

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA196987

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

Hearing Issue:

Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan.

Hearing Date: December 18, 2018

Decision Date: February 20, 2019

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 October 5, 2018, the Connector determined that the appellant was eligible to purchase a Health Connector plan without financial assistance based upon information supplied by the appellant to the Connector and other data sources.

ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector plan without financial assistance.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 18, 2018. Appellant's bookkeeper was also present. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with him, marked as exhibits, and admitted in evidence with no objection. 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: Connector Appeals Unit notice of Hearing dated November 16, 2018 addressed to Appellant for December 18, 2018 hearing
- Exhibit 3: Connector Appeals Unit letter dated November 5, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes

Exhibit 3b: Appeals Unit e-mail to Appellant dated November 5, 2018

Exhibit 4: Hearing Request Form from Appellant received by the Connector on November 2, 2018

Exhibit 5: Connector final renewal notice dated October 5, 2018 to Appellant regarding eligibility to purchase a Connector Health plan

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated August 31, 2018

Exhibit 7: Summary and results of Appellant's application for Connector health plan dated September 3, 2017

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Connector in 2017 and 2018. In a letter dated October 5, 2018 the Connector informed the appellant that for 2019 he was eligible to enroll in a Connector Health plan with no financial help. Appellant was determined not be eligible for the same plan he had in 2018 (Exhibit 5).
2. Appellant's projected annual income as of August 31, 2018 according to his application for insurance was \$17,988. His reported income on his application was \$2,666 a month or \$31,992 a year. The Connector was unable to verify these amounts (Exhibits 6, and Testimony of Appellant).
3. Appellant filed his 2017 Federal tax return on time. He did not need to reconcile his tax return because he did not receive an advance premium tax credit in 2017. He did not have access to health insurance through employment since he is self-employed or other source (Testimony of Appellant, Exhibit 6).
4. Appellant's income for 2018 was actually \$14,000 (Testimony of Appellant).
5. Appellant submitted a request for an appeal of the Connector's eligibility determination on November 2, 2018 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on October 5, 2018 that the appellant was eligible to purchase a Connector Health plan with no financial help. See Exhibit 5.

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

If an applicant's projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan, the type

dependent upon the individual's projected income level. See 956 CMR 12.00 et. seq. If an individual has a projected income equal to more than 300% of the Federal Poverty level, the individual may be eligible for a Connector Health Insurance plan.

In this matter, the appellant, Appellant had health insurance through the Connector in 2017 and 2018. In a letter dated October 5, 2018, the Connector informed the appellant that he was not eligible for the same plan he had, but instead, in 2019 was eligible for a Connector Health plan without financial assistance. See Exhibit 5.

On his application, Appellant had contradictory information about his income. He was and still is self-employed. His monthly income was listed as being \$2,666. The amount he self-attested to was \$1,499 and his projected annual income was \$17,988 based upon the self-attested monthly amount. It appears that the Connector was unable to verify Appellant's income. He had filed his 2017 on time and since he did not receive an advance premium tax credit, he did not need to reconcile his tax return. Since he was self-employed, he had no access to insurance through employment. See Exhibit 6 and the testimony of the appellant which I find to be credible.

Based upon the contradictory information given by the appellant to the Connector, and the lack of verification, the Connector correctly determined that the appellant was eligible for a Connector Health plan without an advance premium tax credit.

The appellant testified that he will earn less in 2019. He may amend his application to reflect his projected income for the year. Depending upon his newly projected annual income, the Connector may reach a different determination about plan eligibility. But, what is at issue here is whether the Connector correctly determined Appellant's eligibility based upon the information it had at the time the determination was made.

The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan without an advance premium tax credit is affirmed.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA197078

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

Hearing Issue:

Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan.

Hearing Date: December 19, 2018

Decision Date: February 20, 2019

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 October 8, 2018, the Connector determined that the appellant was eligible to purchase a Health Connector plan without financial assistance based upon information supplied by the appellant to the Connector and other data sources.

ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector plan without financial assistance.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 19, 2018. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with him, marked as exhibits, and admitted in evidence with no objection. 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: Connector Appeals Unit notice of Hearing dated November 23, 2018 addressed to Appellant for December 19, 2018 hearing
- Exhibit 3: Connector Appeals Unit letter dated November 8, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes

- Exhibit 3b: Appeals Unit e-mail to Appellant dated November 8, 2018
Exhibit 4: Hearing Request Form from Appellant received by the Connector on November 8, 2018
Exhibit 4a: Letter from Appellant's employer dated October 31, 2018
Exhibit 5: Connector final renewal notice dated October 8, 2018 to Appellant regarding eligibility to purchase a Connector Health plan
Exhibit 6: Summary and results of Appellant's application for Connector health plan dated September 26, 2018
Exhibit 7: Internal Revenue Wage and Income Transcript dated October 23, 2018 regarding Appellant's 2017 income and Social Security print-out regarding Appellant's 2017 earnings

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Connector in 2017 and 2018. In a letter dated October 8, 2018 the Connector informed the appellant that for 2019 he was eligible to enroll in a Connector Health plan with no financial help with a monthly premium of \$529.66. Appellant was determined not be eligible for the same plan he had in 2018 (Exhibit 5).
2. Appellant's projected annual income as of September 26, 2018 according to his application was \$20,000. His reported income on his application was \$38,422. The Connector was unable to verify these amounts (Exhibits 6, and Testimony of Appellant).
3. An error was made by the appellant's employer when issuing W-2 forms for 2017. The employer issued one W-2 for the appellant showing an income of \$38,140 and another showing an income of \$32,800. Both were given to the Federal Internal Revenue Service and the Social Security Administration. The second W-2 was issued in error. The first W-2 form was correct (Testimony of Appellant, Exhibits 4a, and 7).
4. The \$20,000 projection was incorrect. Appellant's projected income was actually \$38,422, the same amount that he would earn in 2018 (Testimony of Appellant).
5. Appellant submitted a request for an appeal of the Connector's eligibility determination on November 8, 2018 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on October 8, 2018 that the appellant was eligible to purchase a Connector Health plan with no financial help. See Exhibit 5.

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

If an applicant's projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on

health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan, the type dependent upon the individual's projected income level. See 956 CMR 12.00 et. seq. If an individual has a projected income equal to more than 300% of the Federal Poverty level, the individual may be eligible for a Connector Health Insurance plan.

In this matter, the appellant, Appellant had health insurance through the Connector in 2017 and 2018. In a letter dated October 8, 2018, the Connector informed the appellant that he was not eligible for the same plan he had, but instead, in 2019 was eligible for a Connector Health plan without financial assistance. See Exhibit 5.

In his application, Appellant had projected in error that his income for 2019 would be \$20,000 and correctly that his current earnings for 2018 would amount to \$38,422. See the testimony of the appellant which I find to be credible. It appears that the Connector attempted to verify Appellant's income and could not. See Exhibit 6. Appellant's employer had made an error and issued two W-2 forms for the appellant for his 2017 earnings, one for the correct amount, \$38,422, and one for \$32,800, an amount that the appellant did not earn. Both W-2's were sent to the Internal Revenue Service and to the Social Security Administration. See Exhibit 4a and Exhibit 7.

Based upon the contradictory information given by the appellant to the Connector, and the lack of verification, the Connector correctly determined that the appellant was eligible for a Connector Health plan without an advance premium tax credit.

Appellant testified that the income reported to the Internal Revenue Service by his employer was incorrect. This was corroborated by Exhibit 4a, a letter from his employer about the error in issuing two W-2 forms for the appellant. But, what is at issue here is whether the Connector correctly determined Appellant's eligibility based upon the information it had at the time the determination was made. The appellant may certainly amend his application to reflect the correct income projection. Depending upon his newly projected annual income, the Connector may reach a different determination about plan eligibility.

The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan without an advance premium tax credit is affirmed.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7114

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: January 4, 2019

Decision Date: February 18, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on October 14, 2018. The Health Connector determined the Appellant to be eligible for Health Connector Plans.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 4, 2019. 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 (5 pages, dated December 10, 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (6 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (2 pages)
- Exhibit 5: Appellant's appeal request form 1 page dated November 13, 2018)
- Exhibit 6: Notice of Eligibility Determination (28 pages, dated October 14, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated October 14, 2018)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (5 pages, dated November 13, 2018)
- Exhibit 9: Historical Notices and Printouts (5 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 28 year old unmarried female (Exhibit 7 & 8)
2. The Appellant has a household of one. (Exhibit 7 & 8)
3. On her application, dated October 14, 2018 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$18,000.00. (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 209.20% of the 2017 Federal Poverty Level (FPL). An individual at that income level would 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 and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL. (Exhibit 7)
5. Appellant then filed another application, dated November 13, 2018 with an income of \$8,803.20. Appellant's income would place her at 72.51% of the FPL
6. Appellant testified that her income of \$8,803.20 was correct.
7. Appellant testified that she did not have access to employer offered health insurance.

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).

On her latest application, the Appellant stated that her projected MAGI was \$8,803.200, which for a household of one, puts the Appellant at approximately 72.51% of the 2018 Federal Poverty Level. This means that the Appellant's household was eligible for MassHealth. The Health Connector correctly found the Appellant not eligible for Health Connector plans. 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

Appellant is urged to contact MassHealth to determine what information is need to qualify Appellant for MassHealth plans.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA197117

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

Hearing Issue:

Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan without financial assistance.

Hearing Date: December 19, 2018

Decision Date: February 21, 2019

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 October 14, 2018, the Connector determined Appellant to be eligible to enroll in a Health Connector plan with no advance premium tax credit based upon data from the appellant's application and from other data sources.

ISSUE

Whether the Connector correctly determined that Appellant was eligible to enroll in a Health Connector plan without an advance premium tax credit based upon the information supplied by the appellant on the Connector application and other data sources.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 19, 2018. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with him, marked as exhibits, and admitted in evidence with no objection. Appellant testified. At the end of the hearing, the record was left open until January 16, 2019 to give the appellant time to submit additional evidence showing that he had reconciled his tax return by filling Internal Revenue Form 8962. As of the date of the writing of this decision, no additional evidence has been submitted by the appellant. The record is now closed.

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: Connector Appeals Unit notice of Hearing dated November 23, 2018

- addressed to Appellant for December 19, 2018 hearing
- Exhibit 3: Connector Appeals Unit letter dated November 13, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes
- Exhibit 4: Hearing Request Form from Appellant received by the Connector on November 10, 2018
- Exhibit 5: Connector final renewal notice dated October 14, 2018 to Appellant regarding eligibility to purchase a Connector Health plan
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated October 14, 2018
- Exhibit 7: Summary and results of Appellant's application for Connector health plan dated February 24, 2018
- Exhibit 8: Connector letter to Appellant dated November 6, 2018 regarding eligibility
- Exhibit 9: Connector letter to Appellant dated January 10, 2017 regarding tax reconciliation
- Exhibit 10: Summary and results of Appellant's application for Connector health plan dated November 6, 2018
- Exhibit 11: Appellant's Connector enrollment history

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Connector in 2016, 2017, and 2018. He received advance premium tax credits (Testimony of Appellant, Exhibits 5 and 9).
2. In a letter dated January 10, 2017, the Connector informed the appellant that if he had received advance premium tax credits, he needed to file an IRS Form 8962 with his 2016 tax return. The appellant's Form 1095-A which showed the appellant how much he had received in advance premium tax credits during 2016 was included (Exhibit 9).
3. In October and November, 2018, the appellant received notices from the Connector that he was now only eligible for a Health Connector plan without an advance premium tax credit. In these notifications, Appellant was informed that he was not eligible for a tax credit because his income was too high; or he had access to health insurance another source that met minimum essential coverage standards; or he did not plan to file a tax return, was married and planned to file taxes separately, or advance premium tax credits were made to lower his premium in a prior year and the Connector was not able to confirm that appellant filed Federal tax returns and reconciled the advance premium tax credits on his tax returns (Exhibits 5 and 8).
4. Appellant attested on his Connector applications of February 24, 2018 and of October 14, 2018 that he planned to file taxes, that he had a projected income which equated to less than 200% of the Federal Poverty Level, and that he had no access to health insurance through other sources (Exhibits 6 and 7).
5. Appellant filed Federal tax returns for tax years 2016 and 2017 (Testimony of Appellant, Exhibit 4).
6. Appellant filed an appeal in November, 2018 claiming that he filed his 2017 tax return in September, 2018 and that his income had not changed (Exhibit 4, Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined in October, 2018 that the appellant was eligible to enroll in a Health Connector plan without any financial assistance. Appellant appealed this determination in November, 2018. See Exhibits 4 and 5.

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

Appellant had health insurance through the Connector in 2016, 2017, and 2018. He received advance premium tax credits. In a letter dated January 10, 2017, the Connector informed the appellant that if he had received advance premium tax credits, he needed to file an IRS Form 8962 with his 2016 tax return. The appellant's Form 1095-A which showed the appellant how much he had received in advance premium tax credits during 2016 was included. See Exhibit 9.

In October and November, 2018, the appellant received notices from the Connector that he was now only eligible for a Health Connector plan without an advance premium tax credit. In these notifications, Appellant was informed that he was not eligible for a tax credit because his income was too high; or he had access to health insurance another source that met minimum essential coverage standards; or he did not plan to file a tax return, was married and planned to file taxes separately, or advance premium tax credits were made to lower his premium in a prior year and the Connector was not able to confirm that appellant filed Federal tax returns and reconciled the advance premium tax credits on his tax returns. See Exhibit 5.

Appellant attested on his Connector applications of February 24, 2018 and of October 14, 2018 that he planned to file taxes, that he had a projected income which was equal to less than 200% of the Federal Poverty Level, and that he had no access to health insurance through other sources. During this hearing, he also testified that these attestations were correct and that he had filed Federal tax returns for tax years 2016 and 2017. See the testimony of the appellant and Exhibits 6 and 7.

Since Appellant had income that was below 200% of the Federal Poverty level, since Appellant had filed tax returns for the years in question, and since Appellant had no access to other health insurance through other sources, what is at issue is whether the appellant reconciled his tax return by filing Form 8962 for 2016 and 2017. From Exhibit 5, given the list of reasons an applicant may be ineligible for financial assistance, we must conclude that the Connector was unable to confirm that the appellant reconciled his tax returns as required by filing Form 8962 for the tax years in question. This may be because the appellant filed his 2017 Federal tax return only in September, 2018. The record of this hearing was left open to give the appellant time to submit evidence of reconciliation. The appellant did not submit any evidence of the reconciliation.

Since the Connector was unable to confirm that Appellant reconciled his taxes and the appellant failed to submit proof of reconciliation, the determination by the Connector that Appellant is ineligible for financial assistance is affirmed. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan without an advance premium tax credit is affirmed.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7238

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income at or under 100% of the federal poverty level.

Hearing Date: January 31, 2019

Decision Date: February 18, 2019

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 October 22, 2018. The Health Connector determined the Appellant to be eligible for Health Connector plans.

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 income level.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 31, 2019. 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 (5 pages, dated December 26, 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (13 Pages)
- Exhibit 4: Appellant's appeal request form 1 page dated November 19, 2018)
- Exhibit 5: Notice of Eligibility Determination (10 pages, dated October 23, 2018)
- Exhibit 6: Health Connector's Determination Results and Review Computer Printout (4 pages, dated October 22, 2018)
- Exhibit 7: Historical Notices and Printouts (11 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 62 year old unmarried female, who applied for subsidized health insurance on October 22, 2018. (Exhibit 6)
2. The Appellant has a household of one (Exhibit 6)
3. The Appellant was not found eligible for subsidized health insurance through the Health Connector because her income level was 49.42% of the Federal Poverty Level which is under 100% or \$12,140.00 for a single person in 2019. (Exhibit 6).
4. Appellant stated that her income was \$6,000.00. (Exhibit 6, Appellant testimony)

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). Another requirement to be eligible for APTC is that the applicant must have an income at or above 100% of the Federal Poverty Level, which is \$12,140.00 (45 CFR 155.305(f)(1)(i)).

The Appellant attested on her application that her income is below 100% of the Federal poverty level and verified at the hearing. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC

and was also therefore not eligible for ConnectorCare, which was the correct determination. 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7305

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; Residency

Hearing Date: February 12, 2019

Decision Date: February 13, 2019

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 November 14, 2018, the Appellant was deemed ineligible for Health Connector Plans. The reason the Appellant was denied was listed as the records indicated that Appellant did not live in Massachusetts.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for Health Connector plans, based on information available to the Health Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 12, 2019. 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 (1-23-19) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (11-28-18) (2 pages);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (11-21-18) (with documents) (4 pages);
- Exhibit 6: Eligibility Denial letter (11-14-18) (6 pages);

- Exhibit 7: Eligibility detail printout and application summary printout (10 pages);
Exhibit 8: Workspace form and documents (9 pages);
Exhibit 9: Sales Force form (3 pages); and
Exhibit 10: Health Connector Policy on Undeliverable Mail (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Health Connector during 2018.
2. Appellant moved from one residence to another in July 2018.
3. Appellant's payments for premiums were by autopay directly from her account. She did not review the paper invoices that came in the mail.
4. Appellant did not update her mailing address with the Health Connector at the time of her move. She did have mail forwarding but did not receive any mail from the Health Connector at her new address.
5. Appellant was not aware that her health insurance had been terminated until she noticed that her bank account was higher than she would have expected.
6. Appellant was denied health insurance through the Health Connector on November 14, 2018.
7. Appellant thereafter submitted the documents regarding her residency.
8. Appellant was then approved for health insurance through the Health Connector on November 28, 2018 for health insurance to begin in 2019.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found ineligible for Health Connector plans based on failing to verify residency. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector has a policy on undeliverable mail sent to enrollees. Policy #: NG-12. It states, in part, that when the Health Connector sends mail to its enrollees and it is returned as undeliverable, the Health Connector will search available data sources for a new/different address, and make a reasonable effort to reach the enrollee by phone or email to confirm the correct address. If a new/different address cannot be found and the enrollee cannot be reached by phone or email, the Health Connector will terminate enrollee's enrollment.

On November 14, 2018, the Appellant was determined ineligible for health connector plans based on residency. Mail had been returned as undeliverable on two separate occasions, and attempts to verify a new address were unsuccessful.

While Appellant has now sent in documents verifying eligibility and is now enrolled again in a ConnectorCare plan, the Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on November 14, 2018, and that determination is upheld.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7388

Appeal Decision Appeal Denied

Hearing Issue: Eligibility for subsidized Health Connector plans based upon updated income information

Hearing Date: January 14, 2019

Decision Date: February 5, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On November 13, 2018, Appellant was determined eligible for Health Connector Plans without subsidies based upon Appellant's updated income information

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plans without subsidies, based upon Appellant's updated income information

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 14, 2019.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Correspondence from Appeals Unit of Health Connector
- Exhibit 3: Hearing Request Form dated December 6, 2018
- Exhibit 4: Notice on Appeal
- Exhibit 5: Eligibility Results and application summary

FINDINGS OF FACT

The record shows, and I so find:

1. During 2018, Appellant was covered under a ConnectorCare Plan with Advance Premium Tax credits (Exhibit 5 and Testimony of Appellant).
2. During October and November 2018, information was received from other data sources regarding Appellant's income (Exhibits 4 and 5).
3. Appellant's income was updated several times in October and November 2018 (Exhibits 2, 4, and 5).
4. In November 2018, Appellant updated the projected income and provided the requested documents (Testimony of Appellant and Exhibit 5).
5. Appellant found it difficult to provide a projected income as Appellant is a seasonal employee (Testimony of Appellant)
6. On November 13, 2018, Appellant was determined eligible for a Health Connector Plan with no subsidies, beginning on January 1, 2019 (Exhibit 5).
7. Appellant filed an appeal on December 12, 2018, stating that the cost of insurance had quadrupled in cost but Appellant's income was the same (Exhibit 3 and Testimony of Appellant).
8. Appellant works as a seasonal employee and Appellant's income may be lower in the coming year (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.

During 2018, Appellant had been covered by a ConnectorCare Plan with Advance Premium Tax Credits. During October and November 2018, Appellant's income was updated several times by Appellant. The Health Connector also received information from other data sources. Appellant sent in documents requested by the Connector. The most recent updated income and document provided by Appellant led to a determination that Appellant's income was higher than 400% of the federal poverty level. Since Appellant's income was higher than 400% of the federal poverty level, Appellant was no longer eligible for a premium tax credit or additional state subsidies. In November 2018, Appellant was found eligible for a Health Connector Plan with no subsidies beginning on January 1, 2019. Appellant's premium increased. Based upon the updated information provided by Appellant, the Health Connector made the correct determination of eligibility for a Health Connector Plan with no subsidies. See Exhibits 3, 4, 5 and Testimony of Appellant, which I find to be credible.

ORDER

The appeal is denied.

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

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

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

ADDENDUM

Appellant works at a seasonal job. Appellant anticipates that the income of 2019 will be lower than the income for 2018. Appellant was planning to call customer service (1 877 623-6765) to report a new projected income.

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7489

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare based on failure to verify income.

Hearing Date: January 15, 2019

Decision Date: February 16, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On November 18, 2018, Appellant was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 15, 2019. 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 (4 pages, dated December 26, 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (5 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 1 page dated December 13, 2018)
- Exhibit 6: Notice of Eligibility Determination (12 pages, dated November 18, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (7 pages, dated November 18, 2018)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (7 pages, dated November 18, 2018)
- Exhibit 9: Historical Notices and Printouts (15 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 7, Appellant's testimony)
2. Appellant never enrolled in a Health Connector plan. (Appellant's testimony, Exhibit 4)
3. Appellant testified that she did not update her income to the Health Connector.

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.

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).

Appellant applied for health insurance coverage through the Connector. She was found eligible for Health Connector plans and she was notified that she was required to submit documentation of proof of income to confirm their eligibility. Appellant did not submit the documentation requested. On November 18, 2018, Appellant was notified that she was determined eligible for a Health Connector plans. The new determination was based on data from other sources because the Appellant did not send in the documents that were requested. On December 13, 2018, Appellant filed for an appeal based on her income.

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

FINAL APPEAL DECISION: ACA19-7540

Appeal Decision: Appeal Denied.

Hearing Issue: Appellant’s eligibility for subsidized insurance based on tax filing status

Hearing Date: January 31, 2019

Decision Date: February 18, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on December 13, 2018. The Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 31, 2019.

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

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

Exhibit 2: Health Connector’s Hearing Notice (5 pages, dated December 26, 2018)

- Exhibit 3: Health Connector’s Acknowledgement of Appeal (2 Pages)
- Exhibit 4: Appellant’s appeal request form 3 pages dated December 28, 2018)
- Exhibit 5: Notice of Eligibility Determination (10 pages, dated December 13, 2018)
- Exhibit 6: Health Connector’s Determination Results and Review Computer Printout (5 pages, dated December 13, 2018)
- Exhibit 7: Historical Notices and Printouts (5 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is a 58-year-old married female who applied for subsidized health insurance through the Health Connector on December 13, 2018. (Exhibit 5, Exhibit 6)
2. The appellant is married and lives with her husband. (Exhibit 3, Exhibit 6, Appellant’s son’s Testimony)
3. On her application, the Appellant stated that she was married but that she did not file a income tax return. (Exhibit 6)
4. The Health Connector found that the Appellant was eligible for Health Connector plans without subsidies, because the Appellant stated she was married but would not file a joint income tax return with her husband. (Exhibit 5, Exhibit 6)
5. The Appellant’s projected tax household income was \$9,582.96, which places her at 23.2% of the Federal Poverty Level. (Exhibit 6)
6. Appellant does intend to file a joint tax return for tax year 2018. (Appellant 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 her, and disputes the finding that she is not eligible for subsidies to help make her insurance more affordable.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain tax households are eligible for a premium tax credit if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC applies to married couples. In general, married applicants must attest that they will file a joint tax return in order to claim APTC (even if only one spouse is seeking coverage). 26 CFR § 1.36B-2T(b)(2)(i). However, if one of the spouses is the victim of domestic abuse or spousal abandonment, that

taxpayer may attest to filing as married filing separately, and still receive APTC. 26 CFR § 1.36B-2T(b)(2)(ii). To claim domestic abuse, the taxpayer must certify that he or she is living apart from the other spouse at the time of tax filing, and is unable to file a joint return because the taxpayer is a victim of “physical, psychological, sexual, or emotional abuse, including efforts to control, isolate, humiliate, and intimidate, or to undermine the victim's ability to reason independently.” 26 C.F.R. § 1.36B-2T(b)(2)(ii), (b)(2)(iii). Spousal abandonment similarly requires that the taxpayer certify that he or she is living apart from the other spouse at the time of tax filing, and that the taxpayer is unable to file a joint tax return because “the taxpayer is unable to locate his or her spouse after reasonable diligence.” 26 C.F.R. § 1.36B-2T(b)(2)(iv), (b)(2)(ii), (iv). Each exception may be claimed if only if it has not been claimed in each of the three preceding taxable years. 26 CFR § 1.36B-2T(b)(2)(v). Applicants looking to claim one of these exceptions must attest that they will file their 2017 taxes in accordance with the required certification, which appears on Form 8962.

In addition to the above exceptions to the requirement to file a joint tax return, taxpayers who qualify to file as head of household may also receive APTC. Even those taxpayers who are technically married may qualify to file as head of household, so long as the test for head of household status is satisfied. This test requires that the taxpayer be “unmarried,” that the taxpayer paid more than half the cost of keeping up a home for the year, and that a qualifying person lived with the taxpayer for more than half the year. 26 CFR § 1.2-2(b). Married taxpayers may be “considered unmarried,” and therefore eligible for head of household status, so long as the taxpayer, among other requirements, has not lived with the taxpayer’s spouse during the last six months of the tax year. 26 CFR § 1.7703-1. Taxpayers who are married but file as head of household are technically filing as unmarried, and so do not need an exception to the rule that they file a joint tax return, and may claim APTC so long as they are otherwise eligible. See 26 CFR § 1.36B-4T(b)(5) (Example 9). Applicants looking to claim APTC by claiming head of household status must attest that they will file their 2016 taxes as head of household.

The Appellant stated on her application that she is married and does not intend to file a joint tax return. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare, despite meeting the income threshold required for that program. The appellant’s son testified at hearing that she currently lives with her husband and intends to continue to live with him, and that they will file a joint tax return and will do so for tax year 2017 and tax year 2018. The Appellant did not file a joint tax return, and further does not fall into any of the exceptions for the requirement to file a joint tax return in order to get APTC. Therefore the Health Connector correctly found that the Appellant was not eligible for APTC or ConnectorCare, but is only eligible for an unsubsidized Health Connector Plan.

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

Massachusetts Health Connector Appeals Unit



where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this decision.

Cc: Health Connector Appeals Unit

ADDENDUM

Your appeal request has been denied based on your attestation that you did not file taxes jointly with your spouse. If you do decide that you will file a joint tax return, you should report that change to the Health Connector, since this might allow you to access subsidized insurance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7553

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: January 31, 2019

Decision Date: February 18, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on December 13, 2018. The Health Connector determined the Appellant to be eligible for Health Connector plans.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector plans.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 31, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant's wife 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 (5 pages, dated December 26, 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (5 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 3 pages dated December 13, 2018)
- Exhibit 6: Notice of Eligibility Determination (12 pages, dated December 13, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated December 13, 2018)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (8 pages, dated October 11, 2018)
- Exhibit 9: Historical Notices and Printouts (11 pages)
- Exhibit 10: Applicable Customer Service Notes (4 Pages)
- Exhibit 11: Health Connector's Determination Results and Review Computer Printout (8 pages, dated December 19, 2018)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 41 year old married female, who applied with her husband for subsidized health insurance on December 13, 2018. (Exhibit 6, Exhibit 7)
2. The Appellant has a household of four. (Exhibit 6,7, 11)
3. On her application, the Appellant entered a projected annual modified adjusted gross income of (MAGI) of \$100,993.28.
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 402.36% of the 2018 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 7)
5. Appellant testified that her income was as indicated on her application.
6. Appellant subsequently amended their application on December 19, 2018 and their income is now attested to at \$87,795.00. Their FPL is now 392.7%. Appellant and her family are now eligible for Health Connector plans with APTC and are enrolled in a Health Connector plan.

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).

On her application, the Appellant stated that her projected MAGI was \$100,993.28, which for a household of four, puts the Appellant at approximately 402.36% of the 2017 Federal Poverty Level. This means that the Appellant's household was more than the 300% limit for eligibility for subsidies, and therefore the Health Connector correctly found the Appellant eligible for Health Connector plans. 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7713

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: February 20, 2019

Decision Date: February 26, 2019

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 October 4, 2018. The Health Connector determined the Appellant to be eligible for Health Connector plans.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector plans.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 20, 2019. 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 (4 pages, dated January 23, 2019)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (2 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 2 pages dated January 9, 2019)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated January 9, 2019)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated January 13, 2019)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (4 pages, dated January 9, 2019)
- Exhibit 9: Historical Notices and Printouts (62 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 48 year old unmarried female, who applied for subsidized health insurance on January 9 & January 13, 2019. (Exhibit 7, Exhibit 8)
2. The Appellant has a household of one. (Exhibit 7 & 8)
3. On her application, the Appellant entered a projected annual modified adjusted gross income of (MAGI) of \$46,962.79.
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 402.15% of the 2018 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 7 & 8)
5. Appellant indicated that her two sons and their father have moved in with her due to economic difficulties
6. Appellant testified that her income was as indicated on her application.

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).

On her application, the Appellant stated that her projected MAGI was \$46,962.79, which for a household of one, puts the Appellant at approximately 402.15% of the 2017 Federal Poverty Level. This means that the Appellant's household was more than the 300% limit for eligibility for subsidies, and therefore the Health Connector correctly found the Appellant eligible for Health Connector plans. 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