

Massachusetts Health Connector Appeals Unit



FINAL APPEAL DECISION-ACA 20-11436

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: May 6, 2020

Decision Date: May 29, 2020

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On February 27, 2020, Appellant was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 6, 2020.

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	(1 page,	undated)
Exhibit 2:	Health Connector's Notice of Hearing	(3 pages, dated	4/13/2020)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 page, dated	3/18/ 2020)
Exhibit 3(a)	Health Connector's Appeals Unit Staff Notes	(1 page, dated	3/25/ 2020)
Exhibit 4:	Appellant's Appeal Request Form (with documentations)	(5 pages, received	3/17/2020)
Exhibit 5:	Health Connector's Notice Eligibility Approval	(6 pages, dated	2/17/2020)

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Exhibit 6:	Health Connector's Request for information	(8 pages, dated	11/13/2019)
Exhibit 7:	Health Connector's Application Summary Results	(3 pages, dated	3/18/2020)
Exhibit 8:	Health Connector's Summary Gateway with Documents	(3 pages, undated)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a single individual, residing in North Grafton, MA who plans to file a federal income tax return for tax year 2020. (Exhibit 5)
2. In a prior eligibility determination, the Appellant was found eligible for ConnectorCare Plan Type 3A effective January 2020, and was asked to send in documents verifying the Appellant's income and residency. (Exhibit 2, Exhibit 6)
3. The Appellant was reminded to send in documents verifying income on November 13, 2019, with a deadline of February 11, 2020. (Exhibit 6)
4. The Appellant hand delivered to the Health Connector a 2019 Schedule B in February 2020 where his full tax return was not completed. (Appellant Testimony)
5. The Health Connector determined that the documents the Appellant sent in were not sufficient to verify the Appellant's income, and notified the Appellant to send in additional documents on February 17, 2020. (Exhibit 5)
6. The Appellant did not send in additional required income documents (2019-1040) until March 2020. (Appellant Testimony)
7. The Appellant was determined for Health Connector plans without subsidies on February 17, 2020 after failing to send in documents verifying income, based on having an income and household size equivalent to 1002.84% of the Federal Poverty Level. (Exhibit 1, Exhibit 5)
8. Appellant has now sent in documents verifying income. (Appellant Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans without subsidies based on failing to verify income, and on having an income and family size equivalent to 1002.84% of the Federal Poverty Level. The Appellant asserts that this determination was incorrect, because the income was based on 2019 employment and he was no longer employed there. (Exhibit 4, Testimony). The Appellant attested that his 2020 monthly income will be \$30,000, and the Appellant should therefore have remained eligible for subsidies. (Exhibit 6). Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

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The Appellant was determined for Health Connector plans without subsidies on February 17, 2020, after failing to send in documents verifying income, based on having an income and household size equivalent to 1002.84% of the Federal Poverty Level. This was the correct determination based on the information at the time, and therefore the appeal is denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

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 2020 from the federal government will be reconciled when you file your 2020 federal income tax return (usually in the spring of 2021). 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 2020 (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 2020 (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 2020 will be paid to you when you file your 2020 federal income tax return.

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FINAL APPEAL DECISION

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for a Special Enrollment Period ("SEP"), based on failure to have a qualifying life event

Hearing Date: May 18, 2020

Decision Date: May 29, 2020

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On March 17, 2020, the Appellant was determined eligible for Health Connector plans without financial help, but was determined ineligible for a special enrollment period due to failure to have a qualifying life event.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on May 18, 2020.

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	(1 page, undated)
Exhibit 2:	Health Connector's Hearing Notice of Hearing	(3 pages, dated 4/16/2020)
Exhibit 3:	Health Connector's Acknowledgment of Appeal	(1 page, dated 4/8/ 2020)
Exhibit 3(a)	Health Connector's Appeals Unit Staff Notes	(1 pages, dated 3/25/ 2020)
Exhibit 4:	Appellant's Appeal Request Form	(1 pages, received 4/3/2020)
Exhibit 5:	Health Connector's Eligibility Summary Results	(3 pages, dated 4/14/2020)
Exhibit 6:	Health Connector Notice of Eligibility to Appellant	(12 pages, dated 3/17/2020)

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FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 27-years-old, is single, and has a tax household size of one. (Ex. 5)
2. The appellant, while employed with her current employer, was covered under her parent's health insurance program until she turned 27 years of age in December 2019. (Testimony).
3. The Appellant attempted to enroll in Employer Sponsored Insurance after she turned 27 after coverage under her parent's health insurance plan ended. (Testimony).
4. The Appellant's employer required that she obtain correspondence within a 30-day open enrollment period expiring at the end of January 2020 from her parent's health insurer showing she no longer had coverage. (Exhibit 4, Appellant testimony)
5. The Appellant's attempt to obtain the correspondence of non-coverage from her parent's health insurer was made more difficult because she was provided with conflicting information concerning when her coverage ended and whether her parent's plan was covered under COBRA.. (Exhibit 3, Appellant Testimony)
6. As of March 2020, the Appellant had not experienced a qualifying life event where she had the option to enroll in ESI. (Appellant Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans but without financial assistance with APTC, but was not granted a special enrollment period and therefore could not enroll in coverage. The Appellant asserts that this determination was incorrect, and that the Appellant should be permitted to enroll in coverage through the Health Connector. Under 45 CFR § 155.410, individuals may enroll in coverage only during Open Enrollment. I take administrative notice of the fact that the open enrollment period for health insurance for 2020 ended on January 23, 2020 for the commercial non-group market, and that closed enrollment runs from February 1, 2020 to December 31, 2020. Outside of open enrollment an individual may be granted a special enrollment period, during which the individual can enroll in coverage, but only if the individual experiences a qualifying life event, such as a change in household composition or loss of coverage. 45 CFR § 155.420. Cancelation of coverage due to failure to pay premium is not a qualifying life event. 45 CFR § 155.420(e)(1).

On March 17, 2020, the Appellant was determined eligible for Health Connector plans without financial assistance, but was found not eligible for a special enrollment period due to failure to have a qualifying life event.. 45 CFR § 155.420(e)(1). The Appellant testified to not experiencing any qualifying life event.

The appellant seeks to enroll in a plan outside of the open enrollment period because her employer does not offer insurance again until January 1, 2021. It is indeed unfortunate that her employer will not allow the Appellant to enroll given that she has been unable to obtain documentation of non-coverage, that her employer will not offer insurance until January 1, 2021, and that the appellant is no longer covered by her parents' health insurance. Unfortunately, however, her circumstances do not fall within the parameters of the foregoing regulations, including the category of "exceptional circumstances" set forth in 45 CFR 155.420(d)(9), and as such, are not considered a qualifying event which would entitle her to a SEP.

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Because the Appellant did not experience a qualifying life event, the Health Connector's determination that the Appellant was not eligible for a special enrolment period was correct. 45 CFR § 155.420. Based on the totality of the evidence, it is concluded that the appellant failed to establish that her circumstances qualify her for a SEP.

ORDER

The appeal is denied.

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

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

Cc: Health Connector Appeals Unit

ADDENDUM

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-10504

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Financial Assistance

Hearing Date: January 21, 2020

Decision Date: May 1, 2020

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 31, 2019, the Appellant's son was determined eligible for a Health Connector Plan in 2020 with no financial help.

ISSUE

Whether the Health Connector made the correction determination on October 31, 2019, on the Appellant's application for health insurance coverage.

HEARING RECORD

On January 21, 2020, the Appellant appeared at the hearing by telephone and offered testimony under oath or affirmation.

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

- Exhibit 1: 10/31/19 Eligibility Approval Notice (10 pages)
- Exhibit 2: 11/18/19 Appeal (3 pages)
- Exhibit 3: 11/21/19 Appeal Acknowledgment (5 pages)
- Exhibit 4: 12/4/19 Appeals Unit Contact Notes (1 page)
- Exhibit 5: 10/18/19 Application Results (3 pages)
- Exhibit 6: 10/18/19 Application Summary (4 pages)

- Exhibit 7: 11/7/18 HC/MH Request for Proof of Income (4 pages)
Exhibit 8: 11/7/18 Eligibility Results for 2018 (6 pages)
Exhibit 9: 12/16/19 Hearing Notice (4 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On November 7, 2018, the Appellant applied to the Health Connector for health insurance coverage for her family. The Appellant's son was approved for MassHealth. The Appellant and her husband were determined "not eligible." However, the Appellant was told that the Health Connector and MassHealth needed more information from her in order to make a determination. Specifically, she needed to provide certain proof of income. (Exhibit 7)
2. On October 20, 2019, the Appellant submitted an application for 2020 health insurance coverage to the Health Connector. The Health Connector determined that the Appellant's husband was not eligible for coverage based on data from other sources, as they had not submitted proof of income as requested. (Exhibit 5)
3. By letter dated October 31, 2019, the Health Connector notified the Appellant that a household member, her son, qualified for a Health Connector Plan with no financial assistance, based on household income. The letter stated that the program and plan costs for which her household member qualified was based on household income; and, that they did not have enough recent information about the Appellant's household income to determine whether her household qualified for lower cost coverage. The letter requested the Appellant to update her application with "your most recent income information to make sure you are getting the right type of coverage." (Exhibit 1)
4. On November 18, 2019, the Appellant appealed the Connector's 10/31/19 determination, circling Income, Residency, and Access to other insurance, as the reasons for her appeal; and, stating that she had been unable to find her application to amend it. (Exhibit 2)
5. By letter dated November 21, 2019, the Health Connector Appeals Unit notified the Appellant that they had received her appeal. Enclosed with the letter was information explaining why and how she should update any changes in her Health Connector account, including updating her household income. (Exhibit 2)
6. On December 4, 2019, the Appeals Unit tried to reach the Appellant by phone and left a voice-mail message for the Appellant, requesting her to contact Customer Service to review and update her income. (Exhibit 4)
7. As of the day of hearing, the Appellant had not yet updated her income or provided proof of income to the Health Connector. (Appellant's testimony)

ANALYSIS AND CONCLUSIONS OF LAW

In order to qualify for any financial assistance for a Health Connector Plan, a household's annual income must be between 100% and 400% of FPL. If the household's annual income is below 100% of FPL, the household may be eligible for MassHealth, instead. In either case, an applicant must provide a projected income for the year in which they are applying for coverage in order for the Health Connector to determine whether they are eligible for financial assistance, through a ConnectorCare plan and/or an Advance Premium Tax Credit, and, if so, how much financial assistance they would receive. In addition, the Health Connector may request any applicant, or any household currently with Health Connector coverage, to provide proof of income, if data from other sources indicate that the income may have changed.

This case is about the Appellant's 10/31/19 application to the Health Connector for coverage for her son. The Health Connector determined that, while he qualified for a Health Connector Plan, his family did not qualify for any financial assistance, based on their household income. While it appears from the Appellant's testimony that the Appellant's household may well qualify for financial assistance, the Appellant had failed to respond to the Health Connector's requests for proof of income for over a year prior to submitting the 10/31/19 application. Any qualification for financial assistance and the amount of such assistance is based on household income. As the Appellant failed to update her household income and provide proof of income, when requested, the Health Connector did not have enough recent information about the Appellant's household income to determine if her household qualified for financial assistance.

Accordingly, the Health Connector correctly determined on October 31, 2019, that the Appellant's son qualified for a Health Connector Plan with no financial assistance.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2011183

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income

Hearing Date: March 31, 2020

Decision Date: May 7, 2020

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 February 3, 2020, the Appellants were determined eligible for Health Connector plans with no financial help.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were eligible for Health Connector plans with no financial help, based on the Appellants' reported and verified income.

HEARING RECORD

One of the Appellants appeared at the hearing, which was held by telephone, on March 31, 2020. 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 (2-25-20) (4 pages);
- Exhibit 3: Acknowledgement of Appeal (2-14-20) (4 pages);
- Exhibit 4: Outreach notes and email (3 pages);
- Exhibit 5: Hearing Request form (2-5-20) (with letter and document) (4 pages);
- Exhibit 6: Eligibility Approval letter (2-3-20) (8 pages);

- Exhibit 7: Eligibility detail printout and application summary printout (12 pages);
Exhibit 8: Workspace form and documents (7 pages);
Exhibit 9: Request for Information letter (9-23-19) (6 pages);
Exhibit 10: Request for Information letter (1-30-20) (6 pages); and
Exhibit 11: Enrollment information (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants had health insurance previously through the Health Connector. (appellant Testimony, Exhibit 5).
2. Appellants had been requested to submit information regarding their income in September 2019, due in December 2019. (Exhibit 9).
3. Appellants eligibility was redetermined in December 2019. (Appellant testimony). Appellants did not submit an appeal of that determination within thirty days of the redetermination.
4. Appellants submitted documents in January 2020, and were redetermined on February 3, 2020 as eligible for Health Connector plans with no financial help, based on income equating to 497.33% of the Federal Poverty level. (Exhibits 6, 7). Appellants did not provide information about their projected yearly income as a part of that submission. (Exhibit 8).
5. Appellants appealed alleging that income determination was incorrect as their income varied. Appellants also appealed the determination made in December 2019, but it was over thirty days after the determination. (Exhibits 5, 7, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellants were deemed eligible for Health Connector plans with no financial assistance based on income reported and verified from other sources. 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, in accordance with 45 CFR § 155.320(c). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

In January 2020, Appellants submitted additional documents regarding their income, but did not provide any additional update on their projected yearly income for 2020. On February 3, 2020, the Appellants were determined eligible for Health Connector plans with no financial assistance based on verifying income from Appellant and from other sources. The Appellants appealed. This process complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the documents submitted and information available to the Health Connector. 45 CFR § 155.305(f). Appellants also appealed a determination made in December 2019, but did not do so within thirty days of the determination.

The Health Connector correctly found that the Appellants were eligible for Health Connector plans with no financial assistance on February 3, 2020, 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: The pronouns “they” and “their” is used in order to be gender neutral, regardless of the singular or plural

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11468

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare, based on income

Hearing Date: May 7, 2020

Decision Date: May 29, 2020

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 19, 2020, Appellant was determined eligible for Health Connector plans with Advance Premium Tax Credits, and ConnectorCare Plan 3B. On March 24, 2020, Appellant was determined eligible for Health Connector plans with Advance Premium Tax Credits and ConnectorCare Plan 2A

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined on February 19, 2020 that Appellant was eligible for a ConnectorCare 3B plan, based on Appellant's income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on May 7, 2020. The hearing record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Correspondence from Connector Appeals Unit
- Exhibit 2: Hearing Request Form dated March 1, 2020
- Exhibit 3: Eligibility Results and Application summary dated 11/6/19
- Exhibit 4: Eligibility Results and Application summary dated 2/19/20
- Exhibit 5: Eligibility Results and Application summary dated 3/25/20

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for renewal of subsidized Health Insurance plan in November 2019 (Exhibit 3 and Testimony of Appellant).
2. On November 6, 2019, Appellant was found eligible for a Connector Care Plan 3A (Exhibit 5).
3. On February 18, 2020, Appellant was re-determined and was found eligible for a Connector Care Plan 3B (Exhibit 4).
4. Appellant appealed the February 18, 2020 determination on March 1, 2020 (Exhibit 2).
5. Subsequent to filing the appeal, Appellant reported a change in income to the Health Connector (Testimony of Appellant).
6. On March 25, 2020, Appellant was found eligible for a Connector Care Plan 2A (Exhibit 5).
7. Appellant was no longer appealing the Eligibility determinations (Testimony of Appellant).
8. Appellant was seeking information regarding Appellant's applications for 2018 and 2019 (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellant renewed their subsidized health insurance for 2020 on November 6, 2019. Appellant was found eligible for a Connector Care Plan 3A. On February 19, 2020, there was an income change and Appellant was found eligible for a Connector Care Plan 3B. On March 24, 2020, Appellant submitted a further change of income and Appellant was found eligible for Connector Care Plan 2A. Appellant agreed with the Eligibility Determinations and was no longer appealing the determinations. See Exhibits 3, 4, and 5 and Testimony of Appellant, which I find to be credible.

ORDER

The Appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to

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

ADDENDUM

Appellant was no longer appealing the determinations by the Health Connector concerning Appellant's eligibility determinations for 2020 plans. Appellant attended the Hearing to request Appellant's application information for 2018 and 2019 plans, which was not part of this hearing. Appellant can contact customer service to seek this information at 877 623-6765.

Appellant is reminded to update Appellant's income when there is a change in projected income. Appellant should note that if the actual income is higher than the projected income Appellant may have to pay back some or all of any advance premium tax credit that was received.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11506

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for subsidized health insurance, based on income

Hearing Date: May 7, 2020

Decision Date: May 21, 2020

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 9, 2019 and March 15, 2020, 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 Appellant was eligible for a Health Connector plan without subsidies, based on Appellant's income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on May 7, 2020. The hearing record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Correspondence from Connector Appeals Unit
- Exhibit 2: Hearing Request Form dated March 19, 2020
- Exhibit 3: Eligibility results and summary dated December 9, 2019
- Exhibit 4: Eligibility results and summary dated March 15, 2020
- Exhibit 5: Outreach notes dated April 1, 2020

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for a subsidized Health Insurance plan in December 2019 (Exhibit 3 and Testimony of Appellant).
2. In December 2019, Appellant was found eligible for Health Connector Plans without subsidies was asked to submit proof of income (Exhibit 3).
3. Appellant did not submit proof of income and on March 15, 2020, Appellant was found eligible for Health Connector Plans without subsidies based on electronic data sources (Exhibit 4 and Testimony of Appellant).
4. Appellant lost Appellant's job in March 2020 and was earning much less than the previous year and much less than stated on the application (Testimony of Appellant).
5. Appellant did not report an income change when Appellant became unemployed in March 2020 (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellant applied for subsidized health insurance in December 2019. Appellant was found eligible for an unsubsidized plan and the Health Connector requested verifying income information from Appellant. Appellant did not submit proof of income. On March 15, 2020, Appellant was found eligible for an unsubsidized plan, based on income from electronic data sources. Appellant lost their job in March 2020, but Appellant did not update the Application. The Health Connector made the correct decision on March 15, 2020.

ORDER

The Appeal is denied.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention

Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM

Appellant was provided information about reporting a change in income to the Health Connector to reflect the current income and to provide any documents that are requested. Appellant is reminded to update Appellant's income when there is a change in projected income. Appellant should note that if the actual income is higher than the projected income Appellant may have to pay back some or all of any advance premium tax credit that was received.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11553

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare Plans

Hearing Date: May 8, 2020

Decision Date: May 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 March 12, 2020, the Appellant was determined eligible for ConnectorCare Plan Type 3B with Advance Premium Tax Credits.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on May 8, 2020. The hearing record consists of the testimony of the Appellants and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector Appeals Unit Notice of Hearing dated April 13, 2020.
- Exhibit 2: Health Connector Appeals Unit Outreach Notes.
- Exhibit 3: 2020 Eligibility Results with an application summary dated March 12, 2020.
- Exhibit 4: Health Connector Eligibility Approval notice dated March 12, 2020.
- Exhibit 5: The Appellant's Hearing Request Form submitted on April 1, 2020.
- Exhibit 6: Health Connector Appeals Unit letter of Acknowledgement of Appeal dated April 2, 2020.
- Exhibit 7: Income verification submitted by the Appellant on March 9, 2020 with a copy of a Health Connector Request for Information dated February 27, 2020.
- Exhibit 8: 2020 Eligibility Results with an application summary dated January 18, 2020.

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for ConnectorCare on January 18, 2020 and reported that their expected income for 2020 would be \$29,000 for their household of one. The Appellant was determined eligible for ConnectorCare Plan Type 3A based on this reported income which is approximately 238% of the Federal Poverty Level (Exhibit 8 and Appellant Testimony).
2. On February 27, 2020, the Health Connector asked the Appellant to submit proof of their income (Exhibit 7).
3. On March 9, 2020, the Appellant submitted a copy of their Tax year 2019 W-2 form which verified annual income of \$34,694.45 (Exhibit 7).
4. On March 12, 2020, the Health Connector found, based on this income and household size, that the Appellants' projected MAGI would place Appellant at approximately 285% of the 2020 Federal Poverty Level (FPL) (Exhibit 3).
5. On March 12, 2020 , the Health Connector correctly found that the Appellant was eligible for state subsidized health insurance ConnectorCare Plan Type 3B with Advance Premium Tax Credits because the Appellant's self-attested projected income placed their household at more than 250% but less than 300% of the Federal Poverty Level (Exhibits 3, 4).
6. On April 1, 2020, the Appellant submitted a Health Connector Hearing Request Form to the Health Connector Appeals Unit (Exhibit 5).
7. The Appellant testified that they applied for insurance over the telephone and made a "guesstimate" of their income. The Appellant said that they understood the income verification was more than this estimate. The Appellant also testified that since the eligibility determination was made, their hours at work were cut and their income is lower. The Appellant said that they recently mailed income information to the Health Connector (Appellant Testimony).
8. The Appellant was informed that the Health Connector Appeals Unit received information that the Appellant was determined eligible for MassHealth recently. The Appellant was given the contact information for MassHealth customer service.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for subsidized health insurance for their household of one through the Health Connector on January 18, 2020. The Appellant estimated annual income to be \$29,000 for their household of one. 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.

At the time of application, the Appellant's stated income was determined equivalent to approximately 238% of the Federal Poverty Level and rendered the Appellant financially eligible for state and federal subsidies. Since the Appellant's projected MAGI was more than 200% but less than \$250% of the Federal Poverty Level, the Health Connector determined the Appellant eligible for ConnectorCare Plan Type 3A.

On February 27, 2020, the Health Connector asked the Appellant to submit proof of income. The Appellant submitted a copy of their tax year 2019 Form W-2 which verified annual income of \$34,694. This income was determined to be equal to approximately 285% of the Federal Poverty Level. Since the income was more than 250% but less than \$300% of the Federal Poverty Level, the Health Connector correctly determined on March 12, 2020 that the Appellant was eligible for ConnectorCare Plan Type 3B. 956 CMR 12.04(3).

The Appellant filed an appeal on April 1, 2020. At the Hearing, the Appellant testified that they understood that the income verified in March was substantially more than the income estimated in January. The Appellant said that they filed an appeal because their income is now substantially less because their hours at work were reduced. The Appellant said that they sent in updated income documentation on April 29, 2020. The Appellant was advised that a new determination would be made based on the updated information.

Based on the income verification submitted by the Appellant on March 9, 2020, the Health Connector's March 12, 2020 eligibility determination was correct.

ORDER

This appeal is denied.

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

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Cc: Connector Appeals Unit

ADDENDUM

The Appellant may contact Health Connector Customer Service at 1-877-623-6765 for further assistance if needed.

The Appellant may contact MassHealth Customer Service at 1-800-841-2900 for further assistance if needed.