

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-5910

Appeal Decision: The Connector's denial of Appellant's application for the purchase of health insurance is affirmed.

Hearing Issue: Appellant's eligibility for subsidized insurance based on tax filing status

Hearing Date: October 16, 2018

Decision Date: November 14, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on June 29, 2018. The Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 16, 2018.

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

- Exhibit 1: Affidavit of record of the Health Connector
Exhibit 2: Correspondence from the Appeals Unit of the Health Connector
Exhibit 3: Notice of Appeal and Support documents
Exhibit 4: Health Connector's notices on Appeal
Exhibit 5: Eligibility Results and Application Summary

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for subsidized health insurance on June 29, 2018 (Exhibit 4)
2. On June 29, 2018 the Health Connector found that the Appellant was eligible for Health Connector plans without subsidies, because the Appellant did not file a joint tax return with Appellant's spouse (Exhibit 4).
3. Appellant filed an appeal on July 18, 2018, stating that Appellant plans on filing income taxes and has done so in the past (Exhibit 3).
4. Appellant was scheduled to have a hearing on August 30, 2018, but did not appear (Exhibit 2 and Testimony of Appellant)
5. Appellant's hearing was rescheduled to October 16, 2018 (Exhibit 2).
6. Appellant is married and lives with Appellant's spouse (Exhibit 4 and Testimony of Appellant).
7. At the time of the application, a review of the Health Connector's database showed that Appellant had stated that Appellant filed income taxes as married filing separately (Exhibit 5)
8. Appellant believes that Appellant and Spouse have always filed as married, filing jointly and they planned to do so in the future (Testimony of Appellant).
9. Appellant spoke to the Health Connector and visited a MassHealth or Health Connector office to ask why Appellant was not eligible for subsidies (Exhibit 2 and Testimony of Appellant).
10. Appellant had been provided information from the Health Connector that Appellant could update the application to reflect that Appellant and spouse had filed and planned to file their taxes jointly (Exhibits 3, 4 and Testimony of Appellant).
11. As of the date of the hearing, Appellant had not updated the application (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain tax households are eligible for a premium tax credit 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 applies to married couples. In general, married applicants must attest that they will file a joint tax return in order to claim APTC (even if only one spouse is seeking coverage). 26 CFR § 1.36B-2T(b)(2)(i)

Appellant applied for subsidized health insurance on June 29, 2018. At the time of the application, a review of the Health Connector's database showed that Appellant had stated on the application that the Appellant filed income taxes as married filing separately. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare, despite meeting the income threshold required for subsidies. Appellant appealed the Health Connector decision of June 29, 2018 that found Appellant not eligible for subsidies. Appellant testified that Appellant and Spouse have always filed jointly and

plan to continue doing so. Appellant had been advised by the Appeals Unit that Appellant could change the application to reflect that Appellant had filed jointly and planned to file jointly in the future, but Appellant had not done so at the time of the hearing.

The Health Connector correctly found that the Appellant was not eligible for APTC or ConnectorCare, but is only eligible for an unsubsidized Health Connector Plan.

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.

ADDENDUM

Appellant was given the number for the Health Connector (1 877 623-6765) so that Appellant could update the application regarding Appellant's tax filing status. Appellant should also obtain information regarding any available employer sponsored health insurance through the Spouse's job when revising the application.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6061

Appeal Decision: Appeal Denied.

Hearing Issue: Eligibility for ConnectorCare based on failure to verify residency and income.

Hearing Date: October 18, 2018

Decision Date: November 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 June 26, 2018, the Appellant was determined ineligible for health insurance coverage through the Health Connector. The Appellant's determination came after failing to verify residency and income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant is ineligible for health insurance through the Health Connector based on the Appellant's failure to verify residency and income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 18, 2018. The person listed as the Head of Household on the Appellant's application did not attend the Hearing. After the Hearing concluded, the record was left open until November 1, 2018 to allow the Health Connector to submit additional information. The Appellant was given until November 15, 2018 to file a written response. The Health Connector submitted additional information in a timely manner. The Appellant did not submit any additional information during the record open period.

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 September 13, 2018.
- Exhibit 3: The Hearing Request Form submitted by the Appellant on July 27, 2018 with attachments.
- Exhibit 4: Health Connector's Eligibility Termination Notice dated June 26, 2018 with an application summary attached.
- Exhibit 5: Health Connector's Request for documents dated September 22, 2016 with an application summary attached.
- Exhibit 6: 2018 Eligibility Results with an application summary dated August 1, 2018.
- Exhibit 7: Health Connector's AVV printout.
- Exhibit 8: Health Connector Appeals Unit Open Record Form dated October 18, 2018.
- Exhibit 9: Additional information submitted by the Health Connector including a copy of Health Connector Policy NG-12 regarding Undeliverable Mail and Notes from Customer Service Interactions-SalesForce.

FINDINGS OF FACT

The record shows, and I so find:

1. Prior to June 30, 2018 the Appellant and their Spouse (Head of Household) were determined eligible for ConnectorCare Plan Type 2B with Advance Premium Tax Credits. Their two children were determined eligible for MassHealth Family Assistance. This determination was based on the Appellants having reported household income equal to 190.68% of the federal poverty level (Exhibit 4).
2. On September 22, 2016, the Health Connector had issued a Request for Information. The Appellant was asked to provide proof of residency and updated income verification for both adult household members by December 21, 2016 (Exhibit 6).
3. Prior to May 16, 2018 documentation mailed to the Appellant by the Health Connector was returned as Undeliverable (Exhibit 9A, B).
4. On May 16, 2018 Health Connector Customer Service telephoned the Head of Household and left a voice mail message advising the Head of Household to contact Health Connector Customer Service (Exhibit 9A, B)
5. On May 22, 2016 Health Connector Customer Service telephoned the Appellant and left a voice mail message advising the Appellant to contact Health Connector Customer Service (Exhibit 9A, B).
6. There is nothing in the Health Connector records verifying that the Head of Household or the Appellant contacted Health Connector Customer Service prior to June 26, 2018 (Exhibits 4, 9B).
7. The Health Connector was unable to verify the Appellant's residency (Exhibits 7, 9B).
8. On June 26, 2018 the Head of Household was notified that health care coverage for both adult household members was terminated effective June 30, 2018 because Health Connector was unable to verify the couple's residency (Exhibit 4).
9. The Appellants filed an appeal on July 27, 2018 and submitted evidence of Massachusetts residency with their appeal request (Exhibit 3).
10. On August 1, 2018 the Health Connector determined that the Appellant and the Head of Household were eligible for ConnectorCare Plan Type 2B with Advance Premium Tax Credits based on reported household income equal to 190.68% of the federal poverty level. The Health Connector requested the Appellants provide proof of income (Exhibit 6).

ANALYSIS AND CONCLUSION OF LAW

The Appellant and their spouse were 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. Applicants and Enrollees are required to cooperate with the Health Connector by providing the information needed to establish and maintain eligibility. 956 CMR 12.09(1). The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' residency status, in accordance with 45 CFR § 155.315(d). Where the Health Connector cannot verify applicants' residency electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

Prior to June 26, 2018, the Appellant and the Head of Household were determined eligible for ConnectorCare with Advance Premium Tax Credits based on their having reported income equal to 190.68% of the federal poverty level. Their two children were determined eligible for MassHealth. The Health Connector attempted to contact the Head of Household in May 2018 to request information. The mail was returned to the Health Connector as undeliverable. On May 16, 2018 the Health Connector telephoned the Head of Household and left a message asking the Head of Household to contact Health Connector Customer Service. The Head of Household did not return the call. On May 22, 2018 the Health Connector telephoned the Appellant and left a message asking the Appellant to contact Health Connector Customer Service. The Appellant did not respond to this request.

As of June 26, 2018, the Health Connector was unable to find a new/different address for the Appellants. In accordance with Health Connector Policy NG-12, Health Connector took action to terminate health insurance for the Appellant and the Head of Household. 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 the Appellant has now sent in documents verifying eligibility, the Health Connector correctly found that the Appellant and their spouse were no longer eligible for Health Connector plans on June 26, 2018, and that determination is upheld.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6150

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: October 12, 2018

Decision Date: November 28, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 13, 2018, 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 was 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 October 12, 2018. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (5 pages, dated September 13, 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (3 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (2 pages)
- Exhibit 5: Appellant's appeal request form 2 pages dated July 17, 2018)
- Exhibit 6: Notice of Eligibility Determination (12 pages, dated June 13, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (8 pages, dated June 13, 2018)
- Exhibit 8: Historical Notices and Printouts (20 pages)
- Exhibit 9: Applicable Customer Service Notes (13 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, Appellant's testimony)
2. Appellant is currently enrolled in a ConnectorCare Plan 2B. (Exhibit 4 & Appellant's testimony)
3. Appellant testified that she was appealing only the determination that she had to pay extra for July and August 2018 because the Health Connector did not receive information requested regarding her husband's income by the date required by the Health Connector.
4. The Health Connector sent a notice to Appellants, dated December 5, 2017, requesting information regarding Appellant's husband's income be sent to the Health Connector by March 5, 2018. (Exhibit 8)
5. Appellant testified that she thought that she sent in the information but also testified that her husband doesn't open his mail and that she doesn't open his mail as well.

ANALYSIS AND CONCLUSIONS OF LAW

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

Appellant applied for health insurance coverage through the Connector. She and her husband were found eligible for Health Connector plans and she was notified that she was required to submit documentation of proof of income to confirm their eligibility. Appellant did not submit the documentation requested. On June 13, 2018, Appellant was notified that she was determined eligible for a Health Connector plans. The new determination was based on data from other sources because the Appellant did not send in the documents that were requested. Appellant subsequently furnished the requested information and she and her family now have ConnectorCare Plan 2B. On August 1, Appellant filed for an appeal based on her income.

The Connector made the correct determination based upon the information supplied by the Appellant and obtained from other sources. Appellant testified that her husband does not open his mail and she does not open his mail as well. When Appellant did not supply the required documentation, the Connector changed the determination based on data from other sources

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6230

Appeal Decision Appeal Denied. The Connector's determination of Appellant's ineligibility for a Special Enrollment Period outside of Open Enrollment is upheld.

Hearing Issue: Whether the Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll outside of Open Enrollment.

Hearing Date: September 27, 2018

Decision Date: November 7, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On August 17, 2018, Appellant was determined not eligible for a Special Enrollment Period and was not permitted to enroll in a different health plan.

ISSUE

The issue addressed in this appeal is whether the Health Connector correctly determined that Appellant did not meet the criteria for a Special Enrollment Period so that Appellant could enroll in a different plan outside of Open Enrollment Period.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on September 27, 2018. The procedures to be followed during the hearing were reviewed with Appellant and Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified.

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

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

Exhibit 4: Eligibility Letters on appeal and customer service notes

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant's family had been enrolled in a Health Connector Plan subsidies since 2017 (Exhibit 4 and Testimony of Appellant).
2. Appellant's premium tripled in cost for 2018 (Testimony of Appellant).
3. On or about March 2018, Appellant called the Health Plan and Appellant's bank to cancel the plan since Appellant could not afford the premium (Testimony of Appellant).
4. Appellant's plan was terminated on March 31, 2018 for non-payment (Exhibit 4).
5. On August 17, 2018, Appellant contacted the Health Connector website to apply for a less expensive plan for Appellant's family (Testimony of Appellant).
6. On August 17, 2018, Appellant was notified that Appellant was not eligible to enroll in a new plan because Appellant did not have a qualifying event for a special enrollment period (Exhibits 3 and 4).
7. Appellant's income had changed since the original application, but Appellant had not updated the Health Connector application (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

In general, qualified individuals must enroll in health plans or change health plans during open enrollment periods, unless the individual meets one of the criteria to qualify for a special enrollment period. Appellant had been enrolled in a Health Connector Plan in early 2018. When Appellant tried to apply for a different Health Connector Plan on August 17, 2018, it was outside of the open enrollment period. A change in eligibility for subsidies due to income is potentially one of the grounds for availability of a special enrollment period. However, although Appellant's income may have changed, Appellant did not report a change in income to the Health Connector. Appellant did not have any of the other changes in circumstances that would qualify Appellant for a special enrollment period. Appellant was correctly found not to meet any of the grounds for enrolling outside of the open enrollment period. See 45 CFR 155.410, 155.420 (c) and Exhibits 3, 4 and Testimony of Appellant, which I find to be credible.

ORDER

Appellant's appeal is denied.

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

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

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

ADDENDUM

Appellant was given the number for MassHealth to (1 800 841 2900) to inquire about coverage for the children of the family. Appellant was also planning to contact their accountant for help in accurately stating projected income. Then Appellant can contact the Health Connector to report a change in income and to get information about plans that the family will be eligible for.

Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6275

Appeal Decision: Appeal Allowd

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: September 28, 2018

Decision Date: October 27, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on August 9, 2018. The Health Connector determined the Appellant to be eligible for Health Connector Plans without Advance Premium Tax Credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for Connector Plans Type 3B with Advance Premium Tax Credits.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 28, 2018. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector's Hearing Notice (5 pages, dated August 28, 2018)
- 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 August 16, 2018)
- Exhibit 6: Notice of Eligibility Determination (10 pages, dated August 9, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (2 pages, dated September 5, 2018)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (5 pages, dated August 9, 2018)
- Exhibit 9: Historical Notices and Printouts (22 pages)
- Exhibit 9: Applicable Customer Service Notes (18 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 62 year old married male, who applied for subsidized health insurance on July 27, 2018 & June , 2018. (Exhibit 7, 8 & 9)
2. The Appellant has a household of two. (Exhibit 7 & 8)
3. On his application, the Appellant entered a projected annual modified adjusted gross income of (MAGI) of \$42,000.00. (Exhibit 2 & 9)
4. The Health Connector incorrectly processed this income information, which resulted in the Appellant not being eligible for subsidized health care. Appellant telephoned the Health Connector and his income was reestablished at \$42,212.00. The health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 259.93% of the 2017 Federal Poverty Level (FPL). An individual at that income level would 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 7, 8 & 9)
5. Appellant testified that his income of \$42,212.00 was correct and that he had enrolled in ConnectorCare program 3B. Appellant was satisfied with the program he enrolled in but wanted retroactive coverage of program 3B with the subsidized cost.

ANALYSIS AND CONCLUSIONS OF LAW

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

On his application, the Appellant stated that his projected MAGI was \$42,212.00, which for a household of two, puts the Appellant at approximately 259.93% of the 2017 Federal Poverty Level. However, the Health Connector incorrectly processed the Appellant's income with a result that the Appellant was determined not eligible for subsidized health coverage. The Health Connector correctly determined the Appellant's coverage on September 5, 2018. This means that the Appellant's household was less than the 300% limit for eligibility for subsidies, and therefore the Health Connector correctly found the Appellant eligible for ConnectorCare Plan 3B. This was the correct determination and the Appellant's appeal is therefore allowed.

ORDER

The appeal is allowed. The Health Connector is ordered to grant the Appellant retroactive coverage of ConnectorCare Plan 3B back to July 1, 2018 and ongoing and is to redetermine the amount of the premium to be charged to Appellant at the rate of ConnectorCare Plan 3B.

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

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Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6278

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: September 28, 2018

Decision Date: October 27, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on July 27, 2018. The Health Connector determined the Appellant to be eligible for Connector Plan Type 3B with Advance Premium Tax Credits.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Connector Plans Type 3B with Advance Premium Tax Credits.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 28, 2018. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

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

- Exhibit 2: Health Connector's Hearing Notice (5 pages, dated August 28, 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (6 Pages)
- Exhibit 4: Appeals Unit Staff Case Notes (1 page)
- Exhibit 5: Appellant's appeal request form 2 pages dated August 20, 2018)
- Exhibit 6: Notice of Eligibility Determination (12 pages, dated July 27, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (10 pages, dated July 27, 2018)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (10 pages, dated June 18, 2018)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 56 year old married female, who's husband is 57 years old and they have three children, who applied for subsidized health insurance on July 27, 2018 & June 18, 2018. (Exhibit 7 & 8)
2. The Appellant has a household of five. (Exhibit 7 & 8)
3. On her application, the Appellant entered a projected annual modified adjusted gross income of (MAGI) of \$72,001.69. (Exhibit 7 & 8)
4. The Health Connector found, based on this projected income and household size, that the Appellant's projected MAGI would place her at 260.12% of the 2017 Federal Poverty Level (FPL). An individual at that income level would 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 7&8)
5. Appellant testified that her income of \$72,001.69 was correct and that she had enrolled in ConnectorCare program 3B. Appellant was not satisfied with the program she enrolled in because the cost was too high.
6. Appellant was asked if she had any hardship that would qualify her for a lower payment and she stated no, she did not have a qualifying hardship.

ANALYSIS AND CONCLUSIONS OF LAW

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

On her application, the Appellant stated that her projected MAGI was \$72,001.69, which for a household of five, puts the Appellant at approximately 260.12% of the 2017 Federal Poverty Level. This means that the Appellant's household was less than the 300% limit for eligibility for subsidies, and therefore the Health Connector correctly found the Appellant eligible for ConnectorCare Plan 3B. This was the correct determination and the Appellant's appeal is therefore denied.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6305

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue Eligibility for subsidized Health Connector plans, based on failure to verify income

Hearing Date: September 27, 2018

Decision Date: November 14, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 15, 2018, Appellant was determined eligible for Health Connector plans, but ineligible for subsidies due to failure to verify income

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on September 27, 2018.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file,
- Exhibit 2: Correspondence from Connector Appeals Unit
- Exhibit 3: Hearing Request Form and support documents
- Exhibit 4: Notices on Appeal
- Exhibit 5: Eligibility Results and Application Summary
- Exhibit 6: Updated Eligibility Results
- Exhibit 7: Customer service notes

FINDINGS OF FACT

The record shows, and I so find:

1. In early 2018, Appellant was covered by a subsidized Health Connector Plan (Testimony of Appellant).
2. On February 13, 2018, Appellant was sent a notice to send in proof of income on or before April 4, 2018 in order to continue the subsidized health insurance (Exhibit 4).
3. Appellant did not recall receiving the request for information and did not send in the information by April 14, 2018 (Exhibit 4).
4. On June 15, 2018, Appellant was sent a notice that beginning on July 1, 2018, Appellant was eligible for a Health Connector Plan but was not eligible for subsidies due to not sending in the requested information (Exhibit 4).
5. Appellant called the Health Connector in mid-July and was informed that Appellant's subsidies had been cancelled because Appellant had not sent in proof of income.
6. During Appellant's call with the Health Connector in mid-July, Appellant was told what documents were needed and was also encouraged to make payment in a timely fashion (Exhibit 6).
7. Appellant sent the required income documents to the Health Connector in mid-July 2018 (Exhibit 7).
8. Based upon the documents sent by Appellant, Appellant was found eligible for ConnectorCare Plan Type 3A, beginning in August 2018 (Exhibit 6).
9. Appellant was not enrolled in a ConnectorCare Plan in August, due to payment issues (Exhibit 7)
10. Appellant was enrolled in a ConnectorCare Plan 3A at the time of the hearing (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).

The Health Connector requested income information on February, 2018 to be sent to the Connector by April 4, 2018. The Health Connector did not receive the requested income information by April 4, 2018. As a result, Appellant was found eligible for Health Connector Plans with no subsidies beginning on July 1, 2018, based upon electronic data sources. That determination is upheld.

ORDER

The Appeal is denied.

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

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

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

ADDENDUM

At the time of the hearing, Appellant had provided all of the requested information to the Health Connector and was enrolled in a ConnectorCare Plan. Although Appellant was found eligible for subsidies beginning in August 2018, Appellant was not enrolled in August due to payment issues. Appellant was advised that payment issues are not appealable and Appellant should ensure that payments are made on time. Appellant should also ensure that Appellant's application is up-to date and that the Health Connector is provided with all requested documents.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6307

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income.

Hearing Date: October 4, 2018

Decision Date: November 15, 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

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 August 10, 2018. 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 September 12 2018)
- Exhibit 3: Health Connector’s Acknowledgement of Appeal (4 Pages)
- Exhibit 4: Appeals Unit Staff Case notes (4 pages)
- Exhibit 5: Appellant’s appeal request form 5 pages dated August 20, 2018)
- Exhibit 6: Notice of Eligibility Determination (12 pages, dated August 10, 2018)
- Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (6 pages, dated September 17, 2018)
- Exhibit 8: Health Connector’s Determination Results and Review Computer Printout (3 pages, dated July 10, 2018)
- Exhibit 9: Historical Notices and Printouts (2 pages)
- Exhibit 10: Applicable Customer Service Notes (2 Pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 45 year old married female, who applied with her husband for subsidized health insurance on August 10, 2018. (Exhibit 6, Exhibit 7)
2. The Appellant has a household of two. (Exhibit 7)
3. On her application, the Appellant entered a projected annual modified adjusted gross income of (MAGI) of \$74,000.00.
4. The Health Connector found, based on this projected income and household size, that the Appellant’s projected MAGI would place her at 459.10% 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 7)
5. Appellant testified that her income was as indicated on her application.

ANALYSIS AND CONCLUSIONS OF LAW

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

On her application, the Appellant stated that her projected MAGI was \$74,000.00, which for a household of two, puts the Appellant at approximately 459.1% 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](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA186316

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

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

Hearing Date: October 2, 2018

Decision Date: November 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 June 21, 2018, the Connector determined that the appellant was eligible to purchase health insurance through the Connector without financial assistance.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on October 2, 2018. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. The appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated September 11, 2018 addressed to Appellant for October 2, 2018 hearing
- Exhibit 3: Connector Appeals Unit letter dated August 27, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit staff case notes
- Exhibit 4: Hearing Request Form submitted by Appellant on August 24, 2018 with letter in support attached
- Exhibit 5: Connector letter dated June 21, 2018 to Appellant regarding eligibility
- Exhibit 6: Summary and results of Appellant's application for Connector plan dated June 21, 2018
- Exhibit 7: Connector letter to Appellant dated February 25, 2018 requesting information and documents
- Exhibit 8: Summary and results of Appellant's application for Connector plan dated February 25, 2018

Exhibit 9: Summary and results of Appellant's application for Connector plan dated July 12, 2018

Exhibit 10: Customer Service Notes, July 31, 2018

Exhibit 11: Appellant's health and dental insurance premium bills, July 1, 2018 and dental bill, August, 2018

Exhibit 12: Letters (1st pages only) from MassHealth to Appellant dated June 21, 2018, fax coversheet

Exhibit 13: Appellant's pay stubs and non-custodial parent form sent to Customer Service on July 5, 2018 with processing notes

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter dated February 25, 2018, the Connector notified the appellant that she needed to provide proof of income and non-custodial parent forms by May 26, 2018. The Connector notified the appellant that if she already had coverage through the Connector, the coverage was temporary and might be decreased or ended if the required proof was not submitted. A list of acceptable forms of proof was included in the letter (Exhibit 7).
2. At the time the Connector asked the appellant for proof of income and the non-custodial parent forms, the appellant had ConnectorCare coverage and her children had MassHealth coverage (Exhibit 2 attachment, Testimony Appellant).
3. Appellant received a letter from the Connector dated June 21, 2018 notifying her that she and her children were now eligible for health insurance coverage through the Connector, but with no financial assistance (Exhibit 5).
4. Appellant did not send in the required proof of income and non-custodial parent forms until July 5, 2018 (Exhibit 13).
5. When the required documentation was not received in a timely manner and Appellant's eligibility for financial assistance ended, Appellant was given a Connector health plan with an increase in monthly premium payments. Her children were added to the plan (Exhibit 2 attachment, Exhibit 11, Testimony of Appellant).
6. Appellant filed a request for an appeal of the Connector's June 21, 2018 determination on August 24, 2018. She requested a refund of the increased premium for health insurance and of an increase in dental coverage premium (Exhibits 4 and 11, Testimony of Appellant).
7. After sending in the required proof of income and the non-custodial forms, Appellant was again found to be eligible for ConnectorCare (Exhibit 9).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on June 21, 2018 that the appellant was eligible to enroll in a Health Connector plan with no financial assistance because the appellant had not submitted proof of income and non-custodial parent forms by the required deadline.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an

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

In this matter, Appellant was enrolled in a ConnectorCare plan. In February, 2018, the Connector asked Appellant to submit proof of income and non-custodial parent forms by May 26, 2018. By June, 21, 2018, the appellant had not sent in all of the required documentation; the Connector determined that she was no longer eligible for ConnectorCare, but was eligible for a Connector Health plan without financial assistance. On July 5, 2018, the appellant submitted the required documentation and was determined to be again eligible for a ConnectorCare plan. Appellant appealed the June 21st determination, requesting a refund of the higher premiums she had to pay when she lost eligibility for her ConnectorCare plan. See Exhibits 2 attachment, 4 through 13.

What is at issue here is whether the determination made by the Connector was correct on the date it was made. After notifying the appellant in February that that she was required to submit proof of income and non-custodial parent forms by May 26th and not receiving the required documentation, the Connector terminated Appellant's eligibility for ConnectorCare coverage on June 21, 2018. Instead the Connector determined that the appellant was eligible for a Connector Health plan with no financial assistance. The appellant did not submit the required documentation until July 5th, well after the Connector determination. No error was made by the Connector. See cites above.

The determination of the Connector is affirmed.

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

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

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

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

Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6319

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: October 4, 2018

Decision Date: November 12, 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 July 27, 2018, Appellant was determined eligible 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 only eligible for Health Connector plans and not eligible for Health Connector plans with APTC, based on the Appellant's failure to verify residence.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 4, 2018. 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 September 12 2018)
- 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 August 22, 2018)
- Exhibit 6: Notice of Eligibility Determination (9 pages, dated July 27, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (5 pages, dated July 27, 2018)
- Exhibit 8: Historical Notices and Printouts (8 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, Appellant's testimony)
2. Appellant thought he sent in proof of residency and then faxed it in again to the Health Connector
3. Appellant is enrolled in a Health Connector plan. (Appellant's testimony)

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 April 23, 2018, the Appellant was determined eligible for Health Connector plans with APTC and was asked to verify their residency. The Appellant failed to send in documents verifying their residency, and was determined ineligible for Health Connector plans on July 27, 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).

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 July 27, 2018, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA186359

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

Hearing Issue: Whether the Connector correctly determined that the appellant was ineligible to purchase health insurance through the Connector until the next open enrollment period because Appellant did not have a qualifying life event.

Hearing Date: September 27, 2018

Decision Date: November 25, 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 August 1, 2018, the Connector determined that the appellant was ineligible to purchase health insurance through the Connector until the next open enrollment period.

ISSUE

Whether the Connector correctly determined pursuant to 45 CFR 155.410 and 420 and 956 CMR 12.10 that the appellant was ineligible to purchase health insurance through the Connector until the next open enrollment period because Appellant did not have a qualifying life event.

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on September 27, 2018. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. The appellant testified. At the end of the hearing, the record was left open until October 10, 2018 to give the appellant time to submit additional evidence. As of the date of this writing, no additional evidence has been received from the appellant. The record is now closed.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file, undated
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated September 5, 2018 addressed to Appellant for September 27, 2018 hearing
- Exhibit 3: Connector Appeals Unit letter dated August 30, 2018 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing

Exhibit 3a: Appeals Unit staff case notes

Exhibit 4: Hearing Request Form submitted by Appellant on August 28, 2018 with letter in support attached

Exhibit 4a: E-mail from Connector to Appellant dated May 7, 2018

Exhibit 5: Connector letter dated August 31, 2018 to Appellant regarding special enrollment period

Exhibit 5a: Connector letter dated August 1, 2018 to Appellant regarding eligibility

Exhibit 5b: Connector letter dated April 9, 2018 to Appellant regarding eligibility

Exhibit 5c: Connector letter dated May 11, 2018 to Appellant regarding payment of premiums

Exhibit 5d: Connector letter to Appellant dated May 15, 2018 regarding payment of premium

Exhibit 5e: Appellant's premium bills due by May 23, 2018 dated May 8, 2018 and May 15, 2018

Exhibit 6: Summary and results of Appellant's application for Connector plan dated August 1, 2018

Exhibit 7: Appellant's Customer Service notes

FINDINGS OF FACT

The record shows, and I so find:

1. In a letter sent to the appellant by the Connector dated April 9, 2018, the appellant was informed that she was eligible to enroll in a ConnectorCare plan. Appellant had 60 days to enroll in a plan (Exhibit 5b).
2. Appellant enrolled in a plan and set up an on-line account for payment of her monthly premium. Appellant received a card from the plan she selected (Exhibits 4a, 5c, and Testimony of Appellant).
3. Appellant received bills dated May 8, 2018 and May 15, 2018 for her portion of the monthly premium (Exhibit 5e).
4. When the Connector attempted to withdraw the monthly premium from the appellant's bank account, the amount could not be withdrawn either because there were insufficient funds to cover the amount or because the information given to the Connector by the appellant when setting up the on-line account was incorrect. The appellant was told not to try to use any insurance card she might have received because she would not have coverage until she paid the monthly premium. Appellant received this notification (Exhibit 5d).
5. When the appellant tried to use her insurance card, she found that she had no coverage. She called Customer Service at the Connector on August 1, 2018 to find out why she had no coverage. She was told that her May payment had not been received and that she had no coverage because of this. She was also informed that she was still eligible for ConnectorCare coverage but could not enroll until 2019 because she had no qualifying life events which would allow her to enroll outside of the next open enrollment period. She was also informed of this in writing (Exhibit 5, 5a, 7, Testimony of Appellant).
6. Appellant did not have a qualifying life event within 60 days of her reapplying for health insurance on August 1, 2018. She had not lost her health insurance within 60 days of August 1st. She had not gained a dependent, had a change in marital or immigration status within the past 60 days. Appellant is not an Alaska native or a native American. She had no other qualifying event and no exceptional circumstances which would allow the Connector to grant the appellant a special enrollment period (Testimony of Appellant, Exhibits 6 and 7).
7. Appellant filed a request for an appeal of the Connector's determinations on August 28, 2018 because she believed that the Connector billing department had made an error in May, 2018 when processing her payment for the Connector Care plan she had enrolled in (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on August 1, 2018 that the appellant was eligible to enroll in a Connector Care plan but not until the next open enrollment period because she had no qualifying life event.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(13) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq.

45 CFR 155.410 and 420 provide for open enrollment periods during which individuals may enroll in health care plans and for special open enrollment periods when individuals may enroll outside of the open enrollment period if they have a qualifying life event. See also 956 CMR 12.10 (b) which provides that individuals may enroll for ConnectorCare outside of an open enrollment period or a special enrollment period if they have been determined to be newly eligible for a ConnectorCare plan.

Examples of a qualifying event include the loss of health insurance from a job, moving outside of a health insurer's service area, loss of MassHealth, getting married, a change in household dependents, among other things. If an individual has a qualifying event, the individual may apply for coverage through the Connector within 60 days of the event, even outside of an open enrollment period. There is an exceptional circumstances exception. Examples of exceptional circumstances are given in the Centers for Medicare and Medicaid Services and for Consumer Information and Insurance Oversight Affordable Exchanges Guidance dated March 26, 2014. Examples listed are a natural disaster, or medical emergency.

In this matter, Appellant had no qualifying life event within 60 days of her applying for coverage through the Connector. She had not gained a dependent, had a change in marital or immigration status within the past 60 days. Appellant is not an Alaska native or a native American. She had no other qualifying event and no exceptional circumstances which would allow the Connector to grant the appellant a special enrollment period. There was no evidence of any other qualifying event. See the testimony of the appellant which I find to be credible and Exhibits 5a, 6, 7.

What is at issue here is whether the original determination that Appellant was ineligible to enroll in a ConnectorCare plan until the next open enrollment period was correct at the time it was made. The determination was based upon the attestations made by Appellant on her application concerning qualifying life events. Appellant did not claim that she had a qualifying life event on her application and there is no other evidence in the record that the appellant had a qualifying life event. The Connector's determination was correct, and the appellant must wait until the next open enrollment period to enroll in a plan. Because of this, the determination of the Connector is affirmed.

I note also that the appellant did not contact the Connector until August 1, 2018, though she was sent notice of the loss of her coverage on May 15, 2018. See Exhibits 5c and 7.

During the hearing and in Exhibit 4, Appellant raised issues about errors possibly made by the Connector regarding how it attempted to withdraw funds from the appellant's bank account, including errors by the Connector in noting her account number and bank routing number. She also raised issues about how she was notified that the Connector had been unable to withdraw the funds. She objected to being notified by

mail rather than by e-mail. None of these issues is appealable; they have, therefore, not been addressed substantively in this decision.

ORDER: The action taken by the Connector regarding Appellant's ineligibility to purchase a ConnectorCare plan until the next open enrollment period 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: If Appellant has not already done so, she may apply to the Connector during the current open enrollment period by calling the Connector at 1-877-623-6765 or by going on-line at MAhealthconnector.org. The open enrollment period ends on January 23, 2019.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6381

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: October 4, 2018

Decision Date: November 12, 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 August 18, 2018, Appellant was determined ineligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify residency.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on October 4, 2018. 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 September 12 2018)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (10 Pages)
- Exhibit 4: Appeals Unit Staff Case notes 3 pages)
- Exhibit 5: Appellant's appeal request form 8 pages dated August 29, 2018)
- Exhibit 6: Notice of Eligibility Determination (8 pages, dated August 18, 2018)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (6 pages, dated September 17, 2018)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (6 pages, dated August 18, 2018)
- Exhibit 8: Historical Notices and Printouts (37 pages)
- Exhibit 9: Applicable Customer Service Notes (9 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, Appellant's testimony)
2. Appellant was notified that he had to provide proof of residency by July 31, 2018 (Exhibit 9). Appellant provided documentation of his residency by providing the village where he lived, which is a subset of the town in which he lives but this was not adequate for the Health Connector to determine his residence. This error has since been corrected. (Appellant's testimony & Exhibit 6 & 9)
3. Appellant still has to fill out the non-custodial form for his child. (Exhibit 3 & 4)
4. During Appellant's testimony it was revealed that he did not file a tax return for 2017 and was having difficulty with his 2015 & 2016 tax returns.

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 May 2, 2018, the Appellant was determined eligible for Health Connector plans with APTC and was asked to verify their residency. The Appellant failed to send in documents verifying their residency, and was determined ineligible for Health Connector plans on August 18, 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).

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 August 18, 2018, and that determination is upheld.

ORDER

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

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

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

requirements to be eligible for APTC is that an individual who received APTC in a prior tax year file a federal income tax return for that year, and reconcile the amount of APTC received against the amount the individual is eligible for. 45 CFR § 155.305(f)(4).

The Appellant did not file an income tax return for 2017. Because the Appellant did not file a tax return nor reconcile receipt of APTC from a prior year, the Appellant is not eligible to receive APTC in 2018. 45 CFR § 155.305(f)(4). The Appellant should file his tax return for 2017 as soon as possible and reconcile the amount of APTC received against the amount the Appellant is eligible for in 2017.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6562

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue Eligibility for subsidized Health Connector plans, based on income

Hearing Date: November 9, 2018

Decision Date: November 23, 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 August 3, 2018, Appellant was determined eligible for a Health Connector plan with Advance Premium Tax Credit beginning on September 1, 2018.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plan with Advance Premium Credit , based on the verification documents regarding Appellant's income that were sent by Appellant.

HEARING RECORD

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file
- Exhibit 2: Correspondence from Connector Appeals Unit
- Exhibit 3: Hearing Request Form and support documents
- Exhibit 4: Notices on Appeal
- Exhibit 5: Customer Service Notes
- Exhibit 6: Updated Eligibility Results

FINDINGS OF FACT

The record shows, and I so find:

1. In early 2018, Appellant's family was covered by a ConnectorCare Plan type2B (Testimony of Appellant).
2. On June 10, 2018, Appellant was sent a notice to send in proof of income on or before September 8, 2018 in order to continue the ConnectorCare Plan (Exhibit 5).
3. On or about July 16, 2018, a member of Appellant's family sent income information to the Health Connector (Exhibits 3, 5 and Testimony of Appellant).
4. The documents sent on July 16, 2018 showed that the Appellant family's income had increased (Exhibits 3, 4, 5 and Testimony of Appellant).
5. Based on the documents sent on July 16, 2018, the family was determined eligible for a Health Connector Plan with Advance Premium Tax Credits and not a ConnectorCare Plan (Exhibit 4).
6. Appellants were sent a notice on August 3, 2018, that beginning on September 1, 2018 Appellant family would be eligible for Advance Premium Tax Credits and not a ConnectorCare Plan (Exhibit 4).
7. On September 13, 2018, Appellant told the Health Connector that the documents sent by Appellant in July, 2018 were not reflective of Appellant's income as the information was old and Appellant's income had changed to a lower amount (Exhibit 5 and Testimony of Appellant).
8. Appellant corrected the income information on the application with the Health Connector on September 13, 2018 (Exhibit 5 and Testimony of Appellant).
9. Based upon the corrected income, Appellant family was found eligible for ConnectorCare Plan Type 2B, beginning in October 2018 (Exhibit 6).
10. Appellant filed an appeal to request that Appellant family be determined retroactively eligible for ConnectorCare Plan type 2B for September 2018 (Exhibit 3).

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).

On June 10, 2018 the Health Connector requested income information to be sent to the Connector on or before September 8, 2018. On July 16, 2018, Appellant sent the Health Connector income information showing that the family's income had increased since the time of the application. Based on the information sent, Appellant family's subsidies were changed and the family was found eligible for Health Connector Plans with Advance Premium Tax Credits beginning on September 1, 2018. That determination is upheld.

ORDER

The Appeal is denied.

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

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

ADDENDUM

Appellant should ensure that Appellant's application is up-to date and should contact the Health Connector whenever there is a change in income.

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 2018 from the federal government will be reconciled when you file your 2018 federal income tax return (usually in the spring of 2019). 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 2018 (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 2018 (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.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA18-6582

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue Eligibility for subsidized Health Connector plans, based on income

Hearing Date: November 9, 2018

Decision Date: November 23, 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 August 3, 2018, Appellant was determined eligible for a Health Connector plan with Advance Premium Tax Credit beginning on September 1, 2018.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector Plan with Advance Premium Credit , based on the verification documents regarding Appellant's income that were sent by Appellant.

HEARING RECORD

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant's file
- Exhibit 2: Correspondence from Connector Appeals Unit
- Exhibit 3: Hearing Request Form and support documents
- Exhibit 4: Notices on Appeal
- Exhibit 5: Customer Service Notes
- Exhibit 6: Updated Eligibility Results

FINDINGS OF FACT

The record shows, and I so find:

1. In early 2018, Appellant's family was covered by a ConnectorCare Plan type2B (Testimony of Appellant).
2. On June 10, 2018, Appellant was sent a notice to send in proof of income on or before September 8, 2018 in order to continue the ConnectorCare Plan (Exhibit 5).
3. On or about July 16, 2018, a member of Appellant's family sent income information to the Health Connector (Exhibits 3, 5 and Testimony of Appellant).
4. The documents sent on July 16, 2018 showed that the Appellant family's income had increased (Exhibits 3, 4, 5 and Testimony of Appellant).
5. Based on the documents sent on July 16, 2018, the family was determined eligible for a Health Connector Plan with Advance Premium Tax Credits and not a ConnectorCare Plan (Exhibit 4).
6. Appellants were sent a notice on August 3, 2018, that beginning on September 1, 2018 Appellant family would be eligible for Advance Premium Tax Credits and not a ConnectorCare Plan (Exhibit 4).
7. On September 13, 2018, Appellant told the Health Connector that the documents sent by Appellant in July, 2018 were not reflective of Appellant's income as the information was old and Appellant's income had changed to a lower amount (Exhibit 5 and Testimony of Appellant).
8. Appellant corrected the income information on the application with the Health Connector on September 13, 2018 (Exhibit 5 and Testimony of Appellant).
9. Based upon the corrected income, Appellant family was found eligible for ConnectorCare Plan Type 2B, beginning in October 2018 (Exhibit 6).
10. Appellant filed an appeal to request that Appellant family be determined retroactively eligible for ConnectorCare Plan type 2B for September 2018 (Exhibit 3).

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).

On June 10, 2018 the Health Connector requested income information to be sent to the Connector on or before September 8, 2018. On July 16, 2018, Appellant sent the Health Connector income information showing that the family's income had increased since the time of the application. Based on the information sent, Appellant family's subsidies were changed and the family was found eligible for Health Connector Plans with Advance Premium Tax Credits beginning on September 1, 2018. That determination is upheld.

ORDER

The Appeal is denied.

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ADDENDUM

Appellant should ensure that Appellant's application is up-to date and should contact the Health Connector whenever there is a change in income.

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 2018 from the federal government will be reconciled when you file your 2018 federal income tax return (usually in the spring of 2019). 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 2018 (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 2018 (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.