

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA183151

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan with an advance premium tax credit.

Hearing Date: January 30, 2018

Decision Date: March 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

On November 03, 2017, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon information supplied by the appellant to the Connector.

ISSUE

Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on January 30, 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. 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 18, 2017 addressed to Appellant for January 4, 2018 hearing

Exhibit 2a: Connector Appeals Unit e-mail to Appellant dated January 3, 2018 regarding possible rescheduling of hearing

Exhibit 2b: Notice dated January 10, 2018 sent to Appellant for rescheduled hearing on January 30, 2018

Exhibit 3: Connector Appeals Unit letter dated December 5, 2017 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Connector e-mail to Appellant dated December 18, 2017

Exhibit 3b: Appeals Unit outreach to Appellant notes

- Exhibit 4: Hearing Request Form submitted by Appellant on November 30, 2017 received by Connector on December 4, 2017
- Exhibit 5: Summary and results of Appellant's application for Connector health plan dated November 3, 2017
- Exhibit 6: Connector letter dated November 3, 2017 to Appellant regarding eligibility to purchase health plan
- Exhibit 7: Summary and results of Appellant's application for Connector health plan dated August 26, 2016
- Exhibit 8: Summary and results of Appellant's application for Connector health plan dated December 5, 2017
- Exhibit 9: Connector Customer Service notes of contacts with Appellant
- Exhibit 10: Connector's current enrollment record showing Appellant's 2018 coverage

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant has had health insurance through the Connector since 2015. In 2016, he attested to having a projected income of \$35,006. In November, 2017, he amended his projected income by attesting to income of \$36,405 (Testimony Appellant, Exhibits 5 and 7).
2. Appellant's projected income as of November, 2017 equaled 301.87% of the Federal Poverty Level (Exhibit 5).
3. On November 3, 2017, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit based upon information on the appellant's application or upon information received from other income data sources. (Exhibit 6).
4. Appellant signed a request for an appeal of the Connector's determination on November 30, 2017. The request was received by the Connector on December 4, 2017 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on November 3, 2017 that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit.

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

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

the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq.

Appellant amended his application for health insurance coverage through the Connector on November 3, 2017. On the same date, the Connector determined that the appellant was eligible to purchase a Health Connector plan with an advance premium tax credit. This determination was based upon the appellant's attestation that he had a projected income of \$36,405. This income equaled 301.87% of the Federal poverty level. See Exhibits 5 and 6. The appellant filed an appeal after receiving notice of the Connector's determination. See Exhibit 4.

Based upon the information given by the appellant to the Connector, the Connector correctly determined that the appellant was eligible for a Connector Health plan with an advance premium tax credit. If an individual is otherwise eligible to purchase health insurance through the Connector and if the individual has an income which is between 100% and 400% of the Federal Poverty level, the individual is eligible to purchase a plan with an advance premium tax credit. See cites above for eligibility requirements for an advance premium tax credit. Appellant testified that he had attested to an income of \$36,405. The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a Connector Health plan with an advance premium tax credit is affirmed.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM: Since requesting a hearing on the Connector's determination, the appellant has amended his application and supplied the Connector with up-dated information regarding his projected income for 2018. He has been found eligible for enrollment in a ConnectorCare plan.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3176

Appeal Decision: Appeal Denied.

Hearing Issue: Whether the Health Connector correctly determined in November 2017, that the Appellant and his household were eligible to enroll in Health Connector Plans but were not eligible for the Advance Premium Tax Credit and ConnectorCare, for 2018, based on the Appellant's failure to verify that he had filed the appropriate tax form to reconcile the Advance Premium Tax Credits received in 2016.

Hearing Date: January 9, 2018

Decision Date: March 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 forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

In November 2017, the Connector determined that the Appellant and his household were eligible to enroll in Health Connector Plans but were not eligible for the Advance Premium Tax Credit and ConnectorCare, for 2018, based on the Appellant's failure to verify that he had filed the appropriate tax form to reconcile the Advance Premium Tax Credits received in 2016.

ISSUE

Whether the Health Connector correctly determined, in November 2017, that the Appellant and his household were eligible to enroll in Health Connector Plans but were not eligible for the Advance Premium Tax Credit and ConnectorCare, for 2018, based on the Appellant's failure to verify that he had filed the appropriate tax form to reconcile the Advance Premium Tax Credits received in 2016.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 9, 2018. Testimony was recorded electronically. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Record Verification
- Exhibit 2: Letter to the Appellant from the Health Connector dated 11/10/2017 and entitled "Final Renewal Notice"
- Exhibit 3: Appellant's Hearing Request Form received by the Connector on 12/6/2017
- Exhibit 4: Letter from the Connector to the Appellant dated 12/15/2017 and entitled "Eligibility Denial"
- Exhibit 5: Letter from the Connector Appeals Unit to the Appellant dated 12/19/2017 regarding Immigration Status
- Exhibit 6: Letter to the Appellant from the Connector Appeals Unit Regarding Next Steps in the Appeal Process
- Exhibit 7: Connector Brochure "Tell Us About Changes"
- Exhibit 8: E-mail from the Appeals Unit to the Appellant dated 12/7/2017
- Exhibit 9: Connector Open Enrollment Brochure
- Exhibit 10: Connector Appeals Unit Appeal Acknowledgment Notice dated 12/7/2017
- Exhibit 11: Informal Dispute Resolution Notes
- Exhibit 12: AppealsData Notes of conversation between Connector Appeals Unit Staff and the Appellant dated 12/21/2017
- Exhibit 13: Appellant's Pay stub dated 11/10/2017
- Exhibit 14: Health Connector Computer Printout of Appellant's 2018 Eligibility Results based on an application submitted on 11/9/2017
- Exhibit 15: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 16: Health Connector Computer Printout of Appellant's 2018 Eligibility Results based on Application submitted on 12/15/2017
- Exhibit 17: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 18: Health Connector Computer Printout of Appellant's 2017 Eligibility Results based on Application submitted on 9/12/2016
- Exhibit 19: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 20: Health Connector AVV form
- Exhibit 21: Appellant's 2016 Form 1095A
- Exhibit 22: Notice of Hearing dated 12/22/2017

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance for 2018, for himself, his wife and his two children, in an application submitted on November 9, 2017. In this application the Appellant stated that he and his family had no income and that their Projected Yearly Income was \$0.00. (Exhibits 14 and 15)
2. In a letter dated November 10, 2017, entitled "Final Renewal Notice," the Appellant was informed that for 2018, he, his wife, and his two children were eligible to enroll in a Health Connector Plan with no financial help. Their monthly premium for the household was to be \$879.26. (Exhibit 2)
3. The Appellant's household consisted of himself, his wife and his two children. (Exhibit 15)
4. In 2017, the Appellant and his wife had qualified for ConnectorCare Plan Type 1 with an Advance Premium Tax Credit. His children were eligible for MassHealth Standard. (Exhibit 18)
5. Preliminary results for 2018 were determined by the Health Connector on October 3, 2017. The Appellant, his wife and his children were all found to be eligible for enrollment in Health Connector Plans with no financial assistance. (Exhibit 14)

6. The Appellant filed a Hearing Request Form, appealing the Connector's determination that his household was not eligible for financial assistance for health insurance. He based his appeal on the determination of his income; and he stated that he could not afford the premium. (Exhibit 3)
7. The Appellant submitted another application to the Health Connector for subsidized health insurance in 2018, on December 15, 2017. In that application the Appellant's household had self-attested monthly income of \$3,758.34 and projected yearly income of \$45,107.34. Their income was 183.36% of the Federal Poverty Level. His household qualified for an Advance Premium Tax Credit of \$360 monthly. He qualified for MassHealth Limited and the Health Safety Net. His wife and his older child could enroll in ConnectorCare Plan Type 2B. His younger child was eligible for MassHealth Family Assistance. The older child needed to submit proof of income. (Exhibit 16)
8. The Appellant submitted a pay stub dated November 10, 2017 to the Connector. (Exhibit 12)
9. In a letter dated December 15, 2017, entitled "Eligibility Denial", the Appellant was informed that for 2018 he was not eligible to enroll in a Health Connector Plan since Connector records indicated he was not lawfully present in the United States. (Exhibit 4)
10. The Appeals Unit of the Connector sent the Appellant a letter dated December 19, 2017, asking him to submit a copy of his unexpired immigration documents and a copy of his Social Security Number. (Exhibit 5)
11. The Appellant came to the United States in August 2016. He has a Social Security Number and a Permanent Resident Card. He received the Permanent Resident Card after he was in the United States for ninety days. (Appellant testimony)
12. The Appellant received a 2016 Form 1095-A from the Health Connector showing that the Appellant's household received an Advance Premium Tax Credit of \$723 monthly for October, November and December 2016. (Exhibit 8)
13. The Appellant filed income taxes in 2016, but did not recall whether he originally filed IRS Form 8962 to reconcile his household's Advance Premium Tax Credit. (Appellant testimony)
14. In the Application submitted on December 15, 2017, the Appellant attested that he had filed taxes and had reconciled all past Advance Premium Tax Credits.

ANALYSIS AND CONCLUSIONS OF LAW

Based on the Appellant's application for subsidized health insurance for his household submitted on November 9, 2017, the Connector correctly determined that the Appellant and his household members could purchase health insurance through the Connector for 2018, but that they were not eligible for the Advance Premium Tax Credit; and ConnectorCare. At the time this determination was made, the Appellant had not verified that he had filed tax form 8962, reconciling the Advance Premium Tax Credit he and his household had received in 2016.

THE Appellant appealed the Connector's determination that he and his household were not eligible for help in paying for their health insurance. The reason for his appeal was the determination of his household income. However, the Appellant and his household were not denied access to health insurance subsidies and subsidized health insurance due to the Appellant's household income. They were denied access because there was no evidence that the Appellant had reconciled the tax credits his household had received in 2016.

In order to be eligible for the Advance Premium Tax Credit in the future, the recipient of the tax credits must reconcile their previous Advance Premium Tax Credits. (45 CFR §155.305(f) (4)) In order to comply with this requirement, the recipient must file income taxes using Form 1040 and include Form 8962. Since the Appellant and his household were not eligible for the Advance Premium Tax Credit, they were not eligible for ConnectorCare. (956 CMR 12.08 (1) (b))

The Appellant received Advance Premium Tax Credits in 2016, but did not verify that he had filed the requisite tax forms to reconcile those tax credits in his application submitted on November 9, 2017. Therefore, at the time the Connector made its initial eligibility determination, the Connector had no evidence of verification. Subsequently, in his application submitted on December 15, 2017, the Appellant attested that he had reconciled all previous Advance Premium Tax Credits. As a result the Appellant's wife and older child became eligible for Advance Premium Tax Credits and ConnectorCare Plan Type 2B. The Appellant was still not eligible due to his immigration status, which he needed to clarify, by presenting his Permanent Resident Card. His younger child was found eligible for MassHealth Standard.

ORDER

The Connector's decision in November 2017, to allow the Appellant and his household to enroll in Health Connector Plans without financial assistance is upheld, and the Appellant's 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA183220

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan without an advance premium tax credit based upon the information supplied by the appellant on her application.

Hearing Date: January 25, 2018

Decision Date: March 7, 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 November 25, 2017, the Connector determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit based upon information supplied by the appellant to the Connector.

ISSUE

Whether the Connector correctly determined pursuant to 45 CFR 155.305(f)(1)(i) that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit.

HEARING RECORD

The appellant's representative appeared at the hearing which was held by telephone on January 25, 2018. The appellant was not present. The procedures to be followed during the hearing were reviewed with the representative who was then sworn in. Exhibits were also reviewed with the representative, marked as exhibits, and admitted in evidence with no objection from the representative. The representative testified.

The hearing record consists of the testimony of the Appellant's representative 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 19, 2017 addressed to Appellant for January 5, 2018 hearing

Exhibit 2a: Connector Appeals Unit e-mail to Appellant dated January 3, 2018 regarding possible rescheduling of hearing

Exhibit 2b: Notice dated January 5, 2018 sent to Appellant for rescheduled hearing on January 25, 2018

Exhibit 3: Hearing Request Form submitted by Appellant on December 9, 2017

Exhibit 4: Connector Appeals Unit letter dated December 11, 2017 addressed to Appellant

- acknowledging receipt of Appellant's Request for Hearing
- Exhibit 5: Summary and results of Appellant's application for Connector health plan dated August 26, 2016
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated December 9, 2017
- Exhibit 7: Connector letter dated January 28, 2016 to Appellant regarding tax filing obligations
- Exhibit 8: Connector letter dated January 18, 2017 to Appellant regarding tax filing obligations
- Exhibit 9: Connector letter to Appellant dated October 30, 2017 regarding final renewal notice
- Exhibit 10: "AVV" program determination print-out
- Exhibit 11: Connector letter to Appellant dated November 25, 2017 regarding eligibility
- Exhibit 12: Connector letter to Appellant dated January 12, 2018 regarding eligibility

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant, who is 72 years old, had ConnectorCare coverage in 2017. When she updated her application in December, 2017, she attested to a projected annual income of \$6,000 which is equal to 49.75% of the Federal Poverty level (Exhibit 6, Testimony of Representative).
2. Appellant is not eligible to collect Medicare benefits (Exhibit 8).
3. On November 25, 2017, the Connector determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit based upon information on the appellant's application or upon information received from other income data sources. (Exhibit 11).
4. Appellant filed a request for an appeal of the Connector's determination on December 9, 2017. (Exhibit 3).
5. Appellant is presently out of the United States. She will not return until October, 2018 (Testimony of the Representative).
6. Appellant now believes that her income for 2018 will be higher than the \$6,000 she attested to on her application (Testimony of Representative).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on November 25, 2017 that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit. Appellant appealed the determination. See Exhibits 3 and 11.

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)(13) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. In order to be eligible to purchase a plan and to receive an advance premium tax credit, among other requirements, an individual must have a projected income for the year for which coverage is sought of greater to or equal to 100% but not more than 400% of the Federal Poverty Level. See 45 Code of Federal Regulations 155.305 (f)(1)(i).

In the summary of the appellant's application, Appellant's projected income for 2018 was listed as \$6,000. Based upon this, the Connector determined that the appellant's projected income was equal to 49.75% of the Federal Poverty Level. See Exhibit 6. Because of this, the appellant was found to be eligible to purchase a Connector plan, but without any advance premium tax credit. See Exhibits 6, 11. Appellant's representative testified that Appellant had attested to a projected income of \$6,000 for 2018 on her application, but the appellant now thinks her income will be higher. See the testimony of the appellant's representative which I find to be credible.

What is at issue here is whether the original determination made by the Connector was correct. That determination was based upon the information given on the appellant's application. No error was made by the Connector. Appellant did attest to the projected income which the Connector used in making its determination. Because of this, the determination of the Connector is affirmed.

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM: Appellant is out of the Commonwealth until October, 2018. When she returns, she may wish to amend her Connector application to reflect her projected income for 2018 by calling the Connector's Customer Service Center at 1-877-623-6765. The appellant, who was not eligible for an advance premium tax credit to help Appellant pay for the cost of health insurance because her projected income was below 100% of the Federal Poverty Level, may be eligible for MassHealth if her income remains below 100% of the Federal Poverty level.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA183265

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase a Health Connector plan without an advance premium tax credit.

Hearing Date: January 25, 2018

Decision Date: March 6, 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 November 21, 2017, the Connector determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit based upon information supplied by the appellant to the Connector.

ISSUE

Whether the Connector correctly determined pursuant to 26 Code of Federal Regulations Section 1.36B (1) and (2) that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on January 25, 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. 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 19, 2017 addressed to Appellant for January 5, 2018 hearing

Exhibit 2a: Connector Appeals Unit e-mail to Appellant dated January 3, 2018 regarding possible rescheduling of hearing

Exhibit 2b: Notice dated January 5, 2018 sent to Appellant for rescheduled hearing on January 25, 2018

Exhibit 3: Hearing Request Form submitted by Appellant on December 12, 2017

Exhibit 4: Connector Appeals Unit letter dated December 18, 2017 addressed to Appellant

- acknowledging receipt of Appellant's Request for Hearing
- Exhibit 5: Summary and results of Appellant's application for Connector health plan dated October 19, 2017
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated November 21, 2018
- Exhibit 7: Summary and results of Appellant's application for Connector health plan dated November 30, 2018
- Exhibit 8: Connector letter to Appellant dated October 19, 2017 requesting information
- Exhibit 9: Connector letter to Appellant dated November 21, 2017 regarding eligibility
- Exhibit 10: Letter from Appellant to Health Processing Center dated November 13, 2017 with requested information
- Exhibit 11: Connector's current enrollment record showing Appellant's 2018 coverage
- Exhibit 12: Connector record showing receipt of income and residency information sent by Appellant, dated November 17, 2017

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied to purchase health insurance through the Connector in October, 2017. On October 19, 2017, the Connector sent a letter to the appellant requesting that the appellant send in proof of residency and income (Exhibit 8).
2. On November 13, 2017, the appellant sent the requested information into the Connector. The appellant included as proof of income his 2016 Federal tax return. The return showed that the appellant reported an adjusted gross income of \$68,618. Based upon this figure, the Connector determined that the appellant had income equal to 489.72% of the Federal Poverty Level (Exhibits 6, 10).
3. On November 21, 2017, the Connector determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit based upon information on the appellant's application or upon information received from other income data sources. (Exhibit 9).
4. Appellant filed a request for an appeal of the Connector's determination on December 12, 2017. (Exhibit 3).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on November 21, 2017 that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit.

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

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

health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan. See 956 CMR 12.00 et. seq.

Appellant applied for health insurance coverage through the Connector in October, 2017. On November 21, 2017, the Connector determined that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit. This determination was based upon the appellant's 2016 Federal tax return that the appellant had submitted to the Connector as proof of income. The return showed that Appellant had an adjusted gross income of slightly over \$68,000. This income equaled 489.72%% of the Federal poverty level. See Exhibits 6, 8, 9, and 10. The appellant filed an appeal after receiving notice of this decision. See Exhibit 3.

Based upon the information given by the appellant to the Connector, the Connector correctly determined that the appellant was eligible for a Connector Health plan without an advance premium tax credit. If an individual is otherwise eligible to purchase health insurance through the Connector and if the individual has an income which is over 400% of the Federal Poverty level, the individual is eligible to purchase a plan without an advance premium tax credit. See cites above for eligibility requirements for an advance premium tax credit.

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM: Since requesting a hearing on the Connector's determination, the appellant has amended his application and supplied the Connector with up-dated information regarding his projected income for 2018. He has been found eligible for an advance premium tax credit based upon a new determination and appellant has enrolled in a health insurance plan.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA183276

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

Hearing Issue: Whether the Connector correctly determined the appellant's eligibility to purchase health insurance through the Connector.

Hearing Date: January 25, 2018

Decision Date: March 9, 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 November 16, 2017, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector.

ISSUE

Whether the Connector correctly determined pursuant to 45 CFR155.305(a)(3) that the appellant was ineligible to purchase health insurance through the Connector because the appellant failed to send in proof of residency.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on January 25, 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 in order to obtain Connector correspondence with the appellant concerning the need to send in proof of residency. Some documents were received from the Connector, but no correspondence regarding proof of residency was produced by the Connector. These documents were received on February 21, 2018. They have been marked as exhibits and admitted in evidence.

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 19, 2017 addressed to Appellant for January 5, 2018 hearing

Exhibit 2a: Connector Appeals Unit e-mail to Appellant dated January 3, 2018 regarding possible rescheduling of hearing

- Exhibit 2b: Notice dated January 5, 2018 sent to Appellant for rescheduled hearing on January 25, 2018
- Exhibit 3: Hearing Request Form submitted by Appellant on November 28, 2017
- Exhibit 4: Connector Appeals Unit letter dated December 13, 2017 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing with attachments regarding proof of residency
- Exhibit 4a: E-mail to Appellant from Connector Appeals Unit dated December 19, 2017
- Exhibit 5: Summary and results of Appellant's application for Connector health plan for 2016
- Exhibit 6: Summary and results of Appellant's application for Connector health plan dated November 16, 2017
- Exhibit 7: Summary and results of Appellant's application for Connector health plan dated December 19, 2017
- Exhibit 8: Connector letter dated November 16, 2017 to Appellant denying eligibility
- Exhibit 9: Customer service notes, October, 2017
- Exhibit 10: Customer service notes, November, 2017
- Exhibit 11: Appellant's proof of residency with fax coversheet, sent December 19, 2017 to Connector
- Exhibit 12: Memo from Appeal's Unit dated February 21, 2018 regarding request for correspondence from Connector to Appellant
- Exhibit 13: Appellant's MassHealth enrollment history
- Exhibit 14: Appellant's eligibility history for Connector plans and MassHealth

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant, who is 26 years old, applied for health insurance through the Connector in 2016. He was informed that he had to send in proof of residency (Exhibit 5).
2. On November 16, 2017, Appellant, by telephone, tried to obtain health insurance through the Connector. The Connector determined that he was not eligible for coverage through the Connector because he had not sent in proof of residency as he was asked to do in 2016. In a letter dated November 16, 2017, the Connector notified the appellant of this determination. The appellant was also transferred to MassHealth during the November 16th telephone call to Customer Service (Exhibits 5, 6, 8, and 10).
3. Appellant filed a request for an appeal of the Connector's determination on November 28, 2017 (Exhibit 3).
4. On December 19, 2017, the appellant sent in proof of residency (11).
5. Once proof of residency was received, the Connector redetermined the appellant's eligibility for coverage. Appellant was found eligible for MassHealth. As of the date of this hearing, Appellant had MassHealth coverage (Exhibits 7, 11, and 13; Testimony of the appellant).
6. Appellant did try to obtain health insurance through the Connector prior to November, 2017. He called customer service many times, but it was not until October, 2017 that Customer Service realized that the appellant had two applications in the system. Once Customer Service realized this, it was able to transfer Appellant to MassHealth where he finally obtained coverage (Testimony Appellant, Exhibits 3, 9, and 10).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined in November, 2017 that the appellant was ineligible to enroll in a Health Connector plan because the appellant had not submitted proof of residency. Appellant appealed this determination on November 28, 2017. See Exhibits 3 and 8.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(13) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. One basic requirement for eligibility is residency within the Commonwealth. See 45 CFR 155.305(a)(3). If a household's projected income is between 100% and 300% of the Federal Poverty Level, the household members are entitled to an advance premium tax credit to help cover the cost of a ConnectorCare plan in the Commonwealth. If additional documentation is requested from an applicant and the documentation is not received, the Connector seeks data from other sources and eligibility to enroll in a plan may be denied. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05.

Appellant attested to his residency and household's projected income on his application for health insurance through the Connector. In 2016, based upon the attestation, the appellant was determined to be eligible for coverage and was asked to submit proof of residency. In November, 2017, after the appellant called the Connector seeking coverage, the appellant was denied eligibility to purchase health insurance through the Connector because he had not submitted proof of residency when it was requested. He was also transferred to MassHealth where he obtained coverage. See Exhibits 5 through 10.

What is at issue here is whether the determination made by the Connector was correct on the date it was made. The Connector, after notifying the appellant in 2016 that he was required to submit proof of residency and not receiving any proof, denied Appellant's eligibility for coverage on in November, 2017. The appellant did not submit proof of residency until December 12th, after the Connector determination. No error was made by the Connector.

Because of this, the determination of the Connector is affirmed.

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: ACA18-3360

Appeal Decision: Appeal Denied.

Hearing Issue: Whether the Massachusetts Health Connector (Connector) correctly denied the eligibility of the Appellant to enroll in health insurance through the Connector based on the information it had at the time it made its decision.

Hearing Date: January 9, 2018

Decision Date: March 1, 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 forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

In November 2017, the Connector determined that the Appellant was denied eligibility to obtain health insurance through the Connector, since he was not lawfully present in the United States.

ISSUE

Whether the Massachusetts Health Connector correctly denied the eligibility of the Appellant to enroll in health insurance through the Connector based on the information it had at the time it made its decision.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 9, 2018. Testimony was recorded electronically. The hearing record was left open until January 23, 2018 for the submission of additional documentation by the Appellant. As of the date of this decision, no additional documentation has been submitted.

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

- Exhibit 1: Affidavit of Record Verification
- Exhibit 2: Letter to the Appellant from the Health Connector dated 11/2/2017 and entitled "Eligibility Denial"

- Exhibit 3: Appellant's Hearing Request Form received by the Connector on December 19, 2017
- Exhibit 4: Connector Appeals Unit Appeal Acknowledgment Notice dated 12/20/2017
- Exhibit 5: Memo from the Appeals Unit to the Appellant Containing form for Intent to File Taxes in 2017
- Exhibit 6: Letter to the Appellant from the Connector Appeals Unit Regarding Next Steps in the Appeal Process
- Exhibit 7: Appellant's Visa with note from the Appellant
- Exhibit 8: Appellant's Passport
- Exhibit 9: Letter verifying the Appellant's address dated November 1, 2017
- Exhibit 10: Notes from the Appellant regarding his medical condition
- Exhibit 11: After Visit Summary from medical center emergency room
- Exhibit 12: Connector Brochure "Tell Us About Changes"
- Exhibit 13: Connector Open Enrollment Brochure
- Exhibit 14: Health Connector Computer Printout of Appellant's 2017 Eligibility Results based on an application submitted on 11/2/2017
- Exhibit 15: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 16: Health Connector Computer Printout of Appellant's 2017 Eligibility Results based on an application submitted on 12/20/2017
- Exhibit 17: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 18: Health Connector AVV Form with Appellant's status
- Exhibit 19: Notice of Hearing dated 12/22/2017

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter dated November 2, 2017, entitled "Eligibility Denial" the Appellant was informed that he did not qualify for health insurance through the Connector because Connector records indicate that he was not lawfully present in the United States. (Exhibit 2)
2. The Appellant filed a Hearing Request Form that was received by the Connector on December 19, 2017, appealing the Health Connector's denial of eligibility for health insurance through the Connector. His appeal was based on immigration status. On the form he noted that he was lawfully present. (Exhibit 4)
3. The Appellant applied to the Health Connector for health insurance on November 2, 2017. In that application the Appellant indicated he was a "non-tax filer." He did not indicate his immigration status (Exhibits 14 and 15)
4. The Appellant was found to be eligible for "Limited + Health Safety Net." He needed to provide proof of residency. Appellant's Application Results were based on the application he submitted on November 2, 2017. (Exhibit 14)
5. The Appellant has an unexpired foreign passport. He also has a B1/B2 Visa that was issued on October 6, 2017 and expires on October 4, 2019. The Appellant submitted these documents to the Connector. (Exhibits 7 and 8)
6. The Appellant updated his application on December 20, 2017, and was found eligible to enroll in Health Connector Plans, with an eligibility effective date of January 1, 2018. (Exhibits 14 and 15)
7. On his application the Appellant indicated that he did not have a Social Security number and that his projected yearly income was \$0.00. (Exhibits 16 and 17)
8. In a letter dated December 20, 2017, from the Appeals Unit of the Health Connector, the Appellant was informed that in order to be considered for help in paying for insurance through the Health Connector, he had to state that he intended to file a tax return for 2017. There was a form for him to complete

incorporated in the letter. The Appellant had not submitted the completed form at the time of the hearing in this matter. (Appellant testimony and Exhibit 5)

ANALYSIS AND CONCLUSIONS OF LAW

The issue in this appeal is whether in November 2017, the Connector correctly determined the eligibility of the Appellant to enroll in health insurance through the Health Connector. Based on the Appellant's application for subsidized health insurance submitted on November 2, 2017, the Connector correctly determined that the Appellant was not eligible to purchase health insurance through the Connector. This determination was based on the Appellant's failure to submit evidence of his lawful presence in the United States. Relying on data from other sources, the Connector found that the Appellant was not lawfully present in the United States and therefore was not eligible to enroll in health insurance through the Connector. The Appellant appealed the Connector's decision that he was ineligible to enroll in health insurance through the Connector.

In order to be eligible to enroll in health insurance through the Health Connector, the Appellant must show that he "Is a citizen or national of the United States, or is a non-citizen who is lawfully present in the United States, and is reasonably expected to be a citizen, national, or a non-citizen who is lawfully present for the entire period for which enrollment is sought." [45 CFR 155.305 (a) (1)]. The Appellant subsequently submitted a copy of his unexpired passport and visa. On December 20, 2017, the Connector found the Appellant eligible to enroll in health insurance through the Connector.

This appeal is narrowly focused and is limited to a determination of whether the Connector made the correct eligibility determination based on the information it had at the time it made its decision.

ORDER

The Connector's decision to deny the Appellant eligibility to enroll in health insurance through the Connector is upheld, and the Appellant's 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

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Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3362

Appeal Decision: Appeal Denied.

Hearing Issue: Whether the Massachusetts Health Connector (Connector) correctly determined, in November 2017, that in 2018, the Appellant was eligible to enroll in Health Connector Plans but was not eligible for the Advance Premium Tax Credit and ConnectorCare, based on the Appellant's failure to verify that she had filed the appropriate tax form to reconcile the Advance Premium Tax Credits received in 2016.

Hearing Date: January 9, 2018

Decision Date: March 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 forth in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Based on information in the Appellant's application for subsidized health insurance, submitted to the Massachusetts Health Connector (Connector) on November 20, 2017, the Connector determined that for 2018, the Appellant was eligible for Health Connector Plans without financial assistance, based on her failure to verify that she had filed the appropriate tax form to reconcile the Advance Premium Tax Credits she received in 2016.

ISSUE

Whether the Connector correctly determined, in November 2017, that the Appellant was eligible to enroll in Health Connector Plans but was not eligible for the Advance Premium Tax Credit and ConnectorCare, for 2018, based on the Appellant's failure to verify that she had filed the appropriate tax form to reconcile the Advance Premium Tax Credits received in 2016.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 9, 2018. Testimony was recorded electronically. The hearing record was left open until January 23, 2018, for the submission of additional documentation by the Appellant. As of the date of this decision, no additional documentation has been received.

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

- Exhibit 1: Affidavit of Record Verification
- Exhibit 2: Letter to the Appellant from the Health Connector dated 11/20/2017 and entitled "Eligibility Approval"
- Exhibit 3: Appellant's Hearing Request Form dated 12/8/2017
- Exhibit 4: Connector Appeals Unit Appeal Acknowledgment Notice dated 12/20/2017
- Exhibit 5: Open Enrollment Brochure
- Exhibit 6: Death Certificate of Appellant's Husband
- Exhibit 7: Electronic Document Management Preparer's Cover Sheet
- Exhibit 8: Computer Printout of MassHealth Member and Provider Services
- Exhibit 9: Connector brochure entitled "Tell us about Changes"
- Exhibit 10: Letter to the Appellant from the Connector Appeals Unit to the Appeals Unit Regarding Next Steps in the Appeal Process
- Exhibit 11: Letter from the Connector to the Appellant dated 1/14/2017, regarding Appellant's Form 1095-A for filing 2016 taxes
- Exhibit 12: Appellants 2016 Form 1095-A
- Exhibit 13: Health Connector Computer Printout of Appellant's 2018 Eligibility Results based on an application submitted on 11/20/2017
- Exhibit 14: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 15: Health Connector Computer Printout of Appellant's 2017 Eligibility Results based on an application submitted on 9/9//2016
- Exhibit 16: Health Connector Computer Printout of Appellant's Application Summary
- Exhibit 17: Notice of Hearing dated 12/22/2017

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter dated November 20, 2017, entitled "Eligibility Approval", the Appellant was informed that for 2017, she was eligible to enroll in a Health Connector Plan with no financial help. (Exhibit 2)
2. The Appellant filed a Hearing Request Form dated December 8, 2017, appealing the Connector's determination of her eligibility for Health Connector Plans without financial assistance. On her Hearing Request Form the Appellant stated that the reason she was appealing was because she is a "widow". (Exhibit 3)
3. On the application the Appellant submitted to the Connector on November 20, 2017, the Appellant indicated that she was a tax filer, but she did not attest to filing taxes to reconcile all past Advance Premium Tax Credits. (Exhibit 14)
4. Based on the Application the Appellant submitted on November 20, 2017, the Appellant was found eligible to enroll in Health Connector Plans with no financial help for 2018. Her income was found to be 295.33% of the Federal Poverty Level. (Exhibit 13)
5. For 2017 the Appellant had been eligible to enroll in ConnectorCare Plan Type 3B with an Advance Premium Tax Credit. (Exhibit 15)
6. In 2016, the Appellant received an Advance Premium Tax Credit of \$135 monthly from June through December. (Exhibit 12)
7. In January 2017, the Appellant received a letter from the Connector with her Form 1095-A for filing with her 2016 taxes. (Exhibit 11)
8. When the Appellant applied for health insurance for 2018, she did not present evidence that she had filed a federal tax return with form 8962 to reconcile all past Advance Premium Tax Credits. (Exhibits 13 and 14)

ANALYSIS AND CONCLUSIONS OF LAW

This appeal is limited to a determination of whether the Connector made the correct eligibility determination in regard to the Appellant, based on the information it had at that time. Based on the Appellant's application for subsidized health insurance submitted to the Connector on November 20, 2017, the Connector correctly determined that the Appellant could purchase health insurance through the Connector for 2018, but that she was not eligible for the Advance Premium Tax Credit and ConnectorCare. At the time this determination was made, the Appellant had not verified that she had reconciled the Advance Premium Tax Credit she received in 2016 by filing federal income taxes using Form 1040 and including Form 8962. The Appellant appealed the Connector's determination that she could enroll in Health Connector Plans but was not eligible for financial help in paying for her health insurance.

In order to be eligible for the Advance Premium Tax Credit in the future, the recipient of the tax credit must reconcile their previous Advance Premium Tax Credits. (45 CFR §155.305(f) (4)) In order to comply with this requirement, the recipient must file federal income taxes using Form 1040 and include Form 8962. Since the Appellant did not verify that she had done so, she was not eligible for the Advance Premium Tax Credit for 2018. Ineligibility for the Advance Premium Tax Credit caused her to be ineligible for ConnectorCare. (956 CMR 12.08 (1) (b))

According to Appellant's 2016 Form 1095-A, the Appellant received Advance Premium Tax Credits from June through December 2016. She did not verify that she had filed the requisite tax forms to reconcile those tax credits in her application submitted on November 20, 2017. Therefore, at the time the Connector made its eligibility determination, the Connector had no evidence of verification, and correctly determined that the Appellant was eligible for Health Connector Plans but was not eligible for the Advance Premium Tax Credit and ConnectorCare.

ORDER

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

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

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

ADDENDUM: If the Appellant has not already done so, she may want to amend her 2016 federal tax return and file Form 8962, to reconcile the tax credits that she received in 2016. She then should contact Customer Service; attest that she has done so; and ask for a redetermination of her eligibility for financial assistance.

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA183276

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

Hearing Issue: Whether the Connector correctly determined that the appellant was ineligible to purchase health insurance through the Connector.

Hearing Date: January 30, 2018

Decision Date: March 27, 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 December 15, 2017, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector.

ISSUE

Whether the Connector correctly determined pursuant to 45 CFR 155.305(a)(3) that the appellant was ineligible to purchase health insurance through the Connector because the appellant failed to send in proof of residency.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on January 30, 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 January 10, 2018 addressed to Appellant for January 30, 2018 hearing
- Exhibit 3: Connector Appeals Unit letter dated January 2, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing with Appeals Unit outreach notes and e-mail to Appellant
- Exhibit 4: Hearing Request Form submitted by Appellant on December 29, 2017 with attachment
- Exhibit 5: Summary and results of Appellant's application for Connector health plan dated December 15, 2017

- Exhibit 6: Connector letter dated December 15, 2017 to Appellant denying eligibility
Exhibit 7: Connector letter dated December 27, 2016 to Appellant requesting information
Exhibit 8: Results of Appellant's application for Connector health plan dated
March 20, 2017
Exhibit 9: Connector letter dated March 20, 2017 to Appellant denying eligibility
Exhibit 10: Summary and results of Appellant's application for Connector health plan dated January 2,
2018
Exhibit 11: "AVV" printout regarding Appellant' program determination

FINDINGS OF FACT

The record shows, and I so find:

1. On December 15, 2017, Appellant applied for health insurance through the Connector. On his application, he indicated that his home address was in Washington State (Exhibit 5 and Testimony of Appellant).
2. On December 15, 2017, the Connector determined that the appellant was not eligible to purchase health insurance through the Connector because the Connector records indicated that the appellant did not reside in Massachusetts. The Connector sent the appellant notice of this determination (Exhibits 5 and 6).
3. Appellant filed a request for an appeal of the Connector's determination on December 29, 2017. Attached to the appeal request was a copy of Appellant's lease for an apartment in Massachusetts (Exhibit 4).
4. Appellant's parents reside in Washington State. Appellant used his parents' address on his Connector application. At the time, he did not have a permanent address in Massachusetts, so he used the Washington address as his mailing address. Some time after filing his application in December, he signed a lease for an apartment in Massachusetts (Testimony of Appellant, Exhibits 4, 5).
5. Appellant had applied for insurance through the Connector in 2016 and earlier in 2017. Both times, he was asked to send in proof of residency. Appellant did not send in the requested proof (Exhibits 7, 8, and 9).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined in November, 2017 that the appellant was ineligible to enroll in a Health Connector plan because the appellant did not reside in Massachusetts. Appellant appealed this determination on December 29, 2017. See Exhibits 4 and 6 .

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)(13) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. One basic requirement for eligibility is residency within the Commonwealth. See 45 CFR 155.305(a)(3). 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 denied. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05.

To be eligible to purchase a plan through the Connector, an individual must reside within the Commonwealth. See 45 CFR 155.305 (a)(3) and 956 CMR 12.00 et.seq. In this matter, on December 15,

2017, the appellant applied health insurance through the Connector and was found to be ineligible to purchase health insurance because Appellant did not meet the residency requirement. Appellant indicated on his application that he resided in Washington State. On earlier dates, the Connector had asked the appellant to send in proof of residency. None was received until December 29, 2017 when the appellant sent in a copy of his lease for an apartment in Massachusetts. Appellant testified that he did not have a permanent address in the Commonwealth before he signed the lease. See Exhibits 4,5,7,8,9, and the testimony of the appellant.

What is at issue here is whether the original determination that Appellant was ineligible for health insurance through the Connector was correct at the time it was made. The determination was based upon the attestation made by Appellant regarding residency on his December 15th application. According to his application, he resided in Washington. Proof of residency in Massachusetts was not sent in until December 29th when the appellant requested an appeal. The Connector's determination was correct.

Because of this, the determination of the Connector is affirmed.

ORDER: The action taken by the Connector regarding Appellant's ineligibility 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: ACA18-3465

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Connector Health Insurance

Hearing Date: 2/15/2018

Decision Date: 2/28/2018

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

The Health Connector determined that the Appellant was not eligible for a Health Connector Plan.

ISSUE

Pursuant to 45 CFR 155.305[X][Y], whether the Health Connector correctly determined that the Appellant was ineligible for a Health Connector plan.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on 2/15/2018. The Appellant listed another person as an Appeal Representative, but the Appellant appeared alone.

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: Hearing Request Form
- Exhibit 4: Eligibility Denial
- Exhibit 5: Approval for Health Safety Net Partial
- Exhibit 6: Record of Contact with Appellant

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is under 65 and receives Medicare services. She applied for services through the Health Care Connector, and received a denial of services. (Exhibit 4; Testimony of Appellant)
2. The Appellant testified to having previously received MassHealth which had paid for the services of a visiting nurse, and a day program, among other things.
3. The Appellant testified that her income and condition had not changed, and that she continues to need the services that MassHealth provided in the past.
4. The Appellant testified that she failed to file a disability supplement with her application for services through the Health Connector.

ANALYSIS AND CONCLUSIONS OF LAW

In order to be eligible for a Health Connector plan, an applicant must not have access to other qualifying health care, including government-sponsored health insurance, such as Medicare. 1 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i). The federal government provided information to the Health Connector that the Appellant was eligible for Medicare, and the Appellant confirmed at hearing that she is eligible for, and receiving, Medicare coverage. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible for ConnectorCare. This was the correct determination, and the Appellant's appeal is therefore denied.

ORDER

The Appellant's 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.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

At the hearing, the Appellant was strongly urged to file a disability supplement for MassHealth Medicaid services. If the Appellant has not yet filed the disability supplement, MassHealth can provide assistance with the supplement and other application issues. You may contact MassHealth at (800) 841-2900.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3552

Appeal Decision: Appeal Allowed

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

Hearing Date: February 15, 2018

Decision Date: March 20, 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 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

In August 2017, Appellant submitted a change of address for a move effective September 1, 2017. Appellant received a request for information August 24, 2017 for proof of residency. Appellant received an Eligibility Termination Notice December 16, 2017, terminating his insurance effective December 31, 2017.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly terminated the Appellant's insurance, based on the information available to the Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 15, 2018. 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 Records and procedure (1 page);
- Exhibit 2: Notice of Hearing (1-25-18) (5 pages);
- Exhibit 3: Acknowledgement of Appeal (1-22-18) (5 pages);
- Exhibit 4: Hearing Request form (1-16-18) (1 page);
- Exhibit 5: Eligibility Termination letter (12-16-17) (6 pages);

- Exhibit 6: Information from application and results (14 pages);
Exhibit 7: Final Renewal Notice (10-31-17) (10 pages);
Exhibit 8: Request for Information (8-24-17) (6 pages); and
Exhibit 9: Eligibility Approval letter (8-24-17) (8 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector for 2017.
2. Appellant was receiving health insurance through the Health Connector. Based on income, Appellant did not receive any financial help with his health insurance and paid the premium each month through autopay.
3. Appellant had previously had moved and changed his address with the Health Connector without receiving any Request for Information.
4. Appellant was receiving cancer treatment during 2017.
5. Appellant was moving again effective September 1, 2017 and submitted a change of address on or about August 24, 2017.
6. Appellant received a notice alert but did not realize it was a notice alert and thought it was just a bill alert. He had not previously responded to bill alerts as he was on autopay for his premiums.
7. Thereafter, Appellant received a Final Renewal Notice dated October 31, 2017 indicating that if he wanted to stay enrolled in his current plan, he just needed to continue to pay his premiums. He therefore believed he was all set for continued coverage for 2018.
8. A notice of termination was sent to Appellant December 16, 2017 indicating that his health insurance would terminate effective December 31, 2017 due to failure to respond to the request for information.
9. Appellant as notified by Dana Farber on January 11, 2018 that his health insurance was not active.
10. Appellant believed that his 2018 coverage was effective based upon the October 31, 2017 notice.
11. Appellant is seeking to have the insurance coverage deemed retroactive to January 1, 2018, in order to avoid out of pocket expense for his chemotherapy treatment in January 2018.

ANALYSIS AND CONCLUSIONS OF LAW

Eligibility to purchase health insurance through the Health Connector requires Massachusetts residency.

Appellant applied for health insurance coverage through the Connector for 2017. Appellant does not receive any financial help with his premiums based on his income. Appellant had been receiving health insurance coverage through the Health Connector for 2016 and had processed a change of address during 2016 without receiving any request for additional information. Appellant submitted a change of address on or about August 24, 2017 for a move effective September 1, 2017. Appellant was receiving treatment for cancer and was moving closer to make it easier to receive treatment. Appellant received a "Notice Alert" which he did not review carefully as he believed it was a "Bill Alert" to which he did not need to respond as he was on autopay for his premiums. Subsequently, Appellant received a Final Renewal Notice that indicated that his 2018 insurance would be the same and he did not need to do anything in order to have it be effective other than pay his premiums. Appellant thereafter received a Eligibility Termination Notice, but still believed his health insurance for 2018 was all set. However, Appellant received notice from Dana Farber in January 2018 that his chemotherapy treatment was not

going to paid by his health insurance as it was not active. Appellant is seeking to have his health insurance retroactive to January 2018 in order for the treatment to be covered. He had paid his premiums.

In this case, the issue presented was whether the termination of eligibility was correct based upon the information provided and available to the Connector. While the Connector was correct based on the failure of the Appellant to submit the proof of residency requested, based upon all of the circumstances in this case, the appeal will be allowed, and the Connector is ordered to retroactively reinstate Appellant's health insurance to January 1, 2018.

ORDER

The appeal is allowed and the Connector is directed to retroactively reinstate Appellant's insurance to January 1, 2018.

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3559

Appeal Decision: Appeal denied

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

Hearing Date: February 27, 2018

Decision Date: March 6, 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 January 9, 2018, the appellant was advised that she was eligible for a Health Connector Plan with no financial help beginning on February 1, 2018. (Ex. 1) The appellant filed an appeal dated January 13, 2018 (Ex. 2) based on income. The matter was referred to a hearing after receipt of the appeal. (Ex. 13)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector Plans with no financial help correct on January 9, 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 February 27, 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—Health Connector's Notice of Eligibility Determination dated January 9, 2018 (12 pages)
- Ex. 2—Hearing Request Form dated January 13, 2018 (2 pages)
- Ex. 5—Acknowledgment of Appeal dated January 18, 2018 (5 pages)
- Ex. 4—Appeals Unit Notes (1 page)
- Ex. 5—Enrollment information (2 pages)
- Ex. 6—Computer printout of Health Connector's Eligibility Determination Results showing a program determination for June 28, 2017 (2 pages)

- Ex. 7—Computer printout of Health Connector’s Review of Application (2 pages)
- Ex. 8—Computer printout of Health Connector’s Eligibility Determination Results showing a program determination for January 9, 2018 (3 pages)
- Ex. 9—Computer printout of Health Connector’s Review of Application (3pages)
- Ex. 10—Computer printout of Health Connector’s “AVV tool” showing information from application database for the appellant (1 page)
- Ex. 11—Customer service logs (4 pages)
- Ex. 12—Letter from the Health Connector dated January 14, 2018 regarding Form 1095-A for filing 2017 taxes (8 pages)
- Ex. 13—Notice of Hearing (5 pages)
- Ex. 14—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 41-years-old and is married. She has a tax household size of two consisting of herself and her husband. (Testimony, Exs. 7,9)
2. By notice dated June 28, 2017, the appellant was determined eligible for ConnectorCare Plan Type 3B with an Advance Premium Tax Credit (APTC) of \$0 based on having an income and household size equivalent to 290.89% of the Federal Poverty Level (FPL). She enrolled in a plan in either August or September and paid a premium of approximately \$250.00/month. In or around November, 2017, she transferred to another plan for the remainder of the year for which she paid approximately \$259.00/month. (Testimony, Ex. 6)
3. By notice dated January 9, 2018, the Health Connector notified the appellant that she was determined eligible for Health Connector Plans with no financial help effective February 1, 2018, based on having an income and household size equivalent to 114.90 % of the FPL. The appellant enrolled in an unsubsidized plan for which she has been paying \$454.00/month. (Testimony, Exs. 1,8)
4. On the January 9, 2018 notice, the Connector notified the appellant that she did not qualify for help paying for her coverage because of any of the following reasons: access to health insurance through another source that meets minimum essential coverage standards; or annual income is too high; or no plans to file a tax return; married but planning to file taxes separately; or advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs in a prior year and it is not clear whether a tax return was filed for that year. (Ex. 1)
5. The appellant appealed the Connector’s January 9, 2018, determination on January 13, 2018 based on income. In her appeal, she stated that “I do not have access to insurance through an employer, I file taxes, and my income is below 400% of the FPL. “ (Ex. 2)
6. On both applications associated with the program determinations of June 28, 2017 and January 9, 2018, the appellant entered a projected yearly income of \$25,000.00. (Exs. 7,9)
7. The appellant requested an extension of the filing date for her 2015 and 2016 tax returns. She filed both returns in July, 2017, but did not update her application with that information. (Testimony, Exs. 7,9))
8. The appellant is selling the business she owns on or about March 1, 2018. She anticipates that her only income thereafter will be rental income from a house she owns. (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 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.

Pursuant to the Connector's determination dated January 9, 2018, the appellant was found eligible for Health Connector Plans without subsidies based on having an income and household size equivalent to 114.90% of the FPL. The only way to discern the basis for the determination is by eliminating all possible grounds for disqualification. Since the appellant's income was within 114.90% of the FPL, and the threshold for subsidies is income within 300% of the FPL, she was not disqualified because her income was too high. Likewise, inasmuch as the appellant did not have access to insurance from any other sources including an employer, she was not denied coverage for that reason. The last ground is connected with the matter of taxes. One of the requirements to be eligible for APTC is that an individual who received APTCs in a prior tax year must file a federal income tax return for that year, and reconcile the amount of APTC received against the amount the individual is eligible for. 45 CFR section 155.305(f)(4).

The appellant testified that she requested an extension of the filing date for her 2015 and 2016 tax returns, and filed both returns in July, 2017. She further testified that she had not updated her application with that information. It appears that the appellant's eligibility to receive APTCs and other subsidies in 2018 was blocked by the fact that there was no indication that she had filed tax returns for 2015 and 2016 at the time the 2018 determination was made.

Since the appellant has already filed her 2015 and 2016 returns, she was advised at the hearing to report the change online to her application and attest to compliance with the filing requirement, or contact customer service at 1-877-623-6765 for assistance.

Based on the evidence in the record, it is concluded that the Connector's decision regarding the appellant's eligibility for Health Connector Plans was correct at the time of the January 9, 2018 determination, 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA183775

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 access to Medicare.

Hearing Date: March 12, 2018

Decision Date: March 14, 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 December 28, 2017, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector because she 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 had access to Medicare.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on March 12, 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 February 10, 2018 addressed to Appellant for March 12, 2018 hearing
- Exhibit 3: Hearing Request Form submitted by Appellant on January 31, 2018
- Exhibit 4: Connector Appeals Unit letter dated February 1, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 5: Summary and results of Appellant's application for Connector health plan dated December 28, 2017
- Exhibit 6: Connector letter dated December 28, 2017 to Appellant denying eligibility
- Exhibit 7: "AVV" print-out regarding program determination showing Appellant's Medicare access

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Connector in December, 2017 (Exhibits 5 and 6).
2. On December 28, 2017, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector because Appellant either had access to Medicare or was enrolled in Medicare. On her application, Appellant attested to her access to Medicare coverage (Exhibits 5 and 6).
3. Appellant filed a request for an appeal of the Connector's determination on January 31, 2018 (Exhibit 3).
4. Appellant was enrolled in Medicare when she applied for coverage through the Connector. She has had Part A and Part B coverage for approximately seven years (Testimony of Appellant, Exhibit 7).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant applied for health insurance in December, 2017. The Connector determined that Appellant was ineligible to enroll in coverage through the Connector because the appellant had access to Medicare or was already enrolled in the program. Appellant appealed the Connector's determination on January 31, 2018. See the testimony of the appellant and Exhibits 3, 5, 6.

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).

Appellant attested on her December 28, 2017 application for a Connector Health plan that Appellant was enrolled in Medicare. At the hearing on March 12, 2018 Appellant testified that she had had Medicare coverage for approximately seven years. See Exhibits 5 and 7, and the testimony of the appellant.

The Connector correctly determined that because she was enrolled in Medicare, Appellant was ineligible to purchase any health insurance plan through the Connector. This determination was based upon attestations made by the appellant on her application. 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3843

Appeal Decision: Appeal Denied

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

Hearing Date: March 14, 2018

Decision Date: March 20, 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 November 26, 2017, the Appellant was determined ineligible for Health Connector plans, due to failure to verify residency.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on March 14, 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 dated February 10, 2018.
- Exhibit 3: The Hearing Request Form submitted by the Appellant on February 1, 2018.
- Exhibit 4: Health Connector's Eligibility Termination Notice dated November 26, 2017 with an Application Summary attached.
- Exhibit 5: Health Connector's Request for Information issued to the Appellant on July 7, 2017 reminding the Appellant that the Appellant had not yet submitted Proof of Residency that was due to be submitted to the Health Connector by May 1, 2017.

- Exhibit 6: My Workspace Documents submitted to the Health Connector by the Appellant on January 2, 2018.
- Exhibit 7: Health Connector's Notes from Customer Service Interactions-SalesForce .
- Exhibit 8: Health Connector's Agent Portal Enrollment information.
- Exhibit 9: 2018 Eligibility Results with an Application Summary dated February 2, 2018.
- Exhibit 10: Health Connector Policy NG-1B for Eligibility.

FINDINGS OF FACT

The record shows, and I so find:

1. Prior to May 2017, the Appellant was found eligible for a Health Connector Plan with Advance Premium Tax Credits (Exhibits 4, 8).
2. The Appellant had been asked to submit documents verifying residency by May 1, 2017 (Exhibit 5).
3. On July 7, 2017 the Health Connector issued a notice reminding the Appellant to submit documents verifying residency. Attached was a list of acceptable documents (Exhibit 5).
4. The Appellant was determined ineligible for Health Connector plans on November 26, 2017, after failing to send in documents verifying residency. The Appellant was advised that eligibility would end on November 30, 2017 (Exhibit 4).
5. The Appellant disputes the termination of eligibility effective November 30, 2017. The Appellant argues that the Health Connector accepted payment for the Appellant's December 2017 premium on November 24, 2017 and that this should supersede the Termination Notice issued on November 26, 2017. The Appellant also argues that they submitted proof of residency the week of December 18, 2017. The Appellant testified that they should not be financially responsible for the medical treatment they received in December 2017 (Exhibit 2, 3, 7 and Appellant Testimony).
6. The Appellant testified that they did not contact the Health Connector regarding the termination notice until after the Appellant received medical treatment in December. The Appellant assumed their insurance was effective despite the termination notice (Appellant Testimony).
7. The Appellant contacted the Health Connector regarding the termination notice on December 22, 2017 (Exhibit 7).
8. The Appellant's testimony regarding the submission of documents was incorrect. This finding is supported by the documents in My Workspace. The Appellant had completed a hand-written Fax cover sheet and dated the document January 2, 2018. Attached was an Advisory and Payment Request issued to the Appellant by the New Jersey Turnpike Authority on December 20, 2017. This document had the Appellant's address printed on the form. The Health Connector received the documents on January 2, 2018 (Exhibit 6).
9. Payment of a health care premium does not establish eligibility for Connector Care Plans.

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.

Prior to May 2017, the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits. The Appellant was asked to submit proof of their residency by May 1, 2017. On July 7, 2017 the Appellant was reminded to send in documents verifying residency or their health insurance may be terminated. The Appellant failed to send in documents verifying their residency in a timely manner. On November 26, 2017 the Health Connector determined the Appellant was ineligible for Health Connector plans effective November 30, 2017 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).

The Appellant argues that since the Health Connector accepted their November 24, 2017 payment of their December 2017 health care premium, the termination effective November 30, 2017 was incorrect. Health Connector Policy Number NG-6B requires an individual to pay their monthly premium in full by the 23rd calendar day of the month prior to the month of coverage. The Appellant's bill for the month of December 2017 would have been issued prior to the Termination Notice issued on November 26, 2017. The expected payment was based on the eligibility determination made prior to November 26, 2017. The Appellant's November 24, 2017 payment does not establish eligibility for December 2017.

While the Appellant sent in documents on January 2, 2018, the Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on November 26, 2017, and that determination is upheld.

ORDER

The Health Connector correctly determined the Appellant's eligibility for Health Connector Plans. 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 Health Connector Customer Service at 1-877-623-6765 regarding the status of the payment made on November 24, 2017.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3856

Appeal Decision: The Connector's determination of Appellant's eligibility for subsidies is affirmed

Hearing Issue: Whether the Connector correctly determined Appellant's eligibility for subsidies based on income

Hearing Date: March 15, 2018

Decision Date: March 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 January 22, 2018 a determination was made based on Appellant's application for subsidized health insurance for coverage beginning on February 1, 2018. The Health Connector determined Appellant to be eligible for a Health Connector Plan without subsidies.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant was eligible for a Health Connector Plan without subsidies based on the information provided on the application.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on March 15, 2018. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Communications from Appeals Unit
- Exhibit 3: Hearing Request Form and supporting documents signed by Appellant on February 3, 2018

Exhibit 4: Notice on Appeal, including Eligibility print-out and Application Summary Printout

FINDINGS OF FACT

The record shows, and I so find:

1. In January 2018, Appellant applied for subsidized health insurance (Testimony of Appellant).
2. On January 22, 2018, the Health Connector determined that Appellant's family income was 553.33% of the federal poverty level. This was based on the income of Appellant and Appellant's mother (Exhibit 4)
3. On January 22, 2018, Appellant was notified by the Connector that Appellant was eligible for a Health Connector Plan with no subsidies (Exhibit 4).
4. During 2017, no one claimed Appellant as a dependent (Testimony of Appellant).
5. During 2017, Appellant was a student and had very low income (Testimony of Appellant).
6. Appellant would not be claimed as a dependent in 2018 (Testimony of Appellant).
7. On February 3, 2018, Appellant filed for an appeal, stating that Appellant was a college student and would be filing for taxes individually for 2017 (Exhibit 3).
8. As of the date of the hearing, Appellant had not updated the Application to reflect that Appellant was no longer claimed as a dependent (Testimony of Appellant)

ANALYSIS AND CONCLUSIONS OF LAW

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

In January 2018, Appellant applied for subsidized health insurance. Appellant's application included Appellant and Appellant's mother. Appellant was denied subsidized health insurance based upon family income. On February 3, 2018, Appellant filed an appeal stating that Appellant would be filing taxes individually for 2017. No one would be claiming Appellant as a dependent for 2017 or 2018. See Exhibits 3, 4 and Testimony of Appellant, which I find to be credible.

The Connector made the correct determination based upon the information that was provided to the Connector at the time of Appellant's application. However, if Appellant's tax status and projected income has changed, Appellant should update the application with new family and projected income information.

ORDER

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

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

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

ADDENDUM

Appellant was given information on how to contact the Health Connector to update the Application with information about income and family size.

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-3865

Appeal Decision: The Connector's determinations of Appellant's eligibility to enroll in a Health Connector plan and of Appellant's ineligibility for an Advance Premium Tax Credit and ConnectorCare are affirmed.

Hearing Issue: Whether the Connector correctly determined that Appellant was eligible to enroll in a Health Connector plan but was ineligible for an Advance Premium Tax Credit and ConnectorCare based upon the information supplied by Appellant on the Connector application and other data sources.

Hearing Date: March 15, 2018

Decision Date: March 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

AUTHORITY

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

ISSUE

Whether the Connector correctly determined that Appellant was eligible to enroll in a Health Connector plan but was ineligible for an Advance Premium Tax Credit and ConnectorCare since Appellant had failed to provide information showing that Appellant had filed taxes and reconciled previous APTCs on Appellant's tax returns.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on March 15, 2018. The procedures to be followed during the hearing were reviewed with Appellant. Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellants'

file, and record verification, undated

Exhibit 2: Communications and Review from Connector Appeals Unit

Exhibit 3: Hearing Request Form signed by Appellant on January 29, 2018

Exhibit 4: Notice on Appeal, dated December 27, 2018

Exhibit 5: Customer service notes

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had been covered by a ConnectorCare Plan, with Advance Premium Tax Credits during 2016 and 2017 (Testimony of Appellant).
2. On December 27 2017, Appellant updated the Application to renew health insurance for 2018 (Exhibit 4).
3. On December 27, 2017, Appellant attested that Appellant had filed taxes (Exhibit 4).
4. In a letter dated December 27, 2017, the Connector informed Appellant of eligibility for a Health Connector Plan but that Appellant was not eligible for a tax credit or ConnectorCare (Exhibit 4).
5. On January 25, 2017, Appellant contacted the Health Connector and learned that Appellant was ineligible for Tax Credits and ConnectorCare because Appellant had not filed tax returns for 2015 and 2016 (Testimony of Appellant and Exhibit 6).
6. Appellant filed 2015 and 2016 Federal and state tax returns on January 29, 2018 (Testimony of Appellant and Exhibit 3).
7. Appellant filed an appeal on January 29, 2018 claiming that Appellant filed tax returns for 2015 and 2016 on January 29, 2018 and Appellant should be eligible for Connector Care (Exhibit 3).
8. On February 15, 2018, Appellant updated the application and was found eligible for MassHealth (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined in December, 2017 that Appellant was eligible to enroll in a Health Connector plan, but that Appellant was not eligible for an Advance Premium Tax Credit and for ConnectorCare. Appellant appealed this determination. See Exhibits 3 and 4.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(4), and 956 Code of Massachusetts Regulations 12.00 et. seq. If a household's projected income is between 100% and 400% of the Federal Poverty Level, the household members may be entitled to an advance premium tax credit. The recipient of tax credits must file Federal taxes, jointly if married, and must reconcile the advance premium tax credits for the period in which the recipient's credits were received. If additional documentation is requested from an applicant and the documentation is not received, the Connector verifies data from other sources. See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05.

On December 27, 2017, Appellant attested that Appellant had filed (Exhibit 6). The Connector checked with other data sources as allowed under the Affordable Care Act and determined that taxes and required reconciliation had not been filed. See See 45 CFR §§155.315, 155.320. 45 CFR § 155.315(f)(5) and 956 CMR 12.05. Based upon this finding, the Connector determined that the Appellant was no longer eligible for an Advance Premium Tax Credit. The premiums were then raised. Although Appellant had attested to the filing of taxes in December, 2017, Appellant did not file 2015 and 2016 taxes until January 29, 2018. See Exhibits 3, 4, 5 and the Testimony of Appellant, which I find to be credible.

What is at issue here is whether the December 27, 2017 determination made by the Connector was correct at the time that it was made. That determination was correct, based upon the information given to the Connector by data from other sources.

Appellant's appeal is denied

ORDER

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

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

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

ADDENDUM

At the time of the hearing, Appellant was enrolled in MassHealth. When Appellant submitted copies of tax returns filed in January 2018, It was not apparent that Appellant filed for reconciliation of tax credits. If Appellant's income changes in the future and Appellant wishes to be covered by Advance Premium Tax Credits and ConnectorCare, Appellant should be sure that the Tax returns for 2015 and 2016 included Form 8962, which is the reconciliation of the tax credits. If Appellant needs a copy of the Form 8962 Appellant can call Health Connector Customer Service.