

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA17-3111

Appeal Decision: Appeal denied

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

Hearing Date: February 27, 2018

Decision Date: April 16, 2018

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 October 5, 2017, the appellant was advised that she was eligible for Health Connector Plans with an Advance Premium Tax Credits (APTC) of \$17.00 for each month of 2017. (Ex. 3) The appellant filed an online appeal which was received on December 1, 2017 (Ex. 4) based on family size. By notice dated December 29, 2017, the Health Connector dismissed the appeal based on timeliness. (Ex. 6) The appellant appealed the dismissal in a letter dated January 24, 2018. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 18)

ISSUE

Was the Connector's decision regarding the appellant's qualification for subsidized Health Connector Plans correct at the time of its determination on October 5, 2017, pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on February 27, 2018, 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 Notice of Preliminary Eligibility Determination dated September 4, 2017 (8 pages)
- Ex. 2—Health Connector's Request for Information dated September 8, 2017 (2 pages)
- Ex. 3—Health Connector's Notice of Eligibility Determination dated October 5, 2017 (10 pages)
- Ex. 4—Online Appeal Request received on December 1, 2017 (2 pages)
- Ex. 5—Health Connector's Warning of Invalid Appeal dated December 5, 2017 (2 pages)

- Ex. 6—Health Connector’s Notice of Dismissal of Appeal dated December 29, 2017 (3 pages)
- Ex. 7—Request to Vacate Dismissal dated January 24, 2018 (3 pages)
- Ex. 8—2016 U.S. Individual Tax Return—Form 1040 (23 pages)
- Ex. 9—2016 Form 8962 (1 page)
- Ex. 10—Appeals Unit Notes (3 pages)
- Ex. 11—Computer printout of Health Connector’s Eligibility Determination Results showing a program determination for September 21, 2017 with an eligibility effective date of October 1, 2017 (2 pages)
- Ex. 12—Computer printout of Health Connector’s Eligibility Determination Results showing a program determination for September 21, 2017 with an eligibility effective date of January 1, 2018 (2 pages)
- Ex. 13—Computer printout of Health Connector’s Eligibility Determination showing a program determination for October 5, 2017 (2 pages)
- Ex. 14—Computer printout of Health Connector’s Review of Application (2 pages)
- Ex. 15—Computer printout of Health Connector’s Eligibility Determination Results showing a program determination for December 1, 2017 (2 pages)
- Ex. 16—Computer printout of Health Connector’s Review of Application (2 pages)
- Ex. 17—Enrollment information (2 pages)
- Ex. 18—Notice of Hearing (5 pages)
- Ex. 19—Affidavit of Connector representative

The record was held open at the conclusion of the hearing for documentation requested by the hearing officer. The documentation was submitted in a timely manner and was marked as follows:

- Ex. 20—Health Connector’s Notice of Eligibility Approval dated September 21, 2017 (4 pages)
- Ex. 21—Health Connector’s Request for Information dated September 21, 2017 (2 pages)
- Ex. 22—Health Connector’s Notice regarding Invalid Documentation dated September 21, 2017 (2 pages)
- Ex. 23—Health Connector’s Notice of Eligibility Approval dated October 5, 2017 (2 pages) ¹
- Ex. 25—Computer printout of Health Connector’s Eligibility Determination showing a program determination for December 16, 2016 (2 pages)
- Ex. 26—Computer printout of Health Connector’s Review of Application (4pages)
- Ex. 27—Appellant’s plan information from November 1, 2017 through December 31, 2017

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 60-years-old, is married, and has an adult daughter and an adult stepson. In 2017, she had a tax household size of two consisting of herself and her husband who were joint tax filers. In 2016, she had a tax household size of three consisting of herself, her husband and her daughter who was a tax dependent. (Testimony, Exs. 14, 26)

2. The appellant has been enrolled in health insurance through the Health Connector for several years. From January 1, 2017 until October 31, 2017, she was enrolled in ConnectorCare Plan Type 3A with an Advanced Premium Tax Credit (APTC) of \$108.00, and paid a monthly premium of approximately \$216.00. Her family size and income were determined to be within 228.63 % of the Federal Poverty Level (FPL). On the December 16, 2016 application connected with this determination, the appellant entered a projected yearly income of \$6,000.00. (Testimony, Exs. 25,26)

¹ In the case of Exs. 21, 22 and 23, the number of pages identified represents the number of pages submitted by the appellant in response to the Open Record Request. However, the actual number of pages for each exhibit is greater.

3. By letter dated September 4, 2017, the Health Connector provided the appellant with a preliminary eligibility determination for 2018 in which she was notified that she qualified for Health Connector Plans with no financial help. On page two, she was advised that her expected income range and FPL were unknown because the Connector could not get any recent information about her income through electronic data sources. She was further advised to update her income information online or by calling customer service. On page three, under the subheading **Step 3/What happens next?**, the letter stated in part: "Unless you now qualify for MassHealth, your eligibility won't change until January 1, 2018....You will stay in your current coverage through December 31 as long as you continue to pay your monthly bill." (Ex. 1)

4. By letter dated September 8, 2017, the Health Connector sent a Request for Information to the appellant, and indicated that failure to submit proof of income by October 13, 2017, could result in an increase in her health insurance costs. (Ex. 2)

5. In response to the Connector's September 8, 2017 request, the appellant mailed a copy of her 2016 U.S. Individual Tax Return--Form 1040 to the address listed in the letter. The return included a copy of Form 8962. The appellant and her husband reported a joint income of \$85,065.00 and an adjusted gross income of \$66,224.00. On Form 8962, on line 29, they reported excess advance payments of the premium tax credit in the amount of \$2324.00. (Testimony, Exs. 8,9)

6. The appellant's tax return was received by the Connector on September 19, 2017. (Ex. 10)

7. By letter dated September 21, 2017, the Health Connector notified the appellant that she was eligible for ConnectorCare Plan Type 3A with an APTC of \$0 for 2018, based on having an income and family size equivalent to 246.36% of the FPL. (Exs. 12, 20)

7. By letter dated September 21, 2017, the Health Connector requested that the appellant submit proof of income for her daughter by December 20, 2017. (Ex. 21)

8. By letter dated September 21, 2017, the Health Connector notified the appellant that the documentation she had submitted could not be used, and requested that she submit new documents. (Ex. 22)

9. Following receipt of the letter regarding invalid documentation, the appellant called the Health Connector and was advised that it would be able to use the tax return she had submitted. (Testimony)

10. By letter dated October 5, 2017, the Health Connector advised the appellant that she was eligible for Health Connector Plans with an APTC of \$17.00 for each month of 2017, based on having an income and family size equivalent to 302.95% of the FPL. On the application connected with the October 5, 2017 program determination, the appellant entered a projected yearly income of \$6,000.00. Her verified income was determined to be \$42,532.00. (Exs. 10, 13, 14)

8. By letter dated October 5, 2017, the Health Connector advised the appellant that she was eligible for ConnectorCare Plan Type 3B with an APTC of \$0 for each month of 2018, based on having an income and family size equivalent to 298.85% of the FPL. On page two, under the heading **Next Steps**, she was advised that "you will stay enrolled in your current type of coverage through the end of 2017, unless your information changes". (Ex. 23)

9. The appellant was confused by the two notices dated October 5, 2017, and called the Health Connector. She spoke with a customer service representative for approximately 18 minutes, and was “still in the dark” at the end of the conversation about the two determinations. (Testimony)
10. The appellant was preoccupied in October with her parents, both of whom have a diagnosis of Alzheimer’s. Her mother was hospitalized for the entire month, and her father moved in with her family. She was consumed with the responsibility for their care, and some of her other regular obligations fell by the wayside. (Testimony, Ex. 4)
11. On November 1, 2017, the appellant’s plan changed for the remainder of the year and her new premium was \$553.55/month. On November 23, 2017, the Health Connector withdrew \$891.10 from the appellant’s bank account. She was shocked by the withdrawal and had no idea why she was not billed for her regular monthly premium of \$216.00. (Testimony, Exs. 4, 27)
12. The appellant called the Health Connector on December 1, 2017, and spoke with a customer service representative for over an hour. She was told that she had been moved to a more expensive plan with higher deductibles and co-payments. She asked why her plan had changed mid-year without notice. At the end of the conversation, she was unclear as to the circumstances that caused the plan change. (Testimony, Ex. 7)
13. The appellant called the Health Connector on December 8, 2017, to discuss the plan change and was still confused by the representative’s explanation. (Testimony, Ex.7)
14. The appellant appealed the Connector’s October 5, 2017, determination on December 1, 2017. The reason for the appeal was based on family size. She stated in part that when she was billed for \$891.10, she thought it was a mistake. She further stated that the previous eight weeks had been incredibly difficult due to the situation with her parents, and she did not have a minute to research what she considered to be an error. (Ex. 4)
15. By letter dated December 5, 2017, the Health Connector notified the appellant that her appeal was not accepted because it was submitted late. She was advised that if she could demonstrate exceptional circumstances, her appeal request might be accepted, and that her explanation had to be submitted in writing within 15 days of the date of the letter. (Ex. 5)
16. By letter dated December 29, 2017, the Health Connector notified the appellant that her appeal had been dismissed because her “request [was]invalid”. She was advised that she could request that the dismissal be vacated by establishing good cause in writing within 30 days of the date of the letter. (Ex. 6)
17. By letter dated January 24, 2018, the appellant filed a written request to vacate dismissal of her appeal. In her letter, she summarized the situation with her parents and indicated that she had a horseback riding accident in November which left her with two broken ribs, and a second accident in December in which she sustained serious injuries which required hospitalization. She stated that she had called the Health Connector on many occasions over the previous months due to conflicting information she was given in notices that she received, some on the same day. She stated that the representative with whom she spoke on December 1st was unable to give her an explanation as to why she had been billed for \$891.10 which she believed was incorrect. (Ex. 7) ²

² The Health Connector scheduled the appellant’s appeal for a hearing on February 27, 2018. It is noted that the issue on appeal is set forth on page one of this decision. No testimony or evidence was taken on the matter of the timeliness of the appeal, or whether good cause had been established to vacate the dismissal.

18. On December 1, 2017, the Health Connector notified the appellant that she qualified for ConnectorCare Plan Type 3A with an APTC of \$198.00, effective January 1, 2018, based on having an income and family size equivalent to 237.67% of the FPL. The appellant enrolled in a plan beginning on January 1, 2018, and her monthly premium is \$237.00. (Testimony, Exs. 15,17)

ANALYSIS AND CONCLUSIONS OF LAW

On October 5, 2017, the appellant was advised that she qualified for Health Connector Plans with an APTC of \$17.00 for each month of 2017. The appellant argues that this determination was incorrect and caused her existing plan to be changed without adequate notice or explanation.

Pursuant to 26 IRC section 36B and 45 CFR 155.305(f), certain taxpayers are eligible for an APTC if their household income 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 income. Taxpayers who qualify for an APTC and who have projected yearly income less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR 12.04. The Health Connector attempts to verify an applicant's eligibility by checking electronic data sources to confirm the information provided by the applicant, including the applicant's income, in accordance with 45 CFR 155.320(d). When the Connector cannot verify an applicant's income electronically, it requests verifying information, in accordance with 45 CFR 155.315(f). If an applicant does 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).

At issue in this appeal is an October 5, 2017 eligibility determination which resulted in the appellant moving from a subsidized health insurance plan to an unsubsidized plan with increased costs and a much higher premium for the months of November and December. This determination was part of a 2017 eligibility redetermination which began in September, 2017. Unfortunately, the redetermination coincided with the 2018 preliminary eligibility determination which was occurring at the same time, leaving the appellant with confusing and, in some cases, contradictory information.

In order to understand the October 5th determination, it is necessary to examine the appellant's prior determination which was effective from January 1, 2017 through October 31, 2017. The appellant was found eligible for ConnectorCare Plan Type 3A with an APTC of \$108.00 based on a family size and income within 228.63% of the FPL. On the application on which that determination was based, the appellant reported that she was a joint tax filer with one dependent, and projected her yearly income as \$6000.00. By letter dated September 8, 2017, the Connector requested proof of income from the appellant, and in response, she submitted her 2016 federal tax return, in which she reported a joint income of \$85,065.00. Based on that information, the Connector verified the appellant's income as \$42,532.00 (one half of her reported joint income of \$85,065.00) and determined that her income and family size were within 302.95% of the FPL, placing her outside the range of subsidized insurance. As a result, she was transferred to a higher cost version of her plan for the remainder of the year.

The problem with the foregoing determination is that it was made simultaneous with the appellant's preliminary 2018 determination, and she was unable to decipher this distinction, in some cases due to conflicting information from the Connector. Prior to receipt of the September 8th Request for Information, by letter dated September 4, 2017, the Connector provided the appellant with a preliminary 2018 eligibility determination in which she was notified that she qualified for unsubsidized insurance and was advised to update her income information. The letter also stated unequivocally that she would remain in her current coverage until December 31st as long as she

continued to pay her monthly premium. After submitting her tax return which was a response to both the September 4th and September 8th requests, she received three letters from the Connector dated September 21, 2017, one of which advised her that she qualified for a subsidized Health Connector Plan for 2018. Subsequently, she received two letters from the Connector dated October 5, 2017. One was the redetermination for the remainder of 2017 which has already been discussed, and the other was a determination for 2018 in which she was advised that she qualified for subsidized insurance based on a family size and income within 298.85% of the FPL. Once again, in the latter determination, she was advised that she would remain in her current coverage through the end of the year, unless her information changed.

The appellant contends that she was not properly notified of the Connector's 2017 redetermination, including the basis thereof, notwithstanding several calls to customer service for an explanation. Her confusion and shock over the higher cost plan were not unreasonable. The blizzard of notices she received, some of which had the same date but different determinations, did not sufficiently identify the difference between the two simultaneous processes. Furthermore, they arguably misled her to believe that her coverage would not change for the rest of the year. The caveat about a change of information in the October 5th notice was easily misconstrued or ignored in light of the fact that she submitted the same information for both the 2017 redetermination and the 2018 preliminary determination.

Notwithstanding the foregoing, it appears that the Connector correctly concluded that the appellant was no longer eligible for subsidized insurance for the last two months of 2017 because her income was much higher than what she had initially projected and her family size had decreased by one member. Indeed, the fact that the appellant reported on Form 8962 on her 2016 return an excess advance payment of the tax credit in the amount of \$2324.00 underscores the fact that she underestimated her income. While the 2018 determination is not on appeal, it appears that the appellant became eligible for subsidies again based on a larger family size and lower projected income. In her numerous inquiries to the Connector, she should have been educated about these distinctions which would have enabled her to understand why her account was debited for an amount that seemed untethered to her financial situation. (It is noted that any issues regarding the amount of her 2017 premiums are within the purview of the billing department.)

Based upon the totality of the evidence, it is concluded that the Connector's determination on October 5, 2017, regarding the appellant's qualification for unsubsidized Health Connector Plans, 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

ADDENDUM

The appellant testified at the hearing that different amounts have been withdrawn from her account for her 2018 premium, and she has been unable to straighten the matter out in phone calls to the Connector. In light of the appellant's experience with the issues giving rise to this appeal, as well as ongoing problems with her current premium, it is requested that the Appeals Unit designate an individual to outreach her and direct her to the appropriate department for assistance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3222

Appeal Decision: Appeal Denied.

Hearing Issue: Whether the Massachusetts Health Connector (Connector) correctly determined, in October 2017, that in 2018, the Appellant was eligible to enroll in Health Connector Plans but was not eligible for the Advance Premium Tax Credit and ConnectorCare, based on the Appellant's failure to verify that he had filed the appropriate tax form to reconcile the Advance Premium Tax Credits received in 2016.

Hearing Date: February 7, 2018

Decision Date: March 29, 2018

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

Based on information in the Appellant's application for subsidized health insurance, submitted to the Massachusetts Health Connector (Connector) on October 4, 2017, the Connector determined that for 2018, the Appellant was eligible for Health Connector Plans without financial assistance, based on his failure to verify that he had filed the appropriate tax form to reconcile the Advance Premium Tax Credits he received in 2016.

ISSUE

Whether the Connector correctly determined, in October 2017, that the Appellant was eligible to enroll in Health Connector Plans but was not eligible for the Advance Premium Tax Credit and ConnectorCare, for 2018, based on the Appellant's failure to verify that he had filed the appropriate tax form to reconcile the Advance Premium Tax Credits received in 2016.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 7, 2018. Testimony was recorded electronically. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Affidavit of Record Verification

- Exhibit 2: Letter to the Appellant from the Health Connector dated 10/24/2017 and entitled "Final Renewal Notice"
- Exhibit 3: Connector Appeals Unit Appeal Acknowledgment Notice dated 12/12/2017
- Exhibit 4: E-mail from the Appeals Unit to the Appellant dated 12/12/2017 regarding resolution of issue
- Exhibit 5: Informal Dispute Resolution Notes
- Exhibit 6: Health Connector Computer Printout of Appellant's 2018 Eligibility Results based on an application submitted on 12/10/2017
- Exhibit 7: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 8: Health Connector Computer Printout of Appellant's 2018 Eligibility Results based on an application submitted on 10/4/2017
- Exhibit 9: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 10: Notice of Hearing dated 1/12/2018

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter dated October 24, 2017, entitled "Final Renewal Notice", the Appellant was informed that for 2018, he was eligible to enroll in a Health Connector Plan with no financial help. The Appellant was informed that for 2018 his monthly premium would be \$275.48. (Exhibit 2)
2. In 2017 the Appellant had Tufts Health Plan Direct ConnectorCare. He had been paying a premium of \$18 monthly. (Appellant testimony and Exhibit 2)
3. The Appellant appealed the Connector's determination of the amount of his premium, based on his income. He also wanted to get a Premium Waiver. He stated that the price of the premium was too expensive; and that he was trying to change plans but was unable to do so. (Exhibit 5)
3. On the application the Appellant submitted to the Connector on October 4, 2017, the Appellant indicated that he was a tax filer, but he did not attest to filing taxes to reconcile all past Advance Premium Tax Credits. (Exhibit 9)
4. Based on the Application the Appellant submitted to the Connector on October 4, 2017, the Appellant was found eligible to enroll in Health Connector Plans with no financial help for 2018. His income was found to be 129.35% of the Federal Poverty Level. (Exhibit 8)
5. The Appellant had subsidized health insurance for nine (9) months in 2016. He was sent a Form 8962 by the Connector which he was told to fill out for the Advance Premium Tax Credit he received in 2016. (Appellant testimony)
6. The Appellant submitted another application to the Connector on December 10, 2017, for health insurance beginning on January 1, 2018. On that application the Appellant indicated under "Tax Status" that he had filed taxes and reconciled all past Advance Premium Tax Credits. The attestation date was December 10, 2017. (Exhibit 7)
8. The application the Appellant submitted on December 10, 2017, had a verification date of December 10, 2017. Based on that application, the Connector found that the Appellant was eligible for ConnectorCare Plan Type 2A which included Advance Premium Tax Credits and plus a Massachusetts state subsidy. His income was 135.1% of the Federal Poverty Level. (Exhibits 6 and 7)
9. At the time of the hearing the Appellant was paying a monthly premium of \$4.00. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

This appeal is limited to a determination of whether the Connector made the correct eligibility determination for the Appellant in October 2017, based on the information it had at that time. Based on the Appellant's application for subsidized health insurance submitted to the Connector on October 4, 2017, the Connector correctly

determined that the Appellant could purchase health insurance through the Connector for 2018, but that he was not eligible for the Advance Premium Tax Credit and ConnectorCare. At the time this determination was made, the Appellant had not verified that he had reconciled the Advance Premium Tax Credit he received in 2016 by filing federal income taxes using Form 1040 and including Form 8962. The Appellant appealed the Connector's determination that he could enroll in Health Connector Plans but was not eligible for financial help in paying for her health insurance. His premium would increase from \$18 monthly to \$275 monthly.

In order to be eligible for the Advance Premium Tax Credit in the future, the recipient of the tax credit must reconcile their previous Advance Premium Tax Credits. (45 CFR §155.305(f) (4)) In order to comply with this requirement, the recipient must file federal income taxes using Form 1040 and include Form 8962. Since the Appellant did not verify that he had done so, he was not eligible for the Advance Premium Tax Credit for 2018. Ineligibility for the Advance Premium Tax Credit caused him to be ineligible for ConnectorCare. (956 CMR 12.08 (1) (b))

Subsequently, in his application submitted on December 10, 2017, the Appellant attested that he had reconciled all previous Advance Premium Tax Credits. As a result, he became eligible for Advance Premium Tax Credits and ConnectorCare Plan Type 2A.

At the time the Connector made its eligibility determination, based on Appellant's application submitted on October 4, 2017, the Connector had no evidence of verification. Therefore the Connector correctly determined that the Appellant was eligible for Health Connector Plans but was not eligible for the Advance Premium Tax Credit and ConnectorCare.

ORDER

The Connector's decision is upheld and the Appellant's 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3230

Appeal Decision Appeal Denied, Eligibility determination upheld

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

Hearing Date: March 15, 2018

Decision Date: March 30, 2018

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 November 26, 2017, 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 March 15, 2018.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Correspondence from Appeals Unit of Health Connector
- Exhibit 3: Hearing Request Form and support documents dated December 4, 2017
- Exhibit 4: Notice on Appeal dated November 26, 2017
- Exhibit 5: Historical Notice and printouts
- Exhibit 6: Customer Service Notes

FINDINGS OF FACT

The record shows, and I so find:

1. In an eligibility determination on July 6, 2017, Appellant was found eligible for a ConnectorCare Plan and was asked to send in documents verifying the Appellant's residency (Exhibit 5)
2. On November 26, 2017, Appellant was determined ineligible for Health Connector plans after failing to send in documents verifying residency (Exhibit 4)
3. Appellant filed an appeal on December 4, 2017 (Exhibit 3).
4. Appellant sent in documents verifying residency in December 2017, at the time that Appellant filed the Appeal (Exhibit 3).
5. Appellant was found eligible for a ConnectorCare Plan beginning on January 1, 2018 (Exhibit 4).
6. As of the date of the hearing, Appellant was enrolled in a ConnectorCare plan (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector Plans as Health Connector records indicated that Appellant did not live in Massachusetts. 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 6, 2017, Appellant was determined eligible for Health Connector Plans and was asked to verify residency. Appellant failed to send in documents verifying residency. On November 26, 2017, Appellant was determined ineligible for Health Connector plans for not being a resident of Massachusetts. 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).

While the Appellant sent in documents verifying residency in December 2017, the Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on November 26, 2017, and that determination is upheld.

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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3365

Appeal Decision: Appeal Allowed

Hearing Issue: Eligibility for ConnectorCare based on failure to reconcile prior tax credits.

Hearing Date: January 24, 2018

Decision Date: April 24, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on December 9, 2017. The Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to reconcile tax credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was only eligible for Health Connector Plans and not eligible for ConnectorCare, based on the Appellant's failure to verify prior tax credits.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 24, 2018. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The record was kept open for the Connector to provide Appellant with instructions to allow him to order a tax

transcript and for the Appellant to provide the tax transcript. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector Notice of Eligibility Determination (12 pages, dated December 9, 2017)
- Exhibit 2: Appellant's appeal request form (2 pages dated December 17, 2017)
- Exhibit 3: Health Connector's Determination Results and Review Computer Printout (4 pages, dated December 9, 2017)
- Exhibit 4: Health Connector's Determination Results and Review Computer Printout (4 pages, dated September 28)
- Exhibit 5: Health Connector's Acknowledgement of Appeal (4 Pages dated December 26, 2017)
- Exhibit 6: Health Connector's Hearing Notice (4 pages, dated January 3, 2018)
- Exhibit 7: Health Connector's Hearing Record Affidavit (1 page, undated)
- Exhibit 8: Health Connector's Results (Dated January 9, 2018)
- Exhibit 10: 1095 A Form Information
- Exhibit 11: Appellants documents regarding his tax returns dated January 24, 2018 & February 5, 2018

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 59 year old unmarried male, who applied for subsidized health insurance on December 9, 2017. (Exhibit 1, Exhibit 3)
2. The Appellant has a household of one. (Exhibit 3)
3. On his application, the Appellant entered a projected annual modified adjusted gross income of (MAGI) \$31,000.00. (Exhibit 3)
4. The Appellant is not eligible for government sponsored insurance. (Exhibit 3)
5. The Appellant is not eligible for employer sponsored insurance that meets federal affordability standards. (Exhibit 3, Appellant testimony)
6. The Appellant filed a tax return for 2016, however the IRS indicated that it did not receive a tax return in a letter dated 9/25/17. Appellant indicated in a letter dated October 11, 2017 that he did file a tax return but his name was spelled wrong and his social security number was incorrect. Appellant then refiled his tax return and the IRS received his tax return in October 2017. On November 9th, the Appellant lost his subsidy for December 2017 and 2018, when his application is re-run. Appellant attests on November 10,

2017 to having reconciled APTC. On December 9 2017, when re-application is re-run, the attestation is no longer in the system. (Appellant testimony. Exhibits 1, 3 & 11)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans without subsidies. The Appellant asserts that this determination was incorrect, because the Appellant will only make \$31,000.00 in 2018, and is otherwise eligible for subsidies. 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 (APTC) 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. One of the requirements to be eligible for APTC is that an individual who received APTC in a prior tax year file a federal income tax return for that year, and reconcile the amount of APTC received against the amount the individual is eligible for. 45 CFR § 155.305(f)(4).

On December 9, 2017, the Appellant was determined eligible for Health Connector plans without subsidies. In 2017, the Appellant was eligible for ConnectorCare, and received APTC. However, the Appellant did not file an income tax return for 2016 correctly, because the income tax return the Appellant filed could not be recognized by the Internal Revenue Service because the Appellant filed his return with his name misspelled and his social security number was incorrect. The Appellant then amended his return and the IRS received it in October 2017. The Appellant did reconcile his APTC in his amended return. Appellant then attested to the Health Connector that he did reconcile his APTC with his return on November 10, 2017. Because the Appellant did reconcile receipt of APTC from a prior year, the Appellant is eligible to receive APTC in 2017 & 2018. 45 CFR § 155.305(f)(4).

ORDER

The appeal is allowed. The determination by the Connector is overturned. The Health Connector is ordered to retroactively enroll Appellant in a subsidized health plan for the months of December 2017 and January and February 2018.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3438

Appeal Decision: Appeal Denied
Hearing Issue: Eligibility for Subsidy
Hearing Date: 3/7/2018
Decision Date: 3/30/2018

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

The Health Connector determined that the Appellant was not eligible for a subsidized Health Connector Plan.

ISSUE

Pursuant to 45 CFR 155.305, whether the Health Connector correctly determined that the Appellant was ineligible for a subsidized Health Care Plan.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on 3/7/2018. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of the Keeper of the Records
- Exhibit 2: Notice of Hearing
- Exhibit 3: Hearing Request Form
- Exhibit 4: Health Connector Eligibility Approval
- Exhibit 5: Eligibility Request for Proofs
- Exhibit 6: Computer Printout
- Exhibit 7: Form 1099 and Instructions
- Exhibit 8: Prior Notice of Hearing (1/10/2018)
- Exhibit 9: Notice of Dismissal of Appeal and Notes of Previous Hearing Office

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant testified to having previously received subsidized health insurance through the Connector. In 2017, for example, he was required to pay \$2 per month. (Testimony of Appellant)
2. In February 2018, the Appellant reapplied for health insurance through the Connector, and was determined to be eligible for a Health Connector Plan with no financial help. (Exhibit 5, Exhibit 4)
3. There was no evidence on file indicating that the Appellant had filed a tax return, nor was there an attestation that the Appellant intended to file a tax return. (Exhibit 4) The Appellant testified that he did not believe that he had filed an attestation.

ANALYSIS AND CONCLUSIONS OF LAW

In order to continue to be eligible for a subsidized Health Connector plan, an applicant who received subsidies in prior years must meet tax filing requirements. See, 45 C.F.R.155.305(f)(4). In the event that the Health Connector cannot determine whether an applicant has filed taxes, the applicant may file an attestation that s/he intends to file one. In this case, there was no evidence that the Appellant had filed taxes and complied with the reconciliation requirement. Nor had the Appellant filed an attestation at the time of the hearing. Accordingly, the Connector's determination in February 2018 was correct.

ORDER

The Appellant's 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

At the hearing, the Appellant was informed of the need to file an attestation. The Appellant should note that this decision only applies to the determination that the Connector made in February 2018. It does not apply to any more recent determination, such as one that may have happened if the Appellant filed an attestation after the hearing.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3482

Appeal Decision: The Connector's denial of Appellant's application for the purchase of health insurance is affirmed.

Hearing Issue: Whether Appellant was properly excluded from obtaining health insurance through the Connector because Appellant is not lawfully present in the United States.

Hearing Date: March 15, 2018

Decision Date: April 9, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On December 1, 2017, Appellant was denied eligibility to obtain health insurance through the Connector because Appellant was found not to be lawfully present in the United States.

ISSUE

Whether the Health Connector correctly determined that Appellant was ineligible for a Health Connector plan because Appellant was not lawfully present in the United States.

HEARING RECORD

Appellant and Appellant's Representative appeared at the hearing which was held by telephone on March 15, 2018. The procedures to be followed during the hearing were reviewed with Appellant and Representative. Appellant and Representative were sworn in. Exhibits were marked and admitted in evidence with no objection. Appellant and Representative testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Correspondence from Connector Appeals Unit addressed to Appellant

Exhibit 3: Hearing Request Form dated January 5, 2018

Exhibit 4: Connector letter dated December 1, 2017, denying Appellant's eligibility to obtain health insurance through the Connector, including Application summary

Exhibit 5: Updated Eligibility Results and application summary

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied to obtain health insurance through the Connector in December 2017 (Exhibit 4).
2. Appellant's eligibility to obtain health insurance through the Connector was denied on December 1, 2017 because Appellant was determined not to be lawfully present in the United States (Exhibit 4).
3. Appellant appealed the Connector's action on January 5, 2018 (Exhibit3).
4. Appellant does have legal status but did not submit requested documents to the Health Connector at the time of the Application (Exhibit 3 and Testimony of Representative).
5. Appellant submitted documents showing lawful presence with the Notice of Appeal (Exhibit 3).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant applied for health insurance coverage through the Connector in December 2017. On December 1, 2017 the Connector denied Appellant's eligibility for health insurance because Appellant was determined not to be lawfully present in the United States. Appellant appealed the Connector's denial on January 5, 2018. Appellant submitted documents showing lawful presence at the time of the Hearing Request. Appellant testified that Appellant is lawfully present. At the time of the application, Appellant did not submit the documents regarding lawful presence to the Health Connector. See Testimony of Appellant and Representative which I find to be credible and Exhibits 3 and 4.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR155.305(a)(1). Appellant did not provide the requested documents at the time of the application.

The Connector's action in denying Appellant eligibility to purchase health insurance through the agency is affirmed based upon the information supplied by Appellant in the application.

ORDER

The action taken by the Connector at the time of Appellant's application denying Appellant's eligibility 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.

ADDENDUM If Appellant has not already done so, Appellant should call customer service at Massachusetts Health Connector at 1 877 623-6765 to complete enrollment and to find out what other documents may be required of Appellant.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3580

Appeal Decision: Appeal Denied.

Hearing Issue: Whether the Massachusetts Health Connector (Connector) correctly determined the Appellant's income in regard to her eligibility for ConnectorCare and the Advance Premium Tax Credit for 2018.

Hearing Date: February 13, 2018

Decision Date: April 18, 2018

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

Based on information in the Appellant's application for subsidized health insurance, submitted to the Massachusetts Health Connector (Connector) on January 8, 2018, the Connector determined that for 2018 the Appellant was eligible for ConnectorCare Plan Type 3B with an Advance Premium Tax Credit of \$54 monthly.

ISSUE

Whether the Massachusetts Health Connector correctly determined the Appellant's income in regard to her eligibility for ConnectorCare and the Advance Premium Tax Credit for 2018.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 13, 2018. Testimony was recorded electronically. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Record Verification
- Exhibit 2: Letter to the Appellant from the Health Connector dated 1/8/2018 and entitled "Eligibility Approval."
- Exhibit 3: Connector Appeals Unit Appeal Acknowledgment Notice dated 1/23/2018
- Exhibit 4: Connector Brochure entitled "Tell Us about Changes"
- Exhibit 5: E-mail from the Appeals Unit to the Appellant dated 1/23/2018 regarding updating income

- Exhibit 6: E-mail from the Appellant to the Appeals Unit dated 1/24/2018 with response from the Appeals Unit dated 1/24/2018
- Exhibit 7: Informal Dispute Resolution Notes
- Exhibit 8: Note from the Appellant regarding the reason for her appeal
- Exhibit 9: Health Connector Computer Printout of Appellant's Eligibility Results based on an application submitted on 1/8/2018 for insurance effective on 2/1/2018
- Exhibit 10: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 11: Notice of Hearing dated 1/25/2018

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter from the Health Connector (Connector) dated January 8, 2018, entitled "Eligibility Approval", the Appellant was informed that for 2018, she was eligible for ConnectorCare Plan Type 3B and an Advance Premium Tax Credit of \$54 monthly for 2018. Her enrollment could begin on February 1, 2018. (Exhibit 2)
2. The Appellant's eligibility was based on her modified adjusted gross income, which the Connector determined to be 251.23% of the Federal Poverty Level. (Exhibit 10)
3. The Appellant appealed the Connector's determination of her income regarding her eligibility for subsidized health insurance programs. The basis of her appeal was that the insurance rates quoted to her in December 2017, by the Connector, were much lower than those quoted to her in January 2018. She attributed the increase to the inclusion of her car loan in her application. (Exhibit 8)
4. In her application, the Appellant said that she earned \$1,520 every two weeks, and that the self-attested amount she received monthly was \$2,843.22. Her projected yearly Income was \$30,298.32. (Exhibits 9 and 10)
5. At the hearing, the Appellant verified that the income listed in her application for subsidized health insurance was accurate. (Appellant testimony)
6. The Appellant's major expenses were her student loans, her car loan and her car insurance. (Exhibit 8)
7. The Appellant pays \$140 monthly for her student loans. (Appellant testimony)
8. The Appellant received a student loan interest statement indicating that she paid \$986.01 in student loan interest in 2017. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether, in January 2018, the Connector correctly determined the income eligibility of the Appellant for ConnectorCare and for the Advance Premium Tax Credit, for health insurance for beginning February 1, 2018. Based on Appellant's application for subsidized health insurance submitted on January 8, 2018, the Connector correctly determined that the Appellant was eligible for ConnectorCare Plan Type 3B and an Advance Premium Tax Credit of \$54 monthly.

The decisive factor in the determination of income eligibility for subsidized health insurance and health insurance subsidies is projected modified adjusted gross income. In her application dated January 8, 2018, the Appellant projected her income to be \$30,298.32.

Modified Adjusted Gross Income (MAGI) is defined in 26 CFR 1.36B-1 (e) (2), as "adjusted gross income (within the meaning of section 62) increased by

(i) Amounts excluded from gross income under section 911;

- (ii) Tax-exempt interest the taxpayer receives or accrues during the taxable year; and
- (iii) Social security benefits (within the meaning of section 86(d)) not included in gross income under section 86.”

MAGI is usually equivalent to Adjusted Gross Income (Center for Labor Research and Education, University of California, Berkeley). (Adjusted Gross Income allows for a deduction for student loan interest pursuant to 26 CFR 1.221-1.) Under 26 CFR § 36B and 45 CFR § 155.305(f), applicants are income eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels that are between 100% and 400% of the Federal Poverty Level. In order to be eligible for ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable, the Appellant must be eligible for the APTC, and her MAGI must be at or below 300% of the Federal Poverty Level. (956 CMR § 12.08).

In her application for subsidized health insurance and health insurance subsidies for 2018, the Appellant said her projected income for 2018 was \$30,298.32. Since the Appellant’s projected income for 2018 was 251% of the Federal Poverty Level, the Connector correctly determined that the Appellant was eligible for ConnectorCare Type 3B. (956 CMR 1.04 (3) (b)). The Appellant was also eligible for the Advance Premium Tax Credit since her projected income was less than 400% of the Federal Poverty Level. (26 CFR 1.36B-2)

This appeal is limited to a determination of whether the Connector made the correct eligibility determination for the Appellant in January 2018, based on the information it had at that time. On January 8, 2018, the Connector correctly determined that the Appellant was eligible for ConnectorCare Type 3B; and that she was eligible for that a monthly Advance Premium Tax Credit was \$54

ORDER

The Connector’s decision is upheld and the Appellant’s 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 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3614

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; residency; lawful presence; timeclock expiration

Hearing Date: March 14, 2018

Decision Date: April 5, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On January 17, 2018, Appellant submitted an application for subsidized insurance, and was found not eligible for Health Connector Plans because Appellant did not submit documents that had been requested. Appellant also submitted an application on December 23, 2017, and previously as well. Appellant's eligibility was terminated on December 23, 2017 because Appellant did not submit the information that had been requested.

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 information available to the Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on March 14, 2018. The hearing was recorded. The record was left open to allow the Appellant to submit additional documents regarding proof of residency and lawful status. 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 (2-20-18) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (1-23-18) (7 pages);

- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Fair Hearing Request forms (1-17--18) (with documents) (8 pages);
- Exhibit 6: Eligibility Termination letter (12-23-17) (8 pages);
- Exhibit 7: Request for Information letter (9-13-17) (7 pages);
- Exhibit 8: Eligibility detail printout and application summary printout (15 pages);
- Exhibit 9: Additional documents submitted prior to hearing (2 pages); and
- Exhibit 10: Additional documents submitted by Appellant pursuant to open record (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in September 2017. Appellant was requested to provide proof of immigration status and proof of residency.
2. Appellant was deemed eligible for ConnectorCare Plan Type 1 with subsidies in October 2017 and the request to provide proof of residency and proof of immigration status by December 12, 2017 was still active.
3. Appellant was sent another letter dated December 18, 2017, requesting the information and indicating that the health insurance would end if documents were not immediately sent.
4. Appellant was sent an Eligibility Termination letter dated December 23, 2017.
5. Appellant appealed and stated that the request for information letter dated December 18, 2017 indicated that the documents were required to be submitted on December 17, 2017 which was prior to the date of the letter.
6. Appellant submitted documents pursuant to the open record and those documents have been submitted for processing.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant was found ineligible for Health Connector Plans based on failing to verify residency and immigration status. Under 45 CFR § 155.305(a), residents of Massachusetts who are lawfully present and otherwise eligible may purchase health and dental insurance through the Health Connector. Where the Health Connector cannot verify applicant's residency or other immigration status, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

On October 23, 2017, Appellant was determined eligible for ConnectorCare Plan Type 1 and was asked to verify residency and immigration status. The verification documents were due by December 17, 2017. The Appellant was again sent a letter dated December 18, 2017, indicating the documents had not been submitted and were overdue. Appellant failed to send in the verification documents and was eligibility was terminated December 23, 2017. 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 and lawfully present. 45CFR § 155.305(a).

While the Appellant has now sent in documents to verify residency and immigration status, those documents have not been processed. Further, the Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on December 23, 2017, and on January 17, 2018 and that determination is upheld.

ORDER

The Connector determination was correct. The appeal is therefore denied. The Appeals Unit is directed to follow up with the Appellant with regard to the documents for verification.

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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3778

Appeal Decision: Appeal Denied

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

Hearing Date: March 29, 2018

Decision Date: April 19, 2018

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 under 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 January 9, 2018, the Appellant was determined ineligible for health insurance coverage through the Health Connector in 2018 because she had failed to establish lawful presence in the United States to the Health Connector.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on January 9, 2018, that the Appellant was not eligible for health insurance coverage through the Health Connector, 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 March 29, 2018. Also appearing to assist the Appellant was the Appellant's neighbor.

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

- Exhibit 1: Affidavit
- Exhibit 2: 1/9/18 Eligibility Denial Notice (6 pages)
- Exhibit 3: 1/29/18 Appeal
- Exhibit 3A: 1/29/18 Appeal - screenshot

- Exhibit 4: 1/9/18 Eligibility Results for 2018 (5 pages)
Exhibit 5: 3/14/18 Hearing Notice (5 pages)
Exhibit 5A: 2/16/18 Hearing Notice (5 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On January 9, 2018, the Appellant applied to the Connector for 2018 health insurance coverage. In her application, the Applicant indicated that she was not a citizen and did not have any immigration status. (Exhibit 4)
2. By Eligibility Denial Notice dated January 9, 2018, the Connector notified the Appellant that she did not qualify for health insurance coverage through the Health Connector because the Connector's records indicated that she was not lawfully present in the United States. (Exhibit 2)
3. On January 29, 2018, the Appellant appealed the Connector's 1/9/18 decision to deny the Appellant health insurance coverage through the Health Connector. As the reason for her appeal, the Appellant indicated "Citizenship/Immigration status" and stated "waiting on decision of my immigration status." (Exhibit 3)
4. At hearing, the Appellant stated that she is now ready to submit documents to the Health Connector showing that she is lawfully present in the United States. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

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

On January 9, 2018, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans. 45 CFR § 155.305(a)(1).

While the Appellant now has documents to present to the Health Connector that establish her lawful presence, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans on January 9, 2018, when the Appellant failed to establish her lawful presence to the Health Connector, and that determination is upheld.

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

The Appellant indicated at hearing that she would be submitting her proof of lawful presence to the Health Connector immediately following the hearing. If she has not yet done this, I encourage her to do so as soon as possible.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3824

Appeal Decision: Appeal Denied.

Hearing Issue: Whether the Connector correctly determined in January 2018, that the Appellant was not eligible to enroll in health insurance through the Connector since she did not provide evidence that she was lawfully present in the United States; and that she was not eligible to enroll in subsidized health insurance or to receive health insurance subsidies since she did not provide evidence that she would file taxes to reconcile any Advance Premium Tax Credits she received.

Hearing Date: March 15, 2018

Decision Date: April 25, 2018

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

In January 2018, the Connector determined that the Appellant was not eligible to enroll in health insurance through the Connector based on her failure to provide evidence that she was lawfully present in the United States. The Connector also determined that she was not eligible to enroll in subsidized health insurance or to receive health insurance subsidies. This determination was due to her failure to provide evidence that she would file a joint federal tax return to reconcile any Advance Premium Tax Credits she received.

ISSUE

Whether the Connector correctly determined in January 2018, that the Appellant was not eligible to enroll in health insurance through the Connector since she did not provide evidence that she was lawfully present in the United States; and that she was not eligible to enroll in subsidized health insurance or to receive health insurance subsidies since she did not provide evidence that she would file taxes to reconcile any Advance Premium Tax Credits she received.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on March 15, 2018. A Portuguese interpreter was also present. Testimony was recorded electronically. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Record Verification
- Exhibit 2: Letter to the Appellant from the Health Connector dated 1/10/2018 and entitled "Eligibility Denial"
- Exhibit 3: Appellant's Hearing Request Form dated 1/25/2018
- Exhibit 4: Appellant's Permanent Resident Card
- Exhibit 5: Connector Appeals Unit Appeal Acknowledgment Notice dated 2/5/2018
- Exhibit 6: Connector Brochure entitled "Tell Us about Changes"
- Exhibit 7: Letter to the Appellant from the Appeals Unit of the Connector, dated 2/5/2018, containing form for Appellant to complete about intent to file taxes
- Exhibit 8: Notice from the Appeals Unit to the Appellant entitled "Next Steps in the Appeals Process"
- Exhibit 9: Appeals Data dated 2/20/2018, updating Appellant's application with immigration document
- Exhibit 10: Informal Dispute Resolution Notes
- Exhibit 11: Health Connector Computer Printout of Appellant's Eligibility Results based on an application submitted on 1/10/2018 for insurance effective on 2/1/2018
- Exhibit 12: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 13: Health Connector Computer Printout of Appellant's Eligibility Results based on an application submitted on 2/5/2018 for insurance effective on 3/1/2018
- Exhibit 14: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 15: Notice of Hearing dated 2/20/2018

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter from the Health Connector (Connector) dated January 10, 2018, entitled "Eligibility Denial", the Appellant was informed that for 2018, she was not eligible to enroll in health insurance through the Connector since their records indicated that she was not lawfully present in the United States. (Exhibit 2)
2. The Appellant filed a Hearing Request Form dated January 25, 2018, appealing the Connector's determination of her immigration status. She requested a Portuguese interpreter and appointed her husband as her representative. (Exhibit 3)
3. The Appellant filed an application for subsidized health insurance for herself, her husband and her two (2) children on January 10, 2018. Her husband and two children, who were United States citizens; were approved to receive MassHealth Standard. The Appellant was only approved for MassHealth Limited and the Health Safety Net. (Exhibit 11)
4. In her application, the Appellant answered "No" to Immigration status. She also indicated that she was a "Non-Tax Filer". Her Projected Yearly Income was \$0.00. (Exhibit 12)
5. The Appeals Unit of the Connector sent the Appellant a letter dated February 5, 2018, informing the Appellant that in order to be considered for assistance in paying for health insurance, she had to state that she intended to file a joint federal tax return for 2018. A form was enclosed, which she was asked to return within ten (10) days of the letter. (Exhibit 7)
6. In her Hearing Request Form the Appellant indicated that she was a Permanent Resident. (Exhibit 3)
7. The Appellant produced a permanent residence card that indicated that she had been a permanent Resident since May 24, 2017. Her card expires on May 24, 2027. (Exhibit 4)
8. The Appeals Unit of the Connector updated the Appellant's application for health insurance on February 5, 2018, with her immigration documentation, making her eligible for Health Connector plans. She was still not eligible for help in paying for her insurance since she had not verified that she would file a joint federal tax return with her husband to reconcile any tax credits she received. (Exhibits 9, 13 and 14)

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Connector made the correct eligibility decision in regard to the Appellant's eligibility for health insurance, health insurance subsidies, and subsidized health insurance through the Connector. With the information the Connector had when it made its decision in January 2018, the Connector correctly determined that the Appellant could not enroll in health insurance through the Connector since she did not provide evidence of her lawful presence in the United States; and she did not provide evidence that she intended to file a joint federal tax return to reconcile any Advance Premium Tax Credits she received.

In order to be eligible to enroll in health insurance through the Health Connector, the Appellant must show that she, "(I)s a citizen or national of the United States, or is a non-citizen who is lawfully present in the United States, and is reasonably expected to be a citizen, national, or a non-citizen who is lawfully present for the entire period for which enrollment is sought." [45 CFR 155.305 (a) (1)]. The Appellant did not provide documentation of her lawful presence with her application to the Connector. Relying on the information from other sources the Connector determined that the Appellant was not lawfully present in the United States. Based on this determination the Appellant was not eligible to enroll in health insurance through the Health Connector. When the Appellant provided copies of the Permanent Resident Card she was found eligible to enroll in Health Connector Plans.

When the Appellant submitted her application for health insurance, she listed herself as a "non-tax filer". She was therefore ineligible for help in paying for her health insurance. She was informed by the Appeals Unit that in order to be eligible for the Advance Premium Tax Credit and therefore eligible for subsidized health insurance through ConnectorCare [956 CMR 12.08 (1) (b)], she needed to indicate that she intended to file a joint tax return with her husband in order to reconcile the Advance Premium Tax Credits she received (45 CFR §155.305(f) (4)). In order to comply with this requirement, the recipient must file federal tax returns using Form 1040 and Form 8962.

ORDER

The Connector's decision is upheld and the Appellant's 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3865

Appeal Decision: The Connector's determinations of Appellant's eligibility to enroll in a Health Connector plan and of Appellant's ineligibility for an Advance Premium Tax Credit and ConnectorCare are affirmed.

Hearing Issue: Whether the Connector correctly determined that Appellant was eligible to enroll in a Health Connector plan but was ineligible for an Advance Premium Tax Credit and ConnectorCare based upon the information supplied by Appellant on the Connector application and other data sources.

Hearing Date: March 15, 2018

Decision Date: April 6, 2018

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

AUTHORITY

On December 27, 2017, the Connector determined Appellant to be eligible to enroll in a Health Connector plan based upon data from Appellant's application and from other data sources.

ISSUE

Whether the Connector correctly determined that Appellant was eligible to enroll in a Health Connector plan but was ineligible for an Advance Premium Tax Credit and ConnectorCare since Appellant had failed to provide information showing that Appellant had filed taxes and reconciled previous APTCs on Appellant's tax returns.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on March 15, 2018. The procedures to be followed during the hearing were reviewed with Appellant. Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellants'

file, and record verification, undated

Exhibit 2: Communications and Review from Connector Appeals Unit

Exhibit 3: Hearing Request Form signed by Appellant on January 29, 2018

Exhibit 4: Notice on Appeal, dated December 27, 2018

Exhibit 5: Customer service notes

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had been covered by a ConnectorCare Plan, with Advance Premium Tax Credits during 2016 and 2017 (Testimony of Appellant).
2. On December 27 2017, Appellant updated the Application to renew health insurance for 2018 (Exhibit 4).
3. On December 27, 2017, Appellant attested that Appellant had filed taxes (Exhibit 4).
4. In a letter dated December 27, 2017, the Connector informed Appellant of eligibility for a Health Connector Plan but that Appellant was not eligible for a tax credit or ConnectorCare (Exhibit 4).
5. On January 25, 2017, Appellant contacted the Health Connector and learned that Appellant was ineligible for Tax Credits and ConnectorCare because Appellant had not filed tax returns for 2015 and 2016 (Testimony of Appellant and Exhibit 6).
6. Appellant filed 2015 and 2016 Federal and state tax returns on January 29, 2018 (Testimony of Appellant and Exhibit 3).
7. Appellant filed an appeal on January 29, 2018 claiming that Appellant filed tax returns for 2015 and 2016 on January 29, 2018 and Appellant should be eligible for Connector Care (Exhibit 3).
8. On February 15, 2018, Appellant updated the application and was found eligible for MassHealth (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined in December, 2017 that Appellant was eligible to enroll in a Health Connector plan, but that Appellant was not eligible for an Advance Premium Tax Credit and for ConnectorCare. Appellant appealed this determination. See Exhibits 3 and 4.

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)(4), and 956 Code of Massachusetts Regulations 12.00 et. seq. If a household's projected income is between 100% and 400% of the Federal Poverty Level, the household members may be entitled to an advance premium tax credit. The recipient of tax credits must file Federal taxes, jointly if married, and must reconcile the advance premium tax credits for the period in which the recipient's credits were received. If additional documentation is requested from an applicant and the documentation is not received, the Connector verifies data from other sources. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05.

On December 27, 2017, Appellant attested that Appellant had filed (Exhibit 6). The Connector checked with other data sources as allowed under the Affordable Care Act and determined that taxes and required reconciliation had not been filed. See See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05. Based upon this finding, the Connector determined that the Appellant was no longer eligible for an Advance Premium Tax Credit. The premiums were then raised. Although Appellant had attested to the filing of taxes in December, 2017, Appellant did not file 2015 and 2016 taxes until January 29, 2018. See Exhibits 3, 4, 5 and the Testimony of Appellant, which I find to be credible.

What is at issue here is whether the December 27, 2017 determination made by the Connector was correct at the time that it was made. That determination was correct, based upon the information given to the Connector by data from other sources.

Appellant's appeal is denied

ORDER

Appellant's appeal is denied. The determination of the Connector is affirmed.

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

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

ADDENDUM

At the time of the hearing, Appellant was enrolled in MassHealth. When Appellant submitted copies of tax returns filed in January 2018, it was not apparent that Appellant filed for reconciliation of tax credits. If Appellant's income changes in the future and Appellant wishes to be covered by Advance Premium Tax Credits and ConnectorCare, Appellant should be sure that the Tax returns for 2015 and 2016 included Form 8962, which is the reconciliation of the tax credits. Form 8962 is available at irs.gov. If Appellant needs a copy of the 1095 Form needed for reconciliation, Appellant can call Health Connector Customer Service.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3896

Appeal Decision: Appeal Denied

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

Hearing Date: March 21, 2018

Decision Date: April 6, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On January 26, 2018, the Appellant was determined eligible for Health Connector plans without subsidies, due to failure to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector plans without subsidies, based on the Appellant's failure to verify income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on March 21, 2018. The Head of Household did not attend the hearing. 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 February 28, 2018.
- Exhibit 3: The Hearing Request submitted by the Appellant via internet on February 9, 2018.
- Exhibit 4: Health Connector Appeals Unit Outreach Notes.
- Exhibit 5: Health Connector's Eligibility Approval Notice dated January 26, 2018, with an Application Summary.
- Exhibit 6: Health Connector's Request for Information Notice issued to the Head of Household dated October 6, 2017.

FINDINGS OF FACT

The record shows, and I so find:

1. Prior to March 10, 2017 the Appellant's parent (Head of Household) applied for health insurance through the Health Connector for themselves, their spouse and the Appellant, age 21 (Exhibit 6).
2. The Appellant's parents file taxes as a married couple with no dependents claimed. The Appellant files taxes as a single person (Exhibit 5).
3. On October 6, 2017 the Head of Household was asked to provide documentation of the Appellant's income. This information had been requested prior to March 10, 2017. The request was sent to the Head of Household at the address of record as noted on the Health Connector application (Exhibit 6).
4. The Head of Household attested that the Appellant's expected income for tax year 2018 would be \$6,939. The Health Connector determined this unverified income to be equivalent to 150.91% of the federal poverty level (Exhibit 5).
5. On January 26, 2018 the Head of Household was notified that they and their spouse were eligible for ConnectorCare Plan Type 3A with Advance Premium Tax Credits. The Appellant was determined eligible for a Health Connector Plan with no subsidies because proof of the Appellant's income had not been submitted and the Federal Poverty Level used to determine eligibility remained unknown (Exhibit 5).
6. The Appellant submitted an Appeal Request through the internet on February 9, 2018. The Appellant stated that the plans available to them are not affordable (Exhibit 3).
7. The Head of Household did not attend the Hearing.
8. The Appellant testified that they were not aware that the Health Connector had requested proof of their income in March 2017 or October 2018. The Appellant argues that they should have received notices directly (Appellant Testimony).
9. As of the date of the Hearing, proof of the Appellant's income was not submitted to the Health Connector (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's parent (Head of Household) applied for health insurance for themselves, their spouse and the Appellant prior to March 2017. The Appellant's parents file taxes as a married couple with no dependents claimed. The Appellant files their taxes as a single individual. On January 26, 2018 the Head of Household was notified that they and their spouse were eligible for ConnectorCare Plan type 3A with Advance Premium Tax Credits, but the Appellant was eligible for Health Connector Plans without subsidies for failing to provide proof of income.

The Appellant asserts that this determination was incorrect, because the Appellant's reported projected income of \$6,939 is equivalent to approximately 150.91% of the Federal Poverty Level for a household size of one, and the Appellant should therefore be eligible for subsidies. The Appellant also argues that the notices should have been issued to them, not the Head of Household. The Appellant's parent completed the application for Connector Care and chose to be designated the Head of Household. 956 CMR 12.03. The Applicant is responsible to cooperate with the Health Connector in providing the information necessary to establish and maintain eligibility. 956 CMR 12.09. There is nothing in the regulations that requires the Health Connector to send notices to each individual listed on an application.

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).

On October 6, 2017 the Head of Household was asked to provide verification of the Appellant's income. This information had been requested previously prior to March 10, 2017. It is undisputed that verification of the Appellant's income was not submitted to the Health Connector. On January 26, 2018, because the Appellant's income had not been verified, the Health Connector reverted to electronic data sources, but no data was available. 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, without subsidy, and is the correct determination for a person whose household income cannot be determined. 26 CFR § 1.36B-2 and 45 CFR § 155.305(f).

ORDER

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 to report any change in income.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3954

Appeal Decision: Appeal Denied

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

Hearing Date: April 5, 2018

Decision Date: April 27, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On December 8, 2017, the Appellant was determined eligible for Health Connector Plans. On March 15, 2018 the Appellant was determined ineligible for a special enrollment period.

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 April 5, 2018. The Record was left open until April 19, 2018 to allow the Health Connector to submit additional information. The information was forwarded to the Appellant who was given until May 3, 2018 to submit a written response. The Appellant did submit additional information. 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 March 19, 2018.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: The Appellant's Internet Appeal Request submitted on February 13, 2018.
- Exhibit 5: Health Connector's Notice of Denial of a request for a Special Enrollment Period dated March 15, 2018.

- Exhibit 6: Health Connector Eligibility Approval notice with Enrollment information dated December 8, 2017.
- Exhibit 7: Health Connector's Payment History with attached notices.
- Exhibit 8: Health Connector's Notes from Customer Service Interactions-SalesForce.
- Exhibit 9: Health Connector Policy CM-3 Premium Billing and Payments.
- Exhibit 10: Health Connector Appeals Unit Record Open Form dated April 5, 2018.
- Exhibit 11: A copy of the Appellant's Billing History for January 2018.
- Exhibit 12: Additional information submitted by the Appellant including bank statements and eligibility notices issued by the Health Connector.

FINDINGS OF FACT

The record shows, and I so find:

1. On December 8, 2017, the Appellant was determined eligible for Health Connector Plans effective January 1, 2018 (Exhibit 6).
2. On December 8, 2017 the Appellant was notified that if they had not already enrolled in a health plan, they were required to enroll in a plan and pay the first monthly premium by December 23, 2018 for coverage beginning January 1, 2018 (Exhibit 6).
3. The Appellant did not enroll in a health plan in December 2017 (Exhibits 8, 11; Appellant Testimony).
4. On January 3, 2018 the Appellant chose to enroll in a Non-Standard Direct Bronze 3500 with Coinsurance plan. The Health Connector issued an Enrollment Bill. The Appellant was informed that they must pay the monthly premium of \$367.14 by January 23, 2018 for coverage to be effective February 2018 (Exhibit 7).
5. The Appellant made an EFT payment of \$367.14 on January 18, 2018 (Exhibit 11).
6. On January 19, the Health Connector issued the Appellant a Welcome Letter (Exhibit 7).
7. On January 24, 2018 the Health Connector adjusted the Appellant's account because the Appellant's payment of January 18, 2018 was returned for non-sufficient funds (Exhibit 11).
8. The Health Connector issued a letter to the Appellant informing the Appellant that their premium payment had been returned because the Appellant did not have sufficient funds in their account. The letter informed the Appellant that they could not enroll in a plan unless it was during the open enrollment period. The letter was dated January 3, 2018 (Exhibit 7).
9. I take administrative notice of the fact that the Open Enrollment Period for Massachusetts was November 1, 2017 through January 23, 2018.
10. The Appellant contacted Health Connector Customer Service on February 13, 2018 to request to enroll in a health insurance plan. The Appellant was informed that open enrollment had ended, and they could not enroll in a plan at this time (Exhibit 8).
11. On February 13, 2018 the Appellant filed an Appeal (Exhibit 4).
12. On March 15, 2018 the Health Connector issued a notice denying the Appellant's request for a special enrollment period because the Appellant failed to verify a qualifying life event (Exhibit 5).
13. The Appellant testified that they made a payment on January 18, 2018 and believed there were sufficient funds in their account. The Appellant said that when they received the letter saying the payment was returned, they presumed it was an error because the letter was dated January 3, 2018. The Appellant said that they received a Welcome Letter and insurance cards by letter dated January 19, 2018 and believed that they were properly enrolled. The Appellant explained that they went to the doctor in February and was told that their insurance was not valid. The Appellant said they called customer service and was told that their eligibility ended on January 25, 2018. I found the Appellant to be a credible witness and her

testimony is supported by the documents submitted by the Appellant during the record open period (Exhibit 12).

14. Although the Appellant did not experience a qualifying life event such as a change in household composition, moving to the state or losing employer-based health insurance as outlined in Health Connector's Policy NG 1E, the Appellant received misinformation regarding her eligibility. The Appellant received a welcome letter dated January 19, 2018. The letter informing the Appellant that their January 18, 2018 payment had been returned for insufficient funds was dated January 3, 2018, before the Appellant attempted to make a payment. It is understandable that the Appellant would presume the notice to be an error. The Appellant was misinformed (Exhibit 4 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

On December 8, 2017, the Appellant was determined eligible for Health Connector Plans effective January 1, 2018. The Health Connector informed the Appellant that they must choose a plan and pay the monthly premium by December 23, 2018 in order for coverage to begin in January 2018. 956 CMR 12.04. The Appellant did not enroll in a plan for January. On January 2, 2018 the Appellant enrolled in the Non- Standard Direct Bronze 3500MC HealthNet Plan. On January 3, the Health Connector issued a bill and the Appellant was informed that the premium must be paid by January 23, 2018 for coverage to begin in February 2018. On January 18, 2018 the Appellant paid the premium by electronic funds transfer. On January 19, 2018 the Health Connector issued a welcome letter and insurance cards to the Appellant.

In February 2018, the Appellant attempted to obtain medical treatment. The Appellant was informed that their insurance was cancelled. On February 13, 2018 the Appellant contacted Health Connector Customer Service. The Appellant was informed that their eligibility had ended on January 25, 2018 because their payment had been returned for non- sufficient funds. The Appellant maintains that this was an error because there were sufficient funds in their bank account. While the Appellant submitted some bank statement to support this testimony, it is unclear if this was a bank error. Issues of billing and payment are not within the scope of this administrative review. 956 CMR 12.02. The Appellant requested that they be allowed to enroll in a plan. The Appellant did not allege any qualifying life event and the Health Connector denied the request for a Special Enrollment Period by notice dated March 15, 2018. The Appellant disputes the denial.

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. Typically, 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 1E. In addition to specific triggering events, enrollees may be entitled to a special enrollment period in certain circumstances where an enrollee receives misinformation from the Health Connector. 45 CFR § 155.420(d)(4). As noted above, the Appellant attempted payment of their premium on January 18, 2018 and received a Welcome letter and insurance cards from the Health Connector by letter dated January 19, 2018. The Health Connector issued a letter to the Appellant informing them that their payment had returned, but the letter was dated January 3, 2018. Since the Appellant believed that there were sufficient funds in their account and the letter issued by the Health Connector was dated January 3, 2018, the Appellant understandably presumed this letter was sent in error. Had the letter been dated after the January 18, 2018 payment attempt, the Appellant would have been on notice that they needed to take corrective action prior to the end of open enrollment. Under these circumstances the Appellant should be given a Special Enrollment Period to allow the Appellant to enroll in a health plan. This Appeal is approved.

ORDER

The Health Connector should notify the Appellant of their Special Enrollment Period as soon as possible.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA183994

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

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

Hearing Date: March 19, 2018

Decision Date: March 30, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On January 20, 2018, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon information supplied by the appellant to the Connector.

ISSUE

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

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on March 19, 2018. 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 Appellant's file, undated

Exhibit 2: Connector Appeals Unit Notice of Hearing dated February 27, 2018 addressed to Appellant for March 19, 2018 hearing

Exhibit 3: Connector Appeals Unit letter dated February 21, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Appeals Unit outreach notes, February 21, 2018

Exhibit 4: Hearing Request Form submitted by Appellant on February 19, 2018 received by Connector

Exhibit 5: Summary and results of Appellant's application for Connector health plan dated January 20, 2018

- Exhibit 6: Connector letter dated January 20, 2018 to Appellant regarding eligibility to purchase health plan
- Exhibit 7: Summary and results of Appellant's application for Connector health plan dated January 23, 2018
- Exhibit 8: Connector Customer Service notes of contacts with Appellant

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Connector in 2017. In January, 2018, she amended her application by increasing her projected income. She attested to a projected income of \$39,984 (Testimony Appellant, Exhibit 5).
2. Appellant's projected income as of January 20, 2018 equaled 331.% of the Federal Poverty Level (Exhibit 5).
3. On January 20, 2018, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon information on the appellant's application or upon information received from other income data sources. (Exhibit 6).
4. Appellant submitted a request for an appeal of the Connector's determination on February 19, 2018. (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on January 20, 2018 that the appellant was eligible to purchase 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's projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. 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.

Appellant amended her application for health insurance coverage through the Connector on January 20, 2018. On the same date, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit. This determination was based upon the appellant's attestation that she had a projected income of \$39,984. This income equaled 331% of the

Federal poverty level. See Exhibits 5 and 6, and the testimony of the appellant. The appellant filed an appeal after receiving notice of the Connector's determination. See Exhibits 4, 5, and 6.

Based upon the information given by the appellant to the Connector, the Connector correctly determined that the appellant was eligible for a Connector Health plan with an advance premium tax credit. If an individual is otherwise eligible to purchase health insurance through the Connector and if the individual has an income which is between 100% and 400% of the Federal Poverty level, the individual is eligible to purchase a plan with an advance premium tax credit. See cites above for eligibility requirements for an advance premium tax credit. Appellant testified that she had attested to an income of \$39,984. The determination of the Connector is, therefore, affirmed.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-4014

Appeal Decision: Appeal denied

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

Hearing Date: March 27, 2018

Decision Date: April 28, 2018

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 February 13, 2018, the appellant was advised that he was eligible for a Health Connector Plan with no financial help beginning on March 1, 2018. (Ex. 4) The appellant filed an appeal which was received on February 22, 2018 (Ex. 7) based on income. The matter was referred to a hearing after receipt of the appeal. (Ex. 11)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector Plans with no financial help correct on February 13, 2018, pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on March 27, 2018, 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 Request for Information dated January 26, 2018 (6 pages)
- Ex. 2—Computer printout of Health Connector's Eligibility Determination Results showing a program determination for January 26, 2018 (2 pages)
- Ex. 3— Computer printout of Health Connector's Review of Application (2 pages)
- Ex. 4—Health Connector's Notice of Eligibility Approval dated February 13, 2018 (12 pages)

- Ex. 5—Computer printout of Health Connector’s Eligibility Determination Results showing a program determination for February 13, 2018 (2 pages)
- Ex. 6—Computer printout of Health Connector’s Review of Application (2 pages)
- Ex. 7—Online appeal request received on February 22, 2018 (1 page)
- Ex. 8—Acknowledgement of Appeal dated March 1, 2018 (52pages)
- Ex. 9—Appeals Unit Case Notes (2 pages)
- Ex. 10—Income information (10 pages)
- Ex. 11—Notice of Hearing (4 pages)
- Ex. 12—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 59-years-old and is single. He has a tax household size of one. (Testimony, Exs. 3,6)
2. By notice dated January 26, 2018, the appellant was determined eligible for ConnectorCare Plan Type 3A with an Advance Premium Tax Credit (APTC) of \$306.00 based on having an income and household size equivalent to 235.32% of the Federal Poverty Level (FPL). On the application on which the January 26th determination was based, the appellant entered a projected yearly income of \$28,380.00. (Testimony, Exs. 2,3)
3. By letter dated January 26, 2018, the Health Connector sent the appellant a Request for Information in which he was asked to submit proof of income by April 26, 2018. (Testimony, Ex. 1)
4. In response to the January 26, 2018 request, the appellant submitted his 2017 U.S Individual Income Tax Return (Form 1040) in which he reported a total income of \$56,875.00 and an adjusted gross income of \$44,163.00. (Testimony, Ex. 10)
5. By notice dated February 13, 2018, the Health Connector notified the appellant that he was determined eligible for Health Connector Plans with no financial help effective March 1, 2018, based on having an income and household size equivalent to 471.40 % of the FPL. The Connector notified the appellant that he did not qualify for help paying for his coverage because of any of the following reasons: access to health insurance through another source that meets minimum essential coverage standards; or annual income is above 400% of the FPL ; or no plans to file a tax return; married but planning to file taxes separately; or advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs in a prior year and it is not clear whether a tax return was filed for that year. (Exs. 4,5)
6. On the application associated with the program determination of February 13, 2018, the appellant’s verified income was determined to be \$56,875.00. (Ex. 6)
7. The appellant appealed the Connector’s February 13, 2018, determination on February 22, 2018 based on income. In his appeal, he stated that he is self-employed and his estimated earnings for 2018 will be significantly less than 2017. He further stated that the FPL rating is too high and he cannot afford the premium. (Ex. 7)

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. Taxpayers

who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The appellant was found eligible for Health Connector Plans without financial help based on having an income and family size equivalent to 471.40% of the FPL. The appellant argues that this determination is incorrect because it is based on his 2017 income which was substantially higher than his projected income for 2018.

The Connector's January 26, 2018 determination that the appellant was eligible for subsidized insurance with an APTC was based on his projected income of \$28,380.00 which placed him within 235.32% of the FPL. The appellant was advised to provide proof of income following that determination, and in response, he submitted his 2017 tax return wherein he reported a total income of \$56,875.00. As a result, his eligibility was changed such that he no longer qualified for subsidized insurance based on having an income and family size equivalent to 471.40% of the FPL.

Since the appellant testified credibly that his 2017 tax return does not accurately reflect his financial situation, and his 2018 projected income is significantly lower, he was advised to report the income change to the Connector by either updating his application online at mahealthconnector.org or by contacting customer service at 1-877-623-6765.

Based on the evidence in the record, it is concluded that the Connector's determination on February 13, 2018, regarding the appellant's eligibility for Health Connector Plans 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 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: ACA18-4086

Appeal Decision: Appeal Denied

Hearing Issue: Income amount used to determine eligibility for subsidized Health Connector plans

Hearing Date: April 5, 2018

Decision Date: April 12, 2018

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

The Appellant applied for subsidized health insurance on February 3, 2018. The Health Connector determined the Appellant to be eligible for ConnectorCare Plan Type 3A with Advance Premium Tax Credit.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's eligibility based on the income information provided on the application.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on April 5, 2018. 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 March 19, 2018 with attachments.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: The Hearing Request Form with attachments submitted by the Appellant on February 22, 2018.
- Exhibit 5: Health Connector's Eligibility Approval Notice dated February 3, 2018, with an Application Summary.
- Exhibit 6: The Appellant's application history indicating that the Appellant had two open applications.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for subsidized health insurance through the Health Connector on February 3, 2018 (Exhibit 5).
2. The Appellant has a tax household size of one (Exhibit 5).
3. On their application, the Appellant entered a projected annual modified adjusted gross income (MAGI) of \$27,443 for 2018 (Exhibit 5)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place Appellant at approximately 227% of the 2018 Federal Poverty Level (FPL) (Exhibit 5).
5. The Health Connector correctly found that the Appellant was eligible for state subsidized health insurance with Advance Premium Tax Credits because the Appellant's self-attested projected income placed their household at less than 300% of the Federal Poverty Level (Exhibit 5).
6. Because the Appellant's reported income was between 200% and 250% of the federal poverty level the Appellant was correctly determined eligible for ConnectorCare Plan Type 3A (Exhibit 5).
7. The Appellant filed an appeal to dispute the eligibility determination on February 22, 2018 (Exhibit 4).
8. On March 9, 2018, the Health Connector Appeals Unit contacted the Appellant and advised them to contact Health Connector Customer Service to report any change in income (Exhibit 3).
9. The Appellant testified that they are self-employed as a contractor. The Appellant said they have only one client and is paid \$300 per week (Exhibit 4; Appellant Testimony).
10. As of the date of the Hearing, April 5, 2018, the Appellant had not updated their income (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for subsidized health insurance through the Health Connector on February 3, 2018. 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. 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 stated on their application that their projected MAGI was \$27,443 for their tax household of one. This income is equivalent to approximately 227% of the Federal Poverty Level and renders the Appellant financially eligible for Advance Premium Tax Credits and state subsidies. Since the Appellant's income was between 200% and 250 % of the federal poverty level, the Appellant was determined eligible for ConnectorCare Plan Type 3A.

The Appellant filed an appeal and reported that their income had changed. The Appellant was advised that they could report changes in income at any time by opening their application and attesting to the income change, or by contacting Customer Service. 956 CMR 12.09(2).

Based on the information provided by the Appellant on their February 3, 2018 application, the Health Connector Correctly determined the Appellant's eligibility for ConnectorCare with Advance Premium Tax Credits.

ORDER

The appeal is denied. The Health Connector should allow the Appellant to reapply with changed income information.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 to report any change in income.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-4241

Appeal Decision: Appeal Denied

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

Hearing Date: April 5, 2018

Decision Date: April 12, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On December 27, 2017, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits. The Appellant was determined ineligible for a special enrollment period.

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 April 5, 2018. 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 March 19, 2018.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: The Appellant's Internet Appeal Request submitted on March 2, 2018.
- Exhibit 5: Health Connector's 2018 Eligibility Results with an application summary dated December 27, 2017.
- Exhibit 6: Health Connector Eligibility Approval notice with Enrollment information dated December 27, 2017.
- Exhibit 7: Health Connector Enrollment Bill dated December 28, 2017.

FINDINGS OF FACT

The record shows, and I so find:

1. On December 27, 2017, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credit effective February 1, 2018 (Exhibit 5).
2. On December 27, 2017 the Appellant was notified that if they had not already enrolled in a health plan, they were required to enroll in a plan and pay the first monthly premium by January 23, 2018. The notice was sent to the Appellant's address of record (Exhibits 5, 6).
3. The Appellant chose to enroll in a Standard Platinum BMC HealthNet Plan (Exhibit 7).
4. On December 28, 2017 the Health Connector informed the Appellant that the monthly premium for their chosen health plan was \$421.49. The Enrollment Bill advised the Appellant that the monthly premium must be paid by January 23, 2018 for coverage effective February 2018. The notice was sent to the Appellant's address of record (Exhibits 5, 7).
5. It is undisputed that the Appellant failed to pay the monthly premium by January 23, 2018. The Appellant's eligibility was terminated (Exhibit 3; Appellant Testimony).
6. On March 2, 2018 the Appellant contacted Health Connector Customer Service. The Appellant reported that they had not received a bill and requested a Special Enrollment Period (Exhibit 3).
7. The Appellant's request for a Special Enrollment Period was denied for failing to document a qualifying life event (Exhibit 3 and Appellant Testimony).
8. The Appellant filed an appeal on March 2, 2018 (Exhibit 4).
9. The Appellant testified that they did not receive a bill or letter from the Health Connector. The Appellant's testimony is not supported by the evidence in the record. Health Connector issued an approval notice with enrollment and payment information on December 27, 2017. The Appellant chose a plan the next day, December 28, 2017. It is unlikely the Appellant would have chosen a health plan if they did not receive the December 27, 2017 notice. Health Connector issued a premium quote with specific instructions regarding the timeline for payment. The Bill was sent to the same address as the approval notice, the Appellant's reported address of record (Exhibits 5, 6, 7; Appellant Testimony).
10. It is undisputed that the Appellant did not experience a qualifying life event such as a change in household composition, moving to the state or losing employer-based health insurance as outlined in Health Connector's Policy NG 1E (Exhibit 4 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

On December 27, 2017, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits. An approval notice was sent to the Appellant at her address of record. The notice informed the Appellant that they must choose a plan and pay the monthly premium by January 23, 2018 in order for coverage to begin in February 2018. 956 CMR 12.04. This timeline is consistent with Health Connector Policy NG-6B. The Appellant enrolled in the Standard Platinum BMC HealthNet Plan on December 28, 2018. On December 28, 2017 the Health Connector issued an Enrollment Bill. The Appellant was informed that the monthly premium cost for their chosen health plan was \$421.49. Again, the Appellant was informed that the premium must be paid by January 23, 2018 for coverage to begin in February 2018. It is undisputed that the Appellant did not make a payment prior to January 23, 2018. The Appellant's eligibility was terminated.

On March 2, 2018, the Appellant contacted Health Connector Customer Service. The Appellant reported that they had never received any letter or bill from the Health Connector. As noted above, this seems unlikely given that the

Appellant enrolled in a health plan the day after the Health Connector issued an approval notice. The Appellant requested that they be allowed to enroll in a plan. The Appellant did not allege any qualifying life event and the Health Connector denied the request for a Special Enrollment Period. The Appellant disputes the denial.

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 1E. It is undisputed that the Appellant did not experience a qualifying life event. Because the Appellant did not experience a qualifying life event, the Health Connector correctly determined that the Appellant is not eligible for a special enrollment period 45 CFR § 155.420.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA17-4269

Appeal Decision: Appeal Denied because the Health Connector correctly determined Appellant’s eligibility for enrollment in subsidized health insurance coverage based on information available at the time of the determination. Additionally, Appellant subsequently submitted additional eligibility documentation which resulted in a revised eligibility determination that Appellant is qualified for state Medicaid health insurance coverage through MassHealth.

Hearing Issue: Whether the Health Connector correctly determined Appellant’s eligibility for subsidized health insurance coverage.

Hearing Date: April 20, 2018

Decision Date: April 27, 2018

AUTHORITY

This hearing was conducted pursuant to Section 1411 of the Patient Protection and Affordable Care Act (the “ACA” or “Act”), 42 U.S.C. § 18081, 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

The Health Connector issued an “Eligibility Denial” notice Appellant on February 19, 2018, stating that Appellant did not qualify for health insurance through the Health Connector because the Health Connector’s records indicated that Appellant was not lawfully present in the United States.

ISSUE

Whether the Health Connector correctly determined that the Appellant was ineligible for health insurance coverage due to lack of lawful presence in the United States.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on April 20, 2018 with the assistance of a Spanish language interpreter. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Print-out of the Summary and Results pages from Appellant's February 19, 2018 application for subsidized health insurance coverage;

Exhibit 2: Health Connector Eligibility Denial notice dated February 19, 2018;

Exhibit 3: MassHealth eligibility determination letter dated February 19, 2018;

Exhibit 4: Appellant's hearing request dated March 5, 2018;

Exhibit 5: Exhibit 8: Health Connector hearing request acknowledgment letter dated March 15, 2018;

Exhibit 6: Notice of Hearing dated March 27, 2017;

Exhibit 7: Internal Health Connector appeals data form dated March 20, 2018;

Exhibit 8: Affidavit from Health Connector Keeper of Record; and

Exhibit 9: Appellant's Permanent Resident card submitted after the hearing on April 20, 2018.

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn from the evidence, I find that the following facts are established by a preponderance of the evidence:

The record shows, and I so find:

1. Appellant is an adult resident of Massachusetts. Testimony; Exhibit 1.
2. Appellant applied for subsidized health insurance coverage in 2018 on February 19, 2018 at which time a determination was made that Appellant was only eligible for limited MassHealth Coverage because additional proof was needed to establish Appellant's lawful status in the United States. Exhibit 1.
3. The Health Connector issued an "Eligibility Denial" notice Appellant on February 19, 2018, stating that Appellant did not qualify for health insurance through the Health Connector because the Health Connector's records indicated that Appellant was not lawfully present in the United States. Exhibit 2.
4. On February 19, 2018, MassHealth issued a letter to Appellant stating that Appellant was eligible for limited MassHealth Coverage and possible coverage of some medical expenses under the Health Safety Net. Exhibit 3.
5. The Appellant filed a request a hearing on March 5, 2018, asserting that she is lawfully present in the United States and only left briefly due to an emergency.. Exhibit 4.

6. Appellant testified at the hearing that she has a Permanent Resident or “Green Card” card issued by the Department of Homeland Security. Testimony.
7. At the Hearing Officer’s request, Appellant submitted a copy of both sides of her Permanent Resident card which confirms that Appellant is lawfully present in the United States. Exhibit 9.
8. The Health Connector has administratively advised that upon receipt and review of Appellant’s proof of lawful status, a revised eligibility determination had been made that Appellant is eligible for regular MassHealth coverage.

ANALYSIS AND CONCLUSIONS OF LAW

Congress enacted the ACA in 2010 “to increase the number of Americans covered by health insurance and decrease the cost of health care.” *Nat’l Fed’n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 538 (2012). Section 1311 of the ACA authorizes the states to establish Health Benefit Exchanges to, among other things, facilitate the purchase of qualified health plans (“QHPs”). 42 U.S.C. § 18031(b)(1). The Connector administers the Health Benefit Exchange for Massachusetts through which eligible Massachusetts residents may purchase individual market or non-group health insurance plans.

To further the ACA’s goal of making health insurance affordable, the Internal Revenue Code was amended to make tax credits (“APTCs”) available as a form of subsidy to individuals who purchase health insurance through the Exchanges. 26 U.S.C. § 36B(c)(2)(A)(i). Under the federal ACA regulations, an individual is eligible for an APTC if he or she is expected to have a household income (as defined in section 36B(d)(2) of the Internal Revenue Code) between 100 percent and 400 percent of the FPL for the benefit year for which coverage is requested. 45 C.F.R. § 155.305(f)(1). In addition to the APTC, eligible Massachusetts residents whose incomes do not exceed 300 percent of the FPL may receive additional state premium assistance by enrolling in a subsidized ConnectorCare health insurance plan. 956 Mass. Code Regs. 12.04, 12.08. In order to enroll in ConnectorCare, an individual must be eligible for the Federal APTC. 956 Code Mass. Regs. 12.04(1)(b). Eligibility for the APTC is based on several criteria including a requirement that the individual be lawfully present in the United States. 26 C.F.R. § 1.36B-2(b).

The record in this case reflects that at the time Appellant applied for health insurance coverage on February 19, 2019, there was no documentation or information available to the Health Connector to establish that Appellant is lawfully present in the United States as that term is defined in the ACA’s implementing regulations. See 45 C.F.R. § 152.2. Accordingly, I conclude that there was no error in the Health Connector’s February 19, 2018 determination, which is the subject of this appeal, that Appellant was not qualified to enroll in health insurance coverage. Once Appellant submitted acceptable proof of lawful presence at the conclusion of the hearing, Appellant was found eligible for regular MassHealth coverage.

ORDER

Based on the foregoing findings and conclusions, the appeal is **DENIED**, and the Health Connector’s February 19, 2018 eligibility determination is **AFFIRMED** as correct under the ACA and Massachusetts law.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-4340

Appeal Decision: Appeal allowed because Appellant submitted acceptable proof of residency prior to the date on which the Health Connector terminated Appellant's health insurance plan enrollment for failure to submit proof of residency.

Hearing Issue: Whether the Health Connector correctly terminated Appellant's health insurance coverage for failure to submit acceptable proof of residency.

Hearing Date: April 20, 2018

Decision Date: April 26, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 3, 2018, the Health Connector notified Appellant that Appellant's enrollment in a Health Connector health insurance plan would end on February 28, 2018 because the Health Connector had not received information that it requested to determine Appellant's eligibility.

ISSUE

Whether the Health Connector correctly terminated Appellant's health insurance coverage for failure to submit acceptable proof of residency.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on April 20, 2018. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Print-out of the Summary and Results pages from Appellant's September 22, 2017 application for health insurance coverage in 2018;

Exhibit 2: Health Connector Request for Information letter dated September 22, 2017;

Exhibit 3: Print-out of the Summary and Results pages dated February 3, 2018 based on Appellant's application for 2018 health insurance coverage;

Exhibit 4: Health Connector Eligibility Termination letter dated February 3, 2018;

Exhibit 5: Appellant's proof of residency documentation submitted on February 21, 2018;

Exhibit 6A: Eligibility Approval Notice dated February 23, 2018;

Exhibit 6B: Print-out of the Summary and Results pages dated February 23, 2018 based on Appellant's application for 2018 health insurance coverage;

Exhibit 7: Appellant's March 7, 2018 request for hearing on the Health Connector's November 16, 2017 eligibility determination;

Exhibit 8: Health Connector hearing request acknowledgment letter dated March 12, 2018;

Exhibit 9: Notice of Hearing dated March 27, 2018; and

Exhibit 10: Affidavit from Health Connector Keeper of Records.

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn from the evidence, I find that the following facts are established by a preponderance of the evidence:

1. Appellant is an adult resident of Massachusetts. Testimony; Exhibits 1, 3, 5 and 6B.
2. Appellant applied for health insurance coverage on September 22, 2017, attesting to residency in Massachusetts. Exhibit 1.
3. The Health Connector sent a Request for Information letter to Appellant on September 22, 2017, requesting proof of Massachusetts residency within 90 days. Exhibit 2. A list of acceptable forms of proof of residency was attached to this letter. *Id.*
4. Appellant submitted a copy of his Massachusetts driver's license as proof of residency to the Health Connector in November of 2017. Testimony.
5. A driver's license was not listed as an acceptable proof of residence on the list that was attached to the Health Connector's September 22, 2017 request for information letter. Exhibit 2.

6. On February 3, 2018, the Health Connector notified Appellant that Appellant's health insurance plan coverage would end on February 28, 2018 because the Health Connector had not received information that it requested to determine Appellant's eligibility.
7. After receiving the termination notice, Appellant contacted Health Connector customer service prior to February 21, 2018 and asked what needed to be done to prevent termination of coverage. Testimony. Appellant was advised to bring acceptable proof of Massachusetts residency to the Health Connector as soon as possible. *Id*
8. Appellant delivered an affidavit of residency along with other documentation to the Health Connector on February 21, 2018. Testimony; Exhibit 5. The Health Connector's records show that Appellant's proof of residency was reviewed and accepted on February 23, 2018.
9. On February 23, 2018, the Health Connector sent an "Eligibility Approval" letter which acknowledged the proof of residency that Appellant submitted and stated that Appellant was eligible for coverage in a Health Connector plan. Exhibit 6A. However, the letter further stated that Appellant could not enroll at that time because it was not an open enrollment period and Appellant had not experienced a qualifying event. *Id*.
10. There is no evidence in the record that the Health Connector informed Appellant after receiving a copy of Appellant's driver's license in November 2017 that Appellant still need needed to submit acceptable proof of residency before the February 3, 2018 notice of termination issued.

ANALYSIS AND CONCLUSIONS OF LAW

Congress enacted the ACA in 2010 "to increase the number of Americans covered by health insurance and decrease the cost of health care." *Nat'l Fed'n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 538 (2012). Section 1311 of the ACA authorizes the states to establish Health Benefit Exchanges to, among other things, facilitate the purchase of qualified health plans ("QHPs"). 42 U.S.C. § 18031(b)(1). The Health Connector administers the Health Benefit Exchange for Massachusetts through which eligible Massachusetts residents may purchase individual market or non-group health insurance plans. 45 C.F.R. § 155.305(a).

In this case, Appellant was found ineligible for continued enrollment in the Health Connector Plan based on failure to verify residency. Pursuant to the federal regulations at 45 C.F.R. § 155.315(d), the Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' residency status. Where the Health Connector cannot verify applicants' residency electronically, it requests verifying information from them, in accordance with 45 C.F.R. § 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 which in this case was to terminate Appellant's enrollment effective February 28, 2018.

Based on the information in the Health Connector's records on February 3, 2018, and specifically the absence of any acceptable proof of residency, I find that the Health Connector correctly notified Appellant that Appellant's coverage would terminate on February 28, 2018 for failure to submit proof of residency. However, Appellant

submitted acceptable proof of residency on February 21, 2018, seven days before the scheduled termination of coverage, and the Health Connector reviewed and verified Appellant's residency status on February 23, 2018, five days before the scheduled termination date. While Appellant did not submit acceptable proof of residency within 90 days as requested by the Health Connector's September 22, 2017 letter, it was submitted prior to the scheduled termination date of February 28, 2018. In the particular circumstances disclosed by this record, including the lack of any notice of deficiency between November of 2017 when Appellant submitted a driver's license and February 3, 2018 when the termination notice issued, I find that Appellant's coverage should not have been allowed to terminate on February 28, 2018 *after* Appellant had submitted, and the Health Connector had verified, acceptable proof of residency.

Because Appellant's coverage was incorrectly allowed to terminate of February 28, 2018, Appellant will be granted an option to elect coverage retroactive to the date of termination in accordance with the NOTIFICATION OF YOUR RIGHT TO ELECT RETROACTIVE COVERAGE set forth below.

ORDER

Based on the foregoing findings and conclusions, the appeal is **ALLOWED**, and the termination of Appellant's health insurance coverage on February 28, 2018 is **REVERSED**.

NOTIFICATION OF YOUR RIGHT TO ELECT RETROACTIVE COVERAGE

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

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

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

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

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Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-4360

Appeal Decision: Appeal Denied because Appellant is fully satisfied with a revised eligibility determination that the Health Connector issued subsequent to filing a request for hearing on a prior eligibility determination.

Hearing Issue: Whether the Health Connector correctly determined Appellant's eligibility for subsidized health insurance coverage.

Hearing Date: April 20, 2018

Decision Date: April 30, 2018

AUTHORITY

This hearing was conducted pursuant to Section 1411 of the Patient Protection and Affordable Care Act (the "ACA" or "Act"), 42 U.S.C. § 18081, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 13, 2018, the Health Connector determined that Appellant and members of Appellant's family are qualified to enroll for 2018 in Health Connector Plans with an Advance Premium Tax Credit based on a household income at 350.58 percent of the Federal Poverty Level.

ISSUE

Whether the Health Connector correctly determined Appellant's eligibility for subsidized health insurance in 2018.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on April 20, 2018. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Print-out of the Summary and Results pages from Appellant's December 11, 2017 application for subsidized health insurance coverage in 2018;

Exhibit 2: Health Connector Request for Information letter dated December 11, 2017;

Exhibit 3: Income documentation including Appellant's 2016 Federal Tax Return faxed to Health Connector by Appellant on February 12, 2018;

Exhibit 4: Print-out of the Summary and Results pages dated February 13, 2018 based on Appellant's application for 2018 health insurance coverage;

Exhibit 5: Eligibility Approval Notice dated February 13, 2018;

Exhibit 6: Appellant's request for hearing dated March 12, 2018 on the Health Connector's February 13, 2018 eligibility determination;

Exhibit 8: Health Connector hearing request acknowledgment letter dated March 20, 2018

Exhibit 8: Notice of Hearing dated March 27, 2018;

Exhibit 9: Appellant's 2017 Federal Tax Return faxed to Health Connector on April 3, 2018;

Exhibit 10: Internal Health Connector appeals data form dated March 20, 2018;

Exhibit 11: Affidavit from Health Connector Keeper of Records; and

Exhibit 12: Eligibility Approval Notice dated April 14, 2018.

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn from the evidence, I find that the following facts are established by a preponderance of the evidence:

The record shows, and I so find:

1. Appellant is an adult resident of Massachusetts with four dependent household members. Testimony; Exhibits 1 and 4.
2. Appellant initially applied for subsidized health insurance coverage in 2018 on December 11, 2017, and the Health Connector made a determination of eligibility for subsidized health insurance based on reported household income at 215.49 percent of the Federal Poverty Level ("FPL"). Exhibit 1.
3. The Health Connector mailed a Request for Information letter to Appellant on December 11, 2017, instructing Appellant to submit proof of income documentation by March 11, 2018. Exhibit 2.
4. On February 12, 2018, Appellant submitted a copy of Appellant's 2016 Federal tax return to the Health Connector. Exhibit 3. This return showed a reported an adjusted gross income of \$74,534.00 and taxable income of \$40,909.00. *Id.*

5. On February 13, 2018, the Health Connector reviewed Appellant's income documentation and determined that Appellant had self-reported total household income of \$4,425.00 monthly and that it had manually verified, apparently on the basis of Appellant's 2016 tax return, that Appellant's projected annual income for 2018 is \$100,896.00 which is at 345.58 percent of the FPL. Exhibit 4 at 6.
6. On February 13, 2018, the Health Connector issued an "Eligibility Approval" letter which stated that Appellant and members of Appellant's family are qualified to enroll for 2018 in Health Connector Plans with an Advance Premium Tax Credit of \$185.00 monthly based on a household income at 350.58 percent of the Federal Poverty Level. Exhibit 5.
7. On March 12, 2018, Appellant filed a request a hearing on the Health Connector's February 13, 2018 eligibility determination, asserting that the Health Connector had incorrect income information and that Appellant's adjusted gross income for 2017 was \$52,536.00. Exhibit 6.
8. On April 3, 2018, Appellant submitted a copy of his 2017 Federal tax return which reported an adjusted gross income of \$52,536.00. Exhibit 9.
9. On April 4, 2018, the Health Connector issued a revised "Eligibility Approval" letter which stated that Appellant and members of Appellant's family are qualified to enroll for 2018 in a ConnectorCare Type 3A plan with an Advance Premium Tax Credit of \$216.00 monthly based on a projected household income at calculated at 241.75 percent of the FPL. Exhibit 12.
10. Appellant is satisfied with the Health Connector's April 4, 2018 eligibility determination and considers any issues raised by the hearing request to be resolved. Testimony.

ANALYSIS AND CONCLUSIONS OF LAW

Congress enacted the ACA in 2010 "to increase the number of Americans covered by health insurance and decrease the cost of health care." *Nat'l Fed'n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 538 (2012). Section 1311 of the ACA authorizes the states to establish Health Benefit Exchanges to, among other things, facilitate the purchase of qualified health plans ("QHPs"). 42 U.S.C. § 18031(b)(1). The Connector administers the Health Benefit Exchange for Massachusetts through which eligible Massachusetts residents may purchase individual market or non-group health insurance plans.

To further the ACA's goal of making health insurance affordable, the Internal Revenue Code was amended to make tax credits ("APTCs") available as a form of subsidy to individuals who purchase health insurance through the Exchanges. 26 U.S.C. § 36B(c)(2)(A)(i). Under the federal ACA regulations, an individual is eligible for an APTC if he or she is expected to have a household income (as defined in section 36B(d)(2) of the Internal Revenue Code) between 100 percent and 400 percent of the FPL for the benefit year for which coverage is requested. 45 C.F.R. § 155.305(f)(1). In addition to the APTC, eligible Massachusetts residents whose incomes do not exceed 300 percent of the FPL may receive additional state premium assistance by enrolling in a subsidized ConnectorCare health insurance plan. 956 Mass. Code Regs. 12.04, 12.08. In order to enroll in ConnectorCase, an individual must be eligible for the Federal APTC. 956 Code Mass. Regs. 12.04(1)(b).

The record in this case reflects that Appellant timely responded to the Health Connector's request for income verification documentation by submitting a copy of his 2016 Federal tax return which reported an adjusted gross income of \$74,534.00 and taxable income of \$40,909.00. The Health Connector manually verified Appellant's income proof and determined that Appellant's projected household annual income for 2018 is \$100,896.00 which placed Appellant's household at 345.58 percent of the FPL and made them ineligible for coverage in a subsidized ConnectorCare plan. While this determination appears to have been incorrect based on Appellant's income documentation, the Health Connector subsequently revised Appellant's projected household income and issued a new eligibility determination on the basis of Appellant's 2017 Federal tax return which placed the projected 2018 household income at 241.75 percent of the FPL and which found Appellant's family eligible to enroll in a ConnectorCare Type 3A plan with APTCs. Appellant testified that he is satisfied with this determination. Consequently, there is no relief that Appellant is currently seeking through the hearing request.

ORDER

Based on the foregoing findings and conclusions, 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