

Massachusetts Health Connector Appeals Unit

Final Appeal Decision ACA 21-14713

Appeal Decision: Appeal Denied, Health Connector’s Determination Affirmed.

Hearing Issue: Eligibility for Health Connector Plans without financial assistance based on income and enrollment in other health insurance.

Hearing Date: September 13, 2021

Decision Date: September 28, 2021

AUTHORITY

This hearing was conducted pursuant to § 1411(f) of the Patient Protection and Affordable Care Act (2010), 45 C.F.R 155, M.G.L. c. 30A c. 111M and c. 176Q, 956 C.M.R 12.00, and the rules and regulations promulgated thereunder.

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, § 155.500 et seq. and for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, § 1.02, and for hearings set forth in Title 956 of the Code of Massachusetts Regulations, § 12.15.

ORIGINAL ACTION TAKEN BY HEALTH CONNECTOR

On July 5, 2021, Appellant was determined eligible for Health Connector plans with no subsidy. The Appellant was denied subsidies because Appellant’s income and household size were equivalent to 310% of the Federal Poverty Level (“FPL”), and because of her enrollment in Minimum Essential Coverage (“MEC”) with another health insurer. (Exhibit 5).

ISSUE

The issue addressed on appeal is whether the Health Connector correctly determined Appellant eligible for Health Connector plans without subsidies on July 5, 2021, based on Appellant’s income and household size being equivalent to 310% of the FPL, and because she was enrolled in MEC with another health insurer.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on September 13, 2021. The procedures to be followed during the hearing were reviewed with Appellant, who was sworn in. Exhibits were marked and admitted into evidence without objection. The hearing record consists of the Appellant’s testimony, and the following documents, which were admitted into evidence:

- Exhibit 1: Health Connector Request for Information – Unacceptable Proof, dated 4.27.2021.
- Exhibit 2: Verification documents submitted by Appellant, received by the Connector 6.30.2021.
- Exhibit 3: 2021 Eligibility Results dated 7.5.2021.
- Exhibit 4: Medicaid Household Determination dated 7.5.2021.
- Exhibit 5: Eligibility Approval Notice dated 7.5.2021.

- Exhibit 6: Health Connector application summary, dated 7.5.2021.
Exhibit 7: Health Connector Appeal Request with Appellant's comments dated 8.10.2021.
Exhibit 8: Health Connector Keeper of Records Affidavit.
Exhibit 9: Health Connector email to Appellant dated 8.13.2021.
Exhibit 10: Health Connector Acknowledgment of Appeal, dated 8.13.2021.
Exhibit 11: Health Connector Outreach Notes dated 8.26.2021.
Exhibit 12: Health Connector Hearing Notice dated 8.27.2021.
Exhibit 13: Health Connector Application Summary dated 9.10.2021.
Exhibit 14: Health Connector Eligibility Results dated 9.10.2021.
Exhibit 15: Health Connector Request for Information dated 9.10.2021.
Exhibit 16: Health Connector outreach notes dated 9.11.2021.
Exhibit 17: Health Connector email to Appellant dated August 13, 2021.

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn from the evidence, the following facts are established by a preponderance of the evidence:

1. Appellant is a single individual, who plans on filing file a federal tax return for Tax Year 2021. (Exhibit 4).
2. To verify her income, on June 30, 2021, Appellant submitted her 2020 IRS Form 1040 with multiple Schedules, a 2020 W2 and a 2020 MA Schedule INC, received by the Connector on June 30, 2021, and used to verify Appellant's income. (Exhibit 2).
3. On July 5, 2021, the Connector determined Appellant eligible for Health Connector plans without financial assistance, based on Appellant's income and household size being equivalent to 310% of FPL. (Exhibits 2-5).
4. The Connector received Appellant's appeal notice on August 10, 2021, claiming that the Connector used an inaccurate FPL in making its determination that Appellant was not eligible for subsidies. (Exhibit 7).
5. On September 10, 2021, the Connector again reviewed Appellant's income verification documents and made a subsequent determination that Appellant's income and household size was equivalent to 151% of FPL. (Exhibits 2-5, 14).
6. Based on the second review of the income verification documents, the Connector sent Appellant a Request for information dated September 9, 2021, seeking additional income verification documents. (Exhibit 15).

ANALYSIS AND CONCLUSIONS OF LAW

On July 5, 2021, Appellant was found eligible for Health Connector plans without financial assistance, based on Appellant's income and household size being equivalent to 310% of the FPL, and Appellant's

enrollment in a private health insurance plan meeting Minimum Essential Coverage. (Exhibits 2-5; Appellant Testimony).

The Health Connector is a health insurance exchange created under state law. M.G.L. 176Q, § 2. Among its duties, it serves as a health benefit exchange pursuant to the Patient Protection and Affordable Care Act (ACA), a federal law governing access to health insurance. See M.G.L. 176Q, § 3(u). Applicants seeking health insurance through the Health Connector must meet certain requirements to be eligible for shopping on the exchange. These include, among other requirements, Massachusetts residency, having no access to MEC, and being lawfully present in the United States. See 45 C.F.R. 155.305; 45 U.S.C. § 1395ss(d)(3)(A)(i).

In addition to meeting the eligibility requirements for shopping on the exchange, to qualify for subsidized coverage through the Health Connector, individuals must meet income and residency requirements, and intend to file taxes jointly if married. See 45 C.F.R. § 155.305 (f)(1)(ii). Under the ACA, a health benefit exchange like the Health Connector must determine eligibility for premium tax credits, which are federal funds provided to eligible individuals to defray the cost of health insurance. 42 U.S.C. § 18082. The Health Connector provides these premium tax credits through the Connector Care program, which is health insurance subsidized with state money, combined with these federal premium tax credits. To be eligible for ConnectorCare, an individual must be eligible for the federal premium tax credits. See 956 C.M.R. 12.08. Individuals are eligible for APTC if their household income is at or below 400% of the Federal Poverty Level (“FPL”). Applicants who qualify for APTC, who have projected yearly Modified Adjusted Gross Income (“MAGI”) less than or equal to 300% FPL, qualify for additional state subsidies through the ConnectorCare program. 956 C.M.R. § 12.04. Put another way, individuals whose income is between 100% and 300% of the FPL are eligible for ConnectorCare with APTC; individuals whose income is between 300% and 400% of the FPL are eligible for APTC only. The American Rescue Plan (“ARP”), signed into law on March 11, 2021, significantly expands coverage and affordability parameters, including availability of premium subsidies through ACA marketplaces like the Health Connector, the result being that certain individuals with a MAGI greater than 400% of the FPL may be eligible for APTC. Individuals whose income is at or below 133% of the FPL are eligible for MassHealth, a wholly separate program from ConnectorCare.

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 C.F.R. §155.320(d). When the Health Connector cannot verify applicants’ income electronically, it requests verifying information from them in accordance with 45 C.F.R. §155.315(f). Once income is verified, the Connector relies on electronic data sources to calculate a household income value and issue an eligibility determination in accordance with 45 C.F.R. §§ 155.315 (f)(5), 155.320 (c)(3)(i)(D).

Using the information reported on Appellant’s application, the income verification documents Appellant submitted, and the data sources available to the Connector, on July 5, 2021, the Connector determined Appellant eligible for a Health Connector plan without subsidies based on her having a household income equivalent to 310% of the FPL and her enrollment in MEC as of this determination date. (Exhibits 2-6). The Appellant asserts that the determination related to her income was incorrect, in that her FPL

should have been calculated at 275%, rather than 310%. (Exhibit 7). The FPL discrepancy may stem from treatment of Appellant's investment income, as well as an entry under one of the Schedules attached to Appellant's Form 1040 indicating she failed to submit a Schedule E as part of her Form 1040. At hearing, Appellant testified that she did not submit the Schedule E. (Appellant Testimony). The Connector sent Appellant a Request for information dated September 9, 2021, seeking additional income verification documents. (Exhibit 15). Appellant asserts that while she will submit her Schedule E, submission and review of this document will not change what she believes to be her FPL. (Appellant Testimony).

Appellant confirmed during hearing that she is enrolled in a private health insurance plan meeting MEC. (Appellant testimony). Appellant stated she does not want to drop her current private coverage to enroll in the health Connector, as she may be left with a gap in coverage. (Appellant Testimony).

On September 10, 2021, the Connector again reviewed Appellant's income verification documents and made a subsequent determination that Appellant's household income is equivalent to 151% of the FPL, again determining Appellant ineligible for subsidies based on her enrollment in MEC. (Exhibit 14). Absent enrollment in MEC, an FPL of 151% would presumably make Appellant eligible for ConnectorCare. 956 C.M.R. § 12.04. However, enrollment in MEC, irrespective of FPL, serves to render one ineligible for subsidized care through the Connector. 45 C.F.R. §155.305(f)(1)(ii)(B).

On July 5, 2021, the Connector determined Appellant eligible for Health Connector plans without subsidy, based on her enrollment in MEC as of the date of this determination, which is the correct determination regardless of household income. The Connector's 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, § 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is encouraged to report all income and MEC changes to the Health Connector promptly.

Massachusetts Health Connector Appeals Unit

Final Appeal Decision ACA 21-14735

Appeal Decision: Appeal Denied, Health Connector's Determination Affirmed.

Hearing Issue: Eligibility for Health Connector Plans without financial assistance based on failure to timely submit proof of household income.

Hearing Date: September 13, 2021

Decision Date: October 5, 2021

AUTHORITY

This hearing was conducted pursuant to § 1411(f) of the Patient Protection and Affordable Care Act (2010), 45 C.F.R 155, M.G.L. c. 30A c. 111M and c. 176Q, 956 C.M.R 12.00, and the rules and regulations promulgated thereunder.

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, § 155.500 et seq. and for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, § 1.02, and for hearings set forth in Title 956 of the Code of Massachusetts Regulations, § 12.15.

ORIGINAL ACTION TAKEN BY HEALTH CONNECTOR

On July 4, 2021, the Health Connector determined Appellant and her dependent eligible for Health Connector plans without financial assistance, and Appellant's spouse not eligible for Health Connector plans, based on Appellant's failure to timely submit household income proof documents. (Exhibit 3).

ISSUE

The issue addressed on appeal is whether the Health Connector correctly determined Appellant and her dependent eligible for Health Connector plans without financial assistance, and Appellant's spouse ineligible for Health Connector plans on July 4, 2021, based on Appellant's failure to timely submit household income proof documents.

HEARING RECORD

Appellant and her representative appeared at the hearing, which was held by telephone on September 13, 2021. Interpreter No. 262813 also appeared. The procedures to be followed during the hearing were reviewed with Appellant and her representative, who were sworn in along with interpreter. Exhibits were marked and admitted into evidence without objection. The hearing record consists of the Appellant and her representative's testimony, and the following documents, which were admitted into evidence:

- Exhibit 1: Health Connector Request for Information dated 3.29.2021.
- Exhibit 2: Medicaid Household Determination dated 7.4.2021.
- Exhibit 3: Health Connector Eligibility Results dated 7.4.2021.
- Exhibit 4: Eligibility Approval Notice dated 7.4.2021.

- Exhibit 5: Health Connector application review dated 7.4.2021.
- Exhibit 6: MassHealth denial notice.
- Exhibit 7: Income verification documents submitted 8.12.2021.
- Exhibit 8: Health Connector Appeal Request dated 8.11.2021.
- Exhibit 9: Health Connector Keeper of Records Affidavit.
- Exhibit 10: Health Connector Request for Information - Proof Unacceptable dated 8.13.2021.
- Exhibit 11: Health Connector outreach notes dated 8.26.2021.
- Exhibit 12: Health Connector email to Appellant dated 8.26.2021.
- Exhibit 13: Health Connector Acknowledgment of Appeal dated 8.26.2021.
- Exhibit 14: Health Connector Hearing Notice dated 8.27.2021.

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn from the evidence, the following facts are established by a preponderance of the evidence:

1. Appellant is an individual who plans on filing a federal tax return for Tax Year 2021 jointly as Head of Household, with one dependent. (Exhibit 2).
2. On March 3, 2021, the Connector requested Appellant submit documents verifying her income by June 27, 2021, and provided her with a list of acceptable documents. (Exhibit 1).
3. Appellant failed to submit documents verifying her income by the due date and on July 4, 2021, the Connector determine Appellant and her dependent eligible for Health Connector plans without financial assistance, and Appellant's spouse not eligible for Health Connector plans. (Exhibit 3).
4. On August 12, 2021, Appellant submitted an Affidavit to Verify Zero Income for herself and her dependent, both dated August 12, 2021, and an appeal request form dated August 11, 2021. (Exhibits 7 and 8).
5. On August 13, 2021, the Connector sent Appellant a second Request for Information, informing her that the income verification documents submitted were insufficient for verifying her income. (Exhibit 10).
6. On September 26, 2021, the Connector sent Appellant an email informing Appellant that she needed to submit proof of income for the household, including her most recent IRS Form 1040 with any W2s attached. (Exhibit 12).
7. As of the hearing date, Appellant has not submitted any additional income verification documents.

ANALYSIS AND CONCLUSIONS OF LAW

Appellant reported on her Health Connector application that she intended to file her federal taxes jointly as Head of Household, claiming one dependent. (Exhibits 2 and 5). On March 3, 2021, the Connector requested Appellant submit documents verifying her household income by June 27, 2021. (Exhibit 1). Appellant failed to submit any documents verifying her household income by June 27, 2021. On July 4, 2021, the Connector determine Appellant and her dependent eligible for Health Connector plans without financial assistance, and Appellant's spouse not eligible for Health Connector plans, based on Appellant's failure to submit proof of household income for both she and her spouse by the deadline, and income data sources available to the Connector showing Appellant's spouse's receipt of social security benefits and rental or royalty income. (Exhibits 3 and 5).

On August 12, 2021, Appellant submitted an Affidavit to Verify Zero Income for herself and her dependent, both dated August 12, 2021. (Exhibits 7). On August 13, 2021, the Connector sent Appellant a second Request for Information, informing her that the income verification documents submitted were insufficient, and an email informing Appellant that she needed to submit proof of income for the household, including her most recent IRS Form 1040 with any W2s attached. (Exhibits 10 and 12). Appellant did not submit any additional income verification documents as of the date of hearing.

The Health Connector is a health insurance exchange created under state law. M.G.L. 176Q, § 2. In addition to meeting the eligibility requirements for shopping on the exchange, to qualify for subsidized coverage through the Health Connector, individuals must meet income and residency requirements, and intend to file taxes jointly if married. *See* 45 C.F.R. § 155.305 (f)(1)(ii). A health benefit exchange like the Health Connector must determine eligibility for premium tax credits, which are federal funds provided to eligible individuals to defray the cost of health insurance. *See* 42 U.S.C. § 18082. The Health Connector provides these premium tax credits through the Connector Care program, which is health insurance subsidized with state money, combined with these federal advance premium tax credits ("APTC"). Individuals must be eligible for APTC to qualify for ConnectorCare. *See* 956 C.M.R. 12.08. Individuals are eligible for APTC if their household income is at or below 400% of the Federal Poverty Level ("FPL"). Applicants who qualify for APTC, who have projected yearly Modified Adjusted Gross Income ("MAGI") less than or equal to 300% FPL, qualify for additional state subsidies through the ConnectorCare program. 956 C.M.R. § 12.04. Put another way, individuals whose income is between 100% and 300% of the FPL are eligible for ConnectorCare with APTC; individuals whose income is between 300% and 400% of the FPL are eligible for APTC only. Individuals whose income is at or below 133% of the FPL are eligible for MassHealth, a wholly separate program from ConnectorCare.

The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including income, in accordance with 45 C.F.R. §155.320(d). When the Health Connector cannot verify applicants' income electronically, it requests verifying information from them in accordance with 45 C.F.R. §155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources to calculate a household income value and issue an eligibility determination in accordance with 45 C.F.R. §§ 155.315 (f)(5), 155.320 (c)(3)(i)(D).

On July 4, 2021, because Appellant failed to verify her household income, the Health Connector reverted to electronic data sources and found Appellant's household income was equivalent to 140% of the FPL, and Appellant's spouse's yearly receipt of social security benefits and rent or royalty income projected to be \$31,612. (Exhibit 5). This process complied with federal law at 45 C.F.R. §§ 155.315 (f)(5) and 155.320 (d). Even though Appellant submitted an affidavit that she and her dependent earn zero income, Appellant failed to verify her household income, including her spouse's income. The Health Connector, as required by law, relied on data it had available in other sources in determining Appellant and her dependent eligible for Health Connector plans without subsidies, and her spouse ineligible for Health Connector plans, which is the correct determination.

On July 4, 2021, the Connector determined Appellant and her dependent eligible for Health Connector plans without financial assistance, and Appellant's spouse ineligible for Health Connector plans, based on electronic data sources after Appellant failed to verify household income, and that determination is upheld.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied

Hearing Issue: Income amount used to determine eligibility for subsidized Health Connector plans

Hearing Date: September 1, 2021

Decision Date: September 7, 2021

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

Appellants, who are a married couple, were notified by the Health Connector on July 11, 2021 that they were not entitled to any subsidies because there was not information about their income on file.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were not entitled to subsidies because they did not timely verify their claimed household income.

HEARING RECORD

Appellants are a married couple who will be referred to herein as Husband and Wife. Wife appeared at the hearing, which was held by telephone on September 1, 2021.

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

- Exhibit 1: Appeals Request Form (received 7/21/21) (1 page)
- Exhibit 2: Health Connector Record Affidavit (1 page)
- Exhibit 3: Eligibility Notice (dated 7/11/2021) (4 pages)

- Exhibit 4: Screen Shot of Application Summary (7/11/2021) (7 pages)
- Exhibit 5: Screen Shot of Eligibility Determination (7/11/21) (4 pages)
- Exhibit 6: Eligibility notice from MassHealth re Medicaid eligibility (7/11/21) (6 pages)
- Exhibit 7: Summary of Medicaid eligibility (5 pages)
- Exhibit 8: Notes from Appeals Unit (1 page)
- Exhibit 9: Email from Appeals Unit to Appellant (1 page)
- Exhibit 10: Notes from Health Connector re receipt of uploaded information (7/27/21) (2 pages)
- Exhibit 11: Pay stub (Husband) (dated 7/9/21) (1 page)
- Exhibit 12: Pay stub (Husband) (dated 7/16/21) (1 page)
- Exhibit 13: Hearing Notice (8/4/2021) (3 pages)
- Exhibit 14: Acknowledgement of Appeal (1 page)
- Exhibit 15: Eligibility denial notice (8/11/21)

FINDINGS OF FACT

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

The record shows, and I so find:

1. Appellants are a married couple living in Franklin County. They have three minor children. Thus, for purposes of eligibility determination, they have a household of five persons.
2. Husband worked at a job at which his weekly earnings varied based on the number of hours he worked. Wife did not work for a salary at any point in 2021.
3. Appellants applied for health insurance subsidies through the Health Connector. In the application, Appellants projected that their annual household income would be \$33,277, consisting solely of the Husband's earnings. Exhibit 4.
4. Appellants received a notice requiring them to provide verification proving this claimed income. The verification was due on June 27, 2021. Exhibit 5.
5. Wife stated that she did not see that notice because they were out of the country and as a result did not respond in time.
6. On July 11, 2021, the Health Connector sent Appellants a notice stating that they were not eligible for any subsidies to purchase health insurance because the Health Connector did not have sufficient information about their income to make a determination. Exhibit 3.
7. On July 27, 2021, in response to that notice, Appellants uploaded copies of two of Husband's most recent pay stubs to the Health Connector's on-line eligibility determination system. Exhibits 10, 11, 12. The pay stubs showed that Husband earned \$2,191 in one week and \$1,589 in another week. The latter pay stub stated that, as of July 16, Husband's earnings to date amounted to \$35,944.
8. Appellants' three minor children were receiving subsidized health coverage under the MassHealth childrens' program. They did not lose eligibility for that coverage.
9. Appellants filed a timely appeal of the July 11, 2021 notice, which was received by the Health Connector on July 21, 2021. Exhibit 1.

10. In 2021, the federal poverty limit for a household of five persons is \$30,680. See Federal Poverty Level Chart (available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2020-poverty-guidelines>).

CONCLUSION OF LAW

The issue in this appeal is whether the Health Connector correctly denied Appellants' eligibility for subsidies because they had not provided verification of their claimed household income.

The Health Connector determines eligibility of individuals to receive federal subsidies to purchase health insurance under the Affordable Care Act (ACA). 26 U.S.C. §36B. These subsidies are called Advance Premium Tax Credits (APTCs). The amount of APTCs that an individual is entitled to receive is based on that person's household income expressed as a percentage of the federal poverty level (FPL). 26 U.S.C. § 36B(b). The FPL is a threshold determined annually by the federal government based on household size and income; it is used to determine eligibility for a range of federal assistance programs. See 42 U.S.C. § 9902(2).

Additionally, the Health Connector determines eligibility for Connector Care. That is a program under which state-funded subsidies are added to the APTCs for eligible individuals. To be eligible for Connector Care, an individual must have yearly household income of less than or equal to 300% FPL. 956 C.M.R. § 12.04.

The procedure for determining income for eligibility purposes is dictated by federal law. 45 C.F.R. § 155.320. When an applicant provides an income figure in an application, the Health Connector must seek to verify that figure by comparing it to information contained in recent federal data sources. Id. § 155.320(c)(1). If the information in the federal data sources does not match what the individual has stated in the application, then the Health Connector must request that the individual provide proof of the amount claimed in the application. Id. § 155.320(c)(1)(B). If the individual does not provide satisfactory proof, then the Health Connector is directed to determine eligibility based on the figure contained in the federal data sources. Id.

In this case, Appellants stated in their application that they would have annual income of \$33,277. Exhibit 4. This amount did not match with information contained in federal data sources. As a result, they received a notice requesting them to provide verification of the amount provided in their application.

It is not disputed that Appellants did not timely respond to the request for verification. As a result, the Health Connector had no choice but to determine that there was insufficient information about Appellants' income on which to base an eligibility determination.

Further, when Appellants did provide some verification of income on July 27, that income did not support the amount they had attested to when they applied. The pay stubs that they provided showed that the Husband's earnings were \$35,944 as of July 16. This means that, during the 28-week period in 2021 ending July 16, Husband earned an average of \$1,283 a week. If annualized, this would amount to \$66,753. This is almost double the amount stated in the application.

In order to obtain a correct eligibility determination, Appellants should update their application by stating a correct amount for their household income in 2021. They can do this by updating their application online at

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www.mahealthconnector.org or by calling customer service at 877-623-6765. After they do this, they may be asked for verification and, if so, they will have to respond timely by providing pay stubs to demonstrate Husband's income and an affidavit stating that Wife is no longer working.

Because the Health Connector correctly stated in the July 11, 2021 eligibility notice that it did not have verified information about Appellants' income on which to base an eligibility determination, I am denying this appeal.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2114436

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income under 100%

Hearing Date: July 21, 2021

Decision Date: September 27, 2021

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 3, 2021, the Appellant was determined eligible for Health Connector plans with no financial assistance.

ISSUE

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

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on July 21, 2021. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (6-29-21) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (6-25-21) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (6-19-21) (6 pages);
- Exhibit 6: Eligibility Approval letter (6-3-21) (9 pages);

Exhibit 7: Eligibility detail printout and application summary printout (6 pages); and
Exhibit 8: Medicaid Household Determination (5 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in June 2021. (Testimony, Exhibit 7).
2. The Health Connector determined that Appellant was eligible for Health Connector plans with no financial assistance based on Appellant's income resulting in a Federal Poverty Level of under 100%. (Exhibits 6, and 7).
3. Appellant had previously been eligible for Mass Health, and Mass Health had administratively closed Appellant's file resulting in Appellant not being eligible for Mass Health at the time of the June 2021 application. (Testimony, Exhibit 8).
4. Appellant appealed. (Exhibit 5, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was deemed eligible for Health Connector plans with no financial assistance based on income reported and verified from other sources. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(c). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

In June 2021, the Appellant was determined eligible for Health Connector Plans with no financial assistance based on information in Appellant's application, and based on Mass Health's administrative closure of Appellant's application for Mass Health. Because Appellant's income resulted in a federal poverty level below 100%, Appellant was not eligible for ConnectorCare plans. Appellant may be eligible for Mass Health, but needs to request that Mass Health remove the administrative closure. The result of Appellant being eligible for Health Connector Plans without financial assistance complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the documents submitted and information available to the Health Connector. 45 CFR § 155.305(f).

The Health Connector correctly found that the Appellant was eligible for Health Connector plans with no financial assistance on June 3, 2021, and that determination is upheld.

ORDER

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

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

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

Cc: Connector Appeals Unit

ADDENDUM

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

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

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2114670

Appeal Decision Appeal Denied, Eligibility determination upheld

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

Hearing Date: September 15, 2021

Decision Date: October 11, 2021

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 13, 2021, Appellant was determined eligible for Health Connector plans with no subsidies. The Appellant's determination came after failure to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no subsidies on July 13, 2021, based on Appellant's failure to verify income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on September 15, 2021. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Health Connector
- Exhibit 1A: Hearing Request Form
- Exhibit 2: Eligibility results and Summary dated July 13, 2021
- Exhibit 3: Appeals Unit outreach
- Exhibit 4: Request for information dated April 9, 2021
- Exhibit 5: Recent Eligibility Results and Summary dated July 29, 2021
- Exhibit 6: Correspondence from Health Connector dated August 16, 2021

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant was covered by a ConnectorCare Plan in early 2021 (Testimony of Appellant).
2. On April 9, 2021 Appellant was sent a notice to send in proof of income by July 8 2021 in order to continue the ConnectorCare Plan (Exhibit 4).
3. On July 13, 2021, Appellant was sent a notice that beginning on August 1, 2021, Appellant was eligible for a Health Connector Plan with no subsidies and was no longer eligible for ConnectorCare (Exhibit 2).
4. Appellant's change in plans was based on electronic income data sources, which showed that Appellant's income was 524% of the federal poverty level (Exhibit 2).
5. On July 26, 2021, Appellant provided updated income information to the Health Connector (Testimony of Appellant and Exhibit 3).
6. Based upon the updated information provided to the Health Connector, Appellant's income was found to be 202% of the federal poverty level and Appellant was found eligible for a ConnectorCare Plan beginning on September 1, 2021 (Exhibit 5).
7. At the time of the hearing, Appellant was enrolled in the ConnectorCare Plan (Testimony of Appellant).
8. Appellant was satisfied with the current Connector Care Plan, and attended the hearing to ask some questions about the coverage (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 American Rescue Plan Act has increased some of the Federal Poverty Level thresholds for eligibility for subsidies. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellant had been enrolled in a ConnectorCare plan in 2021. On April 9, 2021 the Health Connector requested income information to be sent to the Connector by July 8, 2021. Appellant did not provide the income information by July 8, 2021. As a result, the Health Connector reverted to electronic data sources for a household income value. Based on electronic income sources Appellant was found to have a federal poverty level of 524% and eligible for Health Connector Plans with no subsidies. This is the correct determination for a person whose household income is 524% of the federal poverty level. See 26 CFR § 1.36B-2, 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D) and American Rescue Plan Act of March 2021.

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:

After Appellant's determination on July 13, 2021, Appellant provided the updated income information and received a new determination that found Appellant eligible for a ConnectorCare plan. Appellant did not wish to appeal the new determination that Appellant was eligible for a ConnectorCare plan. Appellant called into the hearing because of some questions about some of the benefits. Appellant can call the Health Plan or the Health Connector (877 623-6765) to get any information needed.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA21-14679

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: September 15, 2021

Decision Date: October 7, 2021

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 4, 2021, Appellant was found eligible for a Health Connector Plan with Advance Premium of \$0.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was found eligible for a Health Connector Plan with Advance Premium of \$0, based on Appellant's income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on September 15, 2021. The Hearing Record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Health Connector
- Exhibit 1A: Hearing Request Form dated August 6, 2021
- Exhibit 2: Eligibility results and Summary dated August 4, 2021
- Exhibit 3: Income Verification and Appeals Unit outreach
- Exhibit 4: Eligibility Notices dated April 19, 2021
- Exhibit 5: None
- Exhibit 6: Correspondence from Health Connector dated August 16, 2021

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had been covered by a Connector Care Plan in 2020 and early 2021 (Testimony of Appellant).
2. In April 2021, Appellant was found eligible for a subsidized Health Connector Plan with Advance Premium Tax Credit and was asked to submit proof of income. Appellant's determination was based on a federal poverty level of 207.82% (Exhibit 4).
3. Appellant submitted proof of income on July 22, 2021 (Exhibit 3 and Testimony of Appellant)
4. On August 4, 2021 Appellant was determined to have a Federal Poverty Level of 328.95% and found eligible for Health Connector Plans with Advance Premium Tax Credit of 0 (Exhibit 2).
5. Based on the August 4, 2021 determination, Appellant's monthly premium was increased (Testimony of Appellant).
6. Appellant had worked many more hours and earned more during 2021 than she had in previous years (Testimony of Appellant).
7. Appellant expects to earn less during the remainder of 2021 (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 American Rescue Plan Act of 2021 has increased some of the Federal Poverty Level thresholds for eligibility for subsidies. 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).

In April 2021 Appellant was asked to provide documents to verify income. Appellant provided documents to verify income on July 22, 2021. On August 4, 2021, Appellant was found to have a Federal Poverty Level of 328.95%. On August 4, 2021, Appellant was found eligible for a Health Connector plan with Advanced Premium Tax Credit of 0. This was the correct determination for a person with a Federal Poverty Level of 328.95%. The Health Connector made the correct determination on August 4, 2021.

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

There were changes in Appellant's income in 2021. Appellant provided information to verify income in July 2021 and Appellant's income was higher than the projected income on Appellant's application. Appellant should note that if you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advance Premium Tax Credits), it is IMPORTANT to report changes in your income or family size to the Health Connector as soon as possible. Any Advance Premium Tax credits you get from the federal government will be reconciled when you file your 2021 federal income tax return. 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 received too much in tax credits during 2021 (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 received too little in tax credits during 2021 (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.

Appellant testified that the income for the remainder of 2021 was expected to be lower, so Appellant should immediately contact the Health Connector to report the change.

Appellant also may be eligible for employer sponsored health insurance. Appellant needs to immediately update the application with the Health Connector to report this information.

FINAL APPEAL DECISION: ACA2114680

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: September 21, 2021

Decision Date: October 19, 2021

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On July 11, 2021, Appellant was determined eligible for Health Connector plans with APTC's. 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 Appellant 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 September 21, 2021.

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

- Exhibit 1: Affidavit of records and procedures (1 page);
- Exhibit 2: Notice of Hearing (8-16-21) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (8-16-21) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request (8-4-21) (7 pages);

- Exhibit 6: Health Connector's Results and Application Review Computer Print Outs (12 pages);
Exhibit 7: Eligibility Approval Letters (7-11-21 and 7-28-21) (14 pages);
Exhibit 8: Request for information (1-15-21) (4 pages); and
Exhibit 9: Request for information (5-24-21) (4 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied for health insurance through the Health Connector in January 2021, and was asked to submit information for proof of income. (Exhibit 8)
2. Appellant was asked to submit information for proof of income again in May 2021. (Exhibit 9).
3. Appellant did not submit sufficient proof of income. (Appellant Testimony, Exhibits 6, 7).
4. The Appellant was determined for Health Connector plans, with APTC's, on July 11, 2021, after failing to send in documents verifying income, based on having an income and household size equivalent to 614% of the Federal Poverty Level. (Exhibits 6, 7).
5. Appellant has been determined eligible for ConnectorCare Plan Type 2A as of July 28, 2021, based on a FPL of 270%, but is still required to submit proof of income. (Exhibits 6, 7).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector Plans APTC's, based on failing to verify income, and on having an income and family size equivalent to 614% of the Federal Poverty Level. The Appellant asserts that this determination was incorrect. 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 (with some exceptions during the COVID pandemic). 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).

In January and again in May 2021, Appellant was asked to submit proof of income, but failed to do so. Then when Appellant applied again on July 11, 2021, the Appellant was determined eligible for Health Connector plans with APTC's, based on electronic data sources, and found that the Appellant's household income was equivalent to 614% of the Federal Poverty Level. This process complied with federal law at 45 CFR §§ 155.315(f) and 155.320(d). Even though the Appellant now asserts that Appellant's income for 2021 will only be equivalent to 270% of the Federal Poverty Level for a household size of one, the Appellant failed to verify this income and the Health Connector, as required by law, relied on data it had available in other sources to issue a new determination. The Appellant was found eligible for Health Connector plans, with APTC's, and is the correct determination for a

Massachusetts Health Connector Appeals Unit



person whose household income is 614% of the Federal Poverty Level (over the normal 400% due to COVID regulations). 26 CFR § 1.36B-2 and 45 CFR § 155.305(f).

While the Appellant has now been deemed eligible for ConnectorCare Plan Type 2A, on July 11, 2021, the Health Connector correctly found that the Appellant was eligible for Health Connector plans with APTC's, based on electronic data sources after the Appellant failed to verify income, and that determination is upheld.

ORDER

The appeal is denied.

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

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

Cc: Health Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2021 from the federal government will be reconciled when you file your 2021 federal income tax return (usually in the spring of 2022). 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 2021 (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 2021 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2021 will be paid to you when you file your 2021 federal income tax return.

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

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

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2114724

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

Hearing Issue: Whether the Connector correctly determined the appellants' eligibility to purchase a ConnectorCare plan, Type 3B

Hearing Date: September 17, 2021

Decision Date: October 14, 2021

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 30, 2021, the Connector determined that the appellants were eligible to purchase a ConnectorCare plan, Type 3B based upon information supplied by the appellant to the Connector and other data sources.

ISSUE

Whether the Connector correctly determined that the appellants were eligible to purchase a ConnectorCare plan, Type 3B.

HEARING RECORD

One of the appellants appeared at the hearing which was held by telephone on September 17, 2021. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were also reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- Exhibit 1: Connector affidavit regarding the creation and maintenance of Appeals files, and verification of data by the Connector
- Exhibit 2: Connector Appeals Unit Notice of Hearing dated August 18, 2021 addressed to Appellant for September 17, 2021 hearing
- Exhibit 3: Connector Appeals Unit letter dated August 18, 2021 addressed to Appellant acknowledging receipt of Appellant's Request for Hearing
- Exhibit 3a: Appeals Unit outreach notes dated August 13, 2021
- Exhibit 4: Hearing Request Form submitted by Appellant on August 11, 2021 received by Connector

- Exhibit 5: Connector letter dated July 30, 2021 to Appellants regarding eligibility to purchase health insurance through the Connector, ConnectorCare Type 3B
- Exhibit 6: Summary and results of Appellants' application for Connector health plan dated July 30, 2021
- Exhibit 6a: Summary and results of Appellants' application for Connector health plan dated August 30, 2021
- Exhibit 7: MassHealth Member Benefits print-out regarding Appellants' household determination, July 30, 2021
- Exhibit 8: Print-outs showing history of Appellants' submissions of documents received July 27, 2021, processed July 30, 2021
- Exhibit 8a: Documents received from Appellants including paystubs from June and July, 2021 and affidavit for zero income signed by one of the appellants on July 27, 2021

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants attested that they had a combined projected income for 2021 of \$29,117. One of the appellants attested that he had no income and the other attested to earning \$560 a week or \$2,426 a month (Testimony Appellant, Exhibit 6).
2. Appellant who had income submitted three paystubs from June and July, 2021 showing weekly earnings of \$920, \$980, and \$1,010. During each of these weeks, Appellant worked overtime. Appellants claimed that there were weeks when Appellant earned less (Testimony of Appellant, Exhibit 4, Exhibit 8a).
3. The Connector verified the appellants' annual income and determined that Appellants' income as of July 30, 2021 was \$970 a week, or a projected annual income equaled to 292.55% of the Federal Poverty Level (Exhibit 6).
4. Based upon its determination of the appellants' projected income, on July 30th, the Connector found the appellants eligible to enroll in a ConnectorCare plan, Type 3B. (Exhibit 6).
4. Appellant submitted a request for an appeal of the Connector's determination on August 11, 2021. They claimed that the determination of the Connector regarding their projected income was incorrect (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

The issue on appeal is whether the Connector correctly determined on July 30, 2021 that the appellants was eligible to enroll in a ConnectorCare plan, Type 3B with an advance premium tax credit.

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

If an applicant's projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for to an advance premium tax credit to help cover the cost of premiums. The amount of the

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

Appellants attested to an annual projected income of \$29, 117 on their application for health insurance coverage through the Connector. They also submitted proof of income in the form of paystubs showing weekly earnings of between \$920 and \$1,010 a week. The proof was received on July 27th. See Exhibits 6, 8, and 8a.

The Connector verified the appellants' annual income and determined that the appellants' income as of July 30, 2021 was \$970 a week, or a projected annual income equaled to 292.55% of the Federal Poverty Level. Based upon this projected income, the Connector found the appellants to be eligible to enroll in a ConnectorCare plan, Type 3B. See Exhibits 5, 6.

Based upon the information given by the appellants to the Connector and the verification of that information, the Connector correctly determined that the appellants were eligible for a ConnectorCare plan, Type 3B, with an advance premium tax credit. If an individual is otherwise eligible to purchase health insurance through the Connector and if the individual has an income which is between 100% and 400% of the Federal Poverty level, the individual is eligible to purchase a plan with an advance premium tax credit. In the Commonwealth, if an individual has a projected annual income of between 100% and 300% of the Federal Poverty Level, based upon income, the individual is eligible for a ConnectorCare plan. See cites above for eligibility requirements for an advance premium tax credit and for ConnectorCare coverage. The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellants' eligibility to purchase a ConnectorCare plan, Type 3B, with an advance premium tax credit is affirmed.

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

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](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: ACA21-14860

Appeal Decision: Appeal Denied.

Hearing Issue: A household member's eligibility for Health Connector plans based on lawful presence

Hearing Date: October 15, 2021

Decision Date: October 21, 2021

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 ACTIONS TAKEN BY THE HEALTH CONNECTOR

On August 10, 2021 the Appellant and their children were determined eligible for MassHealth. The Appellant's Spouse was determined ineligible for Health Connector plans because the Appellant failed to demonstrate that the household member is lawfully present in Massachusetts.

ISSUE

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

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on October 15, 2021. A case manager from the Early Intervention program appeared to assist the Appellant. Interpreter services were provided at the Appellant's request. The procedures to be followed during the hearing were reviewed with the parties who were then sworn in. Exhibits were marked and admitted into evidence with no objection from the parties.

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

Exhibit 1: Health Connector Appeals Unit Affidavit of Hearing Record.

Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated September 20, 2021.

- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector Eligibility Denial Notice dated August 10, 2021.
- Exhibit 5: 2021 Eligibility Results with an Application Summary dated August 10, 2021.
- Exhibit 6: Medicaid Eligibility Printout for the Appellant dated August 10, 2021.
- Exhibit 7: Medicaid Eligibility Printout for the Appellant's Spouse dated August 10, 2021.
- Exhibit 8: The Appellant's Hearing Request Form dated August 30, 2021.
- Exhibit 9: MMIS printout
- Exhibit 10: Health Connector Outreach Emails sent to the Appellant on September 7, 2021.
- Exhibit 11: Health Connector Request for Information dated August 13, 2021.
- Exhibit 12: 2021 Eligibility Results with an Application Summary dated September 21, 2021.

FINDINGS OF FACT

The record shows, and I so find:

1. On August 10, 2021, the Appellant applied for health insurance coverage for themselves, their Spouse and two children. The household reported having no income (Exhibit 5).
2. On August 10, 2021, the Appellant and their two children were determined eligible for MassHealth (Exhibit 5).
3. The Appellant's Spouse is not a US citizen. The Appellant did not submit proof that their Spouse is lawfully present in Massachusetts (Exhibits 5, 6).
4. On August 10, 2021, the Health Connector determined that the Appellant's Spouse is ineligible for Health Connector plans because the Appellant failed to establish that their Spouse is lawfully present in Massachusetts (Exhibits 4, 5, 6).
5. On August 13, 2021 Health Connector notified the Appellant's household that the Appellant is required to send in updated proof of residency for their household (Exhibit 11).
6. The Appellant filed an appeal on August 30, 2021 (Exhibit 8).
7. The Appellant testified that they do not have documentation of their Spouse's lawful presence in Massachusetts. The Appellant asked if their Spouse could receive some type of health insurance (Appellant Testimony).
8. The Appellant and their advocate were advised that the Appellant Spouse was determined eligible for MassHealth Limited and Health Safety Net (Exhibits 5, 12).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for health insurance through the Health Connector for themselves, their Spouse and two children on August 10, 2021. The Appellant and their two children were determined eligible for MassHealth. The Appellant's Spouse was determined ineligible for health insurance through the Health Connector. The Appellant filed an appeal to dispute the determination on August 30, 2021.

The Appellant's Spouse is not a US citizen. The Appellant did not identify any immigration status for this household member on their application. On August 10, 2021 the Appellant and their Spouse were notified that the Spouse was not eligible for health insurance through the Health Connector because the Appellant and their Spouse had failed to submit the documentation needed to demonstrate that their Spouse is lawfully present in Massachusetts.

Under 45 CFR § 155.305(a), only persons who are lawfully present in the United States and who are otherwise eligible may purchase health and dental insurance through the Health Connector. The Appellant did not offer any evidence or testimony indicating that their Spouse is lawfully present in Massachusetts. Health Connector's August 10, 2021 determination that the Appellant's Spouse is not eligible for coverage through the Health Connector was correct.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded to submit updated proof of residency to MassHealth as requested. The Appellant should include their name and member ID number on all documentation sent. The information may be sent to:

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780.

Massachusetts Health Connector Appeals Unit

Final Appeal Decision ACA 21-14673

Appeal Decision: Appeal Denied, Health Connector's Determination Affirmed.

Hearing Issue: Eligibility for Health Connector Plans without financial assistance based on failure to timely submit proof of household income.

Hearing Date: September 13, 2021

Decision Date: October 15, 2021

AUTHORITY

This hearing was conducted pursuant to § 1411(f) of the Patient Protection and Affordable Care Act (2010), 45 C.F.R 155, M.G.L. c. 30A c. 111M and c. 176Q, 956 C.M.R 12.00, and the rules and regulations promulgated thereunder.

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, § 155.500 et seq. and for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, § 1.02, and for hearings set forth in Title 956 of the Code of Massachusetts Regulations, § 12.15.

ORIGINAL ACTION TAKEN BY HEALTH CONNECTOR

On July 15, 2021, the Health Connector determined Appellant eligible for Health Connector plans without financial assistance based on Appellant's failure to timely submit income proof documents. (Exhibit 3).

ISSUE

The issue addressed on appeal is whether the Health Connector correctly determined on July 15, 2021 Appellant eligible for Health Connector plans without financial assistance, based on Appellant's failure to timely submit income proof documents.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone on September 13, 2021. The procedures to be followed during the hearing were reviewed with Appellant, who was sworn in. Exhibits were marked and admitted into evidence without objection. At the end of the hearing the record was kept open until September 27, 2021, for the Health Connector to research and submit customer service records. The hearing record consists of the Appellant's testimony, and the following documents, which were admitted into evidence:

- Exhibit 1: Health Connector Request for Information dated 4.11.2021.
- Exhibit 2: Medicaid Household Determination dated 7.15.2021.
- Exhibit 3: 2021 Eligibility Results dated 7.15.2021.
- Exhibit 4: Health Connector Application Review dated 7.15.2021

- Exhibit 5: Verification documents submitted by Appellant received by Health Connector 7.29.2021
- Exhibit 6: Health Connector Request for Information dated 7.27.2021.
- Exhibit 7: Application Review dated 8.2.2021
- Exhibit 8: 2021 Eligibility Results dated 8.2.2021.
- Exhibit 10: Medicaid Household Determination dated 8.2.2021.
- Exhibit 11: Eligibility Approval Notice dated 8.3.2021.
- Exhibit 12: Health Connector Appeal Request dated 8.3.2021.
- Exhibit 13: Health Connector Outreach Notes dated 8.6.2021.
- Exhibit 14: Health Connector Keeper of Records Affidavit.
- Exhibit 15: Health Connector Acknowledgment of Appeal, dated 8.11.2021.
- Exhibit 16: Health Connector Hearing Notice dated 8.12.2021.
- Exhibit 17: Health Connector Open Request Form dated 9.13.2021.
- Exhibit 18: Open Request response from Health Connector Customer Service dated 10.5.2021.

FINDINGS OF FACT

Based on the testimony and documentary evidence contained in the record and reasonable inferences drawn from the evidence, the following facts are established by a preponderance of the evidence:

1. Appellant is a single individual who plans on filing a federal tax return for Tax Year 2021 as Head of Household, without dependents. (Exhibit 2).
2. On April 11, 2021, the Connector requested Appellant submit documents verifying her income by July 10, 2021, and provided her with a list of acceptable documents. (Exhibit 1).
3. Appellant failed to submit documents verifying her income by the due date and on July 15, 2021, the Connector determined Appellant eligible for Health Connector plans without financial assistance. (Exhibit 3).
4. Appellant called into Health Connector Customer Service on July 26 to question the reason for the increase in her monthly health insurance bill, and was told this resulted from the expiration of the Request for Information seeking income verification documents, which resulted in Appellant's subsidies being withdrawn. (Exhibit 17).
5. Appellant called Customer Service again on July 27 to confirm the Health Connector had received the income verification documents she uploaded, and was told that the Health Connector had received the documents on July 25, but they had not yet been processed. (Exhibit 17).
6. On July 27, 2021, the Connector sent Appellant a second Request for Information, informing her that the income verification documents submitted on July 25 were insufficient for verifying her income. (Exhibit 6).

7. Health Connector Verification Unit notes from July 27, 2021 indicate that Appellant's Schedule C and 1099-K must be accompanied by complete 1040 tax return. (Exhibit 17).
8. Appellant called Customer Service again on July 29, and Customer Service confirmed with Appellant that the documents submitted on July 25 were insufficient for verifying Appellant's income, and that Appellant was still required to submit income verification documents. (Exhibit 17).
9. On July 29, 2021, Appellant faxed additional income proof documents, which the Connector determined on August 3 were sufficient for verifying Appellant's income. (Exhibits 7 and 8).
10. Based upon receipt of Appellant's income verification documents, the Connector re-determined Appellant eligible for ConnectorCare with coverage starting September 1, 2021. (Exhibits 7 and 8).
11. Appellant filed an appeal hearing request, received by the Connector on August 3, 2021. (Exhibit 12).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant reported on her Health Connector application that she intended to file her federal taxes as Head of Household, claiming no dependents. (Exhibit 2). On April 11, 2021 the Connector requested Appellant submit documents verifying her income by July 10, 2021. (Exhibit 1). Appellant failed to submit income proof documents by the deadline. On July 15, 2021, the Connector determine Appellant eligible for Health Connector plans without financial assistance, notice of which was sent to Appellant on or about July 15, 2021. (Exhibit 3).

Appellant called into the Health Connector Customer Service on July 26 to question the reason for the increase in her monthly health insurance bill, and was told that she had failed to timely submit income verification documents and her subsidies had been withdrawn. (Exhibit 17).

The Health Connector is a health insurance exchange created under state law. M.G.L. 176Q, § 2. In addition to meeting the eligibility requirements for shopping on the exchange, to qualify for subsidized coverage through the Health Connector, individuals must meet income and residency requirements, and intend to file taxes jointly if married. *See* 45 C.F.R. § 155.305 (f)(1)(ii). A health benefit exchange like the Health Connector must determine eligibility for premium tax credits, which are federal funds provided to eligible individuals to defray the cost of health insurance. *See* 42 U.S.C. § 18082. The Health Connector provides these premium tax credits through the Connector Care program, which is health insurance subsidized with state money, combined with these federal advance premium tax credits ("APTC"). Individuals must be eligible for APTC to qualify for ConnectorCare. *See* 956 C.M.R. 12.08. Individuals are eligible for APTC if their household income is at or below 400% of the Federal Poverty Level ("FPL"). Applicants who qualify for APTC, who have projected yearly Modified Adjusted Gross Income ("MAGI") less than or equal to 300% FPL, qualify for additional state subsidies through the ConnectorCare program. 956 C.M.R. § 12.04. Put another way, individuals whose income is between 100% and 300% of the FPL are eligible for ConnectorCare with APTC; individuals whose income is

between 300% and 400% of the FPL are eligible for APTC only. Individuals whose income is at or below 133% of the FPL are eligible for MassHealth, a wholly separate program from ConnectorCare.

The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including income, in accordance with 45 C.F.R. §155.320(d). When the Health Connector cannot verify applicants' income electronically, it requests verifying information from them in accordance with 45 C.F.R. §155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources to calculate a household income value and issue an eligibility determination in accordance with 45 C.F.R. §§ 155.315 (f)(5), 155.320 (c)(3)(i)(D).

Appellant uploaded income proof documents on or about July 25, and called Customer Service on July 27 to confirm the Connector had received them. (Exhibit 17). The Customer Service representative informed Appellant it had received the documents on July 25, but they had not yet been processed. (Exhibit 17). On July 27, 2021, the Connector sent Appellant a second Request for Information, informing her that the income verification documents submitted on July 25 were insufficient for verifying her income. (Exhibit 6). Health Connector Verification Unit notes from July 27, 2021 indicate that Appellant was required to submit a Schedule C and 1099-K along with her complete 1040 tax return. (Exhibit 17). Appellant called Customer Service on July 29, and Customer Service confirmed with Appellant that the documents submitted on July 25 were insufficient for verifying Appellant's income, and Appellant was still required to submit additional income verification documents. (Exhibit 17).

Because Appellant failed to verify her income by the deadline, the Health Connector reverted to electronic data sources in determining Appellant eligible for Health Connector plans without subsidies for the month of August. This process complied with federal law at 45 C.F.R. §§ 155.315 (f)(5) and 155.320 (d). The Health Connector, as required by law, relied on data it had available in other sources in determining Appellant eligible for Health Connector plans without subsidies for the month of August, which is the correct determination.

On July 29, 2021, Appellant faxed additional income proof documents, which the Connector determined on August 3 were sufficient for verifying Appellant's income. (Exhibits 7 and 8). Based upon receipt of Appellant's additional income verification documents, the Connector re-determined Appellant, finding her eligible for ConnectorCare with coverage starting September 1, 2021. (Exhibits 7 and 8).

After Appellant failed to verify her income, the Connector determined, on July 15, 2021, Appellant was eligible for Health Connector plans without financial assistance for the month of August based on electronic data sources and that determination is upheld.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA21-14743

Appeal Decision: Denied

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

Hearing Date: October 15, 2021

Decision Date: October 21, 2021

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 29, 2021, the Appellant was determined eligible for Health Connector Plans. The decision was based on income verification submitted by the Appellant on July 26, 2021.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's financial eligibility based on the income information submitted on July 26, 2021.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on October 15, 2021. Interpreter services were provided at the Appellant's request. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated September 20, 2021.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector's Eligibility Approval Notice dated July 29, 2021.
- Exhibit 5: 2021 Eligibility Results with an Application Summary dated July 29, 2021.
- Exhibit 6: Medicaid Household Determination Printout.
- Exhibit 7: The Appellant's Appeal Request, with attachments, postmarked August 9, 2021.

- Exhibit 8: Health Connector Income Detail Printout dated July 29, 2021.
Exhibit 9: Copies of Wage stubs dated July 1, 2021, July 15, 2021 and July 8, 2021 submitted by the Appellant to the Health Connector on July 26, 2021.

FINDINGS OF FACT

The record shows, and I so find:

1. Prior to August 1, 2021 the Appellant was receiving ConnectorCare. The Appellant had reported weekly earned income of \$641 (Exhibit 3, 5).
2. On July 26, the Appellant submitted copies of wage stubs dated July 1, 2021, July 8, 2021, and July 15, 2021. The Appellant's average weekly income was verified to be \$1,289.26 (Exhibits 5, 8, 9).
3. On July 29, 2021, based on the income information submitted by the Appellant, Health Connector determined the Appellant has income equal to 525.66% of the federal poverty level (Exhibit 5).
4. On July 29, 2021 the Appellant was notified that they are eligible for Health Connector Plans effective August 1, 2021 (Exhibit 4).
5. The Appellant filed an appeal postmarked August 9, 2021 (Exhibit 7).
6. The Appellant testified that their July earnings were greater than other months because they work for a fish company and July is the high season. The Appellant said that they cannot afford to pay a higher health insurance premium (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

Prior to August 1, 2021 the Appellant was receiving ConnectorCare. The Appellant submitted updated income information to the Health Connector on July 26, 2021. Although the Appellant had stated that they had weekly income of \$641, the wage stubs submitted verified average weekly income of \$1,289.26. Health Connector determined the Appellant's income equal to 525.36% of the federal poverty level. On July 29, 2021 the Appellant was notified that they were eligible for Health Connector Plans effective August 1, 2021. On or about August 9, 2021 the Appellant filed an Appeal to dispute this determination.

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

The Appellant testified that the wage stubs submitted in July do not accurately reflect their monthly income. The Appellant said that because of the seasonal nature of their work their income for July 2021 was unusually high. As explained at the Hearing, Health Connector reviews eligibility and updates an application based on information received. 956 CMR 12.07. Based on the income documentation submitted by the Appellant on July 26, 2021 Health Connector determined the Appellant's income equal to 525.36% of the federal poverty level. Health

Connector therefore correctly determined on July 29, 2021 that the Appellant is eligible for Health Connector Plans.

ORDER

This appeal is denied.

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

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

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that they should update their application for 2021 and 2022. The Appellant may submit updated income documentation to the Health Connector at any time.