was found eligible for a Connector Care Plan Type 3C beginning on July 1, 2024

### ISSUE

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

### HEARING RECORD

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

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

### FINDINGS OF FACT

The record shows, and I so find:

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

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

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

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

#### **ORDER**

The Appeal is denied.

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

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

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

## **ADDENDUM**

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

**Appellant should note that if you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a Connector Care plan (which also includes Advance Premium Tax Credits), it is IMPORTANT to report changes in your income or family size to the Health Connector as soon as possible.**

**Any Advance Premium Tax credits you get from the federal government will be reconciled when you file your 2024 federal income tax return. This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during 2024 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2024 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.**

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-23053

**Appeal Decision:** Appeal denied.

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

**Hearing Date:** September 9, 2024

**Decision Date:** September 14, 2024

### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated April 4, 2024, the appellants (husband and wife) were advised that they were eligible for Health Connector Plans with an Advanced Premium Tax Credit (APTC) effective on May 1, 2024. (Ex. 3) The appellants filed an appeal which was received on May 31, 2024. (Ex. 6) The matter was referred to a hearing after receipt of the appeal. (Ex. 9)

### ISSUE

Was the Connector's decision regarding the appellants' eligibility for a ConnectorCare Plan with an APTC on April 4, 2024, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

### HEARING RECORD

The appellant husband appeared at the hearing which was held by telephone on September 9, 2024, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results based on a program determination for April 4, 2024 (3 pages)
- Ex. 2—Health Connector's Review of Application (7 pages)
- Ex. 3—Health Connector's Notice of Eligibility Approval dated April 4, 2024 (8 pages)
- Ex. 4—Medicaid Household Determination Document (5 pages)
- Ex. 5—Letter from MassHealth to appellants dated April 4, 2024 (10 pages)
- Ex. 6—Online Appeal Form received on May 31, 2024 (6 pages)

- Ex. 7—Health Connector’s Notice of Bifurcation of Appeal dated June 27, 2024 (1 page)
- Ex. 8--Appeals Unit case notes (2 pages)
- Ex. 9—Notice of Hearing (3 pages)
- Ex. 10—Affidavit of Connector representative (1 page)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant husband is 39-years-old and the appellant wife is 34-years-old, and they have two minor children. They have a tax household size of four. (Testimony, Ex. 2)
2. By notice dated April 4, 2024, the appellants were determined eligible for ConnectorCare Plan Type 2A with an APTC of \$811.00/month and their household income was determined to be within 143.65% of the Federal Poverty Level (FPL). On the application on which the determination was based, the appellant husband projected his annual income to be \$43,094.80, and the appellant wife projected her annual income to be \$0. (Testimony, Ex. 2)
3. By letter dated April 4, 2024, MassHealth advised the appellants that they were not eligible for MassHealth benefits. They were further advised that they were eligible for ConnectorCare plans. (Ex. 5)
4. The appellants appealed the Connector’s April 4, 2024, determination on May 31, 2024, and stated in part that they are appealing MassHealth’s April 4<sup>th</sup> decision because they believe that they fall within its financial brackets. (Testimony, Ex. 6)
5. The Health Connector bifurcated the portion of the appeal regarding eligibility for MassHealth benefits and forwarded it to MassHealth. At the time of the instant hearing, MassHealth had conducted a hearing on the appeal and the appellants were waiting for a decision. (Testimony)
6. The appellants have been enrolled in ConnectorCare Plan Type 2A since May 1, 2024. (Testimony)

## **ANALYSIS AND CONCLUSIONS OF LAW**

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant’s behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 500% of the FPL qualify for additional state subsidies through the Health Connector’s ConnectorCare program, pursuant to 956 CMR section 12.04.

The appellants do not dispute that the projected gross income used by the Connector to redetermine their eligibility for insurance on April 4, 2024, was accurate. Indeed, they have been enrolled in the corresponding ConnectorCare plan since May 1, 2024. However, what they are contesting is MassHealth’s determination of the same date denying them eligibility for benefits. That claim was forwarded to MassHealth and a hearing has been held. They are currently awaiting a decision on that appeal.

Accordingly, based upon the totality of the evidence, it is concluded that the Connector's determination on April 4, 2024, regarding the appellants' eligibility for ConnectorCare Plans with an APTC of \$811.00/month was correct, and is therefore affirmed.

**ORDER**

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-23099

**Appeal Decision:** Appeal is denied.

**Hearing Issue:** Whether the Health Connector correctly determined that the Appellant did not have a qualifying life event that would make them eligible for a special enrollment period in which to enroll in health insurance.

**Hearing Date:** September 13, 2024

**Decision Date:** September 17, 2024

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### **AUTHORITY**

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 et seq.; Massachusetts General Laws Chapter 176Q and 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 June 7, 2024, the Health Connector issued a special enrollment period decision to the Appellant that stated that, based on the information provided by the Appellant to the Health Connector, it appeared that the Appellant did not have a qualifying life event that would allow the Appellant to enroll in health insurance outside of the open enrollment period.

### **ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined on June 7, 2024 that, based on the information provided by the Appellant, the Appellant did not have a qualifying life event that would allow them to enroll in health insurance outside of the open enrollment period.



## HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 13, 2024. The Appellant was informed of the hearing procedures and sworn in. The hearing record consists of the Appellant's testimony and the following documents that were admitted into evidence:

- Exhibit 1: Online Hearing Request Form, received 6/7/24 (2 pages)
- Exhibit 2: Health Connector Appeals Unit Affidavit (1 page)
- Exhibit 3: Eligibility Approval Notice, dated 6/7/24 (8 pages).
- Exhibit 4: Special Enrollment Period decision, dated 6/7/24 (6 pages)
- Exhibit 5: Eligibility Results, dated 6/7/24 (2 pages)
- Exhibit 6: Application summary, dated 6/7/24 (2 pages)
- Exhibit 7: Email from Health Connector to Appellant, dated 6/28/24 (1 page)
- Exhibit 8: Screenshot of Health Connector outreach notes (1 page)
- Exhibit 9: Notice of September 13, 2024 hearing, dated 7/25/24 (1 page)
- Exhibit 10: Acknowledgement of appeal, dated 6/27/24 (1 page)
- Exhibit 11: Office of Patient Protection waiver form (6 pages)

## FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance through the Health Connector on June 7, 2024. (Exhibit 6).
2. The Health Connector issued an Eligibility Approval notice to the Appellant on June 7, 2024 that stated that the Appellant qualified to enroll in a Health Connector plan with no financial help but that the Health Connector needed more information before it could tell the Appellant whether they could enroll at that time. The Eligibility Approval notice stated, "This is because it is not currently Open Enrollment time at the Health Connector. You can only enroll outside of Open Enrollment if you've had a qualifying [event], such as the loss of other health coverage." (Exhibit 3).
3. The Health Connector issued a special enrollment period decision to the Appellant on June 7, 2024, in which the Health Connector stated that based on the information provided by the Appellant, it looked like the Appellant did not qualify to enroll in a new health insurance plan at that time. (Exhibit 4).
4. The Appellant appealed the June 7, 2024 special enrollment period decision by submitting an online hearing request form to the Health Connector, which was received by the Health Connector on June 7, 2024. (Exhibit 1)." In the comments section of the hearing request form, the Appellant wrote, "I haven't had health insurance for 6 months and I have Asthma."

5. On June 28, 2024, the Health Connector sent an email the Appellant that stated the following: “Hello, I am emailing you from the MA Health Connector in the Appeals Unit to help resolve your issue with your application for health coverage. We are in the process of scheduling your appeal for a hearing with a Hearing Officer. You were not granted special enrollment because you did not have a qualifying life event. I want to refer you to the Office of Patient Protection where you can fill out their waiver and see if you can receive open enrollment through them.” The email attached the Office of Patient Protection 2024 Insurance Open Enrollment Waiver Information and Instructions. (Exhibits 7 and 11).
6. The Appellant testified that they lost insurance through MassHealth in December 2023 but that they did not realize that they no longer had health insurance until they went to the dentist’s office and were told that they did not have health insurance.
7. The Appellant testified that they believe they applied for health insurance in April or May 2024.
8. The Appellant testified that they filed an appeal of the June 7, 2024 Special Enrollment Period decision because they thought the appeal could be another way they could get health insurance. The Appellant testified that they also filed for a waiver with the Office of Patient Protection.
9. The Appellant testified that in 2024, they did not experience or put on their health insurance application that they had experienced any of the following life events: gaining any dependents; moving into Massachusetts from another state; release from incarceration; or domestic abuse or spousal abandonment. The Appellant further testified that they are not and did not put on their health insurance application that they are American Indian or Native Alaskan and that they did not or put on their health insurance application that they had become newly eligible for Health Connector enrollment due to satisfying requirements for citizenship, status as a national, or lawful presence.

## **ANALYSIS AND CONCLUSIONS OF LAW**

The issue in this appeal is whether the Health Connector correctly determined that the Appellant did not have a qualifying event that would allow them to purchase health insurance outside of the open enrollment period.

Under federal and state law, enrollment in health insurance plans is limited to certain times of the year, known as open enrollment. See 42 U.S.C. § 18031(c)(6)(B); 45 C.F.R. § 155.410(a). See also M.G.L. c. 176J, § 4. The annual open enrollment period for 2024 coverage ended on January 23, 2024.

There are exceptions to this rule, known as “special enrollment periods,” that are allowed only under certain circumstances known as “qualifying life events” and generally last for 60 days from the date of the qualifying life event. 45 CFR § 155.420(c). Qualifying life events include: losing access to minimum essential coverage other than because of the failure to pay premiums; gaining or becoming a dependent through marriage, birth, adoption, placement for adoption, placement in foster care, or court-ordered

care for a child; losing pregnancy-related coverage or medically needy coverage once per year under the Social Security Act; gaining access to new Health Connector health or dental plans as a result of a permanent move, which includes release from incarceration; gaining or maintaining status as an American Indian or Native Alaskan; becoming newly eligible for Health Connector enrollment due to satisfying requirements for citizenship, status as a national, or lawful presence; unintentional, inadvertent, or erroneous enrollment or no enrollment in a health or dental plan due to the error, misrepresentation, misconduct, or in action of an officer, employee or agent, of the Health Connector, the U.S Department of Health and Human Services (HHS), or non-exchange entities providing enrollment activities; becoming newly eligible for ConnectorCare; being a victim of domestic abuse or spousal abandonment; and complete cessation of employer or government subsidies for COBRA continuation coverage. See 45 C.F.R. § 155.420(d) and [Policy NG-5 Mid-Year Life Events or Qualifying Events \(mahealthconnector.org\)](https://www.mahealthconnector.org).

Here, the Appellant testified that they lost MassHealth coverage in December 2023. Finding of Fact No. 6. Loss of health insurance can trigger a special enrollment period, but a person must apply for new health insurance within 60 days of the loss of coverage. 45 C.F.R. § 155.420(c) and (d). The Appellant testified that they did not attempt to enroll in health insurance until April or May 2024. Finding of Fact No. 7. The record shows that the Appellant applied for health insurance on June 7, 2024 (Exhibit 6), but even if they had applied for health insurance in April or May 2024, their application would have been submitted more than 60 days after they lost health insurance in December 2023 and therefore outside of any special enrollment period to which they might have been entitled.

The Appellant did not testify that they had or stated on their health insurance application that they had had any other qualifying life event that would have made them eligible for a special enrollment period. Finding of Fact No. 9. As a result, I conclude that the Health Connector correctly determined that the Appellant did not qualify for a special enrollment period, and I deny the Appellant's 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 to Suffolk Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

cc: Connector Appeals Unit

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

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

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

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### **AUTHORITY**

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

### **JURISDICTION**

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

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

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

### **ISSUE**

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

### **HEARING RECORD**

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

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

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

## FINDINGS OF FACT

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

The record shows, and I so find:

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

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

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

### ANALYSIS AND CONCLUSIONS OF LAW

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

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

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

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

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

## Massachusetts Health Connector Appeals Unit



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

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

### **ORDER**

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-23182

**Appeal Decision:** Appeal denied.

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

**Hearing Date:** September 9, 2024

**Decision Date:** September 15, 2024

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### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated June 4, 2024, the appellants (husband, wife and two children) were advised that they were eligible for MassHealth and ConnectorCare Plans with an Advanced Premium Tax Credit (APTC) effective on July 1, 2024. (Ex. 3) The appellants filed an appeal which was received on June 13, 2024. (Ex. 8) The matter was referred to a hearing after receipt of the appeal. (Ex. 14)

### ISSUE

Was the Connector's decision regarding the appellants' eligibility for a ConnectorCare Plan with an APTC on June 4, 2024, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

### HEARING RECORD

The appellant husband appeared at the hearing which was held by telephone on September 9, 2024, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results based on a program determination of June 4, 2024 (4 pages)
- Ex. 2—Health Connector's Review of Application (7 pages)
- Ex. 3—Health Connector's Notice of Eligibility Approval dated June 4, 2024 (8 pages)
- Ex. 4—Medicaid Household Determination Document (5 pages)



- Ex. 5—Health Connector’s Eligibility Determination Results based on a program determination date of June 17, 2024 (4 pages)
- Ex. 6—Health Connector’s Review of Application (3 pages)
- Ex. 7—Health Connector’s Notice of Eligibility Approval dated June 17, 2024 (8 pages)
- Ex. 8—Online Appeal Form received on June 13, 2024 (6 pages)
- Ex. 9—Acknowledgment of Appeal dated July 1, 2024 (1 page)
- Ex. 10—Income change form for appellant (3 pages)
- Ex. 11—Income change form for appellant wife (3 pages)
- Ex. 12—Income change form for appellant son (3 pages)
- Ex. 13--Appeals Unit case notes (1 page)
- Ex. 14—Notice of Hearing (3 pages)
- Ex. 15—Affidavit of Connector representative (1 page)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant husband is 54-years-old, the appellant wife is 50-years-old, the appellant daughter is 23-years-old and the appellant son is 19-years-old. The husband, wife and daughter are in one tax household and the son is in a second household. (Testimony, Exs. 2,6)
2. The appellant husband receives social security disability income and is enrolled in health insurance through Medicare. In addition, he has been eligible for MassHealth CommonHealth since March, 2023. (Testimony, Exs. 2,6,13)
3. By notice dated June 4, 2024, the husband was determined eligible for MassHealth CommonHealth, and the wife and daughter were determined eligible for ConnectorCare Plan Type 3B with an Advanced Premium Tax Credit (APTC) of \$569.00/month. The son was determined eligible for ConnectorCare Plan Type 3B with an APTC of \$248.00/month. On the application on which the determination was based, the husband attested to an annual income of \$21,840.00, the wife attested to an annual income of \$52,008.00, the daughter attested to an annual income of \$0 and the son attested to an annual income of \$38,000.00. (Testimony, Exs. 1,2,3)
4. Subsequent to the June 4, 2024, determination, the husband contacted the Health Connector and reported changes to income in the households as follows: his wife’s annual income increased to \$54,080.00 and his son’s annual income had decreased to \$0. He was advised at the same time to file an appeal of the June 4<sup>th</sup> determination. (Testimony)
5. The appellants appealed the Connector’s June 4, 2024, determination on June 13, 2024, and stated in part that the income information on their application was incorrect. (Testimony, Ex. 8)
6. By notice dated June 17, 2024, the wife and daughter were determined eligible for ConnectorCare Plan Type 3B with an APTC of \$452.00/month. The son was determined eligible for MassHealth CarePlus. (Testimony, Exs. 5,7)
7. At the time of the instant hearing, all of the appellants were enrolled in the plans for which they were approved on June 17, 2024. (Testimony)
8. The husband feels that he is eligible for more supplemental assistance from MassHealth than he is currently receiving. (Testimony)

## **ANALYSIS AND CONCLUSIONS OF LAW**

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant's behalf, based on a projected yearly MAGI. As a result of the federal American Rescue Plan, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 500% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The appellants do not dispute that the projected income used by the Connector to redetermine their eligibility for health insurance on June 4, 2024, was accurate. The husband subsequently updated the income information for his wife and son, and new eligibility determinations were issued on June 17, 2024, including the son's eligibility for MassHealth and a lower APTC for the plans in which the wife and daughter were enrolled.

As an enrollee in health insurance through Medicare and recipient of MassHealth benefits, the husband's issue was not with the Health Connector but rather with the supplemental coverage he is receiving from MassHealth. He was advised to contact customer service at 800-841-2900 to follow up on the matter.

Based upon the totality of the evidence, it is concluded that the Connector's determination on June 4, 2024, regarding the appellants' eligibility for ConnectorCare Plan Type 3B with an APTC was correct, and is therefore affirmed.

## **ORDER**

The appeal is **denied**.

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

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

Hearing Officer

Cc: Connector Appeals Unit