

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6022

Appeal Decision: Appeal Denied
Hearing Issue: Special Enrollment Period
Hearing Date: 9/5/2018
Decision Date: 01/02/2019

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

The Health Connector determined that the Appellant was eligible for a Health Connector plan. Subsequent to appropriately notifying the Appellant that she was eligible to enroll, the Connector send another notice stating that she was not eligible for a Special Enrollment Period.

ISSUE

Whether the Appellant was eligible to enroll in insurance the Health Care Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on 9/5/2018.

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

- Exhibit 1: Affidavit of the Keeper of the Records
- Exhibit 2: Notice of Hearing
- Exhibit 3: Acknowledgment of Appeal
- Exhibit 4: Record of Contact with Appellant
- Exhibit 5: Request for Appeal
- Exhibit 6: Eligibility Approval

Exhibit 7: Eligibility Details
Exhibit 8: Application Summary
Exhibit 9: Paystub and Driver's License (copies)
Exhibit 10: Special Enrollment Period Decision
Exhibit 11: Eligibility Details
Exhibit 12: Application Summary
Exhibit 14: Eligibility Details
Exhibit 15: Application Summary

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant testified that she had been receiving subsidized health insurance through the Massachusetts Health Connector (Connector). Although her employer offered subsidized health insurance, the Appellant testified that she had not worked the requisite length of time to sign up for it. (Testimony)
2. At the end of April in 2018, the Appellant moved her address. The Appellant testified to notifying the postal service of her new address; it is unclear whether the Appellant notified her employer directly. The Appellant testified that her employer had sent its notice of the open enrollment period to her old address, and therefore missed the opportunity to sign up. She therefore has to wait for the employer's next open enrollment period. (Testimony)
3. The Appellant testified to having received an increase in her wages and, on July 16, 2018, she submitted a new application to the Connector to determine whether she was still eligible for subsidized health care benefits. On that same date, the Connector determined that she was eligible for an unsubsidized Connector plan, Catastrophic Health Plans, and had until October 15, 2018 to sign up. (Exhibit 6, 7)
4. On July 25, 2018, the Massachusetts Health Connector sent a notice to the Appellant advising her that she was not able to enroll in health care coverage through the Connector because she lacked a qualifying event that would qualify her for a Special Enrollment Period. (Exhibit 10) The Appellant interpreted the July 25, 2018 notice as rescinding her eligibility for Connector health insurance because she had missed her employer's open enrollment period. (Testimony, Exhibit 5) I find the Appellant's confusion understandable.
5. On August 16, 2018, the Appellant submitted another application to the Massachusetts Health Connector. The Connector determined that the Appellant was eligible for unsubsidized Health Connector Plans, Catastrophic Health Plans and that she qualified for a Special Enrollment period through October 15, 2018. (Exhibit 14)
6. At the Hearing, the Appellant did not understand that she was free to enroll in a Connector health care plan. She stated her intention to enroll in a Connector plan subsequent to the hearing. (Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Connector appropriately determined that the Appellant was eligible for a Special Enrollment Period based on her increased income, as more fully explained in Health Connector Eligibility Policy #NG-1E, dated 01/01/2016, as revised. Accordingly, the July 25, 2018 notice was incorrect and in conflict with the prior notice. The Appellant reasonably believed that the July 25, 2018 notice superseded the earlier notice, and that she was no longer eligible to enroll in a health plan through the Connector. This belief resulted in this Appeal. Although the Health Connector was in error to send the July 25 notice, the hearing was held prior to the end of the Special Enrollment Period, and the Appellant was able to enroll.

ORDER

The Appellant's Appeal is denied, because she was able to enroll in a Connector plan before the expiration of the Special Enrollment Period.

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

Addendum: The Hearing Officer cautions the Appellant to ensure that she properly notifies the Connector of a change in address within 30 days. In accordance with Health Connector Policy #NG-12, if an enrollee's mail is returned to the Connector as undeliverable, the Connector will terminate enrollment in a Qualified Health Plan if it is not able to reach the enrollee to obtain a new address.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA186466

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

Hearing Issue: Whether the Connector correctly determined that the appellant was eligible to purchase health insurance through the Connector without financial assistance because of the appellant's failure to submit proof of income in a timely fashion.

Hearing Date: November 5, 2018

Decision Date: January 7, 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 May 12, 2018, the Connector determined that the appellant was eligible to purchase health insurance through the Connector without financial assistance.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on November 5, 2018. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. The appellant testified. At the end of the hearing, the record was kept open until December 5, 2018 to give the appellant time to send in additional evidence. As of the date of this writing, no additional evidence has been received from the appellant. The record is now closed.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated October 16, 2018 addressed to Appellant for November 5, 2018 hearing
- Exhibit 3: Connector Appeals Unit letter dated September 19, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff case notes
- Exhibit 4: Hearing Request Form submitted by Appellant on September 10, 2018
- Exhibit 5: Connector letter dated May 12, 2018 to Appellant regarding eligibility
- Exhibit 6: Summary and results of Appellant's application for Connector plan dated May 12, 2018
- Exhibit 7: Connector letter to Appellant dated October 5, 2018 regarding eligibility

- Exhibit 8: Summary and results of Appellant's application for Connector plan dated October 5, 2018
Exhibit 9: Connector letter to Appellant dated July 13, 2018 regarding eligibility
Exhibit 10: Summary and results of Appellant's application for Connector plan dated July 13, 2018
Exhibit 11: Connector letter to Appellant dated September 8, 2017 requesting information
Exhibit 12: Connector letter to Appellant dated August 19, 2016 requesting information
Exhibit 13: Summary and results of Appellant's application for Connector plan dated August 19, 2016
Exhibit 14: Connector letter to Appellant dated September 8, 2017 requesting information duplicate sent to Connector by Appellant and other duplicates of correspondence
Exhibit 15: Processing Center records from October, 2017 and June, 2018 with document received from Appellant with fax coversheets
Exhibit 16: MassHealth records regarding coverage for Appellant's children
Exhibit 17: Customer Service Notes, contacts with Appellant and Appellant's representative
Exhibit 18: Summary and results of Appellant's application for Connector plan dated October 9 , 2018

FINDINGS OF FACT

The record shows, and I so find:

1. In letters dated August 19, 2016 and September 8, 2017. the Connector notified the appellant that she needed to provide proof of income by November 17, 2016 and October 13, 2017 respectively. In the 2016 letter, the Connector notified the appellant that if she already had coverage through the Connector, the coverage might be decreased or ended if the required proof was not submitted. In the 2017 letter, the Connector informed the appellant that if she did not send the required proof of income in by the deadline, she might lose her coverage or have to pay more for her health insurance. A list of acceptable forms of proof was included in the letters (Exhibit 11 and 12).
2. At the time the Connector asked the appellant for proof of income, the appellant had ConnectorCare coverage and her children had MassHealth coverage (Testimony Appellant).
3. On October 25, 2017, the appellant sent two pages of her 2016 Federal tax form 1040 to the Connector (Exhibit 15).
4. Appellant received a letter from the Connector dated May 12, 2018 notifying her that she and her children were now eligible for health insurance coverage through the Connector, but with no financial assistance (Exhibit 5).
5. Appellant did not send in the required proof of income until June 25 2018 . At this time, she sent in her complete 2016 Federal tax return, Form 1040 (Exhibit 15).
6. When the required documentation was not received in a timely manner and Appellant's eligibility for financial assistance ended, Appellant and her husband were give a Connector health plan with an increase in monthly premium payments . Their children were added to the plan (Exhibits 5 and 6, Testimony of Appellant).
7. Appellant filed a request for an appeal of the Connector's May 12, 2018 determination on September 10, 2018. This request was untimely, but the Connector ultimately decided to grant the appellant a hearing (Exhibits 3, 4).
8. After sending in the required proof of income in June, 2018, Appellant and her husband were found to be eligible for ConnectorCare . Their children were given MassHealth coverage (Exhibits 9, 15, 18).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on May 12, 2018 that the appellant was eligible to enroll in a Health Connector plan with no financial assistance because the appellant had not submitted proof of income by the required deadline.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. If a household's projected income is between 100% and 400% of the Federal Poverty Level, the household members may be entitled to an advance premium tax credit to help cover the cost of health insurance premiums. If additional documentation is requested from an applicant and the documentation is not received, the Connector seeks data from other sources and eligibility to enroll in a plan may be terminated. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5), 956 CMR 12.05 and 12.09(1) which provides that an applicant for health insurance coverage must cooperate with the Connector in providing information necessary to establish and maintain eligibility.

In this matter, Appellant was enrolled in a ConnectorCare plan. In September, 2017, the Connector asked Appellant to submit proof of income by October 13, 2017. In the 2017 letter, the Connector informed the appellant that if she did not send the required proof of income in by the deadline, she might lose her coverage or have to pay more for her health insurance. A list of acceptable forms of proof was included in the letters. See Exhibit 12.

On October 25, 2017, after the deadline for submission, the appellant sent the Connector two pages of her 2016 Federal tax Form 1040. See Exhibit 15. This was insufficient. If an applicant is asked to submit proof of income and chooses to send in a Federal tax return, the entire return with attachments must be submitted. See Exhibit 12 which lists all acceptable forms of proof.

Since the appellant did not send in all of the required documentation, the Connector determined that she was no longer eligible for ConnectorCare, but was eligible for a Connector Health plan without financial assistance. See Exhibit 5.

What is at issue here is whether the determination made by the Connector was correct on the date it was made. After notifying the appellant in September, 2017 that that she was required to submit proof of income by October 13th, and not receiving the required documentation, the Connector terminated Appellant's eligibility for ConnectorCare coverage in May, 2018. Instead the Connector determined that the appellant was eligible for a Connector Health plan with no financial assistance. The appellant did not submit the required documentation until June, 2018, well after the Connector determination. No error was made by the Connector. See cites above.

The determination of the Connector is affirmed.

In her request for a hearing and during the hearing, Appellant requested that the Connector refund payments made by direct withdrawal from her bank account after she lost her ConnectorCare coverage. Whether she is entitled to a refund is not an appealable issue, so no determination is being made about the payments. See Exhibit 4.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan 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: ACA186525

Appeal Decision: Appeal allowed. The determination of the Connector is overturned.

Hearing Issues: Whether the Connector correctly determined that the appellant was ineligible to purchase health insurance through the Connector because Appellant was not lawfully present in the United States.

Hearing Date: November 5, 2018

Decision Date: December 31, 2018

AUTHORITY

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

JURISDICTION

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

ISSUE

Whether the Connector correctly determined pursuant to 45CFR155.305(a)(1) that the appellant was ineligible to purchase a health insurance plan through the Connector because according to Connector records, the appellant was not lawfully present in the United States.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On August 31, 2018, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector because he was not lawfully present in the United States.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on November 5, 2018. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. The appellant testified.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated

Exhibit 2: Connector Appeals Unit Notice of Hearing dated October 16, 2018 addressed to Appellant for November 5, 2018 hearing

Exhibit 3: Connector Appeals Unit letter dated September 14, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Appeals Unit staff case notes

Exhibit 3b: E-mail to Appellant from Connector Appeals Unit dated September 28, 2018

Exhibit 4: Hearing Request Form submitted by Appellant on September 13, 2018 with copy of pages

- from Appellant's United States passport issued February 3, 2017
- Exhibit 4a: Letter from Connector to Appellant dated August 31, 2018 (Page 1 only) denying eligibility
- Exhibit 5: Connector letter dated August 31, 2018 to Appellant regarding eligibility for his son for ConnectorCare
- Exhibit 6: Summary and results of Appellant's application for Connector health insurance dated August 31, 2018
- Exhibit 7: Connector letter to Appellant dated September 14, 2018 regarding eligibility
- Exhibit 8: Summary and results of Appellant's application for Connector plan dated September 14, 2018
- Exhibit 9: Summary and results of Appellant's application for Connector plan dated February 15, 2017
- Exhibit 9a: Connector letter to Appellant dated February 15, 2017 requesting completion of parental non-custodial form
- Exhibit 10: "AVV" print-out regarding Appellant's program determination
- Exhibit 11: MassHealth member and provider service records regarding Appellant and his son
- Exhibit 12: Summary and results of Appellant's application for Connector plan dated June 3, 2018
- Exhibit 13: Record of receipt and processing of Appellants documents (paystubs) by Connector on August 9, 2018 with pay stubs attached
- Exhibit 14: Connector letter to Appellant dated June 3, 2018 requesting proof of income by September 1, 2018

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant has been applying to the Connector for health insurance at least since February, 2017. At that time, Appellant was asked to submit a non-custodial parent form and proof of income for his son who was listed on the Connector application as a tax dependent (Exhibits 9 and 9a).
2. In June, 2018, the Connector determined that both the appellant and his son were eligible for a ConnectorCare plan. On June 3rd, the Connector requested that the appellant send in proof of income by September 1, 2018. The appellant sent in pay stubs which were received and processed by the Connector on August 9, 2018 (Exhibits 12, 13, and 14).
3. The Connector sent two determinations to the appellant dated August 31, 2018. In one, the Connector informed the appellant that he was ineligible for any coverage through the Connector because Connector records indicated that he was not lawfully present in the United States. In the other, it informed the appellant that his son was eligible for ConnectorCare health insurance (See Exhibits 4a, 5).
4. Appellant filed a request for an appeal of the Connector's August 31, 2018 determinations on September 13, 2018. He enclosed a copy of his United States passport which had been issued on February 3, 2017. This was the appellant's second passport. He became a United States citizen in 2007 (Testimony of Appellant, Exhibit 4).
5. Appellant's son, an adult, did not appeal any determination of the Connector. At the time of the hearing, the son no longer lived in the same household as the appellant (Testimony of Appellant, Exhibit 6).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on August 31, 2018 that the appellant was ineligible to enroll in a Health Connector plan because he was not lawfully present in the United States.

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.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain a qualified health plan through the Connector, an individual, among other things, must be lawfully present in the United States. See Section 1312 of the Affordable Care Act and Federal Regulation 45 CFR155.305(a)(1).

The record on this matter is confusing, with contradictory evidence produced. There is an undated document produced by the Connector showing an attempt to verify Appellant's legal status which shows no lawful status found. See Exhibit 10. There is also correspondence between the Connector and the appellant in which the Connector found the appellant to be eligible for coverage. The correspondence goes back to February 15, 2017. There is no mention by the Connector of any issue regarding lawful presence until August 31, 2018. In the record is a copy of several pages of the appellant's United States passport showing an issuance date of February 3, 2017. Though that document was produced after August 31st, 2018, its issuance date far precedes the Connector's determination of ineligibility. Appellant testified that this passport was the second one he had had and that he became a citizen in 2007. I find his testimony to be credible. It is corroborated by the passport pages. In addition, in February, 2017, the appellant was found to be eligible for MassHealth. At that time, the only documentation requested of the appellant was the non-custodial parent form. See Exhibit 9. In June, 2018, the Connector found the appellant eligible for a ConnectorCare plan and only requested proof of income. See Exhibits 12 and 14.

What is at issue here is whether the determination made by the Connector was correct on the date it was made. Given all the facts above, there is no dated evidence in the record establishing that the appellant was unlawfully present in the United States on August 31, 2018. The bulk of the evidence in this record supports the opposition conclusion. The Connector's documents show that the Connector dealt with the appellant at least since February, 2017 as if he were lawfully present.

The determination of the Connector is overturned.

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6557

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized insurance based on access to Medicare

Hearing Date: October 24, 2018

Decision Date: January 3, 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*. 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 September 5, 2018, the Appellant was determined ineligible for Health Connector plans. The Appellant was denied subsidies because the Appellant has access to Medicare or is enrolled in Medicare.

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 access to Medicare.

HEARING RECORD

On October 24, 2018, the Appellants appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 9/5/18 Eligibility Denial Notice (6 pages)
- Exhibit 2: 9/17/18 Appeal (2 pages)
- Exhibit 3: 9/5/18 2018 Eligibility Results (4 pages)
- Exhibit 4: 9/19/18 AVV, View App, Program Determination (1 page)
- Exhibit 5: 10/24/18 Payment Portal/no HC record (1 page)
- Exhibit 6: 9/19/19 Outreach/ Ack. letter w/Medicare and SHINE info (1 page)

Exhibit 7: 10/2/18 Hearing Notice (10 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. By letter dated September 5, 2018, the Health Connector notified the Appellant that she did not qualify for health insurance coverage through the Health Connector because she had access to Medicare or was enrolled in Medicare. (Exhibit 1)
2. On September 17, 2018, the Appellant appealed the Health Connector's 9/5/12 denial notice, stating that "my insurance through work is costing me too much money." (Exhibit 2)
3. The Appellant is eligible for Medicare and is currently enrolled in Medicare. The Appellant's doctor put the Appellant on Medicare about twenty years ago. (Appellant's testimony; Exhibit 3; Exhibit 4)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on her appeal request form that she would like to enroll in health insurance through the Health Connector because insurance coverage through her employer cost too much.

Under 42 USC 1395ss(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare.

When the Appellant's eligibility for 2018 coverage was determined on September 5, 2018, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant acknowledged at hearing that she was enrolled in Medicare and has been enrolled for many years. Because the Appellant has access to Medicare, the Health Connector found that the Appellant was not eligible for Health Connector plans. This was the correct determination, under 42 USC 1395ss(d)(3)(A)(i). Therefore, the Appellant's appeal is denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6598

Appeal Decision: Appeal Granted

Hearing Issue: Eligibility for APTC

Hearing Date: October 24, 2018

Decision Date: January 3, 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.* 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 August 20, 2018, the Appellants were determined eligible for a Health Connector plan with no financial help.

ISSUE

The issue addressed on this appeal is whether the Appellants were eligible for any government subsidy in purchasing health insurance through the Health Connector.

HEARING RECORD

On July 17, 2018, the Appellants appeared at the hearing by telephone and offered testimony under oath or affirmation.

The hearing record consists of the testimony of the Appellants, and the following documents that were admitted into evidence:

- Exhibit 1: 8/20/18 Eligibility Approval Notice (8 pages)
- Exhibit 2: 8/20/18 Eligibility Results (6 pages)
- Exhibit 3: 8/27/18 Eligibility Approval Notice (9 pages)
- Exhibit 4: 9/20/18 Appeal of 8/20/18 Determination (1 page)
- Exhibit 5: 9/20/18 Appeal of 8/20/18 Determination w/exhibits (45 page)
- Exhibit 6: 9/25/18 MWS – 7/24/18 Unacceptable Proof (9 pages)
- Exhibit 7: 10/23/18 MWS – 7/24/18 Document Processed (34 pages)

- Exhibit 8: 10/24/18 Salesforce Case 10444701 Reinstatement (3 pages)
- Exhibit 9: 10/24/18 Open Case 10444701 (2 pages)
- Exhibit 10: Outreach (7 pages)
- Exhibit 11: H.I.P. Detail and 10/23/18 Appeals Data (3 pages)
- Exhibit 12: 10/23/18 Salesforce Case 10441408 (4 pages)
- Exhibit 13: 10/17/18 Most Recent Determination – Application (6 pages)
- Exhibit 14: 10/2//18 Hearing Notice (8 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. By letter dated July 12, 2018, the Health Connector requested proof of income from the Appellants, in response to the Appellant’s application for insurance coverage. The Appellants submitted documents to the Connector in response to this request. (Appellants’ testimony; Exhibit 4)
2. On July 27, 2018, the Appellants received a letter from the Connector, stating that the documents submitted by the Appellants could not be used. In response, the Appellants called Customer Service and were told that the documents had been received and that it would take 1-2 weeks to review the proof of income and loss of health insurance coverage. (Appellant’s testimony)
3. On August 19, 2018, the Appellant received another letter from the Connector, requesting proof of income and loss of health insurance coverage. (Appellant’s testimony; Exhibit 4)
4. On August 20, 2018, the Health Connector determined that the Appellants were eligible for a Health Connector Plan with no financial help because their household income was 580.54% of Federal Poverty Level, based on the income they reported in their application or the most recent information received from income data sources. (Exhibit 2)
5. On August 24, 2018, the Appellants received notice of the Connector’s 8/20/18 determination. In response, the Appellants immediately called Customer Service. Customer Service investigated the situation and discovered that the income of one of the Appellants had been counted twice, in error, in making the 8/20/18 determination. (Exhibit 1; Appellants’ testimony)
6. On August 27, 2018, the Health Connector determined that the Appellants were eligible for a Health Connector Plan with Advance Premium Tax Credit of \$729 each month because their household income was 356.67% of Federal Poverty Level, based on the income they reported in their application or the most recent information received from income data sources. (Exhibit 3)
7. On August 27, 2018, the Appellants called Customer Service and confirmed that their insurance coverage start date would be September 1, 2018. (Appellants’ testimony; Exhibit 3)
8. On September 20, 2018, the Appellant appealed the Health Connector’s 8/20/18 determination, stating that, “the health connector is incorrectly calculating our income as 580.54% of the federal poverty level resulting in a loss of our advanced premium tax credit.” (Exhibit 4)
9. On October 17, 2018, the Appellants contacted the Health Connector’s Ombudsman in order to correct any remaining problems caused by the Health Connector’s error in determining the Appellants’ FPL on August 20, 2018. All issues were addressed during this discussion and resolved. However, as of the time of the hearing, the Appellants had not yet seen any retroactive adjustment of their APTC. (Appellants’ testimony: Exhibit 5; Exhibit 8)
10. On October 17, 2018, the Health Connector determined that the Appellants were eligible for a Health Connector Plan with APTC of \$712, because their household income was 369.6% of Federal Poverty Level, based on the income they reported in their application or the most recent information received from income data sources. (Exhibit 13)

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.

In this case, the Health Connector, in error, double-counted the income of one of the Appellants in processing the Appellants’ 8/20/18 application and determining that the Appellants did not qualify for an APTC. But for this error, the Appellants would have qualified for an APTC. Therefore, the Health Connector’s 8/20/18 decision that the Appellant qualified for Health Connector Plan without any financial assistance was incorrect, under 26 IRC § 36B and 45 CFR § 155.305(f) and 956 CMR § 12.04.

Accordingly, the Appellants’ appeal is granted. If the Health Connector had not already done so, the Health Connector shall make whole the Appellants for any loss resulting from the error, including any necessary retroactive adjustment.

ORDER

The appeal is granted.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6659

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Subsidy

Hearing Date: December 6, 2018

Decision Date: January 28, 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.* 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 September 11, 2018, the Appellant was determined eligible for Health Connector plans with no subsidy. The Appellant was denied subsidies because the Appellant had not reconciled the Advance Premium Tax Credit that she had received in 2017.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for any subsidy in 2018, based on the Appellant's failure to reconcile her 2017 APTC.

HEARING RECORD

On December 6, 2018, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 9/11/18 Eligibility Approval Notice (20 pages)
- Exhibit 2: 9/30/18 Appeal - online (1 page)
- Exhibit 3: 9/11/18 2018 Eligibility Results (4 pages)
- Exhibit 4: 10/17/18 2018 Eligibility Results (4 pages)
- Exhibit 5: 10/23/18 Appeal Unit Contact Notes (1 page)

Exhibit 6: 1/10/18 Notice to File 2017 Taxes (8 pages)
Exhibit 7: 11/13/18 Hearing Notice (8 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. By letter dated September 11, 2018, the Health Connector notified the Appellant that she was eligible for Health Connector plans with no financial help. The letter stated that one of the reasons that she did qualify for financial help through a ConnectorCare plan of an Advance Premium Tax Credit (APTC) may have been that she had received an APTC in the past and did not file a federal income tax return for that year. (Exhibit 1)
2. By letter dated January 10, 2018, the Health Connector sent the Appellant a Form 1095-A for filing her 2017 taxes. The letter notified the Appellant that it was "Important" that she file her tax returns for 2017 if she had received an APTC in 2017 and that, if she did not file, she would not get any help paying for health insurance in the future. (Exhibit 6)
3. The Appellant received financial assistance through an APTC in 2017. (Appellant's testimony)
4. As of December 6, 2018, the Appellant had not yet filed her federal income tax return for 2017 and reconciled the amount of APTC she had received in 2017. (Appellant's testimony)
5. The Appellant intends to do her 2017 taxes as soon as she can and then report this to Customer Service. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector plans without subsidies. Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit (APTC) if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. One of the requirements to be eligible for APTC is that an individual who received APTC in a prior tax year file a federal income tax return for that year, and reconcile the amount of APTC received against the amount for which the individual is eligible. 45 CFR § 155.305(f)(4).

On September 11, 2018, the Appellant was determined eligible for Health Connector plans without any financial assistance. In 2017, the Appellant was eligible for and received an APTC. However, the Appellant did not file an income tax return for 2017. Because the Appellant did not file her 2017 taxes and reconcile receipt of her APTC for 2017, the Appellant was not eligible to receive APTC or other financial assistance in 2018 or any future year, until she filed her 2017 taxes and reconciled her 2017 APTC. 45 CFR § 155.305(f)(4).

The Appellant should comply with the requirement to reconcile receipt of 2017 APTC by filing a 2017 federal income tax return, including Form 8962. The Appellant will need to use Form 1095A in order to complete Form 8962. If the Appellant does not have their Form 1095A, and because the Appellant received APTC in 2017 through the Health Connector, the Appellant should contact the Health Connector's Customer Service Center to request a duplicate 1095A form. Once the Appellant complies with the requirement to reconcile her 2017 APTC, the Appellant can report this to Customer Service and attest to compliance with the reconciliation requirement for 2017.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6959

Appeal Decision: Eligibility determination upheld

Hearing Issue: Eligibility for special enrollment period

Hearing Date: December 6, 2018

Decision Date: January 28, 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.* 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 September 21, 2018, the Health Connector determined that the Appellant did not qualify to enroll in a new health insurance plan at that time.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant could not enroll in a new health insurance plan at that time, because she did not qualify for a special enrollment period.

HEARING RECORD

On December 6, 2018, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 9/12/18 Special Enrollment Decision (8 pages)
- Exhibit 2: 10/30/18 Appeal (10 pages)
- Exhibit 3: 10/30/18 Appeal – Screenshot (1 page)
- Exhibit 4: 10/31/18 Appeals Unit – Notes (1 page)
- Exhibit 5: 2018 Eligibility Results – 3/19/18 Application (2 pages)

- Exhibit 6: 3/19/18 Application Summary (3 pages)
- Exhibit 7: 10/31/18 MMIS – Prod MassHealth (1 page)
- Exhibit 8: 10/31/18 Payment Portal (1 page)
- Exhibit 9: 11/13/18 Hearing Notice (9 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. By letter dated September 21, 2018, the Health Connector notified the Appellant that she did not qualify to enroll in a new health insurance plan at that time because she did not qualify for a special enrollment period. (Exhibit 1)
2. On October 30, 2018, the Appellant appealed the Health Connector's 9/21/18 denial notice, stating that her COBRA payment was too much for her to pay in light of her mortgage and other bills and that she would be eligible for Medicare in December 2018. (Exhibit 2)
3. The Appellant was born in March 1954. (Exhibit 2)
4. The Appellant had COBRA health insurance coverage in 2018 through a previous employer, at her election. Her monthly premium for the coverage was \$522.80. The coverage began on January 1, 2018, and was to end on May 31, 2019. (Exhibit 2; Appellant's testimony)
5. On March 19, 2018, the Appellant applied to the Health Connector for coverage, after concluding her COBRA premium was too high for her to afford. The Health Connector determined that she did not have a qualifying event for a special enrollment period and that she would have to wait until the next open enrollment period to enroll in new coverage. (Exhibit 5)
6. In September 2018, the Appellant decided that she could not afford to continue paying the monthly premium for COBRA coverage and applied to the Health Connector for coverage again. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2018 was from November 1, 2017, to January 23, 2018. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage.

The Appellant's decision to drop her COBRA coverage in 2018 was not a qualifying life event. While loss of coverage in limited circumstances can qualify an applicant for a special enrollment period, such circumstances do not include loss of coverage due to voluntary termination of coverage or due to failure to pay COBRA premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage. 45 CFR § 155.420(e)(1). In this case, the Health Connector determined that the Appellant was not eligible for a special enrollment period due to her failure to have a qualifying life event. As the Appellant's COBRA coverage would not have expired until May 2019, if she had chosen to continue it, I conclude that the Appellant did not experience a qualifying event, under 45 CFR § 155.420(e)(1).

Therefore, the Health Connector correctly determined on September 18, 2018, that the Appellant did not qualify for a special enrollment period. The Appellant's appeal is denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-7031

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for SEP

Hearing Date: December 6, 2018

Decision Date: January 28, 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.* 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 October 16, 2018, the Health Connector determined the Appellant eligible in 2019 for ConnectorCare Plan Type 2B with Advance Premium Tax Credit of \$399/monthly.

ISSUE

In filing this appeal, the Appellant is seeking insurance coverage for medication for the remainder of 2018.

HEARING RECORD

On December 6, 2018, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

The hearing record consists of the testimony of the Appellants, and the following documents that were admitted into evidence:

- Exhibit 1: 10/16/18 Eligibility Approval for 2019 (10 pages)
- Exhibit 2: 11/5/18 Appeal (1 page)
- Exhibit 3: Appeal Unit Contact Notes (1 page)
- Exhibit 4: 11/7/18 Acknowledgment, English and Spanish (3 pages)
- Exhibit 5: 2019 Elig. Results for 10/16/18 Application (6 pages)
- Exhibit 6: 2018 Elig. Results for 4/22/18 Application (3 pages)
- Exhibit 7: 11/19/18 Hearing Notice (6 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On April 22, 2018, the Appellant applied to the Health Connector for insurance coverage in 2018. The Health Connector determined that the Appellant qualified for ConnectorCare Plan Type 2B with Advance Premium Tax Credit, effective as early as May 1, 2018; that the Appellant qualified for a Special Enrollment Period; and, that the Appellant could enroll in coverage as late as November 23, 2018, for coverage in December 2018. (Exhibit 6)
2. After receiving the 4/22/18 eligibility approval notice, the Appellant did not enroll in coverage for 2018, because she did not find any coverage that she could afford. (Appellant's testimony)
3. On October 16, 2018, the Appellant applied to the Health Connector for 2019 insurance coverage. The Health Connector determined the Appellant eligible for ConnectorCare Plan Type 2B with Advance Premium Tax Credit, effective January 1, 2019. (Exhibit 1)
4. On November 5, 2018, the Appellant appealed the Health Connector's 10/16/18 determination, stating only that: "I need my insurance for my medication; I am appealing because I need my medication that is the reason; I know that I qualify."
5. On November 7, 2018, the Appeals Unit contacted the Appellant, informed her that she was being given an administrative SEP so that she could apply for coverage for December 2018, and provided the Appellant with the Health Connector's Customer Service phone number for the Appellant to call and select a plan. (Exhibit 3)

ANALYSIS AND CONCLUSIONS OF LAW

In this case, while the Appellant, on paper, is appealing the Health Connector's 10/16/18 determination on her application for 2019 coverage, the Appellant made it clear in her appeal and at hearing that her concern was that her insurance coverage would not begin until January 1, 2019, as she had an immediate need for medication coverage. On November 7, 2018, shortly after receiving Appellant's appeal, the Appeals Unit verified that this was in fact the Appellant's issue and encouraged the Appellant to enroll in a plan for December 2018 coverage, based on the Special Enrollment Period for 2018 that the Appellant had qualified for in April 2018.

However, as this appeal involves solely 2019 coverage and the Appellant has not identified any basis for appealing the Health Connector's 10/16/18 determination on 2019 coverage, the 10/16/18 determination is upheld and the Appellant's appeal is denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-7060

Appeal Decision: Appeal denied

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

Hearing Date: December 20, 2018

Decision Date: January 21, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated October 23, 2018, the appellant was advised that in 2019 she qualified for Health Connector Plans (with no financial help). (Ex. 3) The appellant filed an appeal dated November 6, 2018 (Ex. 6) based on income. The matter was referred to a hearing after receipt of the appeal. (Ex.9)

ISSUE

Was the Connector's decision regarding the appellant's qualification for Health Connector Plans correct at the time of its determination on October 23, 2018, pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 20, 2018, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

- Ex. 1— Computer printout of Health Connector's Eligibility Determination Results showing a program determination for February 22, 2018 (3 pages)
- Ex. 2— Computer printout of Health Connector's Review of Application (3 pages)
- Ex. 3—Health Connector's Notice of Eligibility Approval dated October 23, 2018
- Ex. 4— Computer printout of Health Connector's Eligibility Determination Results showing a program determination for September 1, 2018 (2 pages)
- Ex. 5— Computer printout of Health Connector's Review of Application (3 pages)

- Ex. 6—Hearing Request Form dated November 6, 2018 (2 pages)
- Ex. 7—Acknowledgement of Appeal dated November 7, 2018 (5 pages)
- Ex. 8—Appeals Unit notes (1 page)
- Ex. 9—Notice of Hearing (5 pages)
- Ex. 10—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 43 years-old, is married, and has a minor child. She has a tax household size of two consisting of herself and her child. (Testimony, Exs. 2, 5) ¹
2. The appellant has been employed for at least two years during which time she has been enrolled in employer health insurance. (Testimony)
3. When the appellant filed an application for health insurance with the Health Connector, she attested to the fact that she did not have an option to enroll in employer health insurance coverage and that she did not have affordable employer sponsored insurance. (Testimony, Exs. 2,5)
4. The appellant's nephew prepared the application and she believes that some of the information he submitted may be inaccurate. (Testimony)
5. The appellant was determined eligible for ConnectorCare Plan Type 3B with Advanced Premium Tax Credits (APTC) of \$0 effective March 1, 2018. She did not enroll in a Health Connector plan and was enrolled in employer provided insurance at that time. (Testimony, Ex. 1)
6. By letter dated October 23, 2018, the Health Connector notified the appellant that she qualified for Health Connector Plans (with no financial help) for 2019. The appellant was further notified that the federal poverty level (FPL) used based on her self-reported income was 152.11% and the FPL used to determine her program eligibility was "unknown". (Exs. 3,4)
7. The appellant filed an appeal of the Health Connector's October 23, 2018 on November 7, 2018, and stated that she should qualify for insurance based on income. (Ex. 6)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), applicants are eligible for an APTC (advanced premium tax credit) if they meet qualifying income levels and other eligibility requirements. Massachusetts residents may also be eligible for additional state premium assistance through the Health Connector's ConnectorCare program if a) their household income does not exceed 300 percent of the FPL and b) they are eligible for an APTC. See 956 CMR 12.09(1). The Health Connector is required to redetermine eligibility for its members annually, and as part of this process, is required to reverify member income information, including by using electronic data sources, in accordance with 45 CFR § 155.335(b).² The annual renewal process requires the Health Connector to notify members of the renewal year eligibility determination, and offer the member at least 30 days to report changes if the determination is not correct. 45 CFR § 155.335(c)-(g). Where the member does

¹ The appellant testified that she is married, but did not identify a spouse on her application.

² Although the appellant was not enrolled in a Health Connector plan at the time of the redetermination process in the fall of 2018, her eligibility was redetermined and resulted in the notification dated October 23, 2018 (Ex. 3)

not report any changes, the Health Connector must finalize the member's eligibility based on the information it used in its renewal process. 45 CFR § 155.335(h). If electronic data sources have no information to report, the response is "unknown".

An applicant who has access to other qualifying health insurance, including insurance through an employer, will be blocked from eligibility for an APTC if the coverage is affordable and meets minimum value standards, as those terms are defined by the law. See 26 CFR section 1.36B-2(c)(3). Coverage for plan year 2019 is considered to be affordable if the employee's contribution for an individual plan is 9.86 percent or less of the employee's projected household modified adjusted income (MAGI). The coverage is considered to meet minimum value standards if it has an actuarial value of at least 60 percent.

The appellant was determined eligible for Health Connector Plans with no financial help based on a report of no data from electronic data sources. She was advised at the conclusion of the hearing that the only way to resolve this is by reporting her income and then following up with proof of income when requested. However, in addition to the foregoing matter, she testified that she has been enrolled in employer insurance for the past two years, notwithstanding her attestation on her application that she did not have an option to enroll in employer health insurance. Accordingly, had she made an accurate representation regarding employer coverage, her eligibility for subsidies would have been blocked if that coverage was considered affordable.

Based upon the totality of the evidence, it is concluded that the Connector's determination on October 23, 2018, regarding the appellant's eligibility for Health Connector Plans without subsidies was correct.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-7182

Appeal Decision: Denied

Hearing Issue: The effective date of enrollment in a Health Connector Plan

Hearing Date: January 4, 2019

Decision Date: January 9, 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

On November 16, 2018, in conjunction with a Massachusetts General Laws, Chapter 30A proceeding, the Director of the MassHealth Board of Hearings forwarded the Appellant's request to appeal a Health Connector eligibility determination that was mistakenly filed at MassHealth and not forwarded to the Health Connector in December 2017.

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 9, 2016, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits with a First Available Start Date of December 1, 2016.

The Health Connector determined that the Appellant had completed the actions needed to enroll in health insurance effective January 1, 2017.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's effective date of enrollment.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 4, 2019. The Head of Household attended the hearing but did not testify. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Health Connector's Hearing Record Affidavit.

Exhibit 2: Health Connector Appeals Unit Notice of Hearing with attachments dated December 27, 2018.

- Exhibit 3: An E-mail from the Director at the Board of Hearings, with attachments, submitted to the Health Connector Appeals Unit Manager on November 16, 2018.
- Exhibit 4: Documentation verifying that the Appellant's appeal of the Health Connector's November 9, 2016 determination was entered at the Health Connector on November 16, 2018.
- Exhibit 5: Health Connector Appeals Manager's Case Review for this appeal.
- Exhibit 6: Health Connector's Eligibility Approval Notice with an application summary dated November 9, 2016.
- Exhibit 7: Health Connector Agent Portal Enrollment information for the Appellant's household.
- Exhibit 8: Health Connector's Notes from Customer Service Interactions-SalesForce.
- Exhibit 9: Health Connector Policy CM-3 Premium Billing and Payments effective January 1, 2016.
- Exhibit 10: A copy of check number 327 dated January 2017 submitted by the Appellant on January 3, 2019 with a copy of page one of the Health Connector's November 9, 2016 notice submitted on January 4, 2019.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant submitted an application for health insurance for to the Health Connector on November 9, 2016. The Appellant requested coverage for them self and their spouse (Exhibit 6).
2. On November 9, 2016 the Health Connector determined, based on the income information provided by the Appellant that the household of two had income equal to 354.05% of the federal poverty level. The household of two was determined to be eligible for Health Connector Plans with Advance Premium Tax Credits. The First Available start date was noted to be December 1, 2016. The Appellant was given a sixty-day enrollment period (Exhibit 6).
3. On page two of the November 9, 2016 eligibility notice, the Appellant was advised that in order to enroll, the Appellant must choose a health plan and pay the monthly premium by the twenty third of the month before coverage could start (Exhibit 6).
4. The Appellant did not choose a health plan for December 2016. The Appellant chose a health plan effective January 1, 2017. The monthly premium was \$966.14 (Exhibit 7).
5. The Appellant submitted their first payment of \$966.14 on December 8, 2017. The Appellant successfully enrolled in a health insurance plan effective January 1, 2017 (Exhibit 7).
6. The Appellant made a second payment of \$966.14 for the month of February on January 24, 2017 (Exhibit 7).
7. On January 31, 2017 the Appellant visited a Health Connector walk-in center. The Appellant requested health insurance coverage retroactive to November 1, 2016. The Appellant gave the clerk a check for \$1,932.28 and made a notation on the check, Nov and Dec (Exhibits 8, 10).
8. Health Connector policy does not allow for retroactive coverage (Exhibit 9).
9. The Appellant disputes the policy that prohibits retroactive coverage. The Appellant argues that since the Health Connector accepted their check on January 31, 2017, they should be eligible for health insurance coverage effective November 2016. The Appellant testified that they had a serious illness that required hospitalization in November 2016 and the Appellant needs retroactive coverage due to the high cost of their medical expenses (Exhibit 4 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The purpose of 956 CMR 12.00 is to implement the provisions of M.G.L. ch. 176Q and thereby facilitate the availability, choice and adoption of qualified health plans to eligible individuals, families and groups. 956 CMR 12.01. Eligible Individuals must complete the Enrollment Process in order to receive covered services. Coverage begins on the Enrollment Effective Date, which is the first date of the month following the completion of Enrollment except in the case of birth, adoption or placement for adoption or foster care. 956 CMR 12.10 (2). Following a determination of eligibility, Eligible Individuals will be instructed to enroll in a Health Plan. Eligible individuals who are required to pay a premium must pay the first month's premium on or before the due date set by the Connector in order to complete the enrollment process. 956 CMR 12.10 (1). Health Connector Policy CM-3 requires that initial payment for all non-group products be made by the 23rd calendar day of the month before the coverage effective date.

The Appellant applied for health insurance for their household of two through the Health Connector on November 9, 2016. Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. Based on the income reported by the Appellant, the household was determined to have income equal to 354.05% of the federal poverty level. The Household of two was determined eligible for Health Connector Plan with Advance Premium Tax credits of \$430 for tax year 2016. The Appellant does not dispute the financial eligibility determination. The Appellant disputes the effective date of enrollment.

The Appellant seeks retroactive coverage for the months of November and December 2016. The Appellant argues that by accepting an annotated check on January 31, 2019 the Health Connector assented to providing the Appellant with retroactive coverage. As explained at the Hearing, payment does not establish eligibility. As noted above, Health Connector regulations and policy do not allow for an effective date of enrollment in the month of application except in limited circumstances not applicable to the Appellant and their Spouse. The Health Connector correctly determined that the Appellant and their spouse were not eligible for insurance coverage through the Health Connector in November 2016.

The Health Connector determined on November 9, 2016 that the Appellant was eligible to enroll in health insurance effective December 1, 2016. The notice advised the Appellant that for coverage to begin December 1, 2016 the Appellant would have to choose a health plan and pay the monthly premium by the 23rd of November 2016. This is consistent with Health Care Policy CM-3. The Appellant did not choose a plan for December 2016 and did not make a payment by November 23, 2016. The Appellant was not eligible for coverage for the month of December 2016.

The Appellant chose a plan for 2017 and made their first premium payment on December 8, 2016. This is the first date the Appellant can be found to have completed the enrollment process. In accordance with 956 CMR 12.10 (2) and Health Connector Policy CM-3, the Health Connector correctly determined the Appellant and their spouse eligible for health insurance coverage effective January 1, 2017.

The Appellant challenges Health Connector Policy and regulations as unfair. As explained at the Hearing, a challenge to the regulations and Health Connector policy is beyond the scope of administrative review. 956 CMR 12.02.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Customer Service at 1-877-623-6765 regarding the payment made on January 31, 2017. If the payment was not applied to tax year 2017 monthly premiums, the Appellant may request reimbursement.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-7208

Appeal Decision: Appeal denied

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

Hearing Date: December 20, 2018

Decision Date: January 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 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated October 25, 2018, the appellant was advised that he did not qualify for health insurance coverage through the Health Connector because records indicated that he did not reside in Massachusetts. (Ex. 2) The appellant filed an appeal dated November 4, 2018 (Ex. 5) based on residence. The matter was referred to a hearing after receipt of the appeal. (Ex. 9)

ISSUE

Was the Connector's decision regarding denying the appellant's qualification for health insurance coverage through the Health Connector correct on October 25, 2018, pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 20, 2018, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Notice of Eligibility Termination dated July 30, 2018 (6 pages)
- Ex. 2—Health Connector's Notice of Eligibility Denial dated October 25, 2018 (6 pages)
- Ex. 3—Computer printout of Health Connector's Eligibility Determination Results showing a program determination for October 25, 2018 (2 pages)
- Ex. 4— Computer printout of Health Connector's Review of Application (3 pages)
- Ex. 5—Hearing Request Form dated November 4, 2018 (3 pages)

- Ex. 6—Acknowledgement of Appeal dated November 20, 2018 (3 pages)
- Ex. 7—Appeals Unit Case Notes (2 pages)
- Ex. 8—Customer Service Log (4 pages)
- Ex. 9—Notice of Hearing (5 pages)
- Ex. 10—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 41-years-old, is single and has one child. He has a tax household size of two consisting of himself and his child. (Testimony, Ex. 4)
2. Prior to July 30, 2018, the appellant was enrolled in ConnectorCare Plan Type 3A with Advance Premium Tax Credit (APTC). (Testimony, Ex. 1)
3. On or prior to June 27, 2018, mail that the Connector sent to the appellant at his address in Town A was returned as undeliverable. On June 27, 2018, a representative of the Connector tried to call the appellant to advise him to update his mailing and residential address, but was unable to leave a voicemail. On June 28, 2018, a Connector representative made a second attempt to call the appellant, and noted that “the member picked up the phone and hung up”. On June 29, 2018, a Connector representative made a third attempt to call the appellant and left a voicemail indicating that his address on file resulted in mail being returned as undeliverable, and advised him to update his residential and mailing address. (Ex. 8)
4. By notice dated July 30, 2018, the Health Connector advised the appellant that he no longer qualified for coverage because it records indicated that he did not live in Massachusetts. (Ex. 1)
5. By notice dated October 25, 2018, the Health Connector notified the appellant that he did not qualify for health insurance coverage through the Health Connector because it records indicated that he did not live in Massachusetts. On the application on which the October 25th determination was based, the appellant listed an address in Town B. (Testimony, Exs. 2, 4)
6. The appellant appealed the Connector’s October 25, 2018, determination on November 4, 2018 based on residence. In his appeal, he stated that he has been living in Massachusetts for over three years. He submitted a bank statement with his appeal for the period August 7, 2018-September 7, 2018, in which his address is listed at a different street in Town B than the one listed on his appeal and on his application. (Testimony, Exs.4, 5)
7. The appellant moved to the address which he listed in Town B on his application approximately four months ago and did not report the change to the Connector. (Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant’s behalf, based on a projected yearly MAGI. Taxpayers who qualify for an APTC, who are residents of Massachusetts, and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector’s ConnectorCare program, pursuant to 956 CMR section 12.04 and 12.08 (1).

The appellant does not dispute that he moved to a new address approximately four months ago and did not report the change to the Connector. Furthermore, he does not deny that he provided at least two or more different addresses in Massachusetts during the course of his membership. In fact, the letter in which he was notified of his eligibility termination on July 30, 2018, was sent to one address, the letter denying his eligibility for insurance on October 25, 2018 was sent to a second address, and the documentation he submitted to corroborate his address lists a third address.

Based on the evidence in the record, it is concluded that the Connector's determination on October 25, 2018, regarding the appellant's eligibility for health insurance through the Connector was correct, and is therefore affirmed.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to report his address change to the Connector by either updating his application online at mahealthconnector.org or by contacting customer service at 1-877-623-6765.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA196831

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

Hearing Issue: Whether the Connector correctly determined the appellant's ineligibility to purchase health insurance through the Connector because of Appellant's enrollment in or access to Medicare.

Hearing Date: December 19, 2018

Decision Date: December 26, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 10, 2018, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector because the appellant had access to Medicare.

ISSUE

Whether the Connector correctly determined that the appellant was ineligible to purchase health insurance through the Connector because the appellant was enrolled in or had access to Medicare.

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 Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. The appellant testified.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated

Exhibit 2: Connector Appeals Unit Notice of Hearing dated December 3, 2018 addressed to Appellant for December 19, 2018 hearing

Exhibit 2a: Connector Appeals Unit Notice of Hearing dated October 19, 2018 addressed to Appellant for November 14, 2018 hearing

Exhibit 3: Connector Appeals Unit letter dated October 18, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Connector Appeals Unit Staff Notes

Exhibit 3b: Appeals Unit Staff e-mail to Appellant dated December 3, 2018

Exhibit 4: Hearing Request Form submitted by Appellant on October 18, 2018 with letter in support

attached

Exhibit 5: Connector letter dated October 10, 2018 to Appellant denying eligibility

Exhibit 6: Summary and results of Appellant's application for Connector health plan dated October 10, 2018 for 2019 eligibility

Exhibit 7: Summary and results of Appellant's application for Connector health plan dated February 21, 2018

Exhibit 8: Appeals Unit letter to Appellant dismissing appeal dated November 14, 2018

Exhibit 9: Letter from Appellant to Appeals Unit dated November 19, 2018 requesting vacating of dismissal

FINDINGS OF FACT

The record shows, and I so find:

1. On February 21, 2018, the appellant applied for insurance through the Connector. The Connector determined that the appellant was eligible for a ConnectorCare plan. Appellant enrolled in a plan (Exhibit 7, Testimony of the appellant).
2. On October 10, 2018, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector in 2019 because Appellant either had access to Medicare or was enrolled in Medicare (Exhibits 5 and 6).
3. Appellant filed a request for an appeal of the Connector's determination on October 18, 2018 (Exhibit 4).
4. Appellant was enrolled in Medicare when he applied for coverage through the Connector. He has had Part A coverage since November 1, 2017 (Testimony of Appellant).
5. Appellant claims that he is not eligible for Medicare Parts B and D until July, 2019 (Testimony of the appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant applied for health insurance in February, 2018. The Connector determined that Appellant was eligible to enroll in coverage through the Connector. In October, 2018, when determining eligibility for 2019, the Connector found that the appellant was enrolled or had access to Medicare. The Connector determined that the appellant was no longer eligible for a plan through the Connector because of the Medicare enrollment or access. Appellant appealed the Connector's determination on October 18, 2018. See the testimony of the appellant and Exhibits 4, 5, 6, and 7.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain help paying for health insurance through an advance premium tax credit, an individual, among other things, must not have access to other health insurance coverage which meets minimum essential coverage standards. See 45 Code of Federal Regulations Section 155.305(f)(1)(ii)(B) and 26 Code of Federal Regulations 1.36B-2(a)(2). The Social Security Act, Section 1882(d)(3)(A)(i) states: "It is unlawful for a person to sell or issue to an individual entitled to benefits under part A or enrolled under part B of this title . . . a health insurance policy with knowledge that the policy duplicates health benefits to which the individual is otherwise entitled under this title or title XIX." In other words, the Social Security Act provides that anyone who is eligible for Part A Medicare coverage cannot be sold coverage through the Connector, since that coverage would duplicate Part A coverage. See also 42USC 1395(d)(3)(A)(i).

At the hearing on December 19, 2018 Appellant testified that he had had Medicare Part A coverage since November, 2017. The Connector also determined that the appellant was either enrolled in or had access to Medicare coverage. See Exhibits 5 and 6, and the testimony of the appellant which I find to be credible. The Connector correctly determined that because he was enrolled in Medicare, Appellant was ineligible to purchase any health insurance plan through the Connector. See citations above. This determination is affirmed.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Addendum: During the hearing, Appellant stated that he did not have Parts B or D coverage. He claimed that he was not eligible for either until July, 2019. If he has not done so already, he may want to contact SHINE at 1-800-243-4636 for advice about obtaining such coverage.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-6954

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare and Advance Premium Tax Credits.

Hearing Date: December 17, 2018

Decision Date: January 2, 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 Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits effective January 1, 2019.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on December 17, 2018. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing with attachments dated November 16, 2018.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: The Appellant's Hearing Request Form submitted on October 31, 2018.
- Exhibit 5: Health Connector's Final Renewal Notice for 2019 dated October 14, 2018 with an application summary attached.

FINDINGS OF FACT

The record shows, and I so find:

1. As a result of a routine annual eligibility review, on September 5, 2018 the Appellant completed an application to renew their health insurance for the period beginning January 1, 2019 (Exhibit 5).
2. The Appellant reported that they live with their spouse, who has health insurance. The Appellant attested that they have income of \$5,000 monthly and their spouse has annual employment income of \$30,000 and monthly social security income of \$1,200 (Exhibit 5).
3. On October 14, 2018 the Health Connector found, based on the attested income and the household size of two persons, that the Appellant's household income is equal to 391.25% of the Federal Poverty Level (FPL) (Exhibits 5).
4. On October 14, 2018, the Health Connector determined that the Appellant was eligible for Health Connector Plans with Advance Premium Tax Credit of \$6 effective January 1, 2019 (Exhibit 5).
5. The Appellant submitted a Hearing Request form to the Health Connector Appeals Unit on October 31, 2018. The Appellant disputes the calculation of their household income (Exhibit 4 and Appellant Testimony).
6. The Appellant testified that they made a mistake entering their projected income for tax year 2019. The Appellant said that their year to date income is only \$16,000 and their spouse plans to retire from their job in February 2019 and will no longer have the \$30,000 income. I found the Appellant to be a credible witness.
7. The Appellant was advised to update their income information as soon as possible.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans with Advance Premium Tax credits for 2019 based on the Health Connector's annual renewal process. On or about September 5, 2018 the Appellant reported their income and their spouse's income that is equivalent to 391.250% of the Federal Poverty Level for the Appellant's household of two. The Appellant asserts that this determination was incorrect, because the Appellant will only make about \$16,000 per year and their spouse is planning to retire in February 2019 and will no longer have any earned income.

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector is required to redetermine eligibility for its members annually, and as part of this process, is required to reverify member income information, including by using electronic data sources, in accordance with 45 CFR § 155.335(b). The annual renewal process requires the Health Connector to notify members of the renewal year eligibility determination and offer the member at least 30 days to report changes if the determination is not correct. 45 CFR § 155.335(c)-(g). Where the member does not report any changes, the Health Connector must finalize the member's eligibility based on the information it used in its renewal process. 45 CFR § 155.335(h).

On October 14, 2018, the Appellant was found eligible for Health Connector Plans with Advance Premium Tax Credits for plan year 2019, based on having a household income equivalent to 391.25% of the Federal Poverty Level. This determination came as part of the Health Connector's annual renewal process and followed the preliminary eligibility notice for plan year 2019, dated September 5, 2018. The Appellant was asked to review this

information and report any changes within 30 days if it was incorrect. The Appellant did not report any changes after receiving the preliminary eligibility notice, and the eligibility was finalized on October 14, 2018, with notice to the Appellant. This is consistent with annual renewal rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant, based on a household income equivalent to 391.25% of the Federal Poverty level. 26 CFR § 1.36B-2, 45 CFR § 155.305(f), and 956 CFR § 12.04(3)(c). This process complied with federal law at 45 CFR §§ 155.335. Even though the Appellant now asserts that Appellant's household income for 2019 will be substantially less than previously reported, the Appellant failed to update the information in their application to reflect this income projection, as required by law, and therefore the determination issued by the Health Connector was correct.

ORDER

This appeal is denied.

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

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Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they may report any income changes on their application and contact Customer Service at 1-877-623-6765 for further assistance if needed.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7155

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; Medicare

Hearing Date: January 3, 2019

Decision Date: January 4, 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 October 14, 2018, the Appellant was deemed ineligible for Health Connector Plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is enrolled in Medicare.

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 Appellant's access to Medicare.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 3, 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 (1 page);
- Exhibit 2: Notice of Hearing (12-9-18) (5 pages);
- Exhibit 3: Acknowledgement of Appeal (11-15-18) (7 pages);
- Exhibit 4: Outreach note (1 page);
- Exhibit 5: Hearing Request form (11-13-18) (with letter) (3 page);
- Exhibit 6: Eligibility Denial letter (10-14-18) (6 pages); and

Exhibit 7: Eligibility detail printout and application summary printout (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector on or about October 14, 2018.
2. Appellant was determined ineligible for Health Connector plans on October 14, 2018, based on being eligible for Medicare.
3. The Appellant was not found eligible for subsidized health insurance through the Health Connector because the Appellant is eligible for Medicare.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on the appeal that the only insurance plans available to him that cover his prescription is the one he had through the Health Connector. The insurance plan was less expensive for him through the Health Connector than if he bought it directly from the carrier.

Under 42 USC § 1395(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare.

When the Appellant's eligibility for 2018 coverage was determined on October 14, 2018, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at the hearing eligibility for Medicare. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible for Health Connector plans. This was the correct determination and the Appellant's appeal is denied.

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.

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.

Note: Appellant was advised to contact SHINE for assistance.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7169

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: January 4, 2019

Decision Date: January 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 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 (8 pages, dated December 10, 2018)
- 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 8 pages dated November 15, 2018)
- Exhibit 6: Notice of Eligibility Determination (26 pages, dated October 14, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated October 14, 2018)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (6 pages, dated July 31, 2018)
- Exhibit 9: Historical Notices and Printouts (2 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 61 year old married female, and her husband is 63 years old (Exhibit 7 & 8)
2. The Appellant has a household of two. (Exhibit 7 & 8)
3. On her application, the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) of \$72,404.00. Appellant indicated at the hearing that income is correct. (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 451.37% of the 2017 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 and Advanced Premium Tax Credits are only available to individuals with income below 400% of the FPL. (Exhibit 7)
5. Appellant testified that her income of \$72,404.00 was correct and that she had enrolled in a Health Connector plan. Appellant was not satisfied with the program she enrolled in because the cost was too high.
6. 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 application, the Appellant stated that her projected MAGI was \$72,404.00, which for a household of two, puts the Appellant at approximately 451.37% of the 2018 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: ACA19-7205

Appeal Decision: Appeal denied because the Health Connector correctly determined Appellant's eligibility for enrollment in subsidized health insurance coverage based on an increase in Appellant's income.

Hearing Issue: Whether the Health Connector correctly determined Appellant's eligibility for subsidized health insurance coverage in 2019.

Hearing Date: January 14, 2019

Decision Date: January 22, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 16, 2018, the Health Connector issued a Final Renewal Notice which stated that Appellant is qualified to enroll in a subsidized ConnectorCare Type 3A for 2019 with Advance Premium Tax Credits in the amount of \$462.00 per month resulting in a monthly premium cost to Appellant of \$85.00 to \$246.00 per month depending on the plan selected.

ISSUES

Whether the Health Connector correctly determined Appellant's eligibility for subsidized health insurance in 2019.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on January 14, 2019. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Print-out of the Summary and Results pages from the Health Connector's 2019 eligibility renewal determination dated October 15, 2018 based on Appellant's prior application for subsidized health insurance coverage;

Exhibit 2: Health Connector Final Renewal Notice dated October 16, 2018;

Exhibit 3: Appellant's November 12, 2018 request for hearing on the Health Connector's October 16, 2018 final renewal determination;

Exhibit 4: Health Connector Appeals Data form dated January 11, 2019;

Exhibit 5: Health Connector hearing request acknowledgment letter dated November 20, 2018;

Exhibit 6: Notice of Hearing dated December 13, 2018;

Exhibit 7: Appellant's Health Connector Enrollment History dated January 11, 2019; and

Exhibit 8: Affidavit from Health Connector Keeper of Records.

FINDINGS OF FACT

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

1. Appellant is an adult resident of Massachusetts who was enrolled in in a ConnectorCare Type 2B Plan (Fallon Healthcare) in 2018. Testimony; Exhibit 7.
2. Appellant's income consists of a state government pension, and Appellant's eligibility in 2018 was based on Appellant's self-attested pension income in the amount of \$2,144.00 monthly. Exhibit 1.
3. Appellant's pension was increased by a cost-of-living adjustment in the fall of 2018. Testimony; Exhibit 1.
4. In October 2018, the Health Connector determined Appellant's eligibility for subsidized health insurance in 2019 using \$2,177.24 monthly as Appellant's projected pension income for 2019 which reflected the cost-of-living adjustment. Exhibit 1.¹
5. On the basis of Appellant's projected income pension increase, the Health Connector determined that Appellant's 2019 household income is at 216.18 percent of the Federal Poverty Level ("FPL") which qualified Appellant for enrollment in a ConnectorCare Type 3A plan with a Federal Advance Premium Tax Credit of \$462.00 per month. Exhibit 1 at 1.

¹ Appellant confirmed at the hearing that the \$2,177.24 pension income is accurate.

6. On October 16, 2018, the Health Connector sent Appellant a Final Renewal Notice letter which informed Appellant of the eligibility determination for 2019 and identified four ConnectorCare Type 3A plans in which Appellant could enroll – Fallon Health at a premium cost of \$85.00 per month, BMC Healthnet Plan and Tufts Health Plan – Direct also at \$85.00 per month, and AllWays Health Partners at \$246.00 per month. Exhibit 2.
7. Appellant requested a hearing on the Health Connector’s 2019 eligibility determination, questioning whether the cost-of-living adjustment to the pension was sufficient to warrant a change in eligibility. Exhibit 3.
8. Appellant enrolled in the BMC Healthnet Plan effective February 1, 2019. Testimony; Exhibit 7.
9. Appellant is concerned that the premium increase from 2018 to 2019 is more than she can afford. Testimony.

ANALYSIS AND CONCLUSIONS OF LAW

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

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

In the hearing request, Appellant questions the eligibility change from a Type 2B plan in 2018 to a Type 3A plan in 2019. Exhibit 3. The record in this case reflects that Appellant’s pension income increased due to a cost-of-living adjustment in the fall of 2018 which placed Appellant’s projected 2019 income at 216.18 of FPL. Exhibit 1. Under the ConnectorCare regulations, an individual with a household income between 201 percent and 250 percent of FPL is eligible to enroll in a Type 3A plan. 956 Mass. Code Regs. 12.04(3)(c). Since Appellant does not challenge the monthly pension amount of \$2,177.24 which the Health Connector used to determine Appellant’s 2019 eligibility, I find no error in the Health Connector’s 2019 eligibility determination.

ORDER

Based on the foregoing findings and conclusions, the appeal is **DENIED**, and the Health Connector's October 16, 2018 eligibility renewal determination is **AFFIRMED** as correct under the ACA and Massachusetts law.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals 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 was advised during the hearing that her concern that she will be unable to afford the increased monthly premiums for the Type 3A plan may be addressed by filing a request for a waiver or reduction of premiums on the basis of extreme financial hardship under the ConnectorCare regulations which, in pertinent part, provide as follows:

- (a) Extreme financial hardship means that the Enrollee has shown to the satisfaction of the Connector that the Enrollee:
 - 1. is homeless, or is more than 30 days in arrears in rent or mortgage payments, or has received an eviction or foreclosure notice within the last sixty (60) days; or
 - 2. has a shut-off notice, or has been shut off, or has a refusal to deliver essential utilities within the sixty (60) days prior to application (gas, electric, oil, water, or sole telephone); or
 - 3. has incurred a significant, unexpected increase in essential expenses within the last six months resulting directly from the consequences of:
 - a. domestic violence;
 - b. the death of a spouse, family member, or partner with primary responsibility for child care;
 - c. the sudden need to provide full-time care for self, for an aging parent or for another family member, including a major, extended illness of a child that requires a working parent to hire a full-time caretaker for the child; or
 - d. a fire, flood, natural disaster, or other unexpected natural or human-caused event causing substantial household or personal damage for the Enrollee; or

4. has filed for bankruptcy within the last twelve (12) months as long as the debts have not yet been discharged.

956 Mass. Code Regs. 12.11(5). If Appellant believes that she meets the criteria for an extreme financial hardship, she should contact Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773 (for people who are deaf, hard of hearing, or speech disabled), between the hours of 8:00 a.m. to 7:00 p.m., Monday–Friday, for assistance in filing a waiver request.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7206

Appeal Decision: Appeal denied because the Health Connector correctly determined Appellants' eligibility for enrollment in subsidized health insurance coverage based on an increase in Appellants' income.

Hearing Issue: Whether the Health Connector correctly determined Appellants' eligibility for subsidized health insurance coverage in 2019.

Hearing Date: January 14, 2019

Decision Date: January 22, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 29, 2018, the Health Connector issued a Final Renewal Notice which stated that Appellants, a married couple residing in Massachusetts, are qualified to enroll in a Health Connector Plan for 2019 with no financial assistance.

ISSUES

Whether the Health Connector correctly determined Appellants' eligibility for subsidized health insurance in 2019.

HEARING RECORD

Appellant Husband appeared at the hearing, which was held by telephone on January 14, 2019. The hearing record consists of the Appellant Husband's testimony and the following documents which were admitted into evidence:

Exhibit 1: Print-out of the Summary and Results pages from the Health Connector's 2019 eligibility renewal determination dated October 29, 2018 based on Appellants' prior application for subsidized health insurance coverage;

Exhibit 2: Print-out of the revised Summary and Results pages from the Health Connector's 2019 eligibility renewal determination dated November 20, 2018 based on updated income information submitted by Appellants.

Exhibit 3: Health Connector Final Renewal Notice dated October 29, 2018;

Exhibit 4: Appellant's November 16, 2018 request for hearing on the Health Connector's October 29, 2018 final renewal determination;

Exhibit 5: Health Connector hearing request acknowledgment letter dated November 20, 2018;

Exhibit 6: Health Connector resolution guidance letter dated November 29, 2018;

Exhibit 7: Notice of Hearing dated December 13, 2018;

Exhibit 8: Appellant's Health Connector Enrollment History dated January 11, 2019; and

Exhibit 9: Affidavit from Health Connector Keeper of Records.

FINDINGS OF FACT

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

1. Appellants are adult residents with two dependent children. Testimony; Exhibits 1 and 2.
2. Appellants were enrolled in a subsidized ConnectorCare plan for 2018, and Appellants' dependent children had state Medicaid health insurance coverage in 2018 through MassHealth. Testimony.
3. In October 2018, the Health Connector reviewed Appellants' eligibility to renew enrollment in subsidized health insurance for 2019. Exhibit 1.
4. On October 29, 2018, the Health Connector sent Appellants a Final Renewal Notice letter which informed Appellants that they are eligible to enroll a Health Connector Plan for 2019 with no financial assistance. Exhibit 3. The notice stated that Appellants' program eligibility had changed for 2019 and listed several reasons for the change including not having any recent information regarding Appellants' income because Appellants had not updated the income in their account and the Health Connector was unable to obtain income information from electronic data sources. *Id.* at 3. The notice further stated that Appellants could still get financial help in paying for health insurance in 2019 by reviewing and updating the income information in their account. *Id.*

5. Appellants updated their income information on November 20, 2018, and based on the updated information, the Health Connector determined that Appellants are eligible to enroll in a subsidized ConnectorCare Plan Type 3B with Advance Premium Tax Credits of \$464.00 monthly in 2019. Exhibit 2. Appellants' dependent children were found eligible for MassHealth. *Id.*
6. Based on the revised eligibility determination, Appellants enrolled in the Tufts Health Direct plan, a ConnectorCare Type 3B plan, for 2019 with an effective date of January 1, 2019. Testimony; Exhibit 7.
7. Appellants are satisfied with the revised eligibility determination for 2019 and their current enrollment in the Tufts Direct plan. Testimony.

ANALYSIS AND CONCLUSIONS OF LAW

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

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

Under the ACA's regulations, a state Health Exchange such as the Health Connector must verify an applicant's eligibility for financial assistance including household income. 45 C.F.R. § 155.320(a)-(c). The Health Connector attempts to verify eligibility by checking electronic data sources to confirm the information provided by applicants, including household income, in accordance with 45 C.F.R. § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 C.F.R. § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 C.F.R. §§ 155.315(f)(5), 155.320(c).

In this case, it appears that the Health Connector was unable to verify through electronic data sources the income Appellants had previously attested to. Since Appellants had not verified the income attestations in their account, the Health Connector issued an eligibility renewal determination for 2019 that Appellants were not eligible for financial assistance which it was required to do pursuant to the ACA regulations at 45 C.F.R. §§ 155.315(f)(5), 155.320(c). Once Appellants updated the income information in their account the eligibility determination for 2019 was revised to reflect Appellants' eligibility to enroll in a subsidized ConnectorCare Type 3B plan for 2019.

Since the record shows that the Health Connector acted in accordance with the ACA regulations in determining Appellants' renewal eligibility for 2019, I find no error in the Health Connector's determinations.

ORDER

Based on the foregoing findings and conclusions, the appeal is **DENIED**, and the Health Connector's October 29, 2018 eligibility renewal determination is **AFFIRMED** as correct under the ACA and Massachusetts law.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals 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 Husband was advised during the hearing that it is important to promptly respond to any request from the Health Connector for verification of eligibility including income documentation in order to avoid a redetermination of their continued eligibility for subsidized health insurance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7267

Appeal Decision: Appeal Denied.

Hearing Issue: Appellant's eligibility for Health Connector plans based on Medicare eligibility.

Hearing Date: January 18, 2019

Decision Date: January 23, 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 29, 2018, the Appellant was determined ineligible for Health Connector plans because the Appellant is eligible for Medicare.

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 access to Medicare.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 18, 2019. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. Exhibits were marked and admitted into evidence with no objection from the Appellant.

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

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing with attachments dated December 13, 2018.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: The Appellant's Hearing Request Form dated November 26, 2018.

Exhibit 5: Health Connector's Eligibility Denial Notice with an Application Summary dated October 29, 2018 and an Application Summary dated February 17, 2018.

FINDINGS OF FACT

The record shows, and I so find:

1. On February 17, 2018 the Appellant was determined eligible for ConnectorCare Plan Type 2A with Advance premium tax credits (Exhibit 5).
2. On October 29, 2018 the Appellant's application was updated. Information provided to the Health Connector from the federal government verified that the Appellant is eligible for Medicare (Exhibit 5).
3. On October 29, 2018 the Health Connector determined that the Appellant was ineligible for Health Connector plans because the Appellant is eligible for Medicare (Exhibit 5).
4. The Appellant filed an appeal on November 26, 2018. The Appellant argues that they are enrolled in Medicare Part A only because they cannot afford Medicare Part B. The Appellant said that they need health insurance for access to basic medical services (Exhibit 4 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was previously determined eligible for ConnectorCare in February 2018. On October 29, 2018 the Appellant's application was updated. The Health Connector received information from the federal government which indicated that the Appellant is eligible for Medicare. Under 42 USC 1395ss(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare. The Appellant was notified that they were not eligible for health insurance coverage through the Health Connector because the Appellant is eligible for Medicare. The Appellant filed an appeal to dispute that determination.

The Appellant explained that they are enrolled in Medicare Part A only because they cannot afford Medicare Part B. The Appellant argues that they need health insurance for access to basic medical services. As explained at the Hearing, because the Appellant has access to Medicare, in accordance with the regulation cited above, the Health Connector correctly determined on October 29, 2018 that the Appellant is not eligible for coverage through the Health Connector.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is advised to contact Health Care For All at 1-800-272-4232.

The Appellant may also contact the SHINE Program at 1-800-243-4636

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7327

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized health insurance; income

Hearing Date: January 3, 2019

Decision Date: January 4, 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 29, 2018, Appellant was determined eligible for Health Connector plans with no financial help.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no help based on the Health Connector's information.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 3, 2019. The hearing was recorded. The Appellant requested an expedited hearing. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (12-9-18) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (12-5-18) (2 pages);
- Exhibit 4: Outreach notes and emails (8 pages);
- Exhibit 5: Hearing Request form (11-29-18) (with documents) (26 pages);
- Exhibit 6: Eligibility Approval letter (11-29-18) (8 pages);
- Exhibit 7: Eligibility detail printout and application summary printout (10 pages); and

Exhibit 9: Workspace form and documents (49 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant previously had health insurance through the employer, but lost the job
2. Appellant has many medical needs and requires insurance.
3. Appellant's spouse works and has health insurance through the employer, but Appellant does not believe the insurance would be sufficient for her needs.
4. On November 29, 2018, Appellant was determined to be eligible for Health Connector plans with no financial assistance based upon tax filing status. The tax filing status was resolved, and on December 17, 2018, Appellant was again deemed eligible for Health Connector plans with no financial status based on a household federal poverty level of 421.65%.
5. On or about November 29, 2018, Appellant filed for an appeal, stating that she could not afford the premium.
6. During the hearing, Appellant indicated that the household income was approximately \$69,000.00, but her spouse's income is used to pay all the expenses as Appellant cannot work due to medical issues.
7. Appellant has applied for disability and been denied, and has appealed that determination.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant was found eligible for Health Connector plans with no financial assistance based upon the income as reported to the Health Connector by the Appellant.

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit (APTC) if their household income is at or below 400% of the Federal Poverty Level (FPL). Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

In this case, Appellant was determined eligible for Health Connector plans with no financial assistance based upon household income that translated to a federal poverty level of 421.65%. The Appellant confirmed during the hearing that the income was correct. Therefore, the determination of the Health Connector was correct.

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.

Note: Appellant was advised during the hearing that she could call customer service to confirm income of \$69,000.00 and see if that translates to under 400%, as it appears the income amount used was approximately \$74,000.00.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7369

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; Medicare

Hearing Date: January 9, 2019

Decision Date: January 10, 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 27, 2018, the Appellant was deemed ineligible for Health Connector Plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is enrolled in Medicare.

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 Appellant's access to Medicare.

HEARING RECORD

The Appellant's representative appeared at the hearing, which was held by telephone, on January 9, 2019. The hearing was recorded. The hearing record consists of the Appellant's representative's testimony, and the following documents which were admitted into evidence without objection by Appellant's representative:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (12-10-18) (5 pages);
- Exhibit 3: Acknowledgement of Appeal (12-5-18) (7 pages);
- Exhibit 4: Outreach notes (1 page);
- Exhibit 5: Hearing Request form (12-5-18) (2 page);
- Exhibit 6: Eligibility Denial letter (11-27-18) (6 pages);

- Exhibit 7: Eligibility detail printout and application summary printout (11 pages);
Exhibit 8: AVV form (2 pages); and
Exhibit 9: MMIS form (2 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector on or about November 27, 2018.
2. Appellant was determined ineligible for Health Connector plans on November 27, 2018, based on being eligible for Medicare.
3. The Appellant was not found eligible for subsidized health insurance through the Health Connector because the Appellant is eligible for Medicare.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant's representative stated on the appeal that Appellant cannot afford his medications and costs of insurance.

Under 42 USC § 1395(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare. This applies to subsidized health insurance as well.

When the Appellant's eligibility for 2019 coverage was determined on November 27, 2018, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at the hearing eligibility for Medicare. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible for ConnectorCare or Health Connector plans. This was the correct determination and the Appellant's appeal is denied.

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.

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.

Note: Appellant was advised to contact SHINE for assistance. In addition, Appellant was advised to update the income and also that his wife had passed away in October 2018. Condolences were expressed to the Appellant's representative and the Appellant for the loss.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7470

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: January 15, 2019

Decision Date: January 29, 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 December 12, 2018, Appellant was determined ineligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify residency.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was ineligible for Health Connector plans, based on the Appellant's failure to verify residence.

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 (5 pages, dated December 26 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (4 Pages)
- Exhibit 4: Appellant's appeal request form 1 pages dated December 12, 2018)
- Exhibit 5: Notice of Eligibility Determination (6 pages, dated December 12, 2018)
- Exhibit 6: Health Connector's Determination Results and Review Computer Printout (3 pages, dated December 12, 2018)
- Exhibit 7: Historical Notices and Printouts (37 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 6, Appellant's testimony)
2. Appellant was notified that he had to provide proof of residency. However, the Appellant's mail was returned to the Health Connector as undeliverable (Exhibit 7).
3. During Appellant's testimony he indicated that he had moved and did not notify the Health Connector.

ANALYSIS AND CONCLUSIONS OF LAW

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

The Appellant was determined eligible for Health Connector plans and was asked to verify his residency. The Appellant failed to send in documents verifying his residency, and was determined ineligible for Health Connector plans on December 12, 2018, for not being a resident of Massachusetts. This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f), and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a).

Health Connector policy regarding undeliverable mail pursuant to Policy #NG-12 is that once it is determined that the mail is returned as undeliverable, the Health Connector will search available data sources for a new address. If a different address cannot be found and the enrollee cannot be reached by phone or email, the Health Connector will terminate enrollee's enrollment in a qualified health plan.

The Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on December 12, 2018, 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

The Appellant is requested to contact Customer Service in regard to his current status

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7507

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; Medicare

Hearing Date: January 16, 2019

Decision Date: January 17, 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 25, 2018, the Appellant was deemed ineligible for Health Connector Plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is enrolled in Medicare.

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 Appellant's access to Medicare.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 16, 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 (1 page);
- Exhibit 2: Notice of Hearing (12-26-18) (5 pages);
- Exhibit 3: Acknowledgement of Appeal (12-18-18) (2 pages);
- Exhibit 4: Outreach note and email (2 pages);
- Exhibit 5: Hearing Request form (12-18-18) (with document) (2 pages);
- Exhibit 6: Eligibility Denial letter (11-25-18) (6 pages); and

Exhibit 7: Eligibility detail printout and application summary printout (6 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector on or about November 25, 2018.
2. Appellant was determined ineligible for Health Connector plans on November 25, 2018, based on being eligible for Medicare.
3. The Appellant was not found eligible for subsidized health insurance through the Health Connector because the Appellant is eligible for Medicare.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on the appeal that Appellant cannot afford his medications and costs of insurance.

Under 42 USC § 1395(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare. This applies to subsidized health insurance as well.

When the Appellant's eligibility for 2019 coverage was determined on November 25, 2018, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at the hearing eligibility for Medicare. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible for ConnectorCare or Health Connector plans. This was the correct determination and the Appellant's appeal is denied.

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.

Note: Appellant was advised to contact Health Care for All for assistance.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7272

Appeal Decision: Appeal Approved

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

Hearing Date: January 25, 2019

Decision Date: January 30, 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 1, 2018 the Health Connector determined the Appellant's spouse to be eligible for ConnectorCare Plan Type 3A with Advance Premium Tax Credits effective December 1, 2018.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellants' eligibility based on the income information provided by the Appellant on November 1, 2018.

HEARING RECORD

The Appellant, Head of Household, appeared at the hearing, which was held in person on January 25, 2019. The issue for the hearing is the eligibility of the Appellant's spouse. The Appellant's spouse did not appear. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing with attachments dated December 28, 2018.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes and copies of e-mail correspondence between the Appellant and the Health Connector Appeals Unit.
- Exhibit 4: The Hearing Request submitted by Appellant on November 26, 2018.
- Exhibit 5: Health Connector's Eligibility Approval Notice with an attached Application Summary dated November 1, 2018.

- Exhibit 6: My Workspace printout of documents received by the Health Connector on November 1, 2018.
Exhibit 7: Health Connector's 2018 Eligibility Results computer printout with an Application Summary dated February 24, 2018.
Exhibit 8: An AVV printout.
Exhibit 9: A printout of the current enrollment of the Appellant's spouse.
Exhibit 10: A Health Connector policy memorandum regarding countable income.

FINDINGS OF FACT

The record shows, and I so find:

1. On 02/24/18 the Appellant's spouse was determined eligible for ConnectorCare Plan Type 2B with Advance Premium Tax Credits (APTC) effective April 1, 2018. This determination was based on the Appellants' having reported income equal to 177.29% for the household of two persons (Exhibit 7).
2. As a result of a routine review, the Health Connector asked the Appellants to submit proof of income to the Health Connector by December 1, 2018 (Exhibit 3).
3. On November 1, 2018 the Appellants submitted forty pages of documents to the Health Connector. Included in the documents was a copy of the Appellants' Tax Year 2017 Form 1040 (Exhibit 6).
4. The Health Connector mistakenly used the income figure located on line twenty-two of this form and determined that the Appellants had income of \$39,263, which is equal to 241.77% of the federal poverty level for the Appellants' household of two (Exhibit 5).
5. On November 1, 2018 the Appellants were notified that the Appellant spouse was eligible for ConnectorCare Plan Type 3A with APTC effective December 1, 2018. The Appellant Head of Household has Veteran's health insurance and their eligibility is not at issue (Exhibits 3, 4, 5, 8 and Appellant Testimony).
6. On November 26, 2018 the Appellants requested a fair hearing to dispute the determination made on November 1, 2018 (Exhibit 4).
7. The Health Connector made a processing error. The Health Connector failed to consider the Appellants' allowable IRA income deduction of \$8,826 when calculating the Appellants' MAGI (Exhibit 6, 10).
8. The Appellants' verified MAGI of \$30,437 is more than 150% of the federal poverty level but less than 200% of the federal poverty level for the Appellants' household of two (Exhibit 6).
9. The Appellant's spouse is eligible for ConnectorCare Plan Type 2B with APTC effective December 1, 2018.
10. The Appellant argues that they had to pay a higher premium and copayments as a result of the Health Connector error and wish to be made whole (Exhibit 4 and Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

On February 24, 2018 the Appellant's spouse was determined eligible for ConnectorCare Plan Type 2B with APTC effective April 1, 2018. The Appellant has coverage through the Veteran's Administration, and their eligibility is not at issue. The Appellants' eligibility had been based on their having reported income equivalent to 177.29% of the federal poverty level for their household of two persons. As a result of a routine review, the Appellants were asked to submit updated proof of income. On November 1, 2018 the Appellant submitted documentation including a copy of their Tax Year 2017 Form 1040. The Health Connector determined on November 1, 2018 that the Appellants' income was equal to 241.77% of the federal poverty level and as a result of the increase, the Appellant's spouse was eligible for ConnectorCare Plan Type 3A effective December 1, 2018. The Appellants dispute the eligibility determination.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Health Connector made an error when processing the Appellants' income verification. The Health Connector used the income figure of \$39,263 on line 22 of the form and incorrectly determined that the Appellant spouse was eligible for ConnectorCare Plan Type 2A effective December 1, 2018. The Health Connector failed to allow the Appellants the IRA income deduction. Line 37 from the Appellants' Form 1040 verifies Adjusted Gross income of \$30,437. This income is more than 150% but less than 200% of the Federal Poverty Level. The Appellant spouse is eligible for Plan Type 2B effective December 1, 2018. 956 CMR 12.04(3).

ORDER

This Appeal is Approved. The Health Connector should establish eligibility for ConnectorCare 2B for the Appellant spouse effective December 1, 2018 and determine the amount of the Appellants' Advance Premium Tax Credit for the period beginning December 1, 2018 based on the verified MAGI of \$30,437.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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 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.

The Appellant is advised to contact Health Connector Customer Service at 1-877-623-6765 regarding the billing issue related to their premium payment.