

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld.

Hearing Issue: Eligibility for Connector Care based on income.

Hearing Date: June 7, 2017

Decision Date: June 27, 2017

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 February 23, 2017. The Health Connector determined the Appellant to be eligible for Health Connector Plans with Advance Premium Tax Credits.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 7, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Exhibit 1: Health Connector Notice of Eligibility Determination (10 pages, dated February 23, 2017)

Exhibit 2: Appellant's appeal request form (2 pages dated March 11, 2017)

Massachusetts Health Connector Appeals Unit

- Exhibit 3: Health Connector's Determination Results and Review Computer Printout (5 pages, dated September 4, 2016)
- Exhibit 4: Health Connector's Acknowledgement of Appeal (3 Pages dated March 20, 2017)
- Exhibit 5: Health Connector's Hearing Notice (4 pages, dated May 16, 2017)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)
- Exhibit 7: Appellants request to vacate dismissal of appeal with Documents, dated May 15, 2017

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 38 year old unmarried female, who applied for subsidized health insurance, on February 23, 2017. (Exhibit 1, Exhibit 3)
2. The Appellant has a tax household of one. (Exhibit 3)
3. On her application, the Appellant entered a projected annual modified adjusted gross income (MAGI) of \$36,072.00. (Exhibit 3)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 303.64% of the 2016 Federal Poverty Level (FPL). An individual at that income level would not be eligible for subsidized coverage under the ACA, because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL. (Exhibit 3)
5. Appellant testified that her pregnancy expenses didn't allow her to afford the health insurance coverage. Appellant testified that she did not have any hardship reason for changing her determination.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. IRC § 5000A(f)(1)(A)(i). On her application, the Appellant stated that her projected MAGI was \$36,072.00, which for a household of one, puts the Appellant at approximately 303.64% of the 2016 Federal Poverty Level. This means the Appellant's household income was more than the 300% limit for eligibility for subsidies, and therefore the Health Connector correctly found the Appellant eligible for Health Connector Plans.

ORDER

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

Massachusetts Health Connector Appeals Unit

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Denied

Hearing Issue: Eligibility for subsidies

Hearing Date: April 25, 2017

Decision Date: July 24, 2017

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 Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02; and, for hearings set forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 27, 2017, the Health Connector determined the Appellants eligible for Health Connector plans without subsidies.

ISSUE

Whether the Health Connector correctly determined that the Appellants were eligible for Health Connector plans only.

HEARING RECORD

The Appellant/husband appeared at the hearing, which was held by telephone, on April 25, 2017. The Appellant testified under oath or affirmation. At the end of the hearing, the record was left open until May 9, 2017, for the submission of additional documentation from the Health Connector regarding income verification. This documentation was received later on April 25, 2017, and the record was closed. On July 21, 2017, the record was re-opened until August 4, 2017, for additional documentation from the Health Connector. This evidence was

Massachusetts Health Connector Appeals Unit

received on July 21, 2017, and the record was closed. The hearing record consists of the testimony of the Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Connector Appeals Unit
- Exhibit 2: 2/27/17 Eligibility Approval Notice (12 pages)
- Exhibit 3: 2/27/17 2017 Eligibility Results (3 pages)
- Exhibit 4: 2/27/17 Application Summary (4 pages)
- Exhibit 5: 3/23/17 Appeal (10 pages)
- Exhibit 6: Appeal Data Entry
- Exhibit 6A: 10/21/16 2017 Eligibility Results (3 pages)
- Exhibit 7: 10/21/16 Application Summary (4 pages)
- Exhibit 8: 10/21/16 Request of Information (6 pages)
- Exhibit 9: 3/27/17 Income Verified (16 pages)
- Exhibit 10: 3/28/17 2017 Eligibility Results (3 pages)
- Exhibit 11: 3/28/17 Application Summary (4 pages)
- Exhibit 12: 4/4/17 Hearing Notice (4 pages)
- Exhibit 13: 4/25/17 CCA Report of 2/20/17 Receipt of Income Verification Documents (10 pages)
- Exhibit 14: 10/21/16 Eligibility Notice (9 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant/husband is self-employed and works for various clients as an independent contractor. The Appellant/wife works for a private school. (Appellant's testimony)
2. On October 21, 2016, the Appellants submitted an application to the Health Connector for health insurance coverage. In their application, the Appellant/husband's self-attested monthly income from self-employment was \$2,083, for a projected yearly income of \$24,996; and, the Appellant/wife's self-attested monthly income was \$1,666.67, for a projected yearly income of \$20,000. (Exhibit 6A)
3. By letter dated October 21, 2016, the Health Connector notified the Appellants that they qualified for ConnectorCare Plan Type 3B with a \$445 Advance Premium Tax Credit (APTC), based on a household FPL of 280.87%, with a first available start date of January 1, 2017. The letter further notified the Appellants that January 1, 2017, was the first day their coverage could begin; and, that they would need to choose a plan and pay their first premium by December 23rd, if they wanted to start their coverage on January 1, 2017. The letter also notified the Appellants that they needed to submit proof of some of their information and that they would be receiving another letter with information about the proof that was needed and what types of documents they could send to the Health Connector as proof. (Exhibit 14)
4. By letter dated October 21, 2016, in response to the Appellants' 10/21/16 application for health insurance coverage, the Health Connector notified the Appellants that they needed to submit proof of income, by January 19, 2017, for the Health Connector to confirm that they qualified to purchase a Health Connector plan. The letter further stated that, if the Appellants did not submit the requested information by the due date, the Appellants risked losing their eligibility and, if they were already enrolled in a plan, their coverage. Enclosed with the letter was a "List of Acceptable Documents" with instructions to "send one

Massachusetts Health Connector Appeals Unit

type of proof from the list of acceptable documents that applies to your.” Among the twelve types of proof listed under “Proof of Job Income” were: 1) A signed earnings statement from your employer; 2) 1099-MISC and your most recent Form 1040 with all attachments; and, 3) 1040 SE with Schedule C, F, or SE (for self-employment income). (Exhibit 8)

5. The Appellants did not choose a plan for coverage beginning January 1, 2017. (Appellant’s testimony)
6. The Appellants did not submit any proof of income to the Health Connector by the 1/19/17 deadline for doing so. (Appellant’s testimony)
7. At the end of January 2017, the Appellants received from the Health Connector a follow-up request for proof of income, dated January 25, 2017. (Appellant’s testimony)
8. On February 20, 2017, the Appellants faxed to the Health Connector, as proof of their income, an unsigned earnings statement for January 2017, for the Appellant/wife; and, four 2016 Form 1099-MISC’s and a 1040 Schedule SE and Schedule C for 2016, for the Appellant/husband. The Appellants did this in response to the 1/25/17 request for information that they had received from the Health Connector. These documents supported the Appellants’ contention at hearing that the Appellants’ projected household income for 2017 was \$55,924. (Appellant’s testimony; Exhibit 13)
9. On February 27, 2017, the Appellant submitted another application for coverage to the Health Connector. The application showed the same self-attested monthly income and projected yearly household income for the Appellants as in their 10/21/16 application. (Appellant’s testimony; Exhibit 3)
10. By Notice of Eligibility Approval, dated February 27, 2017, the Health Connector notified the Appellants that they had received the documents they had sent as proof of income and that the Appellants qualified for Health Connector Plans with a first available start date of April 1, 2017. The letter further stated that the Appellants did not qualify for help paying for coverage through a tax credit or ConnectorCare plan. (Exhibit 2)
11. In making their determination on the Appellants’ 2/27/17 application, the Health Connector stated: “Your determination is based on data from other sources because you did not send us documents we asked for to use in our decision.”
12. On March 23, 2017, the Connector received the Appellants’ appeal of the Connector’s 2/27/17 determination. In the appeal, the Appellant circled “Income,” as the reason for their appeal, and stated, “combined income = \$55,924.43, this is less than the premium subsidy threshold.” The Appellants are seeking retroactive coverage, beginning on January 1, 2017. (Exhibit 5; Appellant’s testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellants have the right to a hearing to appeal any adverse eligibility decision based on any eligibility factor in accordance with 956 CMR 12.09.

The Appellants were found eligible for Health Connector Plans without subsidies based on failing to verify their income. The Appellants assert that this determination was incorrect, because the Appellants project their income in 2017 will be \$55,924 which is equivalent to 349% of the Federal Poverty Level for a household size of two, and the Appellants should therefore have remained eligible for a subsidy. 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

Massachusetts Health Connector Appeals Unit

subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

In this case, when the Appellants applied for 2017 coverage on October 21, 2016, the Appellants attested to an annual household income of just under \$45,000, on their application. This income qualified them for both an APTC and a ConnectorCare plan, beginning on January 1, 2017. While the 10/21/16 Eligibility Notice clearly stated that they could choose a plan and begin coverage on January 1, 2017, as long as they paid the first month's premium by December 23rd, the Appellants did not enroll for January. Nor did the Appellants submit to the Health Connector the requested proof of income by the 1/19/17 deadline stated in the 10/21/16 request for information. Instead, the Appellant made no further effort to obtain coverage until February 20, 2017, when they submitted their proof of income to the Health Connector. However, in submitting their new application for coverage on February 27, 2017, the Appellants failed to change their projected household income for 2017 to reflect the substantial projected increase from \$45,000 to nearly \$56,000. Instead, their new application continued to show just under \$45,000 as their projected annual household income for 2017, which was considerably lower than what electronic data sources indicated. Ultimately, it is the responsibility of applicants to project their income as accurately as possible each year. This is an on-going responsibility, as financial circumstances can change during the year, and the Health Connector urges applicants to amend their applications to reflect any such changes during the year. This is especially true for independent contractors whose income can vary significantly from month to month and year to year.

On February 27, 2017, the Health Connector determined that the Appellants qualified for Health Connector Plans with a first available start date of April 1, 2017, and that the Appellants did not qualify for help paying for coverage through a tax credit or ConnectorCare plan, based on electronic data sources. This was the correct decision, as the Appellants had failed to verify the \$45,000 household income that they had represented to be their income on their application. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d).

Accordingly, the Health Connector correctly found that the Appellants were eligible for Health Connector plans without subsidies, based on electronic data sources, after the Appellant failed to verify their income, 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)

Massachusetts Health Connector Appeals Unit

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

Appeal Decision: Appeal denied.

The Massachusetts Health Connector's (Connector's) decision to terminate the Appellant's eligibility for health insurance through the Connector on February 28, 2017, is upheld, based on the Appellant's failure to provide the necessary documentation to confirm her eligibility, to the Connector within 90 days of being requested to do so.

Hearing Issue: Whether the Connector correctly terminated the Appellant's eligibility to purchase health insurance through the Connector on February 28, 2017, since the Appellant failed to submit the necessary documentation to confirm her eligibility to the Connector within 90 days of being requested to do so.

Hearing Date: May 17, 2017

Decision Date: July 11, 2017

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 Massachusetts Health Connector (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 CONNECTOR

Effective February 28, 2017, the Connector terminated the Appellant's eligibility to purchase health insurance through the Connector, and her enrollment in ConnectorCare Plan Type 3A with an Advance Premium Tax Credit, since the Appellant had not provided the necessary documentation to confirm her eligibility to the Connector within 90 days of being requested to do so.

ISSUE

Whether the Connector correctly terminated the Appellant's eligibility to purchase health insurance through the Connector on February 28, 2017, since the Appellant failed to submit the necessary documentation to confirm her eligibility to the Connector within 90 days of being requested to do so.

Massachusetts Health Connector Appeals Unit

HEARING RECORD

The Appellant appeared at the hearing which was held on by telephone on May 17, 2017. Testimony was recorded electronically. The hearing record consists of the Appellant's testimony and the following documents, which were admitted into evidence:

1. Affidavit of Record Verification
2. Letter from the Connector to the Appellant dated 3/1/2017, entitled "Eligibility Termination"
3. Appellant's Hearing Request Form dated 3/25/2017
4. Letter to the Appellant from the Health Connector Appeals Unit dated 3/29/2017, regarding Appeal Acknowledgement and Aid Pending Resolution
5. Letter to the Appellant entitled "Next Steps in the Appeals Process"
6. Letter to the Appellant from the Appeals Unit dated 3/29/2017 regarding inability to leave voice mail for the Appellant.
7. AppealsData Notes dated 3/29/2017
8. Informal Dispute Resolution Notes
9. Rent check copy in check record
10. National Grid bill
11. Letter from the Connector to the Appellant dated 9/29/2016, entitled "Request for Information"
12. Connector computer printout with Appellant's 2017 Eligibility Results with a verification date of 2/27/2017
13. Connector computer printout with Appellant's Application Summary
14. Connector computer printout with Appellant's 2017 Eligibility Results based on information submitted 3/29/2017
15. Connector computer printout with Appellant's Application Summary
16. Connector Computer Printout of Appellant's Application Result for 2017 based on an application submitted on 10/4/2016
17. Connector Computer Printout of Appellant's Application Summary for 2017
18. Notice of Hearing dated 4/26/2017

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant submitted an application for subsidized health insurance, for coverage beginning in January 2017, on October 4, 2016. The Appellant's household Federal Poverty Level was found to be 202.02. (Exhibit 16)

Massachusetts Health Connector Appeals Unit

2. Based on the Appellant's application submitted on October 4, 2016, the Connector found that the Appellant qualified for an Advance Premium Tax Credit of \$100 monthly and for ConnectorCare Plan Type 3A. (Exhibit 16).
3. In order to confirm her eligibility, the Appellant was required to submit documentation of proof of residency. (Exhibit 16)
4. In a letter dated September 29, 2016, and entitled "Request for Information", the Connector informed the Appellant that additional proof of residency was needed in order to confirm that she qualified for coverage through the Connector. Proof of residency was due December 28, 2016. Included in the letter was a list accepted documentation for proof of residency. (Exhibit 11)
5. In a letter dated March 1, 2017, and entitled "Eligibility Termination", the Appellant was informed that as of February 28, 2017, she was no longer eligible for health insurance from the Connector. The Connector said that the reason the Appellant was no longer eligible was because the Connector did not get the information needed to verify her eligibility. (Exhibit 2)
6. The Appellant filed a Hearing Request Form dated March 25, 2017, appealing the Connector's termination of her eligibility based on residency. She stated that she was a Massachusetts resident and enclosed a National Grid bill dated March 21, 2017 and a copy of her recorded entry of her rent check. (Exhibit s 9 and 10)
7. On February 27, 2017, the Appellant's Eligibility Result for health insurance in 2017 was that the Appellant was not eligible to enroll in Health Connector Plans. This determination was based data from other sources, not on information from the Appellant. (Exhibit 12)
8. On March 29, 2017, the National Grid bill submitted by the Appellant was added to her application. (Exhibit 7)
9. On March 29, 2017, the Appellant was found to be eligible to enroll in Connector Care Plan Type 3A with an Advance Premium Tax Credit. (Exhibit s 14 and 15)
10. The Appellant' paid the premium for her health insurance in May 2017, and her coverage was to begin on June 1, 2017. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Connector correctly terminated the Appellant's eligibility for Advance Premium Tax Credits and for ConnectorCare Plan Type 3A, based on the information it had at the time of the termination. The Connector was correct when it terminated the Appellant's eligibility on February 28, 2017, since at that time the Appellant had not supplied the Connector with the documentation to verify her residency.

In order to be eligible to enroll in health insurance through the Massachusetts Health Connector, the applicant has to reside in Massachusetts [45 CFR 155.305 (a) (3)]. Pursuant to 42 CFR 155.315, the Connector must verify information, including residency, for an applicant who has requested eligibility for enrollment in Health Connector Plans. The Appellant did not provide sufficient documentation of her

Massachusetts Health Connector Appeals Unit

residency with her application, and the Connector was unable to confirm her eligibility. If the Applicant's application is incomplete, the Connector must notify the Applicant, who has up to 90 days to provide the missing information. 45 CFR 155.315 (k).

In September 2016, the Appellant was informed that she needed to submit documentation of her residency in order to confirm her eligibility for Advance Premium Tax Credits and for ConnectorCare Plan Type 3A. The Appellant's documentation was due on December 28, 2016. At the time the Appellant's eligibility was terminated, February 28, 2017, the Appellant had not submitted documentation confirming her residency. On March 25, 2017, the Appellant filed a Hearing Request Form and documentation that confirmed her residency. Once the Connector had the Appellant's current utility bill, she was again eligible to enroll in ConnectorCare Plan Type 3A, with Advance Premium Tax Credits. She paid the premium in May 2017 and her coverage was to begin in June 2017.

ORDER

The Connector's decision is upheld and the Appellant's appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, 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 decision.

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

Appeal Decision: Appeal denied.

Based on the information the Massachusetts Health Connector (Connector) had at the time it made its decision, it correctly determined that the Appellant and his household were not eligible for subsidized health insurance through the Health Connector and that the Appellant, his wife and his sons were not eligible to enroll in health insurance through the Connector, due to the Appellant's failure to provide documentation to verify their eligibility within the time he was required to do so.

Hearing Issue: Based on the information the Connector had at the time it made its decision, whether it correctly determined that the Appellant, and his household were not eligible for subsidized health insurance through the Health Connector and that the Appellant, his wife and his sons were not eligible to enroll in health insurance through the Connector, due to the Appellant's failure to provide documentation to verify their eligibility within the time he was required to do so.

Hearing Date: May 11, 2017

Decision Date: July 20, 2017

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 Massachusetts 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 CONNECTOR

In February 2017, the Connector found that the Appellant and his household were not eligible for subsidized health insurance through the Health Connector and that the Appellant, his wife and his sons were not eligible to enroll in health insurance through the Health Connector, based on the Appellant's failure to provide documentation to verify their eligibility within the time required to do so.

ISSUE

Based on the information the Connector had at the time it made its decision, whether it correctly determined that the Appellant, and his household were not eligible for

Massachusetts Health Connector Appeals Unit

subsidized health insurance through the Health Connector and that the Appellant, his wife and his sons were not eligible to enroll in health insurance through the Connector, due to the Appellant's failure to provide documentation to verify their eligibility with in the time he was required to do so.

HEARING RECORD

The Appellant appeared at the hearing; which was held by telephone on May 11, 2017. Testimony was recorded electronically. The hearing record was left open until May 25, 2017 for the submission of additional documentation by the Appellant and the Connector. The Connector submitted additional documents that were admitted into evidence as Exhibits 31 through 37. As of the date of this decision, the Appellant has not submitted additional documentation.

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

1. Affidavit of Record Verification
2. Letter to the Appellant from Health Insurance Processing Center dated 2/25/2017, regarding termination of health insurance for Appellant.
3. Letter to the Appellant from the Connector dated 2/25/2017 entitled "Eligibility Denial" for Appellant's sons
4. Letter from the Connector to the Appellant dated 2/25/2017, entitled "Eligibility Approval" for Appellant's daughter
5. Appellant's Hearing Request Form dated 3/27/2017
6. Appellant's Fair Hearing Request Form dated 3/27/2017
7. Appeals Data, Notes from 4/12/2017 to 4/21/2017
8. Letter to the Appellant from the Connector Appeals Unit dated 4/4/2017, regarding proof of income
9. Letter to the Appellant from the Connector Appeals Unit dated 4/4/2017, regarding proof of Massachusetts residency including Affidavit of Residence
10. Letter to the Appellant from the Health Connector Appeals Unit dated 4/4/2017, regarding the bifurcation of the appeal.
11. Letter from the Health Connector to the Appellant dated 4/21/2017 requesting proof of income for the Appellant, immigration status for the Appellant's sons, and proof of residency for Appellant's wife
12. Affidavit of the Appellant
13. Appellants' Residential Lease from 9/1/2016 to 5/31/2017
14. Report Card for third quarter for High School for Appellant's son.
15. Report Card for third quarter for High School for Appellant's daughter
16. W-2 for the Appellant
17. Expected Job Description for the Appellant
18. Appellant's Passport
19. Appellant's Visa

Massachusetts Health Connector Appeals Unit

20. Appellant's most recent I-94
21. Appellant's older son's Visa
22. Appellant's younger son's Visa
23. Appellant's wife's Visa
24. Letter to the Appellant from the Connector Appeals Unit entitled "Next Steps in the Appeals Process"
25. Notice of Hearing dated 4/20/2017
26. Informal Dispute Resolution Notes
27. Connector Computer Printout of Appellant's Application Result for 2017 based on an application submitted on 10/4/2016
28. Connector Computer Printout of Appellant's Application Summary for 2017
29. Connector Computer Printout of Appellant's Application Result for 2017 based on information submitted on 2/25/2017
30. Connector Computer Printout of Appellant's Application Summary for 2017
31. E-mails from the Appeals Unit to the Appellant dated 4/12/2017, 4/21/2017, 4/24/2017, 4/26/2017, 4/27/2017, and 5/4/2017 (2)
32. E-mails from the Appellant to the Appeals Unit dated 4/27/2017, with attachments, 5/1/2017, and 5/4/2017 (2),
33. AppealsData Notes 5/17/2017
34. Customer Service Notes 7/28/2016, 4/25/2017, 4/26/2017
35. Virtual Gateway 5/12/2017
36. Health Coverage, Mail/FAX Cover Sheet sent 7/5/2016 with applicant/member information
37. Letter from the Connector to the Appellant dated 1/25/2017 entitled "Request for Information"

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant submitted an application for subsidized health insurance to the Connector on October 4, 2016, for himself, his wife and his three (3) children. (Exhibits 27 and 28)
2. Based on that application, the Connector determined that Appellant's household income was 62.85% of the Federal Poverty Level. (Exhibit 27)
3. The Appellant and his wife were found to be eligible for ConnectorCare Plan Type 1 and an Advance Premium Tax Credit of \$482. The three (3) children were found to be eligible for MassHealth Standard. (Exhibit 27)
4. The Connector needed the following proof: Appellant's residency, immigration status and income; the Appellant's Wife's residency, and the Appellant's sons' immigration status. (Exhibit 27)
5. In a letter from the Connector to the Appellant dated January 25, 2017, the Appellant was informed that he needed to submit the following documentation to the Connector by February 20, 2017: proof of immigration status for himself and

Massachusetts Health Connector Appeals Unit

his sons, proof of residency for himself and his wife, and proof of income for himself. He was told to “Act Now”. If he did not provide this information, he was informed that his Connector health insurance coverage could end, as could that of his wife and sons. With this letter the Appellant was sent a list of acceptable documentation for proof of immigration status, proof of residency, and proof of income. (Exhibit 2)

6. On February 25, 2017, the Connector determined that the Appellant, his wife and his two (2) sons were not eligible to enroll in health insurance through the Connector, based on data from other sources. Appellant’s daughter was eligible to enroll in health insurance through the Connector without subsidies. (Exhibits 29 and 30)
7. In a letter dated February 25, 2017, from the Connector, entitled “termination”, the Appellant was informed that his health insurance thorough the Connector was ending on March 11, 2017, because he did not provide the proof the Connector required to verify eligibility within the time he was required to do so. (Exhibit 2)
8. In a second letter from the Connector to the Appellant dated February 25, 2017, and entitled “Eligibility denial”, the Appellant was informed that his sons were not eligible for his health insurance thorough the Connector since he did not give the Connector the necessary information to verify their eligibility. (Exhibit 3)
9. In a third letter dated February 25, 2017, from the Connector to the Appellant and entitled “Eligibility Approval”, the Appellant was informed that his daughter was eligible to enroll health insurance thorough the Connector without financial assistance. She had sixty (60) days to enroll in coverage. (Exhibit 4)
10. The Appellant filed a Hearing Request Form dated March 27, 2017, appealing the Connector’s decision. He stated that the reason for his appeal was proof. (Exhibit 5)
11. The Appellant also filed a Fair Hearing Request Form with MassHealth. (Exhibit 6)
12. The Appellant’s hearing request was bifurcated since there were MassHealth issues raised in his appeal. (Exhibit 10)
13. In correspondence sent to the Appellant on April 4, 2017, by the Appeals Unit of the Connector, the Appellant was informed of the acceptable documentation for Proof of Residence and Proof of Income. (Exhibits 8 and 9)
14. On April 21, 2017, the Connector received an Affidavit from the Appellant. He also submitted his lease, his W-2, and his children’s third quarter report cards from a local high school. (Exhibits 12,13, 14, 15, 16, 17, 31 and 32)
15. In a letter from the Appeals Unit of the Connector to the Appellant dated April 21, 2017, the Appellant was informed of the documents he needed to submit to prove his job income, his sons’ immigration status and his wife’s residency. (Exhibit 11)
16. On April 26, 2017, the Appeals Unit of the Connector informed the Appellant by e-mail that they were still missing some documents. (Exhibits 30 and 31)

Massachusetts Health Connector Appeals Unit

17. On April 27, 2017, the Appellant submitted the passports and visas for his sons and wife, and said he would follow-up with the "I-94". (Exhibits 21, 22, 23, 31 and 32)
18. The Appellant and his family are in the United States on R-2 Visas that expire August 2, 2017. (Exhibits 18-23)
19. At the time of the hearing, the Appellant did not have health insurance. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Connector in February 2017, correctly determined the eligibility of each member of the Appellant's household to obtain health insurance through the Connector and his household's eligibility for subsidized health insurance and health insurance subsidies. The decision of the Connector is upheld. The Connector correctly determined that the members of the Appellant's household were not eligible for subsidized health insurance and health insurance subsidies through the Connector. The Connector was also correct when it denied eligibility to enroll in Health Connector plans to the Appellant, his wife and sons; and determined that his daughter could enroll in health insurance through the Connector, but could not get subsidized health insurance or health insurance subsidies.

In order for the Appellant and the members of his household to be eligible to enroll in health insurance through the Health Connector, they must show that they are "citizens or nationals of the United States", or that they are non-citizens who are lawfully present in the United States, and are reasonably expected to be citizens, nationals, or non-citizens who are "lawfully present for the entire period for which enrollment is sought." [45 CFR 155.305 (a) (1)]. The members of the Appellant's household also must show that they are Massachusetts residents pursuant to 45 CFR 155.305 (a)(3). In order to get subsidized health insurance or health insurance subsidies, the Appellant and his household must provide proof of their income. [45 CFR 155.305 (f) and (g)]

Pursuant to 45 CFR 155.315, the Connector must verify information for an applicant who has requested eligibility for enrollment in Health Connector Plans. The Appellant did not provide sufficient documentation of residency, immigration status and income with his application to confirm his eligibility and that of his household members. If an Applicant's application is incomplete, the Connector must notify the Applicant, who has up to 90 days to provide the missing information. 45 CFR 155.315 (k).

In October 2016, when the Appellant and his household were initially approved to enroll in subsidized health insurance and to receive health insurance subsidies, the Appellant was informed that he needed to provide proof of his immigration status,

Massachusetts Health Connector Appeals Unit

residency and income, proof of his wife's residency, and proof of his sons' immigration status.

In January 2017, the Appellant was sent a letter from the Connector in which he was told to "Act Now" to send in documentation to verify his household's eligibility to enroll in Health Connector plans, and that his deadline to provide this information was February 20, 2017. He was also informed that if he did not provide the documents needed he risked losing eligibility for Health Connector coverage. When the Connector did not receive documentation to verify the eligibility of the Appellant's household members to enroll in Health Connector plans by February 20, 2017, their eligibility was terminated.

This appeal is narrowly focused and is limited to a determination of whether the Connector made the correct eligibility determination based on the information it had at the time it made its decision. At that time, the documentation the Appellant submitted to the Connector was insufficient to verify the eligibility of the Appellant and his household to enroll in subsidized health insurance through the Connector, and was insufficient to verify the eligibility of the Appellant, his wife and his sons to enroll in Health Connector Plans.

ORDER

The Connector's decision is upheld and the Appellant's appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, 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 decision.

Cc: Connector Appeals Unit

Addendum: If the Appellant continues to seek health insurance through the Connector, but has been unsuccessful in obtaining coverage, he may want to contact the Appeals Unit of the Connector for assistance at 617-933-3097.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector Plans; timeclock expiration re residency

Hearing Date: June 20, 2017

Decision Date: June 29, 2017

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 April 4, 2017, Appellant's eligibility was denied on the basis that the records indicated that Appellant was not lawfully present in the United States.

ISSUE

Based upon the information provided by Appellant and available to the Connector, whether the Connector made the correct determination.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 20, 2017. The hearing was recorded. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification and procedures (1 page);
- Exhibit 2: Notice of Hearing (5-23-17) (4 pages);
- Exhibit 3: Acknowledgment of Appeal (5-4-17) (5 pages);
- Exhibit 4: Hearing Request form (4-27-17) (1 page);

Massachusetts Health Connector Appeals Unit

- Exhibit 5: Outreach notes (5 pages);
Exhibit 6: Eligibility Denial letter (4-4-17) (6 pages);
Exhibit 7: Information from application and re results (5 pages); and
Exhibit 8: AVV form (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector on April 4, 2017. Appellant indicated that she was not a U.S. Citizen and did not provide information about immigration status. (Exhibit 7).
2. The Appellant was determined ineligible for unlawful presence in the United States. (Exhibits 6 and 7).
3. Appellant indicated that she has a tourist visa which has not expired and also a passport from her native country. Appellant indicated that she had emailed these documents to the Appeals Unit at the email address given to her after the date she had received the Eligibility Denial Letter (Exhibit 6 and Testimony).
4. The determination of the Connector was correct based upon the information available to the Connector at the time of the eligibility decision. If Appellant has documents that would prove her lawful presence, she should provide them to the Health Connector if she has not already done so.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for health Connector Plans based on not being lawfully present in the United States. 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' citizenship status, in accordance with 45 CFR § 155.315(d).

At the time of the application, Appellant did not supply information to confirm lawful presence in the United States, and, therefore, the Appellant received an Eligibility Denial letter. Appellant then attempted to submit copies of documents showing lawful presence, namely a tourist visa that was not expired, as well as a copy of the Appellant's passport. These documents had not been received prior to the date of the Eligibility Denial letter. While the Appellant may have since sent in documents verifying lawful presence, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans on April 4, 2017, and that determination is upheld. If Appellant has not submitted the documents, Appellant should do so.

ORDER

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

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. You also have the right to appeal to state court in accordance with Chapter 30A of the

Massachusetts Health Connector Appeals Unit

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

Cc: 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 2017 from the federal government will be reconciled when you file your taxes in 2018. 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 2017 (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 2017 (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 2017 will be paid to you when you file your taxes in 2018.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Denied

Hearing Issue: Eligibility for Health Connector Plan

Hearing Date: June 13, 2017

Decision Date: July 28, 2017

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 27, 2017, the Health Connector determined that the Appellant was no longer eligible for health insurance coverage through the Health Connector.

ISSUE

Whether the Health Connector correctly determined on April 27, 2017, that the Appellant no longer qualified for Health Connector coverage.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 13, 2017. The Appellant testified under oath or affirmation. At the end of the hearing, the record was closed. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit
- Exhibit 2: 4/27/17 Eligibility Termination Notice (6 pages)
- Exhibit 3: 5/4/17 Appeal (2 pages)
- Exhibit 4: 5/8/17 Appeals Unit's Contact Notes

Massachusetts Health Connector Appeals Unit

- Exhibit 5: 5/8/17 Appeal Ack.
- Exhibit 6: 5/8/17 Request for Acceptable Proof (4 pages)
- Exhibit 7: 4/26/17 2017 Eligibility Results (3 pages)
- Exhibit 8: 11/21/16 2017 Eligibility Results (4 pages)
- Exhibit 9: 12/11/16 Receipt of Invalid Proof (4 pages)
- Exhibit 10: 11/21/16 Request for Information (6 pages)
- Exhibit 11: 5/19/17 Hearing Notice (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On November 21, 2016, the Appellant submitted an application to the Health Connector for health insurance coverage in 2017. The Health Connector determined that day that the Appellant was eligible for ConnectorCare Plan Type 2B and a \$53 APTC, effective January 1, 2017; and, notified him that he needed to submit proof of residency to the Health Connector. (Exhibit 8)
2. By Request for Information Notice dated November 21, 2016, the Health Connector notified the Appellant that he needed to submit Proof of Residency by February 19, 2017, so that the Health Connector could verify that he qualified to purchase a Health Connector plan. Attached to the Notice was a List of Acceptable Documents. One of the acceptable documents on the list was: "Copy of lease and record of most recent rent payment." The Notice informed the Appellant that, "If we do not get the information by the due date," the Appellant may lose him eligibility for coverage through the Health Connector. (Exhibit 10)
3. On December 11, 2016, the Appellant submitted to the Health Connector, as proof of residence, copies of lease and the parking regulations for apartment. The Appellant did not notice that he was required to submit a copy of a record of him most recent rent payment along with him lease, as acceptable proof of residence. As the Appellant's submission did not include any record of him most recent rent payment on him lease, the Appellant's submission was invalid proof of residency for the Health Connector. (Exhibit 9; Appellant's testimony)
4. The Appellant never submitted acceptable proof of residence, as requested in the 11/21016 Request for Information. (Appellant's testimony; Exhibit 9)
5. On April 26, 2017, the Health Connector notified the Appellant of the determination that he was not eligible for Health Connector programs "based on data from other sources because you did not send us documents we asked for to use in our decision."
6. By Eligibility Termination Notice dated April 27, 2017, the Health Connector notified the Appellant that he no longer qualified for coverage through the Health Connector, because the Health Connector had not received the information needed to verify him eligibility to purchase a Health Connector Plan, and that him eligibility for ConnectorCare Plan Type 2B with APTC would end on April 30, 2017. (Exhibit 2)
7. On May 4, 2017, the Appellant appealed the Health Connector's 4/27/17 determination, stating: "I have sent all required documentation to verify my eligibility, including proof of person, proof of residency and proof of income." (Exhibit 3)
8. By letter dated May 8, 2017, the Appeals Unit acknowledged receipt of the Appellant's appeal and notified the Appellant that he could keep him old benefit including any subsidies he was receiving, while

Massachusetts Health Connector Appeals Unit

him appeal was decided, but only if he told the Appeals Unit that he wanted to do this by May 23, 2017. (Exhibit 5)

9. On May 8, 2017, the Appeals Unit sent an "Aid Pending" letter to the Appellant, asking him to submit an acceptable form of proof of residency and including a list of acceptable forms of proof, as well as an Affidavit of Residence form that the Appellant could use if he did not have any of the listed acceptable documents. The Appellant did not respond to the Appeal Unit's 5/8/17 request for proof of residency. (Exhibits 4 and 6; Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B 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.

On November 21, 2016, the Appellant applied for health insurance coverage through the Health Connector. The Health Connector determined him to be eligible for ConnectorCare Plan Type 2B and a \$53 APTC, effective January 1, 2017, and notified him that he was required to submit certain acceptable proof of residency to confirm him eligibility, by February 19, 2017. While the Appellant submitted documentation to the Health Connector as proof on December 11, 2016, the documentation did not meet the requirements for acceptable proof of residence, and the Appellant submitted no additional proof of residence thereafter. As a result, on April 26, 2017, the Health Connector made another determination based on data from other sources because the Appellant had failed to submit the documentary proof of residence requested by the Connector on November 21, 2016; and, on April 27, 2017, the Connector notified the Appellant that he was no longer eligible for coverage through the Connector and that his current coverage would terminate at the end of April 2017.

The Appellant appealed the Connector's 4/27/17 determination, on May 4, 2017, contending that he had sent in all the documentation required to verify his eligibility. However, the Appellant had still not submitted acceptable proof of residency. As a result, in acknowledging receipt of his appeal, the Appeals Unit sent the Appellant the list of acceptable proof of residency and requested him to submit the proof.

The Health Connector made the correct determination in this case on April 27, 2017, based on the information provided by the Appellant and the information provided from other sources. When the Appellant did not provide the required documentation requested by the Connector on November 21, 2016, the Connector changed the 11/21/16 determination based on data from other sources. If the Appellant has not already done so, he should immediately provide the required "proof of residence" documentation to the Connector.

Accordingly, I affirm the Health Connector's determination on April 27, 2017, that the Appellant did not qualify for coverage through the Health Connector, under 26 IRC § 36B and 45 CFR § 155.305(f) and 956 CMR § 12.04.

ORDER

Massachusetts Health Connector Appeals Unit

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied. Eligibility determination upheld.

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

Hearing Date: June 7, 2017

Decision Date: July 5, 2017

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 4, 2017, Appellant was determined eligible for ConnectorCare Plan 2B with subsidies but was later determined ineligible for a special enrollment period due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 7, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Exhibit 1: Health Connector notice of eligibility determination and Request for Information (14 pages, dated January 4, 2017)

Massachusetts Health Connector Appeals Unit

- Exhibit 2:** Appellant's appeal request form (1 pages dated May 8, 2017)
- Exhibit 3:** Health Connector's Determination Results and Review Computer Printout (4 pages, dated January 11, 2017)
- Exhibit 4:** Health Connector's Acknowledgement of Appeal (2 Pages dated May 9, 2017)
- Exhibit 5** Health Connector's Hearing Notice (4 pages, dated May 11, 2017)
- Exhibit 6 :** Health Connector's Hearing Record Affidavit (1 page, undated)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for ConnectorCare plan 2B with subsidies on January 4, 2017, but denied coverage based on not having a qualifying life event. (Exhibit 1, Exhibit 3)
2. Appellant moved to Massachusetts in July 2015. Appellant had an out of state driver's license and did not have the money to afford a Massachusetts drivers license. Appellant had an oral month to month lease. (Appellant's testimony)
3. Appellant was informed that he had to show evidence of residence in the United States by April 4, 2017. Appellant did not provide proof of residence.
4. The Appellant has not experienced a life qualifying event. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for ConnectorCare plan 2B with subsidies but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2017 was November 1, 2016 to January 31, 2017. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420. Appellant was informed on January 4, 2017 that he had to show proof of residence by April 4, 2017 and he did not present proof of residence by said date.

On January 4, 2017, the Appellant was determined eligible for Health Connector plans with APTC, but was informed that he had to provide proof of residence by April 4, 2017, which he did not do. Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. At hearing I asked the Appellant whether the Appellant had experienced any qualifying event, as listed in the Health Connector's policy NG-1E. The Appellant testified to not experiencing any qualifying life event. Because the Appellant did

Massachusetts Health Connector Appeals Unit

not experience a qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR s. 155. The Appellant should send in his and his life partners affidavit of Residency to the Customer Service Department and request them to review their application.

ORDER

The appeal is Denied.

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: The Connector's determination of Appellant's eligibility to obtain a Health Connector plan is affirmed.

Hearing Issue: Whether the Connector correctly determined Appellant's eligibility to enroll in a Health Connector plan based upon the information supplied by the appellants on Connector application and other data sources.

Hearing Date: June 26, 2017 Decision Date: July 26, 2017

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

Hearing Record: The appellants appeared at the hearing which was held by telephone on June 26, 2017. The procedures to be followed during the hearing were reviewed with them. The appellants were sworn in. Exhibits were marked and admitted in evidence with no objection from the appellants. Before the appellants testified, one of the appellants withdrew her appeal because she had Medicare coverage. Her spouse's appeal went forward. Appellants testified. At the end of the hearing, the record was left open until July 18th to give the appellants time to submit additional evidence. Multiple documents were received from the appellants on July 13, 2017. These have been marked as exhibits and admitted in evidence.

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

Massachusetts Health Connector Appeals Unit

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellants' file, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 31, 2017 sent to Appellants for hearing on June 26, 2017
- Exhibit 3: Hearing Request Form submitted by Appellants on May 8, 2017 with 2016 Federal tax return Form 1040 attached
- Exhibit 4: Letter to Appellant from Connector Appeals Unit dated May 15, 2017 acknowledging receipt of hearing request form
- Exhibit 4a: Connector Appeals Unit letter to Appellant dated May 24, 2017 with list of acceptable forms of proof of income attached
- Exhibit 5: Health Connector's summary and result of Appellants' application dated April 14, 2017 with request for proof of income
- Exhibit 6: Health Connector's summary and result of Appellants' applications dated April 26, 2017 with verification of income from data sources other than application
- Exhibit 7: Letter to Appellants dated April 27, 2017 from the Health Connector denying one appellant's eligibility to enroll in a Connector Health plan
- Exhibit 8: Letter to Appellants dated April 27, 2017 from the Health Connector regarding eligibility for one appellant to purchase a Connector Health plan
- Exhibit 9: "AVV" print-out showing program determination for one appellant
- Exhibit 10: Connector Appeals Unit case outreach notes regarding contacts with Appellants
- Exhibit 11: Letter from Appellant regarding 2015 income dated June 26, 2017
- Exhibit 12: Appellants' 2015 IRA Distribution Forms
- Exhibit 13: Appellant's 2016 Form SSA-1099
- Exhibit 14: Appellants' 2016 Federal tax return, Form 1040, with attachments
- Exhibit 15: Appellants' 2016 Massachusetts tax return, Form 1 with Schedules X, Y, and C attached

Findings of Fact:

The record shows, and I so find:

1. Appellants applied for health insurance through the Connector on April 14, 2017. They attested to a projected income of approximately \$35,000 a year or 193.51% of the Federal Poverty Level. Based upon the projection, the appellants were found to be eligible for a ConnectorCare plan. Appellants were informed by the Connector that they needed to provide proof of income (Exhibit 5).
2. The appellants sent in their 2015 tax return as proof of income which showed a higher income than the projected income on the application; the Connector also

Massachusetts Health Connector Appeals Unit

verified the appellants' income through other data sources (Exhibits 1, 6, and 8; Testimony of Appellant).

3. On April 26, 2017, the appellants' income was verified and determined to be 349.91% of the Federal Poverty Level (Exhibit 6).

4. In a letter dated April 27, 2017, the Connector notified the appellants that the Connector had determined that one appellant was ineligible to obtain any coverage because the appellant was enrolled in Medicare and that the other appellant was eligible to purchase a Health Connector plan with an advance premium tax credit. This latter determination was based upon data from sources other than the appellants' application (Exhibits 6, 7, 8).

5. Appellants filed an appeal in May, 2017. They appealed because of a change in income. Appellants' 2015 income was higher than their 2016 income and their projected income for 2017 because of a one-time withdrawal from a retirement account (Exhibit 3, Testimony of Appellant).

Analysis and Conclusions of Law:

The issue on appeal is whether the Connector correctly determined in April, 2017 that one of the appellant was eligible to enroll in a Health Connector plan. Appellant appealed this determination. See Exhibits 3, 8.

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 a household's projected income is between 100% and 300% of the Federal Poverty Level, the household members are entitled to an advance premium tax credit to help cover the cost of a ConnectorCare plan in the Commonwealth. 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 April 14, 2017, Appellants attested to their household's projected income on their application for health insurance through the Connector. Based upon the projection, the appellants were determined to be eligible for ConnectorCare coverage, but they were asked to submit proof of their income. See Exhibit 5. The appellants sent in their 2015 tax return, and the Connector checked with other data sources as allowed

Massachusetts Health Connector Appeals Unit

under the Affordable Care Act. See See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05.

On April 26, 2017, based upon the tax return and the verification of data from other sources, one appellant was found eligible to purchase a Connector Health Plan with an advance premium tax credit. See Exhibits 6 and 8. The other appellant was found to be ineligible because she was enrolled in Medicare. The appellants are not challenging the latter determination. See Exhibit 7 and the testimony of the appellant. The appellants are appealing the change from ConnectorCare eligibility to Connector Health plan eligibility. See Exhibit 3

What is at issue here is whether the April 26th determination made by the Connector was correct. That determination was based upon the information submitted by the appellants (their 2015 tax return) and upon verification by the Connector from other data sources. Under the Affordable Care Act regulations, see citations above, and 945 CMR 12.05, the Connector may verify income from data sources other than those provided by applicants. No error was made by the Connector.

It does appear from documents submitted by the appellants and by their testimony that their income may have decreased significantly since 2015. Appellants may call the Connector's customer service center (877-623-6765) and report this change of income. If they are asked to provide proof, they may submit some of the same information they submitted for this hearing, specifically, their 2016 tax return and supporting documents, and other acceptable proof of income.

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

Appeal Decision: Appeal denied. The Appellant cannot change health plans until the next open enrollment period.

Hearing Issue: Whether the Massachusetts Health Connector (Connector) correctly determined the eligibility of the Appellant to change health plans, outside an open enrollment period, when he learned that his physician was not covered by his chosen plan.

Hearing Date: June 13, 2017

Decision Date: July 11, 2017

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 CONNECTOR

The Connector determined that the Appellant could not change health plans outside the open enrollment period.

ISSUE

Whether the Connector correctly determined the eligibility of the Appellant to change health plans outside an open enrollment period, when he learned his physician was not covered by his chosen health plan.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on June 13, 2017. Testimony was recorded electronically. The hearing record consists of the Appellant's testimony and the following documents, which were admitted into evidence.

1. Affidavit of Record Verification
2. Letter from the Health Connector to the Appellant dated 9/4/2016, entitled "Preliminary Eligibility Determination"

Massachusetts Health Connector Appeals Unit

3. Appellant's Hearing Request Form dated 5/2/2017, requesting to change his health insurance provider
4. Informal Dispute Resolution Notes
5. Letter from the Health Connector Appeals Unit to the Appellant dated 5/10/2017, acknowledging his Appeal
6. Connector Computer Printout of Appellant's Application Result for an application submitted 9/4/2016
7. Connector Computer Printout of Appellant's Application Summary
8. Connector's Notice of Hearing dated 5/19/2017

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to the Health Connector for health insurance for himself on September 4, 2016. (Exhibit 6)
2. The Connector found that the Appellant's Federal Poverty Level was 185.19 % and that he was eligible to enroll in ConnectorCare Plan Type 2B with an Advance Premium Tax Credit. His eligibility effective date was January 1, 2017. (Exhibit 6)
3. The Appellant enrolled in the Minuteman Health Plan, where he had been enrolled for the past three (3) years. (Appellant testimony)
4. The Appellant had been getting free care at a community clinic. More recently, he was charged for his care and had to pay out-of-pocket. (Appellant testimony)
5. When the Appellant began to be charged by the community health center, he learned that his physician was not covered by the health plan in which he was enrolled. (Appellant testimony)
6. The Appellant did not want to change his physician. He filed a Hearing Request Form dated May 2, 2017, on which he indicated that his doctor was not covered by his current health plan. He said that he would like to change to Harvard Pilgrim Healthcare, United Healthcare or Neighborhood Health. (Exhibits 3 and 4)
7. An appeal acknowledgement letter was sent to the Appellant from the Appeals Unit of the Connector dated May 10, 2017. (Exhibit 5)

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether the Connector correctly denied the Appellant's request to change his health plan from Minuteman Health Plan to Harvard Pilgrim Healthcare, United Healthcare or Neighborhood Healthcare, outside an open enrollment period. Pursuant to 45 CFR 155.410, the Massachusetts Health Connector must provide annual open enrollment periods during which a Qualified Individual may enroll in or change enrollment in Qualified Health Plans. Pursuant to

Massachusetts Health Connector Appeals Unit

45 CFR 155.410 (e) (2) “beginning on January 1, 2016, on January 1, 2017, and on January 1, 2018, the annual open enrollment period begins on November 1 of the calendar year preceding the benefit year, and extends through January 31 of the benefit year..”

In order for an individual to enroll in a health plan through the marketplace outside the open enrollment period, the individual must qualify for a Special Enrollment Period. 45 CFR 155.420. A Special Enrollment Period is defined on the website www.HealthCare.gov as:

“A time outside of the open enrollment period during which you and your family have a right to sign up for health coverage. In the Marketplace, you qualify for a special enrollment period 60 days following certain life events that involve a change in family status (for example, marriage or birth of a child) or loss of other health coverage.”

Triggering events that allow an enrollee to be given a Special Enrollment Period are listed in 45 CFR 155.420 (d) (1)-(10). The Appellant did not provide evidence that he experienced a “triggering event” and therefore qualified for a Special Enrollment Period. He has had the same health plan for the past 3 years and has had his healthcare at the same community clinic. He could have changed health plans during open enrollment period which occurred during that time period. The Appellant he needs to wait until the next open enrollment period that begins on November 1, 2017, in order to change health plans.

ORDER

The Appellant’s appeal is denied. The Appellant cannot change health plans outside of an open enrollment period.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, 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 decision.

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, The Connector's denial of Appellant's application to waive or reduce the amount of the monthly premium is affirmed.

Hearing Issue: Whether the Connector correctly denied Appellant's application to waive or reduce the amount of the monthly premium for Appellant's subsidized health insurance plan based upon the information supplied by Appellant.

Hearing Date: June 12, 2017

Decision Date: June 20, 2017

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

Denial of Application for a Request for Premium Waiver or Reduction. Appellant submitted an application for subsidized health insurance on September 4, 2016. The Health Connector determined the Appellant to be eligible for Connector Plan Type 3A with Advance Premium Tax Credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly denied Appellant's application to waive or reduce the amount of the premium for Appellant's ConnectorCare Plan for 2017.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 12, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Massachusetts Health Connector Appeals Unit

- Exhibit 1: Health Connector Notice of Eligibility Determination (5 pages, dated April 18, 2017)
- Exhibit 2: Appellant's appeal request form (5 pages dated May 10, 2017)
- Exhibit 3: Health Connector's Determination Results and Review Computer Printout (5 pages, dated September 4, 2016)
- Exhibit 4: Health Connector's Acknowledgement of Appeal (3 Pages dated May 17, 2017)
- Exhibit 5: Health Connector's Hearing Notice (4 pages, dated May 19, 2017)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)
- Exhibit 7: Appellants Documents (7 Pages)
- Exhibit 8: Health Connector Notes (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant was covered by a ConnectorCare Plan in 2016 (Testimony of Appellant).
2. On September 4, 2016, Appellant received a Preliminary eligibility notice for 2017. (Exhibit 3)
3. Appellant applied for a Premium Waiver or Reduction based on the Preliminary eligibility notice. (Testimony of Appellant)
4. On April 18, 2017, the Health Connector denied Appellant's application for a Premium Waiver or reduction (Exhibit 1).
5. The Health Connector sent Appellant a notice of renewal for 2017. Appellant was found eligible for a ConnectorCare Plan Type 3A (Exhibit 3).
6. The renewal letter included various ConnectorCare Plans that Appellant could choose from. The plans varied in price and may have had different providers.
7. On May 10, 2017, Appellant appealed the denial of the Premium Waiver determination. (Exhibit 2)
8. Appellant claimed that Appellant could not afford the premium as she had significant auto repair bills. (Exhibit 2 and testimony of the Appellant).

Massachusetts Health Connector Appeals Unit

9. Appellant was not homeless and did not fall behind in rent payments nor receive any shut-off notices during the last sixty days prior to the Premium Waiver/Reduction application (Testimony of Appellant).

10. Appellant did not incur a significant and unexpected increase in essential expenses within the past six months resulting directly from domestic violence; the death of a spouse, family member, or partner with primary responsibility for child care; the sudden responsibility for providing full care for an aging parent or other family member; or a fire, flood, natural disaster, or other unexpected natural or human-caused event (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

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 a 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. Pursuant to 956 CMR 12.11, the Connector determines enrollee premium contributions the enrollees must pay. Included in the rules are specific grounds for Waiver or Reduction of Enrollee Premium contribution for extreme financial hardship. See 956 CMR 12.11 (5).

Appellant was covered by a ConnectorCare Plan in 2016. On September 4, 2016, Appellant received a Preliminary eligibility notice for 2017. Appellant applied for a Premium Waiver or Reduction. The Health Connector denied Appellant's application for a Premium Waiver or Reduction. The Health Connector sent Appellant a notice of renewal for 2017. The renewal letter included various ConnectorCare Plans that Appellant could choose from during open enrollment. The various ConnectorCare Plans had different premiums. On May 10, 2017, Appellant appealed the denial of the Premium Waiver determination. Appellant's Notice of Appeal claimed that Appellant e could not afford the premium as Appellant had significant auto repair bills. (Exhibit 2 and Testimony of Appellant, which I find to be credible)

Appellant was not homeless and did not fall behind in rent payments nor receive any shut-off notices during the last sixty days prior to the Premium Waiver/Reduction application. Appellant did not incur a significant and unexpected increase in essential expenses within the past six months resulting directly from domestic violence; the death of a spouse, family member, or partner with primary responsibility for child care; the sudden responsibility for providing full care for an aging parent or other family member; or a fire, flood, natural disaster, or other unexpected natural or human-caused event. Appellant testified that she had significant auto repair bills that she had to pay. (Testimony of Appellant, which I find to be credible). However, these repairs do not meet the grounds for waiver or reduction of premium.

I find that Appellant did not meet any of the grounds for Waiver or Reduction of Enrollee Premium contribution for extreme financial hardship. See 956 CMR 12.11 (5).

I find that the Connector made the correct determination.

ORDER

Massachusetts Health Connector Appeals Unit

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Allowed

Hearing Issue: Eligibility for Health Connector Plans; income

Hearing Date: June 20, 2017

Decision Date: June 30, 2017 (August 14, 2017, corrected)

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 4, 2017, Appellant's eligibility was approved for Health Connector Plans without subsidies based upon income being over 400% of the Federal Poverty Level.

ISSUE

Based upon the information provided by Appellant and available to the Connector, whether the Connector made the correct determination.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 20, 2017. The hearing was recorded. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (5-23-17) (4 pages);
- Exhibit 3: Acknowledgment of Appeal (5-19-17) (6 pages);
- Exhibit 4: Hearing Request form (5-12-17) (with letters and documents) (8 pages);

Massachusetts Health Connector Appeals Unit

- Exhibit 5: Request for Information letter (12-6-16) (6 pages);
- Exhibit 6: Eligibility Approval letter (5-4-17) (10 pages);
- Exhibit 7: Documents submitted by Appellant (12-30-16) (7 pages);
- Exhibit 8: Documents submitted by Appellant (5-3-17) (8 pages);
- Exhibit 9: Outreach notes (4 pages); and
- Exhibit 10: Information from application and re results (15 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in December 2016. Appellant was asked to submit documents pursuant to a request for information in December 2016. (Exhibit 5). Appellant did so and was approved for a ConnectorCare plan.
2. Appellant was receiving unemployment compensation and that was her sole source of income for the month of January and beginning of February 2017, at \$695 per week.
3. In February 2017, Appellant had a temporary job assignment for three weeks and received a total of \$3,840.00 for that work. Appellant reported that income to the Health Connector and revised her projected yearly income to \$19,130.00. This was based on the fact that Appellant had only 22 weeks remaining for her unemployment compensation (a total of \$15,290.00, plus the temporary job income of \$3,840.00 for a total of \$19,130.00).
4. However, it appears that someone at the Health Connector used that amount of \$3,840.00 as a weekly income figure (total of \$199,680.00 yearly), and also multiplied her weekly unemployment amount to an annual amount of \$35,140.00, giving her an annual projected income of \$235,820.00. This was clearly erroneous and a mistake by the Health Connector. As a result of this action by the Health Connector, Appellant was notified that her eligibility for subsidized health insurance would be discontinued effective June 1, 2017.
5. Appellant was able to correct the issue and Appellant was determined eligible for ConnectorCare Plan Type 2B effective June 1, 2017.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans without subsidies based upon an error made by the Health Connector in computing Appellant's annual projected income after Appellant reported some temporary job income. The error was corrected, and Appellant is now eligible for ConnectorCare Plan Type 2B. However, the action taken based upon the error made by the Health Connector resulted in a determination that was not correct. On that basis, the appeal is allowed.

ORDER

The Connector determination was incorrect. The appeal is therefore allowed.

Massachusetts Health Connector Appeals Unit

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 2017 from the federal government will be reconciled when you file your taxes in 2018. 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 2017 (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 2017 (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 2017 will be paid to you when you file your taxes in 2018.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: The Connector's determination of Appellant's eligibility to obtain a Health ConnectorCare plan with an advance premium tax credit is affirmed.

Hearing Issue: Whether the Connector correctly determined Appellant's eligibility to purchase a Health ConnectorCare plan with an advance premium tax credit based upon the information supplied by the appellant on Appellant's application.

Hearing Date: June 20, 2017 Decision Date: July 16, 2017

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 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 Connector: On March 21, 2017, the Connector determined Appellant to be eligible to purchase a Health Connector plan with an advance premium tax credit. After Appellant and spouse amended their application to reflect a new projection of income, the Connector notified Appellant on April 22, 2017 that the appellant and spouse were now eligible for ConnectorCare coverage.

Hearing Record: The appellant appeared at the hearing which was held by telephone on June 20, 2017. The procedures to be followed during the hearing were reviewed with the appellant who was sworn in. Exhibits were marked and admitted in evidence with no objection from the appellant. Appellant testified.

The hearing record consists of the 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

Massachusetts Health Connector Appeals Unit

- Exhibit 2: Connector Appeals Unit Notice of Hearing dated May 23, 2017 sent to Appellant
- Exhibit 3: Hearing Request Form signed and dated by Appellant on May 16, 2017 with attachments
- Exhibit 4: Letter to Appellant from Connector Appeals Unit dated May 19, 2017 acknowledging receipt of request for hearing
- Exhibit 5: Health Connector's summary and results of Appellant's application dated March 20, 2017
- Exhibit 6: Health Connector's summary and results of Appellant's application dated April 21, 2017
- Exhibit 7: Letter to Appellant dated March 21, 2017 from the Health Connector regarding eligibility for purchase of health insurance
- Exhibit 8: Letter to Appellant dated April 22, 2017 from the Health Connector regarding eligibility for purchase of health insurance
- Exhibit 9: MassHealth notes regarding income verification, and lawful presence verification dated December 27, 2016
- Exhibit 10: Letter to Appellant from Connector dated January 27, 2017 requesting information; and proof of residency sent by Appellant
- Exhibit 11: Connector customer service notes
- Exhibit 12: Appeals Unit outreach notes

Findings of Fact:

The record shows, and I so find:

1. Appellant applied to obtain health insurance through the Connector in December, 2016. Starting in January, 2017, Appellant and spouse were enrolled in a ConnectorCare plan. They paid their premiums starting in December for coverage beginning in January (Testimony of Appellant, Exhibit 3 attachments).
2. In a letter dated January 25, 2017, the Connector requested additional information from the appellant. The information had been submitted by the appellant earlier, but as of January 17th, had not been verified by the Connector (Exhibits 10, 11).
3. On March 20th, 2017, the appellant's household income was verified to be 301.59% of the Federal Poverty Level. Appellant had attested to projected income of \$51,777.44 for herself and \$33,995 for her spouse (Exhibit 5).
4. Based upon the appellant's March 20, 2017 application, the Connector determined that the appellant and her spouse were eligible to purchase a Health Connector plan

Massachusetts Health Connector Appeals Unit

with an advance premium tax credit. After this determination, Appellant received a higher bill for the monthly premium (Exhibit 7, Testimony of Appellant).

5. On April 21st, Appellant called the customer service line at the Connector to question the higher premium. During that call, the appellant reported changes to the projected tax household income. The new projected income amounted to \$54,000 (Testimony of Appellant, Exhibits 6, 11).

6. Based upon the new projection of income, the Connector determined that the appellant's income was equal to 189.8% of the Federal Poverty Level. The appellant and her spouse and children were found to be eligible for a ConnectorCare plan, type 2B, effective May 1, 2017. Appellant was advised by customer service that her premium effective May 1, 2107 would be decreased, but that she was still responsible for the higher premium payment for the previous month (Exhibits 6, 8, 11).

7. On May 16, 2017, the appellant submitted a request for a hearing. Appellant stated that she was appealing the higher premium bill that she received from the Connector earlier in the year (Testimony of Appellant, Exhibit 3).

Analysis and Conclusions of Law:

The issue on appeal is whether the Connector correctly determined on March 21, 2017 that the appellant and her spouse were eligible to purchase a Health Connector plan with an advance premium tax credit; and whether later on April 22nd, based upon a new projected income, the Connector correctly determined that they were eligible to enroll in a ConnectorCare plan, type 2B. Appellant appealed. See Exhibits 3, 5, 6, 7, 8.

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

Massachusetts Health Connector Appeals Unit

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.

In this matter, the appellant and her spouse were enrolled in a ConnectorCare plan based upon an application filed in December, 2016. The appellant later (in March, 2017) attested to a projected income for herself and her spouse of approximately \$85,000. This income amounted to 301.59% of the Federal Poverty Level. Based upon this information, the Connector determined that the appellant and her spouse were now eligible for a Connector Health plan with a higher monthly premium. After the appellant contacted the Connector and attested to a lower income in April, 2017, a new determination was made by the Connector. Appellant and her spouse were found to be eligible for a ConnectorCare plan type 2B. Effective May 1, 2017, their monthly premium would be lowered if they enrolled in a ConnectorCare plan. See Exhibits 5,6,7,8, and 11. Appellant appealed the one-month increase in her monthly premium. See Exhibit 3.

What is at issue here is whether the determinations made by the Connector were correct. Both determinations were based upon the information given by the appellant on the appellant's application. Appellant projected different incomes. When the projected income rose, the cost of the monthly premium rose (taking into account the percentage of the Federal Poverty level and tax household size which did not change). When it was lowered, the premium decreased. See Exhibits 5 and 6. The exact amount of any premium depends upon a number of other factors, including which plan is chosen. No error was made by the Connector. Appellant did attest to projected incomes which the Connector used in making its determinations. Because of this, the determinations of the Connector are affirmed.

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

Cc: Connector Appeals Unit

Hearing Officer

Massachusetts Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: June 27, 2017

Decision Date: July 7, 2017

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Effective May 1, 2017, the Appellant was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after the Appellant failed to verify that they had filed the 2015 tax forms required to reconcile previous Advance Premium Tax Credits received.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant is only eligible for Health Connector plans and not eligible for ConnectorCare, based on the Appellant's failure to verify that they filed the 2015 tax forms required to reconcile previously received Advance Premium Tax Credits.

HEARING RECORD

The Appellant and their spouse appeared at the hearing, which was held by telephone, on June 27, 2017. Both parties offered sworn testimony. The following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector's Hearing Notice, with attachments dated June 1, 2017.
- Exhibit 3: Health Connector's Eligibility Notice dated April 22, 2017.
- Exhibit 4: Appellant's Hearing Request Form submitted on May 22, 2017.
- Exhibit 5: Health Connector Appeals Unit Outreach Notes.

Massachusetts Health Connector Appeals Unit

- Exhibit 6: 2017 Eligibility Results and Application Summary dated April 21, 2017.
Exhibit 7: Health Connector's letter dated January 27, 2016 with Form 1095-A for filing 2015 taxes attached.
Exhibit 8: 2017 Eligibility Results and Application Summary dated January 20, 2017.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was enrolled in ConnectorCare in 2015 and received advance premium tax credits in 2015 (Exhibits 7, 8 and Appellant Testimony).
2. On January 27, 2016, the Health Connector sent the Appellant a Form 1095-A for filing 2015 taxes as well as a letter reminding the household that they must file 2015 taxes if they received Advance Premium Tax Credit in 2015 (Exhibit 7).
3. On January 20, 2017, the Appellant attested to having filed their 2015 income tax return including Form 8962. The Appellant was determined eligible for state and federal subsidies for a 90-day period based on this attestation (Exhibits 6, 8).
4. On April 21, 2017, the Health Connector determined that the Appellant has income equal to 170.64% of the Federal Poverty level based on their household size for 2017 (Exhibit 6).
5. On April 22, 2017, the Appellant was notified that they are eligible for Health Connector Plans without subsidies effective May 1, 2017. The Appellant's spouse is not eligible (Exhibit 4).
6. The Appellant filed an Appeal on May 22, 2017 (Exhibit 4 and Appellant Testimony).
7. The Appellant and their spouse do not dispute that they did not file a federal income tax return for the year 2015. The Appellant's spouse testified credibly that their accountant had informed them that because their income was low, they were not required to file an income tax return. The Appellant's spouse said that they later learned that they were required to file a return in order to be eligible for subsidized insurance. The Appellant's spouse testified that they have filed their 2016 income tax return.

ANALYSIS AND CONCLUSIONS OF LAW

On April 22, 2017, the Appellant was found eligible for Health Connector Plans without subsidies. The Appellant asserts that this determination was incorrect, because the Appellant's income is less than 300% of the Federal Poverty Level and they are 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).

Massachusetts Health Connector Appeals Unit

In 2015, the Appellant was eligible for ConnectorCare, and received APTC. As of October 2016, the Appellant did not file an income tax return for 2015. Because the Appellant did not reconcile receipt of APTC from a prior year, the Appellant was not eligible to receive APTC in 2017. 45 CFR § 155.305(f)(4). The Appellant contacted Customer Service on January 20, 2017 and attested to having filed all required tax return documents for 2015. Based on this attestation, the appellant received ConnectorCare for an additional ninety days. On April 22, 2017, the Appellant was notified that they are eligible for Health Connector Plans but not ConnectorCare. The Appellant appealed this determination.

The Appellant and their spouse do not dispute that they failed to file their 2015 tax return reconciling their past tax credits. The Appellant was otherwise not required to file taxes based on their low income, but as explained at the Hearing, filing taxes and reconciling past credits is required to maintain eligibility for state and federal subsidies. Based on available evidence, the Appellant is not eligible for APTC or ConnectorCare. 45 CFR § 155.305(f)(4), 956 CMR § 12.04.

The Appellant should comply with the requirement to reconcile receipt of 2015 premium tax credits by filing a 2015 federal income tax return, including Form 8962. The Appellant will need to use Form 1095A in order to complete Form 8962. If the Appellant does not have their Form 1095A, and because the Appellant received APTC in 2015 through the Health Connector, the Appellant should contact the Health Connector's customer service center to request a duplicate 1095A form. Once the Appellant complies with the requirement to reconcile 2015 APTC, the Appellant can report a change to their 2017 application, attesting to compliance with the reconciliation requirement. The Appellant is also reminded to comply with the reconciliation requirement by filing a 2016 federal income tax return with Form 8962, and reconciling any APTC received in 2016.

RDER

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.

Cc: Health Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

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 2017 from the federal government will be reconciled when you file your 2017 federal income tax return (usually in the spring of 2018). 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 2017 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2017 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2017 will be paid to you when you file your 2017 federal income tax return.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

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

Hearing Date: July 10, 2017

Decision Date: July 15, 2017

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On May 8, 2017, Appellant was determined eligible for Health Connector plans without subsidies. The reason the Appellant was denied subsidies is because the Appellant has access to MassHealth or is enrolled in MassHealth.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for subsidies, based on the Appellant's access to MassHealth.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 10, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Exhibit 1: Appellant's appeal request form (3 pages dated May 16, 2017)

Massachusetts Health Connector Appeals Unit

- Exhibit 2: Health Connector's Eligibility Determination Results Computer Printout (9 pages, dated May 24, 2017)
- Exhibit 3: Health Connector's Eligibility Determination Results Computer Printout (6 pages, dated May 8, 2017)
- Exhibit 4: Health Connector's Acknowledgement of Appeal (6 Pages dated May 23, 2017)
- Exhibit 7: Health Connector's Hearing Notice (4 pages, dated June 14, 2017)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)
- Exhibit 7, AVV Tool Computer Printout

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for Health Connector plans without subsidies on May 8, 2017, based on being eligible for MassHealth. (Exhibit 1, Exhibit 2, Exhibit 3)
2. The Appellant was not found eligible for subsidized health insurance through the Health Connector for plans starting on May 8, 2017 because the Appellant was re-determined and was eligible for MassHealth. (Exhibit 2, Exhibit 3, Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on her appeal request form that she cannot afford the insurance that was made available to him, and disputes the finding that he is not eligible for subsidies to help make his insurance more affordable.

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

When the Appellant's eligibility for 2017 coverage was re-determined on May 24, 2017, the Appellant was eligible for MassHealth. The Appellant confirmed at hearing that she was eligible for MassHealth. Because the Appellant was eligible for MassHealth, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

Massachusetts Health Connector Appeals Unit

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.

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied. Denial of a Special Enrollment Period upheld.

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

Hearing Date: June 27, 2017

Decision Date: July 7, 2017

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 17, 2017, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits. The Appellant was subsequently 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 June 27, 2017. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 1, 2017.
- Exhibit 3: Health Connector's Eligibility Notice dated February 17, 2017.
- Exhibit 4: Health Connector's 2017 Eligibility Results Computer printout dated February 13, 2017.
- Exhibit 5: Appellant's Hearing Request Form dated May 22, 2017.

Massachusetts Health Connector Appeals Unit

Exhibit 6: Health Connector Appeals Unit Outreach Notes.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for subsidized health insurance for their family of three on February 13, 2017 (Exhibit 4).
2. On February 17, 2017, the Appellant and their spouse were determined eligible for Health Connector Plans with Advance Premium Tax Credits. The Appellant's child was determined eligible for MassHealth (Exhibits 3, 4).
3. On February 17, 2017, the Appellant was notified that they had a 60-day enrollment period. The Appellant was advised to choose a Health Plan and enroll prior to April 13, 2017 (Exhibit 3).
4. It is undisputed that the Appellant did not enroll in a Health Plan during their 60-day enrollment period (Exhibit 5; Appellant Testimony).
5. Appellant testified that the family was living with a relative in February 2017 and left the relative's home on February 27, not on the best of terms. The relative lives in MA. Appellant testified that they did not get the eligibility notice issued by the Health Connector until after April 13, 2017. I did not find this testimony to be credible. The Eligibility Approval notice was issued on February 17, ten days prior to the Appellant's reported change of residence. When asked why the Appellant did not check their eligibility online, the Appellant testified that when she applied for MassHealth several years ago they had a bad experience and it took months to receive a determination.
6. 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 February 13, 2017, the Appellant applied for subsidized health insurance for their household of three. On February 17, 2017, the Appellant and their spouse were determined eligible for ConnectorCare with Advance Premium Tax Credits. The Appellant's child was determined eligible for MassHealth.

Following a determination of eligibility, eligible individuals are instructed to choose a Health Plan and enroll 956 CMR 12.04. The Appellant was notified on February 17, 2017 that they were being given a 60-day period to enroll in a Health Plan. The Appellant was further advised that this enrollment period would end on April 13, 2017. It is undisputed that the Appellant did not enroll in a Health Plan prior to April 13, 2017. The Appellant subsequently requested a Special Enrollment Period.

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.

Massachusetts Health Connector Appeals Unit

The Appellant testified that they moved on February 27, 2017 and due to strained family relations did not receive the Connector's Eligibility Notice until after April 13, 2017. As pointed out at the Hearing, the Eligibility Notice was issued ten days prior to the Appellant's in-state change of address. The Appellant could have checked on the status of their February 13, 2017 Application online or by calling Customer Service. The evidence and testimony in this record do not support a finding that the Appellant experienced a qualifying life event as contemplated by Health Connector Policy NG 1E. The Health Connector correctly determined that the Appellant is not eligible for a special enrollment period 45 CFR § 155.420.

ORDER

The appeal is denied.

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

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

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, The Connector's denial of Appellant's application to waive or reduce the amount of the monthly premium is affirmed.

Hearing Issue: Whether the Connector correctly denied Appellant's application to waive or reduce the amount of the monthly premium for Appellant's subsidized health insurance plan based upon the information supplied by Appellant.

Hearing Date: June 28, 2017

Decision Date: July 7, 2017

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

Denial of Application for a Request for Premium Waiver or Reduction. Appellant submitted an application for subsidized health insurance in 2017. The Health Connector determined the Appellant to be eligible for Connector Plan Type 3B with Advance Premium Tax Credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly denied Appellant's application to waive or reduce the amount of the premium for Appellant's ConnectorCare Plan for 2017.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on June 28, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Massachusetts Health Connector Appeals Unit

- Exhibit 1: Health Connector Notice of Eligibility Determination (6 pages, dated May 17, 2017)
- Exhibit 2: Appellant's appeal request form (24 pages dated May 22, 2017)
- Exhibit 3: Health Connector's Determination Results and Review Computer Printout (9 pages, dated May 84, 2017)
- Exhibit 4: Health Connector's Acknowledgement of Appeal (4 Pages dated May 25, 2017)
- Exhibit 5: Health Connector's Hearing Notice (4 pages, dated May 31, 2017)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)
- Exhibit 7: Health Connector's Notes (1 Pages)
- Exhibit 8: Health Connector Documents showing Appellants eligibility during the 2017 year, indicating different individuals applying at various times

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant was covered by MassHealth in 2016 (Testimony of Appellant).
2. Appellant received a Preliminary eligibility notice for 2017.
3. Appellant applied for a Premium Waiver or Reduction based on the Preliminary eligibility notice on May 2, 2017. (Testimony of Appellant, Exhibit 2)
4. On May 17, 2017, the Health Connector denied Appellant's application for a Premium Waiver or reduction (Exhibit 1).
5. The Health Connector sent Appellant a notice of renewal for 2017. Appellant was found eligible for a ConnectorCare Plan Type 3B (Exhibit 3).
6. The renewal letter included various ConnectorCare Plans that Appellant could choose from. The plans varied in price and may have had different providers.
7. On May 22, 2017, Appellant appealed the denial of the Premium Waiver determination. (Exhibit 2)
8. Appellant claimed that Appellant could not afford the premium. (Exhibit 2 and testimony of the Appellant).

Massachusetts Health Connector Appeals Unit

9. Appellant wanted to know why her premium fluctuated. The Health Connector provided documents that indicated that different number of people requested coverage and that is why the premiums fluctuated in cost. (Exhibit 8)

10. Appellant was not homeless and did not fall behind in rent payments nor receive any shut-off notices during the last sixty days prior to the Premium Waiver/Reduction application (Testimony of Appellant).

11. Appellant did not incur a significant and unexpected increase in essential expenses within the past six months resulting directly from domestic violence; the death of a spouse, family member, or partner with primary responsibility for child care; the sudden responsibility for providing full care for an aging parent or other family member; or a fire, flood, natural disaster, or other unexpected natural or human-caused event (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

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 a 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. Pursuant to 956 CMR 12.11, the Connector determines enrollee premium contributions the enrollees must pay. Included in the rules are specific grounds for Waiver or Reduction of Enrollee Premium contribution for extreme financial hardship. See 956 CMR 12.11 (5).

Appellant was covered by MassHealth in 2016. Appellant received a Preliminary eligibility notice for 2017. Appellant applied for a Premium Waiver or Reduction. The Health Connector denied Appellant's application for a Premium Waiver or Reduction. The Health Connector sent Appellant a notice of renewal for 2017. The renewal letter included various ConnectorCare Plans that Appellant could choose from during open enrollment. The various ConnectorCare Plans had different premiums. On May 22, 2017, Appellant appealed the denial of the Premium Waiver determination. Appellant's Notice of Appeal claimed that Appellant she could not afford the premium. (Exhibit 2 and Testimony of Appellant)

Appellant was not homeless and did not fall behind in rent payments nor receive any shut-off notices during the last sixty days prior to the Premium Waiver/Reduction application. Appellant did not incur a significant and unexpected increase in essential expenses within the past six months resulting directly from domestic violence; the death of a spouse, family member, or partner with primary responsibility for child care; the sudden responsibility for providing full care for an aging parent or other family member; or a fire, flood, natural disaster, or other unexpected natural or human-caused event.

I find that Appellant did not meet any of the grounds for Waiver or Reduction of Enrollee Premium contribution for extreme financial hardship. See 956 CMR 12.11 (5).

I find that the Connector made the correct determination.

ORDER

Massachusetts Health Connector Appeals Unit

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied. Eligibility determination upheld.

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

Hearing Date: July 6, 2017

Decision Date: July 18, 2017

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 September 23, 2016, Appellant was determined eligible for ConnectorCare Plan 2A with subsidies but was later determined ineligible for a special enrollment period due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant's wife appeared at the hearing, which was held by telephone, on July 6, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant's wife was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant's wife. The Appellant's wife testified.

Exhibit 1: Health Connector notice of eligibility determination (24 pages, dated September 23, 2016)

Massachusetts Health Connector Appeals Unit

- Exhibit 2: Appellant's appeal request form (3 pages dated May 12, 2017)
- Exhibit 3: Health Connector's Determination Results and Review Computer Printout (7 pages, dated September 23, 2016)
- Exhibit 4: Health Connector's Acknowledgement of Appeal (3 Pages dated May 31, 2017)
- Exhibit 5 Health Connector's Hearing Notice (4 pages, dated June 6, 2017)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for ConnectorCare plan 2A with subsidies on September 23, 2016, but did not sign up for ConnectorCare and was subsequently denied coverage based on not having a qualifying life event. (Exhibit 1, Exhibit 3)
2. Appellant's wife testified that she did all of the household paperwork. She had health issues in 2016, which included depression and gastroparesis, a stomach ailment and didn't sign her husband up for a health plan.
3. The Appellant did not sign up for a health plan by January 31, 2017.
4. The Appellant has not experienced a life qualifying event. (Appellant's wife's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for ConnectorCare plan 2A with subsidies but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2017 was November 1, 2016 to January 31, 2017. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420. Appellant did not sign up for a health plan.

On September 23, 2016, the Appellant was determined eligible for Health Connector plans with APTC, but he did not sign up for a health plan within the time for open enrollment from November 1, 2016 to January 31, 2017. Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event. At the hearing I asked the Appellant's wife whether the Appellant had experienced any qualifying event, as listed in the Health Connector's policy NG-1E. The Appellant's wife testified to the Appellant not experiencing any qualifying life event. Because the Appellant did not experience a qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrollment period was correct. 45 CFR s. 155.

Massachusetts Health Connector Appeals Unit

ORDER

The appeal is Denied.

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied.

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

Hearing Date: July 18, 2017

Decision Date: August 01, 2017

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 submitted an application for subsidized health insurance on May 4, 2017. The Health Connector determined the Appellant to be eligible for ConnectorCare Plan Type 3B with Advance Premium Tax Credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant is eligible for ConnectorCare Plan Type 3B, based on the information provided on the application.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 18, 2017. 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.

Massachusetts Health Connector Appeals Unit

- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated June 19, 2017.
- Exhibit 3: Health Connector Eligibility Approval Notice with attachments dated May 04, 2017.
- Exhibit 4: Hearing Request Form submitted by the Appellant on May 26, 2017.
- Exhibit 5: Health Connector Appeals Unit Outreach Notes.
- Exhibit 6: Health Connector's 2017 Eligibility Results computer printout dated May 04, 2017.
- Exhibit 7: Health Connector's 2017 Eligibility Results computer printout dated June 07, 2017.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 35-year-old individual who applied for subsidized health insurance through the Health Connector on May 04, 2017 (Exhibit 6).
2. The Appellant has a tax household size of one (Exhibits 6, 7).
3. On their application, the Appellant entered a projected annual modified adjusted gross income (MAGI) of \$33,031.44 for 2017 (Exhibit 6)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place Appellant at approximately 278.04% of the 2017 Federal Poverty Level (FPL) (Exhibit 6).
5. The Health Connector correctly found that the Appellant was eligible for state subsidized health insurance ConnectorCare Plan Type 3B because the Appellant's self-attested projected income placed their household at more than 250% but less than 300% of the Federal Poverty Level. (Exhibits 6, 7).
6. The Health Connector correctly determined the Appellant eligible for APTC of \$0.00 based on the fact that there are good high-quality health insurance plans available to the Appellant through the Connector at an affordable premium given the appellant is a tax household of one with MAGI of \$33,031.44 (Exhibits 3, 6).
7. The Appellant testified that after paying for her monthly living expenses, they do not have sufficient funds to pay the monthly health insurance premium of \$124.00 (Exhibit 4).
8. The Appellant reported a change in income on June 07, 2017. The Appellant's projected MAGI was reported to be \$32,400 based on long-term disability insurance income of \$2,700 monthly. The Appellant remains eligible for ConnectorCare Plan Type 3B (Exhibit 7 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for subsidized health insurance through the Health Connector on May 04, 2017. 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

Massachusetts Health Connector Appeals Unit

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 \$33,031.44. This income is equivalent to approximately 278.04% of the Federal Poverty Level and renders the Appellant financially eligible for state subsidies. Since the Appellant's projected MAGI is more than 250% but less than 300% of the Federal Poverty Level the Health Connector correctly determined that the Appellant is eligible for Plan Type 3B. 956 CMR 12.04(3).

Although the Appellant's projected income is less than 400% of the Federal Poverty Level, the Appellant was determined eligible for APTC of zero. The Appellant argues that they need additional assistance to pay their monthly premium of \$124.00.

Tax credit amounts are determined by various factors, including household income, the number of persons in the tax household and the cost of the second least-expensive Silver Plan available in the market area. 26 IRC § 36B (2). At the time of application, the Appellant was a tax household of one with projected MAGI of \$33,031. The Connector determined that there are good high-quality health plans available to the Appellant through the Health Connector at an affordable premium, without any extra help. The Health Connector correctly determined that the appellant is eligible for an APTC amount of \$0.00. The Appellant reported a reduction in income on June 07, 2017 but remains eligible for ConnectorCare Plan Type 3B since the income is equivalent to approximately 272.73% of the Federal Poverty Level.

ORDER

The appeal is denied.

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

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

Cc: Health Connector Appeals Unit

ADDENDUM

The Appellant was advised to contact Health Connector Customer Service to apply for a Waiver or Reduction of Enrollee Premium Contribution for Extreme Financial Hardship. 956 CMR 12.11(5).

Massachusetts Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Allowed.

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

Hearing Date: July 6, 2017

Decision Date: July 18, 2017

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 March 1, 2017, Appellant was determined eligible for health Connector plans with APTC. Appellant was terminated from Health Connector plans for failure to sign up for said plan. Appellant appealed but was determined ineligible for a special enrollment period due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 6, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Exhibit 1: Health Connector notice of eligibility determination (12 pages, dated March 1, 2017)

Massachusetts Health Connector Appeals Unit

- Exhibit 2: Appellant's appeal request form (2 pages undated)
- Exhibit 3: Health Connector's Determination Results and Review Computer Printout (6 pages, dated April 18, 2017)
- Exhibit 4: Health Connector's Acknowledgement of Appeal (3 Pages dated June 1, 2017)
- Exhibit 5: Health Connector's Hearing Notice (4 pages, dated June 6, 2017)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)
- Exhibit 7: Appellant's insurance history (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for Health Connector plans with APTC on March 1, 2017. Appellant was terminated from Health Connector plans for failing to apply for a plan. Appellant appealed but was determined ineligible for a special enrollment period due to failure to have a life qualifying event. (Exhibit 1, Exhibit 3, Appellant testimony)
2. Appellant had MassHealth from 2015 through March 2017. Appellant was informed in 2017 that he was being taken off MassHealth because his income had increased. Appellant was informed that he would have health insurance through the Health Connector. Appellant was told that he could apply via the telephone. Appellant testified that he applied by telephone and was informed that he was enrolled and that he would receive a bill. Appellant never received a bill for his health plan and only found out that he did not have overage when he went to a doctor's appointment/ (Appellant testimony, which I find credible)
3. Appellant found out in May 2017, that he was not enrolled in the Health Connector. Appellant immediately attempted to apply and enroll in the Health Connector. Appellant was denied enrollment because he did not have a qualifying life event. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector plans with APTC. Appellant was transferred from MassHealth to the Health Connector because his salary had increased. Appellant testified that he enrolled by telephone. However, there was no record of his enrollment. Appellant tried to re-enroll but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2017 was November 1, 2016 to January 31, 2017. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying event, such as a change in household composition or loss of coverage, 45 CFR s. 155.420.

Massachusetts Health Connector Appeals Unit

Appellant's testimony qualified as a qualifying event under the Health Connector's policy NG-1E s. 7, 'Was enrolled (or not enrolled in a QHP/QDP unintentionally, inadvertently, or as the result of the error, misrepresentation, misconduct, or inaction of an officer, employee or agent, of the Health Connector, the U.S. Department of Health and Human Services (HHS), or non-Exchange entities providing enrollment activities, as determined by the Health Connector. An error would include incorrect calculation of Advance Premium Tax Credits or Cost Sharing Reductions.' (45 CFR s.155.420(d)(4))

The Appellant was misinformed by Health Connector as to being enrolled by telephone. Appellant only found out he did not have health insurance when he went to a doctor's appointment in May, 2017. Appellant applied to the Health Connector as soon as he was informed that he did not have health insurance coverage. Appellant's appeal is therefore allowed.

ORDER

The appeal is Allowed. The Connector is ordered to allow the Appellant to enroll in an health insurance plan with APTC .

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Allowed.

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

Hearing Date: July 6, 2017

Decision Date: July 18, 2017

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 February 23, 2017, Appellant was determined eligible for ConnectorCare Plan with subsidies. Appellant was terminated from Health Connector plans for failure to sign up for said plan. Appellant appealed but was determined ineligible for a special enrollment period due to failure to have a life qualifying event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on July 6, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Exhibit 1: Health Connector notice of eligibility determination (10 pages, dated February 23, 2017)

Massachusetts Health Connector Appeals Unit

- Exhibit 2: Appellant's appeal request form (4 pages undated)
- Exhibit 3: Health Connector's Determination Results and Review Computer Printout (5 pages, dated May 4, 2017)
- Exhibit 4: Health Connector's Determination Results and Review Computer Printout (5 pages, dated February 23, 2017)
- Exhibit 5: Health Connector's Acknowledgement of Appeal (3 Pages dated June 2, 2017)
- Exhibit 5: Health Connector's Hearing Notice (4 pages, dated June 6, 2017)
- Exhibit 6: Health Connector's Hearing Record Affidavit (1 page, undated)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined eligible for ConnectorCare plan 3A with subsidies on February 23, 2017. Appellant was terminated from Health Connector plans for failing to apply for a plan. Appellant appealed but was determined ineligible for a special enrollment period due to failure to have a life qualifying event. (Exhibit 1, Exhibit 3, Appellant testimony)
2. Appellant had health insurance through his parents until 2017. Appellant was informed that he could apply for health insurance through the Health Connector. Appellant tried to apply on line and received an error message. Appellant called in to the Health Connector and was informed that it would take three or four days to clear up the difficulty. Appellant received an email that indicated that he should make a payment and he thought that the message meant his plan was selected. Appellant tried to pay online with a credit card but could not do so. Appellant called in April 2017 and spoke to a representative, who informed him that they would reset the guidelines and he would hear back from the Health Connector in three or four days. Appellant did not hear back from the Health Connector. (Appellant testimony, which I find credible)
3. Appellant found out that he was not enrolled in the Health Connector. Appellant immediately attempted to apply and enroll in the Health Connector. Appellant was denied enrollment because he did not have a qualifying life event. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector plans with APTC. Appellant had health insurance through his parents until 2017. Appellant testified that he tried to enroll online but was not allowed to do so do to technical difficulties with the system and receiving erroneous information from the Health Connector. Appellant tried to re-enroll but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR s. 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2017 was November 1, 2016 to January 31, 2017. Outside of open enrollment an

Massachusetts Health Connector Appeals Unit

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

Appellant's testimony qualified as a qualifying event under the Health Connector's policy NG-1E s. 7, 'Was enrolled (or not enrolled in a QHP/QDP unintentionally, inadvertently, or as the result of the error, misrepresentation, misconduct, or inaction of an officer, employee or agent, of the Health Connector, the U.S. Department of Health and Human Services (HHS), or non-Exchange entities providing enrollment activities, as determined by the Health Connector. An error would include incorrect calculation of Advance Premium Tax Credits or Cost Sharing Reductions.' (45 CFR s.155.420(d)(4))

The Appellant was stopped from applying to the Health Connector by technical difficulties and erroneous information from the Health Connector as to being enrolled. Appellant applied to the Health Connector as soon as he was informed that he did not have health insurance coverage. Appellant's appeal is therefore allowed.

ORDER

The appeal is Allowed. The Connector is ordered to allow the Appellant to enroll in ConnectorCare Plan 3A with subsidies.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

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: August 3, 2017 Decision Date: August 18, 2017

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 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 Connector: On June 15, 2017, the Connector determined Appellant to be eligible to enroll in a Health Connector plan. Based on Appellant's failure to submit documentation to verify that Appellant had filed tax forms which showed that the previous Advance Premium Tax Credits had been reconciled, Appellant was not eligible for Advance Premium Tax Credits or ConnectorCare.

Hearing Record: Appellant appeared at the hearing which was held by telephone on August 3, 2017. 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. At the end of the hearing, the record was left open until August 17, 2017 to give Appellant time to submit additional evidence. On August 11, 2017, documents were received from the Appellant by the Connector. The documents were marked as an exhibit and admitted in evidence.

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

Massachusetts Health Connector Appeals Unit

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellants' file, and record verification, undated
- Exhibit 2: Correspondence from Connector Appeals Unit
- Exhibit 3: Hearing Request Form signed by Appellants on June 15, 2017
- Exhibit 4: Notice on Appeal, dated June 15, 2017
- Exhibit 5: Customer service notes
- Exhibit 6: Eligibility Results and Application Summary
- Exhibit 7: Letters from the Health Connector, dated January 27, 2016 and January 18, 2017 regarding Form 1095A
- Exhibit 8: Tax Return Transcript for Appellant's 2015 Federal Tax Return

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 2015 and 2016 (Testimony of Appellant).
2. In a letter dated January 27, 2016, the Connector informed Appellant that if Appellant received Advance Premium Tax Credits, it was necessary to file an IRS Form 8962 with the 2015 tax return. Included in the letter was Appellant's Form 1095-A, which showed Appellant how much Appellant had received in Advance Premium Tax Credits during 2015 (Exhibit 7).
3. On December 14, 2016, Appellant updated the Application to renew health insurance for 2017 (Exhibit 6).
4. On December 14, 2016, Appellant attested that Appellant had filed taxes and reconciled all past Advance Premium Tax Credits (Exhibit 6).
5. Appellant filed 2015 and 2016 Federal and state tax returns in April 2017 (Testimony of Appellant).
6. In a letter dated June 15, 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).
7. On June 15, 2017, Appellant contacted the Health Connector and learned that Appellant needed to show that Appellant had filed a 2015 tax return and had filed the proper tax reconciliation forms (Testimony of Appellant and Exhibit 5).
8. Appellant filed an appeal on June 15, 2017 claiming that Appellant filed tax returns for 2015 and 2016 and did reconcile the Advance Premium Tax Credit and should be eligible for a tax credit (Exhibit 3).

Massachusetts Health Connector Appeals Unit

9. Appellant's tax return for 2015, filed in April 2017 shows that Appellant filed IRS Form 8962 and reconciled Advance Premium Tax Credits (Exhibit 8).

Analysis and Conclusions of Law:

The issue on appeal is whether the Connector correctly determined in June, 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 14, 2016, Appellant attested that Appellant had filed taxes and reconciled all past Advance Premium Tax Credits (Exhibit 6). The Connector checked with other data sources as allowed under the Affordable Care Act and determined that no reconciliation had been done. 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 and reconciliation in December, 2016, Appellant did not file 2015 taxes until April 2017. See Exhibits 3, 4, 6, and the Testimony of Appellant, which I find to be credible.

What is at issue here is whether the June 15, 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. However, in August, 2017, Appellant did provide documents showing that taxes were filed and that Advance Premium Tax credits were reconciled.

Appellant's appeal is denied.

Order: Appellants' appeal is denied. The determination of the Connector is affirmed.

Massachusetts Health Connector Appeals Unit

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ADDENDUM: Since this appeal has been filed, Appellant submitted proof of filing of the 2015 tax return with tax reconciliation. The Health Connector has re-determined Appellant's eligibility for subsidized health insurance and Appellant is now enrolled in a ConnectorCare Plan.

CONNECTOR APPEALS UNIT

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied

Hearing Issue: Whether the Connector correctly determined whether Appellant was eligible to enroll in a health plan that included a specific doctor and hospital when no plans available to Appellant covered the providers

Hearing Date: August 3, 2017

Decision Date: August 14, 2017

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE CONNECTOR

In April 2017, the Health Connector determined Appellant to be eligible for a ConnectorCare Plan Type 3B with Advance Premium Tax Credit. In April 2017, Appellant sought to enroll in a plan that covered a specific doctor and hospital, but no plan was available and the request was denied.

ISSUE

The issue addressed in this appeal whether Appellant was eligible to enroll in a health plan that included a specific doctor and hospital when no plans available to Appellant covered the providers.

CONNECTOR APPEALS UNIT

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on August 3, 2017. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Correspondence from Appeals Unit
- Exhibit 3: Hearing Request Form signed by Appellant on June 12, 2017
- Exhibit 4: Notice on Appeal, dated April 12, 2017
- Exhibit 5: Eligibility Results and Application Summary
- Exhibit 6: Other Notices from Health Connector

FINDINGS OF FACT

The record shows, and I so find:

1. In May 2017, Appellant enrolled in a ConnectorCare Plan Type 3B with Advance Premium Tax Credit (Testimony of Appellant).
2. At the time that Appellant chose a plan, Appellant was informed that there were no health plans available to Appellant that would cover the doctor and hospital that Appellant wished to use (Testimony of Appellant).
3. Appellant was covered by a ConnectorCare Plan that did not cover the Appellant's doctor and hospital (Testimony of Appellant).
4. Appellant wanted to see a specific doctor and wanted to be able to use the local hospital in an emergency. Appellant wanted to be able to use the same medical facility as Appellant's child (Testimony of Appellant).
5. On June 12, 2017, Appellant filed for an appeal (Exhibit 3).

CONNECTOR APPEALS UNIT

ANALYSIS AND CONCLUSIONS OF LAW

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 a 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. In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of criteria to qualify for a special enrollment period. 45 CFR 155.410 and 45 CFR 155.420.

In May 2017, Appellant enrolled in a ConnectorCare Plan Type 3B with Advance Premium Tax Credit. At the time that Appellant chose the plan, Appellant was informed that there were no health plans available to Appellant that would cover the doctor and hospital that Appellant wished to use. Appellant filed the appeal so that Appellant could be covered by a plan that covered Appellant's doctor and hospital. Appellant is limited to the choices of plans offered by the Health Connector. See Exhibits 4, 5, and 6 and Testimony of Appellant, which I find to be credible.

The Connector made the correct determination based upon the information supplied by Appellant.

ORDER

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

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

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

ADDENDUM: Appellant was concerned about options for health insurance for 2018, as the current plan was not going to be offered in 2018. Appellant was encouraged to contact the Health Connector at 1-877-623-6765 regarding open enrollment for 2018 and to inquire what health insurance plans would be offered for 2018.