Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7004

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: January 4, 2019 Decision Date: March 15, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on October 4, 2018. The Health Connector determined the Appellant to be eligible for Health Connector plans.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 4, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant and the Appellant's fiancé were sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

Exhibit 2: Health Connector's Hearing Notice (5 pages, dated December 10, 2018)

Exhibit 3: Health Connector's Acknowledgement of Appeal (7 Pages)

Exhibit 4: Appellant's appeal request form 6 pages dated November 2, 2018)

Exhibit 5: Notice of Eligibility Determination (8 pages, dated October 4, 2018)

Exhibit 6: Health Connector's Determination Results and Review Computer Printout (5 pages, dated July 18, 2018)

Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated November 7, 2018)

Exhibit 8: Historical Notices and Printouts (29 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 41 year old unmarried female, who applied for subsidized health insurance on October 14, 2018. (Exhibit 5, Exhibit 6, Exhibit 7)
2. The Appellant has a household of one. (Exhibits 5, 6,7)
3. The Appellant submitted multiple applications. Appellant became eligible for ConnectorCare plan type 3B on 7/18/18. Appellant then submitted Income information on 9/11/18. The information was processed through the verification process and based on the documents, she was over income at that time. On 9/17/18 the member called Customer Service and updated the application and was determined eligible for ConnectorCare plan type 3B. Due to changes on the application the Health Connector requested proof of income from the Appellant. The Appellant had sent in her tax return. Appellant had sent in a letter from her employer stating she had lost her job in May 2018 but had not reported that to the Health Connector in an appropriate manner.
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 380.65% of the 2018 Federal Poverty Level (FPL). An individual at that income level would not be eligible for subsidized coverage under the ACA, because subsidized coverage through the state's ConnectorCare program is available to individuals whose household income is below 300% FPL. (Exhibit 6 & 8)
5. Appellant may have been eligible for APTC.
6. Appellant subsequently amended her application and became eligible for MassHealth on October 28, 2018.

ANALYSIS AND CONCLUSIONS OF LAW

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

Appellant failed to comply with Massachusetts Health Connector Redetermination During the Benefit Year Policy #NG-2. This policy states that an enrollee must report changes related to income within 30 days of the event. The event occurred on May 31, 2018. Appellant did not report said change within 30 days.

On her tax return, the Appellant stated that her projected MAGI was $45,906.00, which for a household of one, puts the Appellant at approximately 380.65% of the 2017 Federal Poverty Level. This means that the Appellant's household was more than the 300% limit for eligibility for subsidies, and therefore the Health Connector correctly found the Appellant eligible for Health Connector plans. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7245

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare, based on failure to reconcile prior tax credits

Hearing Date: January 10, 2019 **Decision Date:** March 7, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On November 13, 2018, the Appellant was determined eligible for Health Connector plans without subsidies.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 10, 2019.

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

Exhibit 1: 11/3/18 Eligibility Approval Notice (9 pages)
Exhibit 2: 11/23/18 Appeal (2 pages)
Exhibit 3: 11/23/18 Contact Note – Appeals Unit (1 page)
Exhibit 4: 11/13/18 2019 Eligibility Results (4 pages)
Exhibit 5: 1/10/18 2017 Form 1095-A Notice (8 pages)
Exhibit 6: 11/13/18 MassHealth Termination Notice (4 pages)
Exhibit 7: 11/23/18 MassHealth Screenshot (1 page)

Exhibit 8: 12/13/18 Hearing Notice (8 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. By Eligibility Approval Notice dated November 13, 2018, the Health Connector notified the Appellant that she was eligible for Health Connector Plan with no financial help in 2019. The notice stated that the Appellant had not qualified for financial assistance through ConnectorCare or an Advance Premium Tax Credit (APTC) in 2019 for any of several reasons, including failing to file a tax return for a prior year in which she had received an APTC. (Exhibit 1)
2. The Appellant received an APTC for the first time in 2017. (Appellant's testimony)
3. By letter dated January 10, 2018, enclosing her Form 1095-A for 2017, the Health Connector notified the Appellant that she must file taxes for 2017, if she had received an APTC in 2017; and; that she would not get help paying for her health insurance in the future, if she did not file her tax return for 2017. (Exhibit 5)
4. The Appellant did not file her tax return for 2017 and did not reconcile her 2017 APTC, until late November 2018 or December 2018. (Appellant's testimony; Exhibit 3)
5. On November 23, 2018, the Appellant appealed the Health Connector's 11/13/18 determination, circling "Income" as the reason for her appeal. (Exhibit 2)
6. On November 23, 2018, in response to receiving her appeal, the Health Connector spoke with the Appellant and urged her to file her 2017 tax return, including a Form 1095-A, as soon as possible. (Appellant's testimony; Exhibit 3)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans in 2019 without subsidies. Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit (APTC) if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. One of the requirements to be eligible for APTC is that an individual who received an APTC in a prior tax year file a federal income tax return for that year, and reconcile the amount of APTC received that year against the amount the individual was eligible for. 45 CFR § 155.305(f)(4).

On November 13, 2018, the Appellant was determined eligible for Health Connector plans without subsidies in 2019. In 2017, the Appellant had qualified for an APTC and ConnectorCare. However, as of November 13, 2018, the Appellant had not yet filed her income tax return for 2017. Because the Appellant had not yet filed her 2017 tax return and reconciled her receipt of an APTC for that year, the Appellant was not eligible to receive an APTC in 2019, as of November 13, 2018. 45 CFR § 155.305(f)(4). Therefore, the Health Connector's determination on that date was correct.

If the Appellant has not already done so, she should comply with the requirement to reconcile receipt of her 2017 advance premium tax credits by filing a 2017 federal income tax return, including Form 8962. The Appellant will need to use Form 1095A in order to complete Form 8962. If the Appellant does not have their Form 1095A, and because the Appellant received an APTC in 2017 through the Health Connector, the Appellant should contact the Health Connector's customer service center to request a duplicate 1095A form. Once the Appellant complies with the requirement to reconcile 2017 APTC, the Appellant can report a change to their 2019 application, attesting to

compliance with the reconciliation requirement. The Appellant is also reminded to comply with the reconciliation requirement by filing a 2018 federal income tax return with Form 8962, and reconciling any APTC received in 2018.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2019 from the federal government will be reconciled when you file your 2019 federal income tax return (usually in the spring of 2020). 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 2019 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2019 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2019 will be paid to you when you file your 2019 federal income tax return.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7364

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; based on failure to verify residency

Hearing Date: February 26, 2019 **Decision Date:** February 27, 2019

AUTHORITY
This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq*.; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 965 of the code of Massachusetts Regulations, Section 12.00

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 17, 2018, the Appellant was deemed 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 Appellant was not eligible for Health Connector plans, based on Appellant's failure to verify Appellant's residency.

HEARING RECORD
The Appellant appeared at the hearing, which was held by telephone, on February 26, 2019. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

Exhibit 1: Affidavit of Record Verification and procedures (1 page);
Exhibit 2: Notice of Hearing (1-30-19) (4 pages);
Exhibit 3: Notice of prior hearing date (12-10-18) (5 pages);
Exhibit 4: Acknowledgement of Appeal (12-7-18) (8 pages);
Exhibit 5: Outreach notes and email (3 pages);
Exhibit 6: Hearing Request form (12-3-18) (1 page);

Exhibit 7: Eligibility Denial letter (11-17-18) (6 pages);
Exhibit 8: Request for Information letter (5-24-18) (4 pages);
Exhibit 9: Eligibility detail printout and application summary printout (12 pages);
Exhibit 10: Request for Information letter (8-10-18) (4 pages); and
Exhibit 11: MMIS form re Mass Health (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Health Connector during 2018.
2. Appellant was requested to submit verification of residency in May 2018. At that time, Appellant was in the middle of a divorce and was in the process of moving. Appellant testified that he did not receive that notice.
3. Appellant received another request for verification of residency in August 2018, and that notice was mailed to the address at which he was residing at that time. He continues to reside at that same address.
4. Appellant learned that his health insurance had been terminated.
5. Appellant was determined ineligible for Health Connector Plans on November 17, 2018.
6. Appellant lives in Massachusetts, but did not send in documents verifying residency by the deadline.
7. Appellant has now sent in documents verifying residency, and has been approved for health insurance through the Health Connector.

ANALYSIS AND CONCLUSIONS OF LAW

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

In May 2018, Appellant was asked to verify their residency. Appellant was reminded in August 2018 as well. The Appellant failed to send in documents verifying residency, and was determined ineligible for Health Connector Plans on November 17, 2018. 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).

While Appellant has now sent in documents verifying eligibility, and is eligible to enroll, the Health Connector correctly found that the Appellant was no longer eligible for health Connector plans on November 17, 2018, and that determination is upheld.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during the tax year from the federal government will be reconciled when you file your taxes. This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during the tax year (meaning the modified adjusted gross income on file for us is too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during the tax year (meaning the modified adjusted gross income on file with was 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: ACA197462

Appeal Decision: Appeal denied. The determination of the Connector is affirmed.
Hearing Issue: Whether the Connector correctly determined the appellants' ineligibility to purchase health insurance through the Connector because of Appellants' enrollment in or access to Medicare.
Hearing Date: January 16, 2019 **Decision Date:** March 6, 2019

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 19, 2018, the Connector determined that the appellants were ineligible to purchase health insurance through the Connector because the appellants had access to Medicare or were enrolled in Medicare.

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

HEARING RECORD
One of the appellants appeared at the hearing which was held by telephone on January 16, 2019. 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 Appellants' file, undated
Exhibit 2: Connector Appeals Unit Notice of Hearing dated December 17, 2018 addressed to Appellant for January 16, 2019 hearing
Exhibit 3: Connector Appeals Unit letter dated December 14, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
Exhibit 3a: Connector Appeals Unit Staff Notes
Exhibit 4: Hearing Request Form submitted by Appellants on December 12, 2018
Exhibit 5: Connector letter dated November 19, 2018 to Appellants denying eligibility
Exhibit 6: Summary and results of Appellants' application for Connector health plan dated November 19,

2018 for 2019 eligibility
Exhibit 7: Summary and results of Appellants' application for Connector health plan dated November 20, 2017
Exhibit 8: "AVV" print-out regarding Appellants' program determination
Exhibit 9: MassHealth record for Appellants showing no eligibility for benefits
Exhibit 10: Customer Service receipt of document on November 26, 2017 with attachments sent by the appellant

FINDINGS OF FACT

The record shows, and I so find:

1. In November, 2017, one of the appellants was determined to be eligible for MassHealth Standard plus Medicare Buy-In (Exhibit 7).

2. In November, 2018, the Connector denied both appellants coverage because they either had access to Medicare coverage or were enrolled in Medicare. By this time, the appellant had also lost his MassHealth coverage (Exhibits 5 and 6, Testimony of Appellant).

3. Appellants filed a request for an appeal of the Connector's determination on December 12, 2018 (Exhibit 4).

4. Appellants were enrolled in Medicare when they applied for coverage through the Connector. One appellant had Parts A and B coverage. The other had Parts A, B, and D coverage (Testimony of Appellant, Exhibits 6, and 8).

5. One of the appellants has a serious, chronic medical condition. He is on Medicare because of disability. He is under 65 years old. The other appellant is over 65 years old (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

In November, 2018, the Connector determined that Appellants were ineligible to enroll in coverage through the Connector. When determining eligibility, the Connector found that the appellants were enrolled in or had access to Medicare. See the testimony of the appellant and Exhibits 5, 6, and 8.

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 Section155.305(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 testified that he and his spouse both have had Medicare Part A and Part B coverage. I find this testimony to be credible. See also Exhibits 6 and 8. The Connector correctly determined that because they were enrolled in Medicare, Appellants were ineligible to purchase any health insurance plan through the Connector. See citations above.

This determination is affirmed.

ORDER: The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Addendum: During the hearing, Appellant was given contact information for SHINE and Health Care for All. If he has not done so already, he may want to contact SHINE at **1-800-243-4636** or Health Care for All at **617-350-7279** for advice about obtaining supplemental coverage. In addition, the appellant may wish to contact MassHealth. From the record, it appears that a clerical error may have been made at MassHealth when Appellants' address was entered into the system. It appears that the incorrect county of residence may have been put into the system. Appellant may wish to inquire about this possible error and find out if it affected his coverage.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA197471

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 ConnectorCare plan, Type 2B.

Hearing Date: January 16, 2019 **Decision Date:** March 25, 2019

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 26, 2018, the Connector determined that the appellant was eligible to purchase a Health ConnectorCare plan, Type 2B, 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 ConnectorCare plan, Type 2B.

HEARING RECORD
The appellant appeared at the hearing which was held by telephone on January 16, 2019. 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 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 17, 2018 addressed to Appellant for January 16, 2019 hearing
Exhibit 3: Connector Appeals Unit letter dated December 13, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
Exhibit 3a: Appeals Unit outreach notes
Exhibit 4: Hearing Request Form from Appellant received by the Connector on December 13, 2018

Exhibit 5: Connector letter dated November 26, 2018 to Appellant regarding eligibility to purchase a ConnectorCare health insurance plan
Exhibit 6: Summary and results of Appellant's application for Connector health plan dated November 26, 2018
Exhibit 7: Summary and results of Appellant's application for Connector health plan dated November 2, 2018
Exhibit 8: Appellant's 2017 Federal tax return with 2017 W-2 form attached

FINDINGS OF FACT
The record shows, and I so find:

1. Appellant applied for health insurance through the Connector in November, 2018. She first attested to a projected income for 2019 of $17,938. Based upon this income, Appellant was found to be eligible for a ConnectorCare plan Type 2A. Her income was determined by the Connector to be 147.76% of the Federal Poverty Level (Testimony of Appellant, Exhibit 7).

2. Later in November, Appellant's projected income was determined by the Connector to be $21,411 or 176.37% of the Federal Poverty Level. This increase in income meant that Appellant was no longer eligible for a Type 2A plan. She was now eligible for a Type 2B plan (Exhibits 5 and 6).

3. Appellant had an adjusted gross income of $21,411 in 2017. Her income has not changed and will not change in 2019 (Exhibit 8 and Testimony of Appellant).

4. Appellant submitted a request for an appeal of the Connector's determination on December 13, 2018 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on November 26, 2018 that the appellant was eligible to purchase a Health ConnectorCare plan, Type 2B 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 an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual's income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan, the type dependent upon the individual's projected income level. See 956 CMR 12.00 et. seq. If an individual has a projected income equal to more than 300% of the Federal Poverty level, the individual may be eligible for a Connector Health Insurance plan.

In this matter, the appellant applied for health insurance through the Connector in November, 2018. Appellant attested to a projected income for 2019 of $17,938. Appellant's projected income on her application equaled 147.76.% of the Federal Poverty Level. Based upon this percentage, Appellant was determined to be eligible for a ConnectorCare Type 2A plan. Later in the same month, the Connector determined that the appellant's projected income was $21,411, equal to 176.37% of the Federal Poverty Level . Based upon this redetermined level, Appellant was found to be eligible for a ConnectorCare Type 2B plan. Appellant testified that the redetermined income was accurate. Her 2017 Federal adjusted gross income was the higher figure. This is the amount the appellant expects to earn in 2019 also. See the testimony of the appellant which I find to be credible and Exhibits 5, 6, 7, and 8.

Based upon the attestation of the appellant to the Connector, the Connector correctly determined that the appellant was eligible for a ConnectorCare plan Type 2B 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. The appellant confirmed that the projected income level used by the Connector to determine her eligibility for coverage was accurate.

The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellant's eligibility to purchase a ConnectorCare Health plan, Type 2B, 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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA197479

Appeal Decision: Appeal denied. The determination of the Connector is affirmed.
Hearing Issue: Whether the Connector correctly determined the appellants' ineligibility to purchase health insurance through the Connector because of Appellants' enrollment in or access to Medicare.
Hearing Date: January 16, 2019 **Decision Date:** March 6, 2019

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 28, 2018, the Connector determined that the appellants were ineligible to purchase health insurance through the Connector because the appellants had access to Medicare or were enrolled in Medicare.

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

HEARING RECORD
One of the appellants appeared at the hearing which was held by telephone on January 16, 2019. 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 Appellants' file, undated
Exhibit 2: Connector Appeals Unit Notice of Hearing dated December 17, 2018 addressed to Appellant for January 16, 2019 hearing
Exhibit 3: Connector Appeals Unit letter dated December 17, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
Exhibit 3a: Connector Appeals Unit Staff Notes
Exhibit 4: Hearing Request Form submitted by Appellants on December 14, 2018
Exhibit 5: Connector letter dated November 28, 2018 to Appellants denying eligibility
Exhibit 6: Summary and results of Appellants' application for Connector health plan dated November 28,

2018 for 2019 eligibility
Exhibit 7: "AVV" print-out regarding Appellants' program determination
Exhibit 8: MassHealth record for Appellant showing eligibility for partial Health Safety Net

FINDINGS OF FACT

The record shows, and I so find:

1. On November 28, 2018, the appellants applied for insurance through the Connector. The Connector determined that the appellants were ineligible for coverage through the Connector (Exhibit 5 and 6, Testimony of Appellant).

2. The Connector denied both appellants coverage because they either had access to Medicare coverage or were enrolled in Medicare (Exhibit 5).

3. Appellant filed a request for an appeal of the Connector's determination on December 14, 2018 (Exhibit 4).

4. Appellants were enrolled in Medicare when they applied for coverage through the Connector. One appellant had Part A and Part B coverage since February, 2002. The other had coverage since June, 2004 (Testimony of Appellant, Exhibit 6 and Exhibit 7).

5. One of the appellants has a serious medical condition. She is on Medicare because of disability (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Appellants applied for health insurance in November, 2018. The Connector determined that Appellants were ineligible to enroll in coverage through the Connector. When determining eligibility, the Connector found that the appellants were enrolled in or had access to Medicare. See the testimony of the appellant and Exhibits 4, 5, 6, and 7.

Under the Patient Protection and Affordable Care Act and the federal regulations promulgated pursuant to the act, to be eligible to obtain help paying for health insurance through an advance premium tax credit, an individual, among other things, must not have access to other health insurance coverage which meets minimum essential coverage standards. See 45 Code of Federal Regulations Section155.305(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 testified that he and his spouse both have had Medicare Part A and Part B coverage since 2002 and 2004 respectively. I find this testimony to be credible. See also Exhibits 6 and 7. The Connector correctly determined that because they were enrolled in Medicare, Appellants were ineligible to purchase any health insurance plan through the Connector. See citations above.

This determination is affirmed.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Addendum: During the hearing, Appellant was given contact information for SHINE and Health Care for All. If he has not done so already, he may want to contact SHINE at **1-800-243-4636** or Health Care for All at **617-350-7279** for advice about obtaining supplemental coverage.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7622

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for Health Connector plans based on failure to verify residency and report a change of address.

Hearing Date: February 14, 2019 **Decision Date:** February 16, 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 23, 2018, Appellant was determined ineligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify residency.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 14, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

Exhibit 2: Health Connector's Hearing Notice (4 pages, dated January 23, 2019)

Exhibit 3: Health Connector's Acknowledgement of Appeal (4 Pages)

Exhibit 4: Appeals Unit Staff Case notes (1 page)

Exhibit 5: Appellant's appeal request form 1 page dated January 30, 2019)

Exhibit 6: Notice of Eligibility Determination (6 pages, dated December 23, 2018)

Exhibit 7: Health Connector's Determination Results and Review Computer Printout (4 pages, dated December 23, 2018)

Exhibit 8: Historical Notices and Printouts (6 pages)

Exhibit 9: Applicable Customer Service Notes (6 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 7, Exhibit 8, Appellants testimony)
2. Appellant was notified that he had to provide proof of residency by December 17, 2018, on September 18, 2018 (Exhibit 8).
3. Appellant did not provide documentation of his residency nor did he provide his change of address.
4. Appellant testified that he received the information about his residence but forgot to send it in. He moved from the Boston area to his new address but did not notify the Health Connector of his new address but has now done so.
5. The Health Connector tried to reach the Appellant by telephone and mail but was unable to do so. (Exhibit 9)

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.

On September 18, 2018, the Appellant was determined eligible for Health Connector plans with APTC and was asked to verify his residency. The Appellant failed to send in documents verifying his residency, and was determined ineligible for Health Connector plans on December 23, 2018, for not being a resident of Massachusetts. This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f), and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a).

The Health Connector has regulations regarding eligibility for enrollment in subsidized health plans. Policy NG-2 requires an enrollee to report any changes that impact eligibility within thirty days of the event. One of the changes is (b.) change in residency. Appellant did not report any change in residence.

In addition, Policy NG-12 states that if a new/different address cannot be found and the enrollee cannot be reached by phone or email, the Health Connector will terminate enrollee's enrollment in a Qualified Health Plan. The Health Connector could not find a new address for the Appellant and he could not be reached by telephone or email

While the Appellant has now sent in documents verifying eligibility, the Health Connector correctly found that the Appellant was no longer eligible for Health Connector plans on December 23. 2018, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7884

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized insurance based on tax filing status.

Hearing Date: February 27, 2019 Decision Date: March 5, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on January 11, 2019. The Health Connector determined the Appellant to be eligible for Health Connector plans.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 27, 2019. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

Exhibit 2: Health Connector's Hearing Notice (4 pages, dated January 31, 2019)

Exhibit 3: Health Connector's Acknowledgement of Appeal (4 Pages)

Exhibit 4: Appeals Unit Staff Case notes (1 page)

Exhibit 5: Appellant's appeal request form 2 pages dated January 17, 2019)

Exhibit 6: Notice of Eligibility Determination (11 pages, dated January 11, 2019)

Exhibit 7: Health Connector's Determination Results and Review Computer Printout (8 pages, dated January 11, 2019)

Exhibit 8: Historical Notices and Printouts (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 31 year old unmarried female, who applied for subsidized health insurance on January 11, 2019. (Exhibit 6, Exhibit 7)
2. The Appellant has a household of two. (Exhibit 6)
3. On her application, the Appellant stated that she was unmarried but that she did not file a income tax return.
4. The Health Connector found that the Appellant was eligible for Health Connector plans without subsidies because the Appellant stated she would not file a tax return. (Exhibit 6 & 7)
5. The Appellant's projected tax income was $0.00, which places her at 0% of the Federal Poverty Level. (Exhibit 6)
6. Appellant indicated that she stated she was not going to file a tax return is because she did not have any income in the United States. (Appellant testimony)
7. Appellant now does intend to file a tax return for 2018. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based

program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must file a tax return, 45 CFR s.300(a)(2).

On her application, the Appellant stated that she would not be filing a tax return, and therefore the Health Connector correctly found the Appellant eligible for Health Connector plans. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to call customer service and indicate she will be filing a tax return

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-7886

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; income

Hearing Date: March 6, 2019 **Decision Date:** March 7, 2019

AUTHORITY
This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq*.; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 965 of the code of Massachusetts Regulations, Section 12.00

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 14, 2018, the Appellant was deemed eligible for ConnectorCare Plan Type 3A, and was asked to submit proof of income. On December 27, 2018, the Appellant was deemed eligible for ConnectorCare Plan Type 3B based on a federal poverty level of 287.61%.

ISSUE
The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for ConnectorCare Plan Type 3B, based on Appellant's income information.

HEARING RECORD
The Appellant and Appellant's representative appeared at the hearing, which was held by telephone, on March 6, 2019. The hearing was recorded. The hearing record consists of the Appellant's and the Appellant's representative's testimony, and the following documents which were admitted into evidence without objection by Appellant:

Exhibit 1: Affidavit of Record Verification (1 page);
Exhibit 2: Notice of Hearing (2-12-19) (4 pages);
Exhibit 3: Acknowledgement of Appeal (1-29-19) (4 pages);
Exhibit 4: Outreach notes and email (3 pages);

Exhibit 5: Hearing Request form (1-11-19) (with documents) (3 pages);
Exhibit 6: Eligibility Approval letter (12-27-18) (8 pages);
Exhibit 7: Request for Information letter (10-5-18) (4 pages);
Exhibit 8: Eligibility detail printout and application summary printout (15 pages); and
Exhibit 9: Workspace form and documents.

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had health insurance through the Health Connector during 2018.
2. Appellant was requested to submit proof of income in October 2018 to establish his eligibility for 2019.
3. Appellant has reported income resulting in a federal poverty level of 236.32%.
4. Appellant was determined to have income resulting in a federal poverty level of 287.61% based on information available to the Health Connector.
5. Appellant updated his income information and submitted documents showing income resulting in a federal poverty level of 287.61%, and Appellant was therefore determined eligible for 2019 for ConnectorCare Plan Type 3B.
6. Appellant's eligibility for ConnectorCare Plan Type 3B was correct.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for ConnectorCare Plan Type 3B based on income information available to the Health Connector. Appellant was asked to submit proof of income which he did and which confirmed the determination made by the Health Connector. 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' income status.

In October 2018, Appellant was asked to verify their income and submit proof of income. Appellant submitted income information which confirmed the income information available to the Health Connector. The Health Connector issued a decision that Appellant was eligible for ConnectorCare Plan Type 3B based on the income informaiton.

The Health Connector correctly found that the Appellant was eligible for ConnectorCare Plan Type 3B on December 27, 2018, and that determination is upheld.

ORDER

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

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

Note: Appellant also raised a concern about having to repay APTC's for 2018, but Appellant was advised that the issue of reconciling APTC's was not before the hearing officer.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-8132

Appeal Decision: Denied

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

Hearing Date: March 21, 2019 **Decision Date:** March 25, 2019

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 12, 2019 the Appellant was determined eligible for Health Connector Plans with Advance Premium Tax Credits of $0.00.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on March 21, 2019. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

Exhibit 1: Health Connector's Hearing Record Affidavit.
Exhibit 2: Health Connector Appeals Unit Notice of Hearing with attachments dated February 26, 2019.
Exhibit 3: Health Connector Appeals Unit Outreach Notes.
Exhibit 4: The Appellant's Online Hearing Request submitted on February 13, 2019.
Exhibit 5: 2019 Eligibility Results dated February 12, 2019 with an Application Summary.
Exhibit 6: A Health Connector Customer Service Representative Portal printout of the Appellant Spouse's Income Effective February 11, 2019.
Exhibit 7: A Health Connector Customer Service Representative Portal printout of the Appellant's Income Effective February 11, 2019.
Exhibit 8: My Workspace printout of documents received on November 28, 2018.
Exhibit 9: My Workspace printout of documents received on February 11, 2019.

Exhibit 10: Notes from Customer Service Interactions-SalesForce.
Exhibit 11: Health Connector's Request for Information dated December 24, 2018.
Exhibit 12: Health Connector's Request for Information dated October 24, 2018 with an Application Summary attached.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was receiving ConnectorCare as a single person prior to October 2018 (Exhibit 3, 4 and Appellant Testimony).
2. On October 24, 2018 the Appellant updated their application and reported that they were married. The Appellant attested to household income equal to approximately 215.31% of the federal poverty level for their household of two (Exhibit 12).
3. On October 24, 2018 the Health Connector issued a Request for Information. The Appellant was asked to provide proof of income for them self and their spouse (Exhibit 12).
4. On November 28, 2018 the Appellant submitted proof of their income but did not submit proof of their spouse's income (Exhibit 8).
5. The Appellant was determined ineligible for subsidies because the Appellant did not submit the income documentation requested (Exhibits 3, 8).
6. The Appellant's health insurance coverage was terminated for the months of December 2018 and January 2019 because the Appellant failed to pay the total monthly premiums. On January 14, 2019 the Appellant was informed by Customer Service that coverage could be reinstated if the Appellant paid the outstanding premiums due totaling $598.87. The Appellant did not pay the premiums to effect reinstatement (Exhibit 10).
7. On February 11, 2019 the Appellant submitted proof of their income and their spouse's income (Exhibits 6, 7, 9).
8. On February 12, 2019, the Health Connector determined, based on the wage stubs submitted and the household size of two persons, that the verified income of $56,239 placed the Appellant's household at approximately 341.67% of the 2018 Federal Poverty Level (FPL) (Exhibits 5, 6, 7, 9).
9. On February 12, 2019, the Health Connector determined that the Appellant was eligible for Health Connector Plans with Advance Premium Tax Credit of $0.00 effective March 1, 2019 (Exhibit 5).
10. On February 13, 2019 the Appellant submitted an appeal request. The Appellant reports that their household income is less than $40,000 and they cannot afford to pay the increased health insurance premium. The Appellant noted that they do not share expenses with their spouse. The Appellant also maintains that they were given incorrect information by a customer service representative regarding premium payment (Exhibit 4 and Appellant Testimony).
11. The wage stub for the Appellant's spouse dated 12/24/18 for the pay period ending 12/15/18 included a year to date total verifying income of $36,131.69. The Appellant's wage stubs verified expected annual income of $17,431 (Exhibits 8, 9).
12. The Appellant did not dispute the income as verified by the wage stubs submitted (Appellant Testimony).
13. 300% of the federal poverty level for a household of two is $36,420. 400% of the federal poverty level for a household of two is $65,844.
14. The Health Connector's February 12, 2019 determination is supported by the evidence in this administrative record (Exhibits 5, 6, 7, 9).

ANALYSIS AND CONCLUSIONS OF LAW

Prior to December 2018 the Appellant was receiving ConnectorCare. The Appellant's eligibility had been based on their having reported income of less than 300% of the federal poverty level for their household of one. The Appellant was married in September 2018 and on October 24, 2018 the Appellant updated their application to include their spouse as a household member. The Appellant reported that the household had income equivalent to 215.31% of the federal poverty level. On October 24, 2018 the Health Connector had asked the Appellant to submit proof of income for both household members. The Appellant submitted proof of their income on November 28, 2018 but did not submit proof of income for their spouse. The Appellant was no longer eligible for subsidies and their insurance was cancelled for the months of December 2018 and January 2019 because the Appellant failed to pay the full premiums. On January 14, 2019 the Appellant contacted Customer Service and was informed that their insurance could be reinstated if the Appellant paid the overdue premium and next month's premium of $598.87. This was consistent with Health Care Policy NG -6B and 956 CMR 12.10(6)(b) and 12.11.

On February 11, 2019 the Appellant submitted proof of their income as well as their spouse's income. The wage stubs submitted verified that the income of the Appellant's spouse was approximately double what the Appellant had attested to on their October 24, 2018 application. The wage stubs submitted verify that the income of the Appellant's household of two is equivalent to approximately 341.67% of the federal poverty level and renders the Appellant financially ineligible for state subsidies. The Appellant disputes this determination.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. While the Appellant's income is less than 400% of the federal poverty level, the Appellant was determined eligible for an APTC benefit of $0.00.

Tax credit amounts are determined by various factors, including household income, the number of persons in the tax household and the cost of the second least-expensive Silver Plan available in the market area. 26 IRC § 36B (2). The Appellant is a tax household of two with projected MAGI of $56,239. The Connector determined that there are good high-quality health plans available to the Appellant through the Health Connector at an affordable premium, without any extra help. The Health Connector correctly determined that the appellant is eligible for an APTC amount of $0.00.

The Appellant argues that they and their spouse do not share expenses and she is being penalized for being married. As explained at the Hearing, spouses have a legal obligation to support each other. The Health Connector is required to determine eligibility based on countable family income. 956 CMR 12.04, 12.08. Based on the evidence in this administrative record, the Health Connector's February 12, 2019 financial eligibility determination is correct.

ORDER

This appeal is denied.

NOTTIFICATION 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 is reminded that any changes in income or other household circumstances may be reported on their application or by contacting Customer Service at 1-877-623-6765.

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 2019 from the federal government will be reconciled when you file your 2019 federal income tax return (usually in the spring of 2020). 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 2019 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2019 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2019 will be paid to you when you file your 2019 federal income tax return.