

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Eligibility for health insurance and for special enrollment peri.

**Hearing Date:** January 10, 2024

**Decision Date:** January 17, 2024

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### **AUTHORITY**

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

### **JURISDICTION**

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

### **ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

Appellant was notified by the Health Connector on October 4, 2023, that she was eligible to receive insurance through the Health Connector because the Health Connector did not have documentation that she was a citizen or legal permanent resident of the United States.

### **ISSUE**

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to purchase insurance.

### **HEARING RECORD**

Appellant appeared at the hearing, which was held by telephone on January 10, 2024. The hearing record consists of the testimony of Appellant, and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (10/19/23) (1 page)
- Exhibit 2: W-2 form and green card (6 pages)
- Exhibit 3: Health Connector Record Affidavit (2 pages)
- Exhibit 4: Eligibility Denial Notice (10/4/23) (8 pages)

- Exhibit 5: Screen Shot of eligibility determination (2 pages)
- Exhibit 6: Screen Shot of application summary (4 pages)
- Exhibit 7: Medicaid determination (6 pages)
- Exhibit 8: Appeals Unit database notes (1 page)
- Exhibit 9: Record of MMIS (1 page)
- Exhibit 10: Screen shot of eligibility determination (3/23/23) (2 pages)
- Exhibit 11: Screen shot of application summary (3/23/23) (4 pages)
- Exhibit 12: Hearing Notice (12/6/23) (3 pages)
- Exhibit 13: Acknowledgement of Appeal (1 page)
- Exhibit 14: Request for proof of immigration status (3 pages)

### FINDINGS OF FACT

The findings of fact are based on the testimony of Appellant, or, if noted, from the exhibits taken into evidence, and the reasonable inferences drawn therefrom.

The record shows, and I so find:

1. Appellant first applied for health insurance through the Health Connector on March 23, 2023. In the application, she sought coverage both for herself and for her child, who was a minor. Exhibit 11.
2. In that application, Appellant stated that she had no income. Exhibit 11. Based on that application, both Appellant and her son were determined eligible for MassHealth Standard. Exhibit 10. MassHealth is the Medicaid program in Massachusetts. Medicaid is a joint federal-state funded program of health coverage for low-income individuals. MassHealth is a separate agency from the Health Connector.
3. In the early fall of 2023, Appellant was asked to submit an updated application.
4. Appellant updated her application on October 4, 2023. Exhibit 6.
5. In that application, she reported that she was working and earning \$29,000 every two weeks. Exhibit 6. This was an error because, in fact, Appellant was actually earning \$29,000 annually. As a result of this error, Appellant was not eligible for MassHealth.
6. In the October application, Appellant also answered “no” to questions about whether she was a citizen or legal permanent resident of the United States. Exhibit 6.
7. This was also an error as Appellant has permanent resident status. See Exhibit 2.
8. As a result of the erroneous information provided by Appellant in the October application, the Health Connector determined that she was not eligible to purchase health insurance.
9. The Health Connector notified Appellant of this determination by notice dated October 4, 2023. Exhibit 3.
10. Appellant filed a timely appeal of this notice. Exhibit 1.

### CONCLUSIONS OF LAW

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to purchase health insurance based on the information provided in her application.

The Health Connector is a health insurance “exchange” established under the federal Affordable Care Act (ACA) for the purposes of selling insurance to eligible individuals. 42 U.S.C. § 13031(b)(1). Under the ACA, only an

## Massachusetts Health Connector Appeals Unit



individual who is a citizen or “an alien lawfully present in the United States” may obtain health insurance through an “exchange.” 42 U.S.C. § 18032(f)(3). Thus, the Health Connector must determine whether an individual applying for coverage qualifies under that rule.

The procedures for determining whether an individual qualifies are established by federal law. See 42 U.S.C. § 18081(b)(2). These procedures require the Health Connector to collect from applicants information about their citizenship or immigration status.

In the present case, Appellant erroneously failed to provide this information in the application she submitted in October 2023. As a result, the Health Connector could not determine that she was an individual eligible to purchase health insurance through the Health Connector. Thus, it was required to deny her eligibility.

However, Appellant can correct this error by revising her application. She was advised at the hearing that she could revise the application by going on-line at [www.mahealthconnector.org](http://www.mahealthconnector.org). Alternatively, she could call the customer service department at 877-623-6765. When updating her application, she can provide information about her immigration status. After doing that, she can get a new eligibility determination based on the corrected information.

Because the Health Connector correctly made a determination based on the information provided to it, I am denying this appeal.

### **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

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-20831

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Eligibility for ConnectorCare plans based on lawful presence.

**Hearing Date:** January 4, 2024

**Decision Date:** January 9, 2024

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### 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 23, 2023, the Appellant was determined ineligible for ConnectorCare plans because they failed to demonstrate that they are lawfully present in Massachusetts.

### ISSUE

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

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 4, 2023. Interpreter services were offered but the Appellant testified that they did not need an interpreter. 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 Appeals Unit Affidavit of Hearing Record.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated December 6, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.

- Exhibit 4: Health Connector Eligibility Denial Notice dated October 23, 2023.  
Exhibit 5: 2023 Eligibility Results with an Application Summary dated October 23, 2023.  
Exhibit 6: Medicaid Household Determination Printout dated October 23, 2023.  
Exhibit 7: The Appellant's Hearing Request Form, with attachments dated November 2, 2023.  
Exhibit 8: Health Connector Appeals Unit Outreach Email dated November 3, 2023.  
Exhibit 9: 2023 Eligibility Results with an Application Summary dated May 30, 2023.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. On October 23, 2023, the Appellant updated their application for health insurance. The Appellant is not a US citizen. The Appellant did not report any immigration status on the application. The Appellant reported having income equal to 294.33% of the federal poverty level for their household of one (Exhibits 3, 5, 6).
2. On October 23, 2023 Health Connector denied the Appellant's application because the Appellant failed to verify that they are lawfully present in Massachusetts. Health Connector was unable to determine the Appellant's immigration status (Exhibits 3, 4, 5, 6).
3. The Appellant filed an appeal on November 2, 2023 and submitted a copy of their passport, an expired Visa, and a Massachusetts Driver's license. No documentation of the Appellant's immigration status was submitted (Exhibit 7).
4. On November 3, 2023, the Health Connector Appeals Unit contacted the Appellant via Email and advised the Appellant that they needed to call Customer Service to report their immigration status and submit proof of their immigration status (Exhibit 8).
5. On May 30, 2023 the Appellant had been determined eligible for ConnectorCare. The Appellant had submitted a copy of their I-97 Notice of Action with an I-94 number, which is an application to adjust their immigration status (Exhibit 9).
6. The Appellant testified that they sent in the documentation they have. The Appellant testified that they came to the US on a student Visa. The Appellant was asked if they had any documentation verifying their current status or the status of their I-97 Application and the Appellant said no. The Appellant testified that they are in the country on an expired student Visa (Appellant Testimony).

## **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant updated their application for health insurance through the Health Connector on October 23, 2023. The Appellant is not a US citizen. The Appellant did not identify any immigration status on their application. Health Connector was unable to determine the Appellant's immigration status. The Appellant was notified that they are not eligible for health insurance through the Health Connector because the Appellant failed to submit the documentation needed to demonstrate that they are lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant testified that they sent in the only documentation they have. The Appellant had been determined eligible for ConnectorCare in

May 2023 after submitting a copy of their I-97 Notice of Action with an I-94 number. The Appellant was advised that Health Connector required updated information regarding the status of this application or other documentation to demonstrate lawful status in Massachusetts. The Appellant said that they do not have any other documentation and currently they are in Massachusetts with an expired Visa.

The Appellant was referred to Legal Services to seek assistance with obtaining documentation. Health Connector correctly denied the Appellant's October 23, 2023 application for ConnectorCare because the Appellant has failed to demonstrate lawful presence. 45 CFR § 155.305(a).

**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

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied.

**Hearing Issue:** Denial of eligibility for financial subsidies to purchase insurance.

**Hearing Date:** January 10, 2024

**Decision Date:** January 16, 2024

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### **AUTHORITY**

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

### **JURISDICTION**

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

### **ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

Appellant was notified by the Health Connector on November 4, 2023, that she was not eligible for subsidies to purchase health insurance through the Health Connector.

### **ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was not eligible for subsidies to purchase health insurance through the Health Connector.

### **HEARING RECORD**

Appellant appeared at the hearing, which was held by telephone on January 10, 2024. The hearing record consists of testimony of Appellant and the following documents, which were admitted into evidence:

- Exhibit 1: Appeals Request Form (11/9/2023) (2 pages)
- Exhibit 2: Health Connector Record Affidavit (2 page)
- Exhibit 3: Eligibility Notice (11/4/23) (8 pages)
- Exhibit 4: Screen Shot of Eligibility Determination (2 pages)
- Exhibit 5: Screen Shot of Application Summary (3 pages)

- Exhibit 6: Medicaid eligibility determination (6 pages)
- Exhibit 7: Appeals Unit database notes (1 page)
- Exhibit 8: Email to Appellant (11/24/23) (1 page)
- Exhibit 9: Screen shot of eligibility determination (2/22/23) (2 pages)
- Exhibit 10: Screen shot of application summary (2/22/2023) (3 pages)
- Exhibit 11: Screen shot of eligibility determination (10/10/23) (2 pages)
- Exhibit 12: Screen shot of application summary (10/10/2023) (3 pages)
- Exhibit 13: Notice of Appeal Hearing (12/6/23) (3 pages)
- Exhibit 14: Acknowledgement of Appeal (1 page)

## **FINDINGS OF FACT**

The findings of fact are based on the testimony of Appellant, or, if noted, from the exhibits taken into evidence, and the reasonable inferences drawn therefrom.

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in February 2023. In that application, she requested financial assistance to assist with the purchase. Exhibit 10.
2. In that application, Appellant reported that she earned over \$50,000 a year. Exhibit 10. As a result, she was determined eligible for financial assistance. Exhibit 9.
3. Appellant updated that application in October 2023. At that time, she reported that her annual income was still a little over \$50,000. Exhibit 12. Based on that application, she was determined eligible to receive financial assistance through the Connector Care program. Exhibit 11.
4. At some point toward the end of 2023, Appellant changed jobs. At her new job, she was earning \$40,000.
5. Appellant updated her application to report the new, lower income figure on November 4, 2023. Exhibit 5.
6. In the updated application, Appellant answered “yes” to the question of whether she had minimum essential coverage through another source. Exhibit 5. She had not answered that question yes in her two previous applications.
7. This answer was incorrect. Appellant was not eligible for any form of minimum essential coverage.
8. As a result of that incorrect answer, Appellant was determined not to be eligible for financial assistance. Exhibit 4. She was notified of this determination by notice dated November 4, 2023. Exhibit 3.
9. Appellant filed a timely notice of appeal of the November 4, 2023 determination. Exhibit 1.
10. After reviewing her appeal file, the Health Connector’s appeals bureau emailed her to alert her to the fact that she had stated in her application that she had minimum essential coverage. The email advised her to change that response in her application if it was not correct. Exhibit 8. Appellant did not act upon the suggestion in that email.

## **CONCLUSIONS OF LAW**

The issue in this appeal is whether the Health Connector correctly determined that Appellant was not eligible to obtain financial assistance to purchase health insurance through the Health Connector.



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The Health Connector determines eligibility of individuals to receive federal financial subsidies to purchase health insurance under the Affordable Care Act (ACA). 26 U.S.C. § 36B. These subsidies are called Advance Premium Tax Credits (APTCs). The eligibility criteria for APTCs are established by federal law. 26 U.S.C. § 36B. That statute provides that an individual is not eligible for APTCs if that individual is eligible for “minimum essential coverage.” Id. § 36B(c)(2)(b). In turn, “minimum essential coverage” means coverage through certain designated sources, including employer-sponsored insurance, or certain forms of government-subsidized insurance such as Medicare or Medicaid. Id. § 5000A(f)(1)(A). Thus, an individual who is eligible for or receiving minimum essential coverage is *not* eligible under federal law for APTCs.

Additionally, the Health Connector determines eligibility for Connector Care. That is a program under which state-funded subsidies are added to the APTCs for eligible individuals. To be eligible for Connector Care, an individual must be eligible to receive APTCs. 956 C.M.R. § 12.04. Thus, a person who is receiving minimum essential coverage is not eligible for Connector Care because they are not eligible for APTCs.

In order to implement these eligibility requirements, the Health Connector asks applicants if they are eligible for or receiving minimum essential coverage through another source. Appellant responded to this question by answering “yes.” Based on that response, the Health Connector was required to determine that she was not eligible for financial subsidies.

Appellant can correct the error in her application. She was advised at the hearing about how to do that. She can update the application on-line at [www.mahealthconnector.org](http://www.mahealthconnector.org). Alternatively, she can call the Health Connector’s customer service department at 877-623-6765 and request to update her application. If she removes the incorrect response to the question about minimum essential coverage, she will be able to get a new eligibility determination.

In this case, the Health Connector correctly determined that Appellant was not eligible for financial assistance based on information provided in her application. Accordingly, I must deny this appeal.

### **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.

# Massachusetts Health Connector Appeals Unit



Hearing Officer

Cc: Health Connector Appeals Unit

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA23-21004

**Appeal Decision:** Denied

**Hearing Issue:** Eligibility for ConnectorCare Plans

**Hearing Date:** January 12, 2024

**Decision Date:** January 16, 2024

### 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 7, 2023 the Appellant was determined eligible for ConnectorCare Plan Type 3B with Advance Premium Tax Credits of \$1,386 effective December 1, 2023.

### 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.

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 12, 2024. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Affidavit of Hearing Record
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated December 6, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated November 7, 2023.
- Exhibit 5: 2023 Eligibility Results with an Application Summary dated November 7, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated November 7, 2023.
- Exhibit 7: The Appellant's Online Appeal Request submitted on November 16, 2023.
- Exhibit 8: 2023 Eligibility Results with an Application Summary dated July 22, 2023.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. On July 22, 2023 the Appellant, their Spouse and two children over the age of 20 were determined eligible for ConnectorCare Plan 2B with Advance Premium Tax Credits (APTC) of \$1,732 based on income reported to be equal to 178.67% of the federal poverty level for the household of five. The Appellant's youngest child was determined eligible for MassHealth (Exhibit 8).
2. On November 7, 2023 the Appellant's application was updated. Health Connector determined through third party data matches that the Appellant's household has income equal to 281.84% of the federal poverty level. The Appellant and two household members over age 20 were determined eligible for ConnectorCare 3B with APTC of \$1,386 for the period beginning December 1, 2023. The Appellant's youngest child remains eligible for MassHealth (Exhibits 4, 5, 6).
3. The Appellant filed an appeal on November 16, 2023 and argued that they have three children attending college as of September 2023 and their bills for living expenses are also higher (Exhibit 7).
4. The Appellant did not dispute Health Connector's calculation of income. The Appellant said that the tuition payments for three children total over \$90,000 and they need additional financial assistance to afford health insurance (Appellant Testimony).

## **ANALYSIS AND CONCLUSIONS OF LAW**

As of July 22, 2023 four members of the Appellant's household of five were determined eligible for ConnectorCare Plan 2B with APTC based on reported income equal to 178.67% of the federal poverty level. The Appellant's youngest child was eligible for MassHealth. On November 7, 2023 the Appellant's application was updated. Health Connector determined through a third-party data match that the household's income was equal to 281.84% of the federal poverty level. Four household members were determined eligible for ConnectorCare 3B with APTC of \$1,386. The Appellant's youngest child remains eligible for MassHealth.

The Appellant filed an appeal on November 16, 2023 to dispute the change in their health plan. The Appellant argues that due to the cost of living and the fact that they now have three children attending college, they should be eligible for more financial assistance to pay for health insurance.

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. As a result of the federal American Rescue Plan, for Plan Years 2021 through 2025, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 10/23/23). 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 500% FPL in 2024 qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant's verified income was determined to be less than 500% of the Federal Poverty Level and rendered the Appellant financially eligible for state and federal subsidies. Since the Appellant's projected MAGI was more than 250.1% but less than 300% of the Federal Poverty Level, the Health Connector determined the Appellant eligible for ConnectorCare Plan Type 3B. 956 CMR 12.04(3). Tax credit amounts are determined by various factors, including household income, the number of persons in the tax household and the cost of the second least expensive Silver Plan in the market area. 26 IRC § 36B(2). Health Connector determined that there are good high quality ConnectorCare 3B Plans available to the Appellant's household with monthly APTC of \$1,386.

Health Connector correctly determined the Appellant's financial eligibility for health insurance based on the income information available on November 7, 2023. The Appellant is reminded to review and update their income information to report any changes and their eligibility for subsidies will be reviewed. 956 CMR 12.09.

**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 may contact Health Connector Customer Service at 1-877-623-6765 to report any changes in income and to request the information needed to apply for a Premium Waiver or Reduction due to financial hardship.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-20848

**Appeal Decision:** Denied

**Hearing Issue:** Eligibility for ConnectorCare Plans

**Hearing Date:** January 12, 2024

**Decision Date:** January 16, 2024

### AUTHORITY

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

### JURISDICTION

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

### ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On September 15, 2023 the Appellant was determined eligible for ConnectorCare Plan Type 3D with Advance Premium Tax Credits effective January 1, 2024.

### 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.

### HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 12, 2024. The procedures to be followed during the hearing were reviewed with the Appellant who was then sworn in. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Affidavit of Hearing Record
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated December 6, 2023.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Approval notice dated September 15, 2023.
- Exhibit 5: 2024 Eligibility Results with an Application Summary dated September 15, 2023.
- Exhibit 6: Medicaid Household Determination Printout dated September 15, 2023.
- Exhibit 7: The Appellant's Online Appeal Request submitted on November 2, 2023.
- Exhibit 8: 2023 Eligibility Results with an Application Summary dated September 14, 2022.

## **FINDINGS OF FACT**

The record shows, and I so find:

1. On September 14, 2022 the Appellant and their Spouse were determined eligible for Health Connector Plans with monthly Advance Premium Tax Credits (APTC) of \$253 based on income reported to be equal to 387.90% of the federal poverty level (Exhibit 8).
2. On September 15, 2023 the Appellant's application was updated for tax year 2024. The Appellant reported income equal to 402.66% of the federal poverty level for their household of two. The Appellant was determined eligible for ConnectorCare Plan 3D with monthly APTC of \$205.00 for the period beginning January 1, 2024 (Exhibits 4 ,5, 6).
3. The Appellant filed an appeal on November 2, 2023 and argued that the 2024 monthly premium is too expensive. The Appellant indicated that they were paying \$300-\$360 per month in tax year 2023 and they received a quote for \$500 monthly for tax year 2024 (Exhibit 8).
4. The Appellant did not dispute Health Connector's calculation of income. The Appellant testified that the 2023 monthly premium was barely affordable but the increase to \$500 is too much to pay on a monthly basis. The Appellant argued that due to an increase in rent, utilities, and student loan payments they cannot afford the premium increase (Appellant Testimony).
5. The Appellant is currently uninsured. The Appellant said that they sent a request for a Premium Waiver to an address in Kentucky, but it was sent back (Appellant Testimony).

## **ANALYSIS AND CONCLUSIONS OF LAW**

On September 15, 2023 the Appellant's application for subsidized health insurance for their household of two for the period beginning January 1, 2024 was updated. Health Connector determined based on the income reported that the Appellant's household had income equal to 402.66% of the federal poverty level. The Appellant and their spouse were determined eligible for ConnectorCare Plan 3D with monthly APTC of \$205. The Appellant filed an appeal on November 2, 2023 to dispute the change in their monthly premium payment.

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. As a result of the federal American Rescue Plan, for Plan Years 2021 through 2025, there is no upper income limit to receive APTCs. Any individual who purchases health insurance through the Health Connector may receive APTCs even if their income is greater than 400% of the federal poverty level so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5% of their annual income and they meet other non-income criteria to receive APTCs (See Health Connector Policy NG-2 effective 10/23/23). 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 500% FPL in 2024 qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04.

The Appellant's verified income was determined to be less than 500% of the Federal Poverty Level and rendered the Appellant financially eligible for state and federal subsidies. Since the Appellant's projected MAGI was more

than 400.1% but less than 500% of the Federal Poverty Level, the Health Connector determined the Appellant eligible for ConnectorCare Plan Type 3D with APTC of \$205. 956 CMR 12.04(3).

The Appellant had been determined eligible for Health Connector Plans with APTC of \$253.00 in tax year 2023. The Appellant testified that their monthly premium payment was between \$300 and \$360 in tax year 2023. The Appellant said that the 2024 quote for the same plan is \$500 for tax year 2024 and this is not affordable. The Appellant filed an appeal to dispute the premium change.

The Board of the Commonwealth Health Insurance Connector Authority, established by M.G.L. c 176Q § 2 determines annually the minimum monthly premium for each plan type. 956 CMR 12.12 (9). As explained at the Hearing, the amount of the monthly premium for a chosen health plan is not an appealable issue. 956 CMR 12.02. The Appellant's income was reviewed, and the Appellant agreed that Health Connector correctly calculated the household's income. Based on the reported income equal to 402.66% of the federal poverty level, Health Connector correctly determined that the Appellant's household is eligible for ConnectorCare Plan Type 3D with APTC. 956 CMR 12.04(3).

The Appellant was informed that the amount of the monthly premium is determined based on the chosen plan. The Appellant was advised that they should call Customer Service to review Plan 3D options. The Appellant was also advised that they could request an application to apply for a Waiver or Reduction of the monthly premium due to financial hardship.

## **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 may contact Health Connector Customer Service at 1-877-623-6765 to review their plan options and/or for information needed to request a Massachusetts ConnectorCare premium waiver or reduction due to financial hardship.



**10 Massachusetts Health Connector Appeals Unit**

**FINAL APPEAL DECISION: ACA 24-20822**

**Appeal Decision:** Appeal denied

**Hearing Issue:** Appeal of eligibility Health Connector plans and Advance Premium Tax Credit (APTC's).

**Hearing Date:** January 5, 2024

**Decision Date:** January 29, 2024

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**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 15, 2023, the Appellant was advised that she was determined eligible for ConnectorCare without subsidies or Advanced Premium Tax Credits (“APTC’s”). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7).

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plan without subsidies or APTC’s based on the Appellant not having timely submitting requested income information and having unknown income used in the Health Connector’s verification process.

**HEARING RECORD**

The Appellant and Spouse appeared at the hearing, which was held by telephone on January 5, 2024, and testified under oath. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	( 1 P, undated )
Exhibit 2:	Appellant’s Appeal Request Form	( 6 PP, received 11/1/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	( 1 P, dated 11/2/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	( 1 P, dated 12/6/ 2023)
Exhibit 5:	Health Connector’s Application Summary	( 3 PP, dated 10/15/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	( 3 PP, dated 10/15/2023)

Exhibit 7:	Health Connector's Eligibility Approval	(8 PP, dated	10/15/2023)
Exhibit 8:	Medicaid Household Determination	(8 PP, dated	10/15/2023)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	( 1 P, dated	11/2/ 2023)
Exhibit 10:	Health Connector's Email to Appellant	(3 PP, dated	11/2/ 2023)
Exhibit 11:	Health Connector's Manage Documents Form	(1 PP, dated	5/9/2023)
Exhibit 12:	Request for Information Form	(8 PP, dated	12/20/ 2022)
Exhibit 13:	Appellant's Proof of Income Documentation W2 and SS	(3 PP, dated	11/15/ 2023)
Exhibit 14:	Appellant's Proof of Immigration Status Documentation	(1 PP, dated	11/15/ 2023)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant Spouse is not eligible for Connectorcare Plans and is not requesting same. (Testimony, Exhibits 1 and 9).
2. The Appellant has not enrolled in a Connectorcare Plan. (Testimony, Exhibits 1, 9).
3. On her application dated October 15, 2023, the Appellant entered a manual verified monthly modified adjusted gross income of \$0, with an unknown Federal Poverty Level ("FPL") used to decide program eligibility. (Exhibits 1,5)
4. The Appellant testified that she was not currently working. (Testimony).
5. The Appellant was sent a Request for Information from Connector requesting proof of income documents by March 20, 2023. (Exhibits 1, 12).
6. The Appellant and her spouse had provided income and proof of naturalization documents on November 15, 2023. (Exhibits 1,13, and 14).
7. The Appellant's testified they had submitted to the Connector several documents including a 2022 W2s for the Appellant and Spouse, including a 2022 1099 for the Spouse's Social Security Benefit (Testimony, Exhibits 1,13, and 14).
8. The Appellant and her spouse testified they had also provided income and proof of naturalization approximately 2 years ago in an attempt for the Appellant to enroll in Connectorcare. (Testimony).
9. I find the record does not reflect that the income verification documents were submitted by the Appellant prior to the deadline of March 20, 2023. (Exhibits 1, 12, and 13).
10. The Appellant was encouraged to contact the Connector to update their income and provide verification of income documents as needed.

## **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).

The Appellant has never been enrolled in the Connectcare Plan, and is eligible without financial help subsidies and APTC's. (Exhibits 1 and 9). The Appellant's income was verified on October 15, 2023, but did not qualify for financial help because proof of income was needed where the Appellant did not send documents as requested (Exhibits 1, 6, 9). The Appellant asserts that this determination is incorrect and that that she had submitted 2022 income, and that she was not currently working.

The Appellant testified she submitted the requested income verification documents two (2) years prior and again in November 2023. (Testimony, Exhibits 1, 13, and 14). I find that the record does not reflect that the income verification documents were submitted by the Appellant prior to the deadline of March 20, 2023. (Exhibits 1, 12, and 13). As such, I conclude that The Connector's notice on October 15, 2023, is consistent with rules in federal regulation at 45 CFR § 155.335. The final determination was correct for the Appellant. (Exhibits 1,5-7, and 9). This was used to determine that there was an unknown income. (Exhibits 1, 5-6). 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. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on October 15, 2023, regarding the Appellant's eligibility for Health Connector Plans without subsidies and APTC's was correct. The Appellant was advised to call Customer Service and the Appeals Unit to report any changes in income and provide verification of income documents as needed.

## **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**

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 2024 from the federal government will be reconciled when you file your 2024 federal income tax return (usually in the spring of 2025). 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 2024 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2024 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

*Note:* If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2024 will be paid to you when you file your 2024 federal income tax return.

**Massachusetts Health Connector Appeals Unit**

**FINAL APPEAL DECISION: ACA 23-19727**

**Appeal Decision:** Appeal denied

**Hearing Issue:** Appeal of eligibility Health Connector plans and Advance Premium Tax Credit (APTC's).

**Hearing Date:** January 5, 2024

**Decision Date:** January 29, 2024

**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 16, 2023, the Appellant was advised that they were determined eligible for ConnectorCare with Advanced Premium Tax Credits (“APTC’s”). The Appellant filed an appeal (Ex. 2). The matter was referred to a hearing after receipt of the appeal. (Ex.7).

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plan with APTC’s based on their income used in the Health Connector’s verification process.

**HEARING RECORD**

The Appellant household consists of the Appellant and Spouse. The Appellant appeared at the hearing, with an Interpreter (who was sworn in), which was held by telephone on January 5, 2024, and testified under oath. The hearing record consists of testimony and the following documents which were admitted into evidence without objection:

Exhibit 1:	Health Connector’s Hearing Record Affidavit	( 1 P, undated )
Exhibit 2:	Appellant’s Appeal Request Form	(6 PP, received 11/1/2023)
Exhibit 3:	Health Connector’s Acknowledgment of Appeal	( 1 P, dated 11/2/ 2023)
Exhibit 4:	Health Connector’s Notice of Appeal Hearing	( 1 P, dated 12/6/ 2023)
Exhibit 5:	Health Connector’s Application Summary	(3 PP, dated 10/16/ 2023)
Exhibit 6:	Health Connector’s Eligibility Results	(3 PP, dated 10/16/2023)
Exhibit 7:	Health Connector’s Eligibility Approval	(8 PP, dated 10/16/2023)

Exhibit 8:	Medicaid Household Determination	(8 PP, dated	10/16 2023)
Exhibit 9:	Health Connector's Appeals Unit Staff Notes	( 1 P, dated	11/2/ 2023)
Exhibit 10:	Health Connector's Application Summary	(3 PP, dated	5/9/ 2023)
Exhibit 11:	Health Connector's Eligibility Results	(3 PP, dated	5/9/2023)
Exhibit 12:	Medicaid Household Determination	(8 PP, dated	5/9/ 2023)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant has never been enrolled in Connectorcare. (Testimony, Exhibits 1, 5-9).
2. The Appellant's income was verified on July 10, 2023, and the annual household income was determined to be 267.82 % of Federal Poverty Level("FPL") based on an attested monthly income of \$1,962. (Appellant Testimony, Exhibits 1, 4-7, and 11).
3. The Appellant testified that the income reported was in June and the Spouse's employment has changed and their monthly income is now approximately \$1,000 to \$1,100 per month which consists of her income of \$300 a month and the Spouse's income of \$700 to \$800 per month (Appellant Testimony).
4. The Appellant testified that the monthly premiums are approximately \$1,100 which they can't afford. (Appellant Testimony, Exhibits 1 and 7).
5. The Appellant was also encouraged to confirm with Connectorcare their actual premium as the Appellant may have interpreted the monthly APTC of \$1,164 as the actual premium amount.
6. This appeal addresses the issue of the Connector's income eligibility determination on October 16, 2023, in verification of the Appellant's income. (Exhibits 1,6, and 7).
7. The Appellant was advised the appeal only addresses whether the Connector's decision regarding eligibility based on income was correct. The Appellant was encouraged to contact customer service to report a change in income.

## **ANALYSIS AND CONCLUSIONS OF LAW**

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

The Appellant has not been enrolled in Connectorcare. (Testimony, Exhibits 1 and 9). The Appellant's income was verified on October 16, 2023, wherein it was determined their FPL was 267.80% based on a based on an attested monthly income of \$1,962. (Testimony, Exhibits 1, 7-9). The Appellant asserts that this determination is incorrect because the income was verified in June and their current income is now substantially less than the income from

the manual verification. The Appellant, despite being eligible for Advanced Premium Tax Credits is asserting that the plan being offered is deemed to be unaffordable. (Testimony, Exhibits 1,7 and 12).

I find that The Connector's notice on October 16, 2023, and the determination based on the Appellant's income verification was determined to be 267.82% of Federal Poverty Level ("FPL") based on an attested monthly income of \$1962 is consistent with rules in federal regulation at 45 CFR § 155.335. (Testimony, Exhibits 1, 7, and 8). The final determination was correct for the Appellant. (Exhibits 1,7). This was used to determine a household income equivalent to 267.82 % of the Federal Poverty Level. (Exhibits 1,7, and 9). 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. I find the Appellant's income was properly verified according to the above regulations.

Based upon the totality of the evidence, it is concluded that the Connector's determination on October 16, 2023, regarding the Appellant's eligibility for Health Connector Plans with APTC's was correct. The Appellant was advised to update their application or call Customer Service to report any changes in income, any other information on their application, regarding those issues. The Appellant was also encouraged to confirm with ConnectorCare their actual premium as the Appellant may have interpreted the monthly APTC of \$1,164 as the actual premium amount.

## **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**

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 2024 from the federal government will be reconciled when you file your 2024 federal income tax return (usually in the spring of

2025). 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 2023 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2024 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

*Note:* If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2024 will be paid to you when you file your 2024 federal income tax return.



## Massachusetts Health Connector Appeals Unit

### FINAL APPEAL DECISION: ACA2320572

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Appellant's eligibility for insurance based on SEP

**Hearing Date:** December 12, 2023

**Decision Date:** January 9, 2024

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#### **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 September 12, 2023, the Appellant was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

#### **ISSUE**

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

#### **HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on December 12, 2023.

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

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (11-14-23) (3 pages);

# Massachusetts Health Connector Appeals Unit



- Exhibit 3: Acknowledgement of Appeal and OPP information (10-20-23) (2 pages);
- Exhibit 4: Outreach notes and salesforce notes (6 pages);
- Exhibit 5: Hearing Request form (10-11-23) (6 pages);
- Exhibit 6: SEP decision letter (9-12-23) (6 pages);
- Exhibit 7: Eligibility detail printout and applications summary printout (4 pages);
- Exhibit 8: Eligibility approval letter (9-12-23) (8 pages).

## FINDINGS OF FACTS

The record shows, and I so find:

1. The Appellant applied for health insurance through the Health Connector on September 12, 2023. (Appellant testimony; Exhibit 7).
2. Appellant's answers to the Can I Shop Questions did not indicate that there was a qualifying event within the time period allowed. (Exhibits 4, 5, 6, 7). Appellant had lost their job in February 2023, more than sixty days before Appellant applied for insurance through the Health Connector. (Exhibit 5, Appellant testimony).
3. A Special Enrollment Period (SEP) was denied (Exhibit 6, Exhibit 7).
4. Appellant was provided information to contact the Office of Patient Protection. (Exhibit 3).

## ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment, which for 2023 began on November 1, 2023. 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. 45 CFR § 155.420. There is a sixty-day time limit to enroll after a qualifying event.

On September 12, 2023, the Appellant was found not eligible for a special enrollment period due to failure to have a qualifying life event within the time period allowed. Appellant had lost coverage due to leaving employment in February 2023, but did not apply for coverage until September 12, 2023. Appellant was given information to apply for a waiver through OPP.

## ORDER

The Connector determination was correct. Therefore, the appeal is denied.

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

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

## Massachusetts Health Connector Appeals Unit



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

Cc: Connector Appeals Unit

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### **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: The pronouns “they” and “their” is used in order to be gender neutral, regardless of the singular or plural

NOTE: Members may report any change in their income throughout the year and have their eligibility redetermined, if necessary.

### **ADDENDUM**

If the Appellant experiences a qualifying life event, the Appellant should contact the Health Connector’s customer service center and request a special enrollment period.

The Appellant may also consider reviewing the criteria for an Enrollment Waiver from the Massachusetts Office of Patient Protection. Information can be found at <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/patient-protection/>.

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied, Eligibility determination upheld

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

**Hearing Date:** December 12, 2023

**Decision Date:** January 9, 2024

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### **AUTHORITY**

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

### **JURISDICTION**

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

### **ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

On October 10, 2023, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

### **ISSUE**

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

### **HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on December 12, 2023.

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

- Exhibit 1: Affidavit of Records (1 page).
- Exhibit 2: Notice of Hearing (11-14-23) (3 pages).
- Exhibit 3: Acknowledgement of Appeal (10-30-23) (1 page).
- Exhibit 4: Outreach notes and email (2 pages).
- Exhibit 5: Hearing Request (10-18-23) (3 pages).
- Exhibit 6: Application Results and summary print outs (5 pages).
- Exhibit 7: Eligibility Denial letter (9-12-23) (7 pages).

# Massachusetts Health Connector Appeals Unit



Exhibit 8: Medicaid Household Determination (7 pages).

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on September 12, 2023, after failing to establish that the Appellant is lawfully present to the Health Connector. (Exhibit 6, Exhibit 7)
2. The Appellant did not attest to being lawfully present at the time the Appellant applied. (Exhibit 6)
3. Appellant had a green card but it had expired and Appellant had requested it be renewed, but had not yet received the renewal card. (Appellant's testimony; Exhibit 5).

## **ANALYSIS AND CONCLUSIONS OF LAW**

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

On September 12, 2023, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans. 45 CFR § 155.305(a)(1).

While the Appellant has taken steps to establish lawful presence, and the process may be taking longer than expected, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans on September 12, 2023, based on the Appellant's attestation, and that determination is upheld.

## **ORDER**

The appeal is denied.

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

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

## Massachusetts Health Connector Appeals Unit



Cc: Health Connector Appeals Unit

NOTE: The pronouns “they” and “their” is used in order to be gender neutral, regardless of the singular or plural

## FINAL APPEAL DECISION

**Appeal Decision:** Appeal Denied, Eligibility determination upheld

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

**Hearing Date:** January 10, 2024

**Decision Date:** January 23, 2024

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### **AUTHORITY**

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

### **JURISDICTION**

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

### **ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**

On November 6, 2023, Appellant was determined ineligible for Health Connector plans, due to failure to establish lawful presence to the Health Connector.

### **ISSUE**

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

### **HEARING RECORD**

The Appellant and Appellant's Representative appeared at the hearing, which was held by telephone, on January 10, 2024.

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

- Exhibit 1: Affidavit of Records (1 page).
- Exhibit 2: Notice of Hearing (12-6-23) (3 pages).
- Exhibit 3: Acknowledgement of Appeal (12-6-23) (1 page).
- Exhibit 4: Outreach notes and email (2 pages).
- Exhibit 5: Hearing Request (11-16-23) (10 pages).
- Exhibit 6: Applications Results and summary print outs (13 pages).

# Massachusetts Health Connector Appeals Unit



Exhibit 7: Eligibility Denial letters (11-6 and 1-27-23) (12 pages).

Exhibit 8: Medicaid Household Determinations (14 pages).

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on November 6, 2023, after failing to establish that the Appellant is lawfully present to the Health Connector. (Exhibit 6, Exhibit 7)
2. The Appellant did not attest to being lawfully present at the time the Appellant applied. (Exhibit 6)
3. Appellant had previously been eligible for Health Safety Net and wanted to continue access to that. (Appellant's testimony; Exhibit 5).
4. Appellant did file an application for 65 years and older with Mass Health but had not heard back regarding the status of that application. (Appellant's testimony).

## **ANALYSIS AND CONCLUSIONS OF LAW**

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

On November 6, 2023, the Appellant applied for health insurance through the Health Connector, but did not attest to being lawfully present and was determined ineligible for Health Connector plans. Because the Appellant did not present any evidence of being lawfully present, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans. 45 CFR § 155.305(a)(1).

While the Appellant has taken steps to apply for coverage through Mass Health for ages 65 and older, and has not heard back regarding the status of that application at the time of this hearing, the Health Connector correctly found that the Appellant was not eligible for Health Connector plans on November 6, 2023, based on the Appellant's attestation, and that determination is upheld.

## **ORDER**

The appeal is denied.

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

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



# Massachusetts Health Connector Appeals Unit



Cc: Health Connector Appeals Unit

NOTE: The pronouns “they” and “their” is used in order to be gender neutral, regardless of the singular or plural

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-20887

**Appeal Decision:** Appeal denied, eligibility determination upheld.

**Hearing Issue:** Whether the Health Connector correctly determined that the Appellant was ineligible for subsidized health insurance.

**Hearing Date:** January 4, 2024

**Decision Date:** January 29, 2024

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### **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 and 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**

On October 17, 2023, the Health Connector notified the Appellant that they were ineligible for subsidized health insurance coverage. The reason the Appellant was determined to be ineligible for subsidized health insurance was that the Appellant stated in their application for health insurance that they were a married person who would be filing their taxes separately.

### **ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was ineligible for subsidized health insurance because the Appellant's tax status was a married person filing separately.

### **HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone on January 4, 2024. The hearing record consists of the Appellant's testimony and the following documents that were admitted into evidence:

- Exhibit 1: Health Connector online appeal form, received November 2, 2023 (6 pages)
- Exhibit 2: Online appeal statement (1 page)
- Exhibit 3: Appellant's 2024 Eligibility Results (2 pages).
- Exhibit 4: 2024 Medicaid Household Determination (4 pages)
- Exhibit 5: 2024 Health Connector Eligibility Approval Notice, dated October 17, 2023 (8 pages)
- Exhibit 6: 2024 Application Summary, dated October 17, 2023 (3 pages)
- Exhibit 7: Screenshot of Health Connector outreach notes (1 page)
- Exhibit 8: Health Connector acknowledgment of appeal, dated November 16, 2023 (1 page)
- Exhibit 9: Health Connector Notice of January 4, 2024 hearing, dated December 6, 2023 (3 pages)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The Appellant stated in their application for health insurance that they were legally married and intended to file their taxes as a married person filing separately.
2. The Appellant testified that when they submitted their application for health insurance, they were in the process of divorcing their spouse and that they finalized their divorce on December 17, 2023 in Barnstable County and are now a single person.

## **ANALYSIS AND CONCLUSIONS OF LAW**

The Appellant submitted an application for health insurance to the Health Connector on October 17, 2023, in which they attested that they were married and intended to file their taxes as a married person filing separately. The Health Connector determined that the Appellant did not qualify for subsidized health insurance because in order to qualify for subsidized health insurance in the form of advance premium tax credits, an individual must attest that they will file taxes jointly if they are legally married. 45 C.F.R. 155.310(d)(2)(ii)(B). The Appellant testified at the hearing that they finalized their divorce from their spouse on December 17, 2023.

I find that the Health Connector made the correct decision when it determined on October 17, 2023 that the Appellant was not eligible for subsidized health insurance because at the time, the Appellant was a married person who did not intend to file a joint tax return with their spouse. As a result, the Appellant was ineligible for subsidized health insurance in the form of advance premium tax credits. 45 C.F.R. 155.310(d)(2)(ii)(B). I advised the Appellant during the hearing to contact the Health Connector's customer service line with the updated information about their marital status.

**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 to Suffolk Superior Court within thirty (30) days of receiving this decision.

Hearing Officer

cc: Connector Appeals Unit

**ADDENDUM**

The Appellant is advised to update their application for subsidized insurance to include information about their new marital status. The Appellant can update their application online at [mahealthconnector.org](http://mahealthconnector.org) or by contacting customer service at 1-877-623-6765.

# Massachusetts Health Connector Appeals Unit

## FINAL APPEAL DECISION: ACA24-21411

**Appeal Decision:** Appeal denied.

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

**Hearing Date:** March 1, 2024

**Decision Date:** March 6, 2024

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### 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 21, 2023, the appellants, husband and wife, were advised that they were eligible for a ConnectorCare Plan with an Advanced Premium Tax Credit (APTC) effective on January 1, 2024. (Ex. 3) The appellants filed an appeal which was received on December 29, 2023. (Ex. 5) The matter was referred to a hearing after receipt of the appeal. (Ex. 10)

### ISSUE

Was the Connector's decision regarding the appellant's eligibility for a ConnectorCare Plan with an APTC on October 31, 2023, correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

### HEARING RECORD

The appellant husband appeared at the hearing which was held by telephone on March 1, 2024, 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 Eligibility Determination Results showing a program determination for October 31, 2023 (3 pages)

Ex. 2—Health Connector's Review of Application (8 pages)

Ex. 3—Health Connector's Notice of Eligibility Approval dated October 31, 2023 (9 pages)

Ex. 4—Medicaid Household Determination Document (5 pages)

Ex. 5—Hearing Request Form received on December 29, 2023 (6 pages)

- Ex. 6—Acknowledgment of Appeal dated January 10, 2024 (1 page)
- Ex. 7—Income change form for appellant dated October 31, 2023 (3 pages)
- Ex. 8—Income change form for appellant wife dated October 31, 2023 (3 pages)
- Ex. 9--Appeals Unit case notes (1 page)
- Ex. 10—Notice of Hearing (3 pages)
- Ex. 11—Affidavit of Connector representative (1 page)

## **FINDINGS OF FACT**

The record shows, and I so find:

1. The appellant husband is 46-years-old, the appellant wife is 44-years-old and they have three minor children. They have a tax household size of five. (Testimony, Ex. 2)
2. The appellants have been enrolled in health insurance through the Health Connector for several years. By notice dated October 31, 2023, the appellants were determined eligible for Connector Care Plan Type 3B with an Advanced Premium Tax Credit (APTC) of \$624.00/month, and their children were determined eligible for MassHealth Family Assistance. Their household income was determined to be within 255.35% of the Federal Poverty Level (FPL). On the application on which the determination was based, the appellant husband attested to an annual income of \$226,349.00 from investments, rental income, a job, and self-employment. The appellant wife attested to an income of \$154,891.00. (Testimony, Ex. 2)
3. The appellants appealed the Connector's October 31, 2023, determination on December 29, 2023, and stated in part that their premium was too high. (Testimony, Ex. 5)
4. On October 31, 2023, the Health Connector manually verified the appellant husband's income to be \$81,060.92 and the appellant wife's income to be \$8669.92. (Exs. 7,8)

## **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. As a result of the federal American Rescue Plan, there is no upper income limit to be eligible to receive APTCs. Any individual who purchases coverage through the Health Connector may receive APTCs, even if their income is greater than 400% of the FPL, so long as the annual premium for the second lowest cost silver plan for their household exceeds 8.5 percent of their annual household income and they meet other non-income criteria to receive APTCs. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 500% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The appellant husband did not recall attesting to an income of \$226,349.00 for himself and \$154,891.00 for his wife. He does not dispute the manually verified incomes that the Health Connector calculated for himself and his wife. It appears that the eligibility determination of October 31, 2023, was based on the latter figures. He was advised to contact customer service at 1-877-623-6765 if those numbers need to be updated or if he feels that they are inaccurate.

Based upon the totality of the evidence, it is concluded that the Connector's determination on October 31, 2023, regarding the appellants' eligibility for ConnectorCare Plan Type 3B with an APTC of \$624.00/month 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