

Connector Appeals Unit

FINAL APPEAL DECISION: ACA21-14347

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: August 2, 2021

Decision Date: August 5, 2021

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.13.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on May 11, 2021. The Health Connector determined the Appellant to be eligible for a Health Connector plan with Advance premium Tax credits.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 2, 2021 with her spokesperson Todd. The procedures to be followed during the hearing were reviewed with all who

were present. The Appellant and her spokesperson were sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (6 pages, dated July 13, 2021)
- Exhibit 3: Health Connector's Acknowledgement of Appeal 1 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 10 pages dated May 24, 2021)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated May 11, 2021)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated May 11, 2021)
- Exhibit 8: Historical Notices and Printouts 22 pages
- Exhibit 9: Applicable Customer Service Notes, 2 pages

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 57 year old single female (Exhibit7)
2. The Appellant has a household of one. (Exhibit 7)
3. On her application, dated May 11, 2021 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of 200.31% of the Federal Poverty Level but the Health Connector derived an income of 342.27% of the Federal Poverty Level or \$42,630.00 from other sources. (Exhibit 7)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 342.27% of the 2021 Federal Poverty Level (FPL). An individual at that income level would be eligible for unsubsidized coverage under the ACA, with Advanced Premium Tax Credits because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL

and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.

5. Appellant then filed her appeal on May 24, 2021, because she had income in 2020 that she would not be earning in 2021 and she had two other jobs and she no longer works at those two jobs. Appellant did not know she could report changes in income to Customer Service of the Health Connector. Appellant was urged to contact Customer Service to report a change in her income.;
6. The Appellant testified that her income was correct on the source the Health Connector used to determine her income.

ANALYSIS AND CONCLUSIONS OF LAW

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

Appellant's application stated her projected MAGI was 200.31% of the Federal Poverty Level, however the Health Connector determined from other sources that the Appellant's income was \$42,630.00, which for a household of one, puts the Appellant at approximately 342.27% of the 2020 Federal Poverty Level. The Health Connector correctly found The Appellant eligible for Health Connector plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is urged to contact the Health Connector Customer Service as soon as possible to inform Customer Service about her change in income.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA 21-14398

Appeal Decision: Appeal Denied

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

Hearing Date: August 2, 2021

Decision Date: August 4, 2021

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 1, 2021, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 2, 2021. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant

was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (6 pages, dated July 13, 2021)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (15 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (2 pages)
- Exhibit 5: Appellant's appeal request form 118 pages dated July 12, 2020)
- Exhibit 6: Notice of Eligibility Determination (6 pages, dated June 1, 2021)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated July 16, 2021)
- Exhibit 8: Historical Notices & Printouts (30 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 26 year old married male. Appellant stated that he does not have proof of being lawfully present but is working on getting these documents
2. The Appellant did not provide of being lawfully present at the time of his application. (Exhibit 6 & 7)
3. The Appellant has not submitted documents showing that the Appellant is lawfully present to the Health Connector. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

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

On June 1, 2021, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not lawfully eligible for health Connector plans. 45 CFR s. 155.305(a)(1).

The Health Connector correctly found that the Appellant was not eligible for Health Connector plans on June 1, 2021, based on the Appellant's attestation, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Connector Appeals Unit

FINAL APPEAL DECISION: ACA21-14408

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: August 2, 2021

Decision Date: August 5, 2021

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.13.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on May 10, 2021. The Health Connector determined the Appellant to be eligible for a Health Connector plan with Advance Premium Tax Credits.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 2, 2021. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant

was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (3 pages, dated July 13, 2021)
- Exhibit 3: Health Connector's Acknowledgement of Appeal 1 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 4 pages dated June 11, 2021)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated May 10, 2021)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (7 pages, dated May 10, 2021)
- Exhibit 8: Historical Notices & Printouts (5 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 35 year old single female (Exhibit7)
2. The Appellant has a household of two. (Exhibit 7)
3. On her application, dated September 18, 2020 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$56,991.78. (Exhibit 7)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 446.64% of the 2021 Federal Poverty Level (FPL). An individual at that income level would be eligible for unsubsidized coverage under the ACA, with Advanced Premium Tax Credits because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL.
5. Appellant then filed her appeal on June 11, 2021 because she thought her premium was too high.
6. Appellant indicated that her income had changed and was requested to notify the Customer Service Department of her change in income.

ANALYSIS AND CONCLUSIONS OF LAW

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

Appellant's application stated her projected MAGI was \$56,991.78, which for a household of two, puts the Appellant at approximately 446.64% of the 2020 Federal Poverty Level. The Health Connector correctly found The Appellant eligible for Health Connector plans. The Appellant then appealed. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is requested to contact the Customer Service Department and report her change in income.