Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

**Appeal Decision:** Appeal Approved

**Hearing Issue:** Eligibility for additional subsidy

**Hearing Date:** October 17, 2017  
**Decision Date:** December 21, 2017

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**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 August 9, 2017, the Appellants were determined eligible for ConnectorCare Plan Type 2B with APTC.

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined the ConnectorCare Plan Type for which the Appellants qualified.

**HEARING RECORD**

The Appellant/husband appeared at the hearing, which was held by telephone, on October 17, 2017. At the end of the hearing, the record was closed. The hearing record consists of the Appellant’s testimony and the following documents which were admitted into evidence:

- **Exhibit 1:** Affidavit
- **Exhibit 2:** 8/9/17 Eligibility Approval Notice (24 pages)
- **Exhibit 3:** 9/11/17 Appeal (9 pages)
- **Exhibit 4:** 9/11/17 Appeal - Screenshot
- **Exhibit 5:** 2017 Eligibility Results (4 pages)
- **Exhibit 6:** 2017 Review Application (6 pages)
- **Exhibit 7:** 9/26/17 Hearing Notice (5 pages)
- **Exhibit 8:** 9/14/17 Appeal Ack. (3 pages)
FINDINGS OF FACT

The record shows, and I so find:

1. By Eligibility Approval Notice dated August 9, 2017, the Connector thanked the Appellants for sending in the documents needed as proof and notified the Appellants that they qualified for ConnectorCare Plan Type 2B with an Advance Premium Tax Credit (APTC) of $358, based on self-reported income that was 155.16% of FPL for a household of three. (Exhibits 2 and 5)
2. On September 11, 2017, the Appellant appealed the Connector’s 8/9/17 determination, circling “Income” and stating “our income level was calculated incorrectly by Health Connector; it is lower than 115% FPL,” on the hearing request form. (Exhibit 3)
3. The 2017 Eligibility Results for the Appellants’ 8/8/17 application states that an FPL of 155.16% was used in deciding the Appellants’ Program Eligibility. (Exhibit 5)
4. The Application Summary for the Appellants’ 8/8/17 application states that an FPL of 148.18% was used in deciding the Appellants’ Program Eligibility. It also states that the Appellant/husband’s projected yearly income was $500, based on a manual verified income of $500/yearly; and, that the Appellant/wife’s projected yearly income was $30,779.94, based on a manual verified income of $364/bi-weekly from one employer and $409.92 weekly from a second employer. (Exhibit 6)
5. The Appellant/wife did not start working one of the jobs shown on their 8/8/17 until August 2017. (Appellant’s testimony)
6. The Appellants have not enrolled in a plan for 2017, because they think that they cannot afford to pay the $88 premium for the plan they have chosen. (Appellant’s testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. The amount of the additional subsidies through ConnectorCare for qualified applicants is determined by the household’s FPL, based on the household’s projected income for the year. The Connector relies primarily on applicants providing an accurate statement of their household income and attesting to it on their application, as well as expecting applicants to make any changes to their income during the year if their circumstances change. However, the Connector also has access to information from other data sources to verify what applicants report as income and may request proof of income from applicants if other data sources show different income.

In this case, there is what appears to be a minor discrepancy between the FPL used by the Connector in determining program eligibility in the Connector’s 8/9/17 Eligibility Approval Notice (155.16%) and the FPL stated in the Appellants’ Application Summary, as the FPL used to decide Program Eligibility (148.18%). However, this discrepancy is very significant, because FPL’s below 150% qualify for ConnectorCare Plan Type 2A with a significantly higher subsidy for applicants than for those above 150% who qualify for ConnectorCare Plan Type 2B. The lowest cost Type 2A plan has no premium for enrollees. While the additional proof submitted by the Appellants and acknowledged by the Connector in the 8/9/17 Eligibility Approval may have had something to do
with this discrepancy, this is not clear from the record. Nevertheless, I find that this was an error that the Connector should have discovered, considered, and addressed in making its 8/9/17 determination.

Accordingly, the appeal is granted. The Connector shall re-determine the Appellants’ FPL for 2017 and issue a new decision.

ORDER

The appeal is granted.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit
**FINAL APPEAL DECISION**
ACA17-2514

**Appeal Decision:** Denied

**Hearing Issue:** Ineligibility for Health Connector Plans, based on access to Medicare

**Hearing Date:** November 21, 2017  
**Decision Date:** January 16, 2018

**AUTHORITY**

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

**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 September 7, 2017, the Appellant/wife was determined ineligible for Health Connectors, based her access to Medicare.

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant/wife was not eligible for Health Connector Plans, based on her access to Medicare.

**HEARING RECORD**

The Appellants appeared at the hearing, which was held by telephone, on November 21, 2017.

The hearing record consists of the Appellants’ testimony and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit
- Exhibit 2: 9/7/17 Special Enrollment Decision Notice (12 pages)
- Exhibit 3: 10/15/17 Appeal (6 pages)
- Exhibit 4: 10/15/17 Appeal (screenshot)
- Exhibit 5: 10/10/17 Appeal Ack. (3 pages)
- Exhibit 6: 2017 Eligibility Results for 9/7/17 Application (4 pages)
- Exhibit 7: AVV/View App/Program Determination
FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant/wife’s date of birth is January 23, 1949. The Appellant/wife qualified for Medicare in 2014, and she elected at that time to enroll in Medicare Part A only. (Exhibit 6; Appellants’ testimony)

2. The Appellant/husband’s date of birth is May 18, 1955. (Exhibit 6)

3. At the end of October 2016, the Appellant/husband’s job ended. At that time, the Appellant/husband agreed to continue working for the employer as a consultant and to continue his employer-sponsored insurance coverage through COBRA for one year, at his employer’s expense, until October 31, 2017. (Appellants’ testimony)

4. The Appellant/wife was covered by her husband’s employer-sponsored health insurance coverage from June 1, 2016, through October 31, 2017. (Exhibit 3; Appellants’ testimony)

5. In anticipation of the Appellant/wife’s COBRA coverage ending at the end of October 2017, the Appellants began checking into getting Medicare Part B coverage for her beginning November 1, 2017. Medicare informed them that the Appellant/wife was eligible for Part B coverage but that she could not start her Part B on November 1, 2017, and that the earliest that she would be able to start her Part B coverage would be July 1, 2018. (Appellants’ testimony)

6. The Appellants then checked on extending their COBRA coverage for another six months. They learned that it would cost them a monthly premium of $2,150 to do this. (Appellants’ testimony)

7. On September 7, 2017, the Appellants applied to the Health Connector for insurance coverage for both of them. The Connector determined that the Appellant/husband was eligible for Health Connector Plans but needed to provide proof of loss of insurance and proof of residency in order to qualify for a special enrollment period. The Connector determined that the Appellant/wife was not eligible for Health Connector coverage because she had access to Medicare. (Exhibit 2; Exhibit 6; Appellants’ testimony)

8. On October 23, 2017, the Appeals Unit spoke with the Appellant/husband by phone and explained to him that the Appellant/wife was determined ineligible for Health Connector plans due to her access to Medicare; and, emailed information to the Appellant on the Medicare appeal process. (Exhibit 8; Exhibit 9)

ANALYSIS AND CONCLUSIONS OF LAW

Under 42 USC 1395ss(d)(3)(A)(i), the Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible for Medicare.

When the Appellant’s eligibility for 2017 coverage was determined on September 7, 2017, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellants acknowledged at hearing that the Appellant/wife had become eligible for Medicare in 2014 and had chosen to enroll in Medicare Part A only. While the Appellant may be barred by Medicare regulations from adding Part B coverage until July 1, 2018, this does not change the fact of her on-going eligibility for the Medicare program and the choices it offers her. Because the Appellant/wife was eligible for Medicare, the Health Connector found that
the Appellant/wife was not eligible for Health Connector plans. This was the correct determination, under 42 USC 1395ss(d)(3)(A)(i), and the Appellants’ appeal is therefore denied.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit

ADDITIONAL INFORMATION

The Appellants are advised to look into the Serving the Health Insurance Needs of Everyone (SHINE) program, which is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare.
FINAL APPEAL DECISION
ACA 17-2978

Appeal Decision: Appeal Denied, Eligibility determination upheld.

Hearing Issue: Eligibility for Connector Care based on income.

Hearing Date: December 15, 2017          Decision Date: January 6, 2018

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
Appellant submitted an application for subsidized health insurance on October 13, 2017. The Health Connector determined the Appellant to be eligible for Health Connector Plans.

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

HEARING RECORD
The Appellant appeared at the hearing, which was held by telephone, on December 15, 2017. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in. The following exhibits were marked and admitted into evidence with no objection from the Appellant. The Appellant testified.

Exhibit 1: Health Connector Notice of Eligibility Determination (12 pages, dated October 3, 2017)
Exhibit 2: Appellant’s appeal request form (4 pages dated October 20, 2017)


Exhibit 5: Health Connector’s Acknowledgement of Appeal (3 Pages dated October 20, 2017)


Exhibit 7: Health Connector’s Hearing Record Affidavit (1 page, undated)

Exhibit 8: Health Connector’s Determination Results and Review Computer Printout dated September 3, 2016 (six pages)

Exhibit 9: Health Connectors Notes

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 54 year old unmarried female with a disabled son who lives with her, who applied for subsidized health insurance, on October 13, 2017. (Exhibit 1, Exhibit 3)
2. The Appellant has a tax household of one. (Exhibit 3)
3. On her application, the Appellant entered a projected annual modified adjusted gross income (MAGI) of $66,000.00. (Exhibit 5)
4. The Health Connector found, based on this projected income and household size, that the Appellant’s projected MAGI would place her at 547.14% of the 2016 Federal Poverty Level (FPL). An individual at that income level would not be eligible for subsidized coverage under the ACA, because subsidized coverage through the state’s ConnectorCare program is available to individuals whose household income is below 300% FPL. (Exhibit 3)
5. Appellant testified and submitted documents that she was behind in her car payment and that her electricity was shut off in September 2017 for non-payment but was restored after payment was made. Appellant indicated that her child support had ended and that she was assisting her son, who was no longer a dependent but was disabled and living with her. However, her income had increased from $40,297.00 to $65,000.00 in 2017.

ANALYSIS AND CONCLUSIONS OF LAW
Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. IRC § 5000A(f)(1)(A)(i). On her application, the Appellant stated that her projected MAGI was $65,000.00, which for a household of one, puts the Appellant at approximately 547.14% of the 2016 Federal Poverty Level. The Appellant had some hardships in 2017 but not enough to meet the standard for a hardship appeal. This means the Appellant’s household income was more than the 300% limit for eligibility for subsidies, and therefore the Health Connector correctly found the Appellant eligible for Health Connector Plans.

ORDER

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

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

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

FINAL APPEAL DECISION: ACA18-2741

Appeal Decision: Appeal Denied.

Hearing Issue: Whether the Massachusetts Health Connector correctly denied the Appellant’s eligibility for the Advance Premium Tax Credit and ConnectorCare for 2018.

Hearing Date: December 5, 2017

Decision Date: January 25, 2018

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
In October 2017, the Connector determined that the Appellant was ineligible for the Advance Premium Tax Credit and ConnectorCare, based on her failure to file taxes to reconcile Advance Premium Tax Credit she received in 2016.

ISSUE
Whether the Health Connector correctly determined that the Appellant was ineligible for Advance Premium Tax Credit and ConnectorCare, for 2018 based on her failure to file taxes to reconcile Advance Premium Tax Credits she received in 2016.

HEARING RECORD
The Appellant appeared at the hearing, which was held by telephone, on December 5, 2017. Testimony was recorded electronically. The hearing record consists of the Appellant’s testimony and the following documents which were admitted into evidence:

Exhibit 1: Affidavit of Record Verification
Exhibit 2: Letter to the Appellant from the Health Connector dated 10/24/2017 and entitled “Final Renewal Notice”
Exhibit 3: Connector Open Enrollment Brochure in Spanish
Exhibit 4: Connector Appeals Unit Appeal Acknowledgment Notice dated 10/31/2017
Exhibit 5: Letter from the Connector Appeals Unit to the Appellant dated October 30, 2017, informing her that since she received an Advance Premium Tax Credit in the past, that, if she had not done so, she should reconcile the tax credits by submitting a Form 1040 including a Form 8962.

Exhibit 6: An IRS Notice informing the Appellant of locations where she could get Free Tax Help.

Exhibit 7: Letter to the Appellant from the Health Connector dated 1/20/2017, with Appellant’s 2016 Form 1095-A

Exhibit 8: Appellant’s 2016 Form 1095-A with Instructions

Exhibit 9: Informal Dispute Resolution Notes

Exhibit 10: Appellant Comments

Exhibit 11: AppealsData Notes of conversation between Appeals Unit Staff and the Appellant

Exhibit 12: Letter to the Appellant from the Health Connector dated 9/19/2017 and entitled “Eligibility Approval”

Exhibit 13: Health Connector Computer Printout of Appellant’s 2018 Eligibility Results

Exhibit 14: Health Connector Computer Printout of Appellant’s Application Summary

Exhibit 15: Health Connector Computer Printout of Appellant’s 2017 Eligibility Results

Exhibit 16: Health Connector Computer Printout of Appellant’s Application Summary

Exhibit 17: Notice of Hearing dated 11/14/2017

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

1. In a letter dated October 24, 2017, entitled “Final Renewal Notice, the Appellant was informed that for 2018 she was eligible to enroll in a Health Connector Plan with no financial help. Her monthly premium was to be $280.18. (Exhibit 2)

2. The Appellant appealed the Health Connector’s determination regarding her eligibility for subsidized health insurance programs. (Exhibit 4)

3. The Appellant applied to the Health Connector for subsidized health insurance in 2018, on October 26, 2017. In that application the Appellant indicated she was a “non-tax filer.” (Exhibit 14)

4. For 2018, the Health Connector found that the Appellant was eligible for Health Connector Plans with no financial assistance. Appellant’s Application Results were based on the application she submitted on October 26, 2017. (Exhibit 13)

5. The Appellant’s Application Results for 2017 were based on an application submitted by the Appellant on December 20, 2016. She was found eligible for a ConnectorCare Plan Type 1 and an Advance Premium Tax Credit of $227 monthly. (Exhibit 15)

6. The Appellant received a 2016 Form 1095-A from the Health Connector showing that the Appellant received an Advance Premium Tax Credit of $222 monthly for 2016. (Exhibit 8)

7. In a letter dated January 20, 2017, sent to the Appellant with the Form 1095-A, the Appellant was informed that, if she received an Advance Premium Tax Credit in 2016, she had to file a federal tax return with IRS Form 8962. (Exhibit 7)

8. In a letter from the Connector Appeals Unit to the Appellant dated October 30, 2017, the Appellant was informed that since she received an Advance Premium Tax Credit in the past, that, if she had not done so, she should reconcile the tax credits by submitting a Form 1040 including a Form 8962. (Exhibit 5)

9. The Appellant came to the United States in 2012 or 2013 on a J-1 visa. She had health insurance through an agency for a couple of years. (Appellant testimony and Exhibit 10)

10. In 2015, the Appellant obtained an F-1 visa, which she still had at the time of the hearing in this matter. (Appellant testimony)
9. Following her marriage in August 2017, the Appellant applied for a permanent residency (green) card.  
   (Appellant testimony)

10. The Appellant has been a student since she has been in the United States. She does not work, and has no 
    source of income. Her family pays for her school, rent and other needs. (Appellant testimony and Exhibit 10)

11. The Appellant had not filed taxes, which she called a “tax report”, since she had been in the United States, 
    until about 3 to 4 weeks before the hearing in this matter. (Appellant testimony and Exhibit 10)

12. About 3 to 4 weeks prior to the hearing in this matter, the Appellant went to a local library where a 
    volunteer helped her file her taxes. At the time of the hearing, the Appellant was awaiting confirmation 
    from the IRS. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Based on the Appellant’s application for subsidized health insurance submitted on October 26, 2017, the 
Connector correctly determined that the Appellant could purchase health insurance through the Connector for 
2018, but that she was not eligible for the Advance Premium Tax Credit; and she was not eligible for 
ConnectorCare. At the time this determination was made, the Appellant had not filed tax forms reconciling the 
Advance Premium Tax Credit she received in 2016.

In order to be eligible for the Advance Premium Tax Credit in the future, the recipient of the tax credits must 
reconcile their previous Advance Premium Tax Credits. (45 CFR §155.305(f) (4)) In order to comply with this 
requirement, the recipient must file income taxes using Form 1040 and include Form 8962. The Appellant 
received Advance Premium Tax Credits in 2016, but she had not filed the requisite tax forms to reconcile those tax 
credits at the time the Connector made its eligibility determination, in October 2017. In her application for 
subsidized health insurance in 2018, the Appellant stated that she was a non-tax filer. In her comments, during 
an informal dispute resolution discussion with Connector Appeals Unit personnel, the Appellant stated that since 
she had been in the United States, she had never filed a “tax report.” Since he Appellant was not eligible for 
Advance Premium Tax Credit, she was not eligible for ConnectorCare. (956 CMR 12.08 (1) (b))

ORDER

The Connector’s decision to deny the Appellant access to Advance Premium Tax Credits and to ConnectorCare is 
upheld, and the Appellant’s appeal is denied.

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

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

Cc: Connector Appeals Unit
ADDENDUM

During the hearing the Appellant testified that she had changed her name. She may want to make sure customer service at the Connector has the name change information.

The Appellant testified that she had filed a tax return 3 to 4 weeks prior to the hearing. The Appellant may want to make sure that she filed using Form 1040 and included Form 8962. Once she gets certification from the IRS, she may want to contact customer service at the Health Connector and ask for a re-determination of her eligibility for Advance Premium Tax Credit and ConnectorCare.

The Appellant got married in August 2017. Appellant and her husband must both be included in the application for health insurance through the Connector. When the Appellant and her husband file their 2017 taxes, their tax filing status must be “married filing joint” in order to be eligible for the Advance Premium Tax Credit and ConnectorCare.
FINAL APPEAL DECISION

Appeal Decision: Denied
Appeal_ACA17-2925

Hearing Issue: Appellants’ eligibility for subsidized insurance based on access to employer-sponsored health insurance

Hearing Date: December 5, 2017 Decision Date: January 17, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On October 19, 2017, the Appellant/husband was determined eligible for Health Connector Plan with no financial assistance.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector Plan with no financial assistance, based on the Appellant/husband’s access to employer-sponsored insurance.

HEARING RECORD

The Appellant/husband appeared at the hearing, which was held by telephone, on December 5, 2017. The Appellant/husband offered testimony under oath or affirmation. At the end of the hearing, the record was closed.
The hearing record consists of the Appellant’s testimony and the following documents which were admitted into evidence:

Exhibit 1: Affidavit
Exhibit 2: 10/19/17 Eligibility Approval Notice (16 pages)
Exhibit 3: 11/13/17 Appeal (4 pages)
Exhibit 4: 11/13/17 Appeal – screenshot
Exhibit 5: 11/14/17 Appeals Unit Notes
Exhibit 6: 10/19/17 Application Results (5 pages)
Exhibit 7: 8/17/17 Application Results (5 pages)
Exhibit 8: 11/14/17 Hearing Notice (7 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant/husband has worked for the same employer for five years. Up until recently, he had worked for his employer as a part-time employee. (Appellant’s testimony)
2. On August 17, 2017, the Appellants applied for insurance coverage, and the Health Connector approved the Appellants for ConnectorCare Plan Type 2B, beginning on September 1, 2017. (Exhibit 7)
3. In late August 2017, the Appellant became a regular full-time employee for his employer. The Appellant’s employer offered health insurance coverage to full-time employees. The employer told the Appellant that he would have to wait until the employer’s 11/13/17 to 12/11/17 open enrollment period to sign up for the coverage. (Appellant’s testimony)
4. On October 19, 2017, the Health Connector issued a new determination, based on the Appellant’s representation on his application that he had the option to enroll in his employer’s health insurance coverage. The Health Connector determined that the Appellant/husband no longer qualified for ConnectorCare because he had access to health insurance coverage through his employer. (Appellant’s testimony; Exhibit 6)
5. On October 31, 2017, the Appellant/husband’s ConnectorCare coverage was terminated. (Exhibit 5)
6. On November 13, 2017, the Appellants appealed the Connector’s 10/19/17 determination, circling “income” as the reason for the appeal. (Exhibit 3)
7. The Appellant enrolled in his employer-sponsored insurance plan in late November 2017. His coverage is effective at the beginning of January 2018. (Appellant’s testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), applicants are eligible for an Advance Premium Tax Credit (APTC) if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04. One requirement to be eligible for APTC is that the applicant must not have access to other qualifying health insurance, including health insurance through an employer. 45 CFR § 155.305(f)(1)(ii)(B).
The Appellant/husband attested on his application that he has access to affordable employer-sponsored insurance. Because of this, the Health Connector found that the Appellant/husband was not eligible to receive APTC and was also therefore not eligible for ConnectorCare. This was the correct determination, under 956 CMR § 12.04 and 45 CFR § 155.305(f)(1)(ii)(B). The Appellants’ appeal is therefore denied.

ORDER

The appeal is denied.

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

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

Appeal Decision: Denied

ACA18-3066

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

Hearing Date: December 19, 2017          Decision Date: January 25, 2018

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the 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

By notice dated October 30, 2017, the appellant was advised that he qualified for Health Connector Plans with no financial help with coverage beginning on January 1, 2018. The appellant filed an appeal dated November 18, 2017 (Ex. 2) based on income and stated that he lost his job two months ago. The matter was referred to a hearing after receipt of the appeal. (Ex.8)
ISSUE

Was the Connector’s decision regarding the appellant’s qualification for Health Connector Plans correct at the time of its determination on October 30, 2017, pursuant to 45 C.F.R.section 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on December 19, 2017, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without his objection:

Ex. 1—Health Connector Final Renewal Notice dated October 30, 2017 (14 pages)
Ex. 2—Fair Hearing Request Form dated November 18, 2017
Ex. 3—Acknowledgment of Appeal dated November 29, 2017 (4 pages)
Ex. 4—Appeals Unit Notes and email to appellant dated November 29, 2017 (2 pages)
Ex. 5—Computer printout of Health Connector’s Eligibility Determination Results with a verification date of September 7, 2017 (2 pages)
Ex. 6—Computer printout of Health Connector’s Review of Application (2 pages)
Ex. 7—Enrollment information
Ex. 8—Notice of Hearing (6 pages)
Ex. 9—Affidavit of Connector representative

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 60-years-old and is single. In 2017, he had a tax household size of one. (Testimony, Ex. 6)

2. The appellant was employed in 2016 and earned approximately $60,000.00. In 2017, the appellant became self-employed and earned approximately $30,000.00. (Testimony)

3. Based on a preliminary determination date of September 7, 2017, the Health Connector notified the appellant on October 30, 2017 that he qualified for Health Connector Plans with eligibility beginning on January 1, 2018. He was further notified that his Federal Poverty Level (FPL) based on his self-reported income was determined to be 248.76%, but the FPL used to decide his program eligibility was 710.01%. (Exs. 1,5)

4. On the application connected with the September 7, 2017 program determination, the appellant entered a projected yearly income of $30,000.00. (Ex. 6)
5. The appellant appealed the Connector’s October 30, 2017, determination on November 18, 2017. The reason for the appeal was based on income and the appellant stated that he lost his job two months ago. (Ex. 2)

6. The appellant projects his income in 2018 to be approximately $35,000.00. (Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

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

The appellant was found eligible for Health Connector Plans based on having an income and family size equivalent to 710.01% of the FPL. The appellant maintains that this determination is incorrect because his income dropped by half in 2017, and will not be much higher in 2018.

The Health Connector attempts to verify an applicant’s eligibility by checking electronic data sources to confirm the information provided them, including an applicant’s income, in accordance with 45 CFR § 155.320(d). It appears that the eligibility determination issued by the Health Connector on October 30, 2017, which found that the appellant was eligible for Health Connector Plans, was based on his higher 2016 income, and not his projected yearly income of $30,000.00. The appellant was advised to update his income information by contacting customer service at 1-877-623-6765. He was further advised that the Connector might require him to submit proof of income after he updated his information.

Based on the evidence in the record, it is concluded that the Connector’s determination on October 30, 2017, regarding the appellant’s eligibility for Health Connector Plans was correct at the time of application, and is therefore affirmed.

ORDER

The appeal is denied.
NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this 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: Connector Appeals Unit
APPEAL DECISION
ACA183260

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare; income

Hearing Date: January 5, 2018  Decision Date: January 23, 2018

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On November 30, 2017, Appellant was determined eligible for Health Connector Plans without subsidies.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans without subsidies, based on the information available to the Connector.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 5, 2018. The hearing was recorded. The hearing record consists of the Appellant’s testimony, and the following documents which were admitted into evidence without objection by Appellant:

Exhibit 1: Affidavit of Record Verification (1 page);
Exhibit 2: Notice of Hearing (12-18-17) (5 pages);
Exhibit 3: Acknowledgement of Appeal (12-18-17) (5 pages);
Exhibit 4: Hearing Request form (received 12-11-17) (1 page);
Exhibit 5: Eligibility Approval letter (11-30-17) (12 pages);
FINDINGS OF FACT

The record shows, and I so find:

2. Appellant was deemed eligible for Health Connector Plans without subsidies based upon information available to the Health Connector. Based upon the income reported, the Federal Poverty Level resulted in 531.9%. This was also the verified income amount and results. This is the income for the family.
3. Appellant appealed and stated that they could not afford the premiums.
4. Appellant is on total disability benefits.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for Health Connector plans without subsidies, based on a verified and self-reported income level resulting in 531.9% of the Federal Poverty level.

Eligibility for Advanced Premium Tax Credits and state subsidies include a determination of the household size and projected Modified Adjusted Gross Income (MAGI). Internal Revenue Code Section 36B(c)(1)(A) and MGL c. 176Q(3)(a)(13), along with the relevant regulations (45CFR section 155.305(f) and 956 CMR Sections 12.04, and 12.08. In order to be eligible for the Advance Premium Tax Credit (APTC), the tax filer must have an expected household income of greater than or equal to 100% of the federal poverty level and less than 400% of the federal poverty level for the year in which coverage is sought. (45 CFR 155.305 (f) (1) (i)).

ConnectorCare is a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. Pursuant to 956 CMR 12.09, in order to be eligible for ConnectorCare an individual must be a resident of Massachusetts and the individual’s family’s modified adjusted gross income cannot exceed 300% of the Federal Poverty Level. In this case, the self-reported income and verified income FPL are both over 400% of FPL. This level of FPL resulted in eligibility only for Health Connector plans without subsidies. In this case, the issue presented was whether the determination of eligibility was correct based upon the information provided and available to the Connector. Based upon the information available to the Connector, the determination was correct.

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 2017 from the federal government will be reconciled when you file your taxes in 2018. 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 2017 (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 2017 (meaning the modified adjusted gross income on file with was us was too high), you will get the rest of the tax credits you are owed when you file your taxes.

*Note:* If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2017 will be paid to you when you file your taxes in 2018.

*Note:* Appellant was advised to contact Mass Health regarding CommonHealth based upon Appellant’s receipt of disability benefits.
Appeal Decision: The Connector’s denial of Appellant’s application for the purchase of subsidized health insurance is affirmed.

Hearing Issue: Whether the Connector correctly determined Appellant’s eligibility for subsidies based upon the information supplied by the Appellant on the application.

Hearing Date: January 11, 2018    Decision Date: January 19, 2018

AUTHORITY

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

JURISDICTION

Applicants and Enrollees are entitled to a hearing 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 CONNECTOR

On December 14, 2017, Appellant submitted an updated application for subsidized health insurance. The Health Connector determined Appellant to be eligible for Health Connector plans. However, Appellant was found not to be eligible for subsidies because Appellant’s income was not between 100 percent and 400 percent of the Federal Poverty Level.

HEARING RECORD

Appellant appeared at the hearing which was held by telephone on January 11, 2018. The procedures to be followed during the hearing were reviewed with Appellant. Appellant was sworn in. Exhibits were marked and admitted in evidence with no objection from Appellant. Appellant testified

The hearing record consists of the Appellant’s testimony and the following documents which were admitted in evidence:
Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant’s file, undated
Exhibit 2: Correspondence from Connector Appeals Unit addressed to Appellant
Exhibit 3: Hearing Request Form dated December 15, 2017
Exhibit 4: Connector letter dated December 14, 2017 denying Appellant’s eligibility to obtain subsidized health insurance through the Connector
Exhibit 5: Eligibility Results and Application summary
Exhibit 6: Historic Eligibility Results

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant submitted an updated application for subsidized health insurance through the Connector in December 2017 (Exhibit 4).

2. On December 14, 2017, Appellant was found eligible for Health Connector plans, but was not found eligible for subsidies (Exhibit 4).

3. Appellant’s eligibility to obtain subsidies through the Connector was denied on December 14, 2017 because Appellant was determined to have income of less than 100% of the Federal poverty level (Exhibit 4 and 5).

4. Appellant appealed the Connector’s action on December 15, 2017, stating that Appellant’s income was very low and asking for reconsideration (Exhibit 3).

5. Appellant is 74 years old and does not receive Social Security and is not eligible for Medicare (Testimony of Appellant).

6. Appellant is married and Appellants’ application listed a joint projected income which was 80.90% of the federal poverty level (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW

Appellant submitted an updated application for subsidized health insurance coverage through the Connector in December 2017. Appellant was determined to be eligible for a Health Connector plan but was not eligible for help paying for coverage through a tax credit or a Connector Care plan. Appellant was 74 years old and not eligible to receive Social Security or Medicare. Appellant’s application listed a joint projected income with Appellant’s spouse which was 80.90% of the federal poverty level. Appellant filed for an appeal on December 15, 2017 stating that the Appellant’s income was very low and asked for reconsideration. See Exhibits 3, 4, 5 and 6 and Testimony of Appellant which I find to be credible.

Appellant’s application listed projected income which was 80.902% of the Federal Poverty Level. Based upon the information given, the Connector determined that Appellant was eligible
to purchase health insurance through the Connector but was not eligible for a tax credit or a Connector Care plan because Appellant’s income was not equal to or greater than 100 percent of the Federal Poverty Level. See 45 Code of Federal Regulations Section 155.305 (f) (1) (i) for the rules which govern eligibility for an advance premium tax credit.

The determination of the Connector based upon the information supplied to the Connector by Appellant is affirmed.

ORDER: The action taken by the Connector denying Appellant’s eligibility for subsidies 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. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM Appellant may want to contact customer service at Massachusetts Health Connector at 1 877 623-6765 to get more information regarding reporting income and to see if Appellant might need to report a change in income. Appellant is also encouraged to consult with a tax advisor.
**FINAL APPEAL DECISION**

ACA183354

**Appeal Decision:** Appeal Denied

**Hearing Issue:** Eligibility for ConnectorCare; income

**Hearing Date:** January 10, 2018  
**Decision Date:** January 23, 2018

**AUTHORITY**

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 et seq.; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and title 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 October 30, 2017, Appellant was determined eligible for ConnectorCare Plan Type 3B with subsidies.

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for ConnectorCare Plan Type 3B with subsidies, based on the information available to the Connector.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on January 10, 2018. The hearing was recorded. The hearing record consists of the Appellant’s testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (12-22-17) (5 pages);
- Exhibit 3: Acknowledgement of Appeal (12-20-17) (6 pages);
- Exhibit 4: Hearing Request form (12-13-17) (2 pages); and
- Exhibit 5: Information from application and results (8 pages).

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

1. Appellant applied for health insurance through the Health Connector in October 2017.
2. Appellant was deemed eligible for ConnectorCare Plan Type 3B with subsidies based upon information available to the Health Connector. Based upon the income reported, the Federal Poverty Level resulted in 181.09%. However, information available to the Health Connector resulted in a determination that the FPL was 272.75% which resulted in eligibility for ConnectorCare Plan Type 3B.
3. Appellant appealed and stated that they could not afford the premiums.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was found eligible for ConnectorCare Plan Type 3B with subsidies based on a Federal Poverty Level of 272.75%, but the self-reported income would have resulted in a lower Federal Poverty level of 181.09%.

Eligibility for Advanced Premium Tax Credits and state subsidies include a determination of the household size and projected Modified Adjusted Gross Income (MAGI). Internal Revenue Code Section 36B(c)(1)(A) and MGL c. 176Q(3)(a)(13), along with the relevant regulations (45CFR section 155.305(f) and 956 CMR Sections 12.04, and 12.08. In order to be eligible for the Advance Premium Tax Credit (APTC), the tax filer must have an expected household income of greater than or equal to 100% of the federal poverty level and less than 400% of the federal poverty level for the year in which coverage is sought. (45 CFR 155.305 (f) (1) (i)).

ConnectorCare is a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. Pursuant to 956 CMR 12.09, in order to be eligible for ConnectorCare an individual must be a resident of Massachusetts and the individual’s family’s modified adjusted gross income cannot exceed 300% of the Federal Poverty Level. In this case, both the self-reported income and the verified income FPL is under 300%.

In this case, the issue presented was whether the determination of eligibility was correct based upon the information provided and available to the Connector. Based upon the information available to the Connector, the determination was correct.

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.
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 2017 from the federal government will be reconciled when you file your taxes in 2018. 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 2017 (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 2017 (meaning the modified adjusted gross income on file with was us was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2017 will be paid to you when you file your taxes in 2018.

Note: Appellant was advised to contact Customer Service to re-affirm income.