Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA1910202

**Appeal Decision:** Appeal denied. The Connector’s determination of Appellant’s eligibility to obtain a Health Connector plan without an advance premium tax credit is affirmed.

**Hearing Issue:** Whether the Connector correctly determined Appellant’s eligibility to purchase a Health Connector plan without an advance premium tax credit based upon the information supplied by the appellant on the Connector application.

**Hearing Date:** December 6, 2019  
**Decision Date:** January 6, 2020

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

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

**ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR**
Whether the Connector correctly determined Appellant’s eligibility to purchase a Health Connector plan without an advance premium tax credit based upon the information supplied by the appellant on the Connector application.

**ISSUE**
Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector without an advance premium tax credit.

**HEARING RECORD**
The appellant appeared at the hearing which was held by telephone on December 6, 2019. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant, marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

- **Exhibit 1:** Connector affidavit regarding the creation and maintenance of Appellant’s file, undated
- **Exhibit 2:** Connector Appeals Unit Notice of Hearing dated October 28, 2019 addressed to Appellant for December 6, 2019 hearing
- **Exhibit 3:** Connector Appeals Unit letter dated October 24, 2019 addressed to Appellant acknowledging receipt of Appellant’s Request for Hearing
Exhibit 3a: Appeals Unit staff outreach notes dated October 24, 2019
Exhibit 4: Hearing Request Form from Appellant received by the Connector on October 22, 2019 with letter attached
Exhibit 5: Connector letter dated September 30, 2019 to Appellant regarding eligibility
Exhibit 6: Summary and results of Appellants’ application for Connector health plan dated September 30, 2019

FINDINGS OF FACT
The record shows, and I so find:
1. Appellant, who is 65 years old, applied to obtain health insurance through the Connector in September, 2019. Appellant is not eligible for Medicare or any Social Security benefits (Testimony of Appellant, Exhibits 4 and 6).

2. On Appellant’s application, Appellant attested that he would have no income in 2019 or 0.00% of the Federal Poverty Level (Exhibits 5, 6, Testimony of Appellant).

3. On September 30, 2019, the Connector determined, based upon the information on the appellant’s application, that the appellant was eligible to purchase a Health Connector plan without any advance premium tax credit (Exhibit 5).

4. Appellant filed an appeal on October 22, 2019 (Exhibit 4, Testimony of Appellant)

ANALYSIS AND CONCLUSIONS OF LAW
The issue on appeal is whether the Connector correctly determined on September 30, 2019 that the appellant was eligible to purchase a Health Connector plan without an advance premium tax credit. Appellant appealed this determination. See Exhibits 4, 5.

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(13) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq. In order to be eligible to purchase a plan and to receive an advance premium tax credit, among other requirements, an individual must have a projected income for the year for which coverage is sought of greater to or equal to 100% but not more than 400% of the Federal Poverty Level. See 45 Code of Federal Regulations 155.305 (f)(1)(i).

In the summary of the appellant’s application, Appellant’s projected income for 2019 was listed as $0.00. Based upon this, the Connector determined that the appellant’s projected income was equal to 0.00% of the Federal Poverty Level. Because of this, the appellant was found to be eligible to purchase a Connector plan, but without any advance premium tax credit. See Exhibits 5, 6. Appellant testified that Appellant had attested to a projected income for Appellant of $0.00 for 2019 on his application. See the testimony of the appellant which I find to be credible and Exhibits 5, 6.

What is at issue here is whether the original determination made by the Connector was correct. That determination was based upon the information given on the appellant’s application. No error was made by the Connector. Appellant did attest to the projected income which the Connector used in making its determination. Pursuant to 45 CFR 155.305(f)(1)(i), in order to be eligible for an advance premium tax credit, an individual must have a projected annual income of between 100% and 400% of the Federal Poverty Level. Appellant’s projected income was equal to 0.00% of the Federal Poverty Level. Because of this, the determination of the Connector is affirmed.
Appellant was informed during the hearing that the appellant was not eligible for an advance premium tax credit to help Appellant pay for the cost of health insurance because his projected income was below 100% of the Federal Poverty Level. If there is an increase in Appellant’s projected income so that his income is between 100% and 400% of the Federal Poverty Level, Appellant may wish to contact the Connector’s Customer Service Center at 1-877-623-6765 to amend his application to show any increased projected income.

**Order:** Appellant’s appeal is denied. The determination of the Connector is affirmed.

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

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

Cc: Connector Appeals Unit Hearing Officer
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-10599

Appeal Decision: Appeal Denied, Eligibility determination upheld

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

Hearing Date: January 13, 2020  Decision Date: January 23, 2020

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 3, 2020 Appellant was determined ineligible for Health Connector plans, due to failure to verify residency.

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

HEARING RECORD
The Appellant appeared at the hearing, which was held by telephone, on January 13, 2020.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant’s file, undated
Exhibit 2: Correspondence from Appeals Unit of Health Connector
Exhibit 3: Hearing Request Form and support documents received by Connector on November 27, 2019
Exhibit 4: Notices on Appeal
Exhibit 5: Eligibility Results and Application Summary
FINDINGS OF FACT

The record shows, and I so find:

1. Appellant had been covered by subsidized health insurance in 2019 (Testimony of Appellant).
2. On July 30, 2019, Appellant was notified that Appellant was required to provide proof of residency by October 28, 2019 for coverage by the Health Connector (Exhibit 4).
3. On November 3, 2019, Appellant was determined ineligible for Health Connector plans after failing to send in documents verifying residency (Exhibit 4).
4. Appellant filed an appeal in November 2019 (Exhibit 3).
5. Appellant had moved and had not sent in the required proof of residency (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

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

On July 30, 2019, Appellant was determined eligible for Health Connector Plans and was asked to verify residency by October 28, 2019. Appellant failed to send in documents verifying residency. On November 3, 2019, Appellant was determined ineligible for Health Connector plans for not being a resident of Massachusetts. This process complied with federal law at 45 CFR §§ 155.315(d) and 155.315(f), and is the correct determination for a person who has not verified compliance with the requirement to be a resident of Massachusetts. 45 CFR § 155.305(a).

The decision by the Health Connector on November 3, 2019 correctly found that the Appellant was no longer eligible for Health Connector plans 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. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.
**ADDENDUM:**

Appellant was given the phone number for the Health Connector (1 877 623-6765) so that Appellant could get information about how to provide the Health Connector with documents regarding residency.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-10614

Appeal Decision: Denied

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

Hearing Date: January 3, 2020

Decision Date: January 7, 2020

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 18, 2019 the Appellant’s household was determined eligible for Health Connector Plans.

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

HEARING RECORD
The Appellant Head of Household and their Spouse appeared at the hearing, which was held by telephone on January 3, 2020. The hearing record consists of the testimony of the parties and the following documents which were admitted into evidence:

Exhibit 1: Health Connector’s Hearing Record Affidavit.
Exhibit 3: Health Connector Appeals Unit Outreach Notes.
Exhibit 4: The Appellant’s Hearing Request, with attachments submitted on December 2, 2019.
Exhibit 5: Health Connector’s Eligibility Approval Notice dated November 18, 2019.
Exhibit 6: 2019 Eligibility Results with an application summary dated November 18, 2019.
Exhibit 7: My Workspace printout of documents received on October 28, 2019 and processed on November 18, 2019.
Exhibit 8: Health Connector’s Request for Information dated October 11, 2019.
Exhibit 9: 2019 Eligibility Results with an application summary dated October 11, 2019.
Exhibit 10: 2020 Eligibility Results with an application summary dated November 18, 2019.

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

1. The Appellant and their Spouse received ConnectorCare with Advance Premium Tax Credits (APTC), in tax year 2018 (Exhibits 4, 11).
2. I take administrative notice that for tax year 2019, 300% of the federal poverty level for a household of three is $62,340 and 400% of the federal poverty level is $85,320.
3. On October 11, 2019 the Appellant completed a telephone application for their household of three. The Appellant attested to household income equal to approximately 243.02% of the federal poverty level for their household of three. The Appellant and their Spouse were determined eligible for ConnectorCare Plan Type 3A with APTC effective November 1, 2019 (Exhibit 9).
4. On October 11, 2019 the Health Connector issued a Request for Information. The Appellant was asked to provide proof of income for themselves and their spouse (Exhibit 8).
5. The Appellants own a business and receive income in the form of salary and shareholder income. In addition, the Appellant’s spouse has earned income from two employers (Exhibits 4, 7, and Testimony of the Appellant and Spouse).
6. October 28, 2018 the Appellant submitted proof of income including the Appellant’s salary from their business, shareholder income from the business as well as their Spouse’s earned income from two employers. The verifications were processed on November 18, 2019 (Exhibit 7).
7. The Appellant’s salary was $1,500 bi-weekly and their monthly shareholder income was 1,611. The Appellant Spouse verified weekly income of $150 from one job and biweekly income of $925.52 from their second job. The Household’s total income was $85,704 (Exhibits 6, 7).
8. Based on the income verifications provided, on November 18, 2019 the Health Connector determined that the Appellant’s household had income equal to 412.44% of the federal poverty level for their household of three (Exhibit 6).
9. On November 18, 2019 the Appellant was notified that the Appellant and their Spouse were eligible for Health Connector Plans with no financial help effective December 1, 2019 (Exhibit 5).
10. On November 18, 2019 the Appellant was notified that the Appellant’s household was eligible for Health Connector Plans for the period beginning January 1, 2020 based on self-reported income equivalent to 401.80% of the federal poverty level (Exhibit 10).
11. On December 2, 2019 the Appellant filed an appeal and submitted additional income documentation including an Internal Revenue Service transcript for the Appellant’s tax year 2018 return. The Appellant reported that their expected 2019 income would be $60,300. The documentation included verification that the Appellant Spouse had $5,990.77 income from the family business in addition to the employment income verified on October 28, 2019 (Exhibits 4, 7).
12. In tax year 2018 the Appellants’ adjusted gross income was $75,052. The Appellants received excess APTC of $2,314 in tax year 2018 (Exhibit 4).
13. The Appellant testified that they cannot afford to pay an almost $1,000 monthly premium for health care. The Appellant said that they hardly ever access medical treatment, and this is a scam (Appellant Testimony).
14. The Appellant Spouse testified that the wage stubs they submitted in October do not reflect the amount of earned income they have all year. The Appellant said that they estimate their tax year 2020 income will be approximately $75,000 and they should be eligible for APTC (Spouse Testimony).

15. The Appellants were advised to review their income from all sources and contact Customer Service to report any changes.

ANALYSIS AND CONCLUSIONS OF LAW
The Appellant and their Spouse received ConnectorCare in tax year 2018. On October 11, 2019 the Appellant completed a telephone application and reported that their family of three had income equal to approximately 243.02% of the federal poverty level. The Appellant and their Spouse were determined eligible for ConnectorCare with APTC and their child was eligible for MassHealth Family Assistance effective November 1, 2019.

On October 11, 2019 the Health Connector had asked the Appellants to submit proof of income for both adult household members. The Appellants own a business and have salary income as well as shareholder income from this business. In addition, the Appellant Spouse is employed part time by two different employers. The Appellants submitted wage stubs for the Spouse’s two employers, a wage stub for the Appellant’s business salary and a copy of the Appellant’s 2018 Schedule K-1 for their shareholder income. The documents submitted verify total annual income of $85,704. Based on this information, on November 18, 2019 the Health Connector determined that the household of three had income equal to 412.44% of the federal poverty level. The Appellants were notified that effective December 1, 2019 the Appellant and their Spouse were eligible for Health Connector Plans. The Appellants were also determined eligible for Health Connector Plans for the period beginning January 2020. The Appellants filed an appeal to dispute the determination on December 2, 2019.

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. Based on the documentation submitted by the Appellants on October 28, 2019, the Health Connector correctly determined that the Appellants’ income of $85,704 exceeded 400% of the federal poverty level for a household of three, which is $85,320. The Appellants were correctly determined eligible for Health Connector Plans by notices dated November 18, 2019.

The Appellant and their Spouse argue that the wage stubs submitted do not accurately reflect their annual income. The Appellant Spouse indicated that their hours fluctuate, and the Appellants expect that their income for 2020 will be approximately $75,000. The Appellants were advised to contact Customer Service and update their income. The Appellants may submit updated wage and business income verifications if requested.

Based on the evidence in this administrative record, the Health Connector’s October 18, 2019 financial eligibility determinations for the period beginning December 1, 2019 and extending to January 1, 2020 were 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 or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Cc: Connector Appeals Unit

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

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced Premium Tax Credits), it is important to report changes in your income or family size to the Health Connector as soon as possible. Any advance premium tax credits you get during 2020 from the federal government will be reconciled when you file your 2020 federal income tax return (usually in the spring of 2021). This means that the federal government will look at how much premium tax credit you should have received and compare it to how much you actually received. If you got too much in tax credits during 2020 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2020 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during 2020 will be paid to you when you file your 2020 federal income tax return.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2010082

Appeal Decision: Appeal denied. The determination of the Connector is affirmed.
Hearing Issue:
Whether the Connector correctly determined the appellant’s eligibility to purchase a Health Connector without an advance premium tax credit.
Hearing Date: December 6, 2019 Decision Date: January 6, 2020

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On September 19, 2019, the Connector determined that the appellant was eligible to purchase a Health Connector without an advance premium tax credit based upon information supplied by the appellant to the Connector.

ISSUE
Whether the Connector correctly determined that the appellant was eligible to purchase a Health Connector without an advance premium tax credit.

HEARING RECORD
The appellant appeared at the hearing which was held by telephone on December 6, 2019. The procedures to be followed during the hearing were reviewed with the appellant who was then sworn in. Exhibits were reviewed with Appellant marked as exhibits, and admitted in evidence with no objection from the appellant. Appellant testified.

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

Exhibit 1: Connector affidavit regarding the creation and maintenance of Appellant’s file, undated
Exhibit 2: Connector Appeals Unit Notice of Hearing dated October 28, 2019 addressed to Appellant for December 6, 2019 hearing
Exhibit 3: Connector Appeals Unit letter dated October 9, 2019 addressed to Appellant acknowledging receipt of Appellant’s Request for Hearing
Exhibit 3a: Appeals Unit staff outreach notes dated October 9, 2019
Exhibit 4: Hearing Request Form from Appellant received by the Connector on October 7, 2019 with letter attached
FINDINGS OF FACT
The record shows, and I so find:

1. In 2019, Appellant had health insurance through employment. Appellant then lost her job. When Appellant applied for health insurance through the Connector, she was unemployed and had lost her health insurance coverage (Testimony of Appellant).

2. When the appellant applied to the Connector, Appellant was married. She attested to her marital status on her application as married. Appellant also attested to her status as a non-tax filer and to having a projected annual income under 100% of the Federal Poverty Level (Testimony of Appellant, Exhibits 6 and 7).

3. The Connector notified Appellant in a letter dated September 19, 2019 that Appellant was eligible for a Connector Health plan coverage without an advance premium tax credit because Appellant had income that was too high, had access to health insurance through another source which met minimum essential coverage standards, or had attested that she did not intend to file a tax return (Testimony of Appellant, Exhibit 5).

4. Appellant submitted a request for an appeal of the Connector’s determination on October 7, 2019 (Exhibit 4).

ANALYSIS AND CONCLUSIONS OF LAW
The issue on appeal is whether the Connector correctly determined on September 19, 2019 that the appellant was eligible to purchase a Connector Health plan without an advance premium tax credit. See Exhibit 5.

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. One requirement, among others, for an advance premium tax credit concerns tax filer status. Individuals must intend to file a tax return and married couples are required to file jointly in order to be eligible for the tax credit. See 26 CFR 1.36B-2(2)(i). The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2), and 956 Code of Massachusetts Regulations 12.00 et. seq.

If an applicant’s projected income is between 100% and 400% of the Federal Poverty Level, the applicant is eligible for an advance premium tax credit to help cover the cost of premiums. The amount of the credit is based upon how much the Federal government determines the applicant can afford to spend on health insurance and the cost of the second least expensive Silver tier plan available to the applicant. If the individual’s income is projected to be between 100% and 300% of the Federal Poverty Level, and if the individual is otherwise eligible, the individual is eligible to enroll in a ConnectorCare plan, the type dependent upon the individual’s projected income level. See 956 CMR 12.00 et. seq. If an individual has a projected income equal to more than 300% of the Federal Poverty level, the individual may be eligible for a Connector Health Insurance plan.
In this matter, the appellant had had health insurance through employment. After she lost her job, she became uninsured. Appellant applied to the Connector. In September, 2019, the Connector determined that the appellant was eligible to purchase a Connector Health plan without an advance premium tax credit because Appellant had income that was too high, had access to health insurance through another source which met minimum essential coverage standards, or had attested that she did not intend to file a tax return. Appellant had attested on her application for health insurance that she was married, was not intending to file a tax return, and had a projected income of less than 100% of the Federal Poverty Level. See the testimony of Appellant which I find to be credible, and Exhibits 5 and 6.

Based upon the projection of income and intention not to file a tax return that the appellant attested to on her application, the Connector correctly determined the appellant’s eligibility for a Connector Health plan without an advance premium tax credit. As noted above, 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. If the projected income is less than 100% and/or the applicant attests to a non-tax filer tax status, the individual is not eligible for a tax credit, though the applicant may purchase a Connector Health plan. See 956 CMR 12.00 et. seq; and 26 CFR 1.36B-2(2)(i) and 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(2).

The determination of the Connector is, therefore, affirmed.

ORDER: The action taken by the Connector regarding Appellants’ eligibility to purchase a Connector Health plan without an advance premium tax credit is affirmed.

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

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

Cc: Connector Appeals Unit Hearing Officer
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-10347

Appeal Decision: Appeal denied

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

Hearing Date: January 15, 2020

Decision Date: January 29, 2020

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
By notice dated October 17, 2019, the appellants, mother and daughter, were advised that they were eligible for a Health Connector Plan with an Advanced Premium Tax Credit (APTC) of $0.00 beginning on January 1, 2020. (Exs. 1,2) They filed an appeal which was received on October 29, 2019 based on income. (Ex. 6) The matter was referred to a hearing after receipt of the appeal. (Ex. 10)

ISSUE
Was the Connector’s decision regarding the appellants’ eligibility for Health Connector Plans with APTC on October 17, 2019 correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD
The appellant mother appeared at the hearing which was held by telephone on January 15, 2020. She was represented by her husband who testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

Ex. 1—Health Connector’s Final Renewal Notice dated October 17, 2019 (10 pages)
Ex. 2—Computer printout of Health Connector’s Eligibility Determination Results showing a program determination for July 8, 2019 (2 pages)
Ex. 3—Computer printout of Health Connector’s Review of Application (5 pages)
FINDINGS OF FACT
The record shows, and I so find:

1. The appellant is 52-years-old, is married and has a twelve-year old daughter. She has a tax household size of three. (Testimony, Exs. 3, 5)

2. By notice dated October 17, 2019, the appellant and her daughter were determined eligible for Health Connector Plans with an APTC of $0.00 based on having an income and household size equivalent to 359.58% of the Federal Poverty Level (FPL), effective January 1, 2020. On the application on which the determination was based, the appellant attested to a projected yearly income of $9,359.28 and her husband attested to a projected yearly income of $54,179.83. (Testimony, Exs. 1, 2)

3. By notice dated December 21, 2019, the appellant and her daughter were determined eligible for Health Connector Plans with an APTC of $43.00 based on having an income and household size equivalent to 304.71% of the FPL, effective January 1, 2020. On the application on which the determination was based, the appellant attested to a projected yearly income of $10,815.17 and her husband attested to a projected yearly income of $54,179.83. (Testimony, Exs. 4, 5)

4. The appellant's husband is employed and has been enrolled in employer-provided health insurance. He has not enrolled his wife because the cost of a family plan is not affordable. (Testimony)

5. The appellant appealed the Connector's October 17, 2019 determination on October 29, 2019 based on income. (Ex. 6)

6. Following receipt of the appeal, the Connector notified the appellant that her appeal had been bifurcated and that the MassHealth issue she raised with respect to insurance coverage for her daughter had been transferred to the Board of Hearings. (Ex. 7)

7. At the time of the instant hearing, the appellant's daughter was enrolled in insurance with MassHealth and the appellant was enrolled in Health Connector Plans with an APTC. (Testimony)

8. The appellant did not intend to appeal the Connector's October 17, 2019 eligibility determination, but rather a bill she had received in the later summer/early fall for an amount that was significantly higher than her prior bills. (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 Modified Adjusted Gross Income (MAGI) 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 MAGI. Taxpayers who qualify for an APTC and who have projected yearly MAGI 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 does not dispute the Connector's October 17, 2019 determination regarding her eligibility for Health Connector Plans with an APTC, and the matter regarding her daughter's coverage was transferred to the Board of Hearings (and was apparently resolved at the time of the hearing). Rather, she raised an issue concerning a bill for her premium going back to the late summer/early fall of 2019 which was significantly higher than previous bills. Matters regarding billing are not subject to review in an appeal as they are within the purview of the Connector’s billing department. The appellant was instructed to contact customer service at 1-877-623-6765 in order to follow up with her billing questions.

Accordingly, based on the evidence in the record, it is concluded that the Connector’s determination on October 17, 2019 regarding the appellant’s eligibility for Health Connector Plans with APTC was correct, 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 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 at 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: ACA20-10397

Appeal Decision: Appeal denied because the Health Connector did not err in denying Appellant’s application for government-subsidized health insurance coverage because Appellant’s eligibility status was not verified.

Hearing Issue: Whether the Health Connector correctly determined Appellant’s eligibility for government-subsidized health insurance coverage in 2020.

Hearing Date: January 10, 2020

Decision Date: January 24, 2020

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act (the “ACA” or “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

By letter dated October 30, 2019, the Health Connector notified Appellant that Appellant was approved to enroll in an unsubsidized Health Connector Plan for 2020 and that the Health Connector did not have enough recent information about Appellant’s household income for Appellant to qualify for a lower-cost plan.

ISSUE

Whether the Health Connector erred in denying Appellant’s application for enrollment in government-subsidized based on lack of documentation of Appellant’s enrollment eligibility.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 10, 2002, accompanied by Appellant’s daughter. The hearing record consists of the testimony heard from Appellant and Appellant’s daughter and the following documents which were admitted into evidence:
Exhibit 1: Health Connector 2017 Form 1095-A APTC Reconciliation letter dated January 12, 2018;

Exhibit 2: Health Connector 2018 Form 1095-A APTC Reconciliation letter dated January 14, 2019;

Exhibit 3: Print-out of the Summary and Results pages from Appellant’s October 6, 2019 application for health insurance coverage in 2020;

Exhibit 4: Medicaid Household Determination record dated December 3, 2019;

Exhibit 5: Health Connector Eligibility Approval letter dated October 30, 2019;

Exhibit 6: Appellant’s request for hearing dated November 7, 2019;

Exhibit 7: Health Connector Appeals Data form and email correspondence with Appellant dated November 25, 2019;

Exhibit 8: Health Connector hearing request acknowledgment letter dated November 14, 2019;

Exhibit 9: Notice of Hearing dated December 13, 2019; and

Exhibit 10: Affidavit from Health Connector Keeper of Records.

FINDINGS OF FACT

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

1. Appellant is an adult resident of Massachusetts who was enrolled in a government-subsidized ConnectorCare Type 1 health care plan until June 21, 2018 when Appellant’s account was administratively closed upon Appellant’s 65th birthday. Exhibits 4 and 7.

2. Appellant is not eligible for Medicare. Testimony; Exhibit 7.


4. By letter dated October 30, 2019, the Health Connector notified Appellant that Appellant was approved for enrollment in an unsubsidized Health Connector Plan for 2020 and that the Health Connector did not have enough recent information about Appellant’s household income for Appellant to qualify for a lower-cost plan. Exhibit 5.

6. Appellant has not filed a Federal tax return for 2018 but intends to do so when filing a return for 2019. Testimony.

ANALYSIS AND CONCLUSIONS OF LAW

Congress enacted the ACA in 2010 “to increase the number of Americans covered by health insurance and decrease the cost of health care.” Nat’l Fed’n of Indep. Bus. v. Sebelius, 132 S.Ct. 2566, 2580 (2012). Section 1311 of the ACA authorizes the states to establish Health Benefit Exchanges to, among other things, facilitate the purchase of qualified health plans (“QHPs”). 42 U.S.C. § 18031(b)(1). The Connector administers the Health Benefit Exchange for Massachusetts through which eligible Massachusetts residents may purchase individual market or non-group health insurance plans. To further the ACA’s goal of making health insurance affordable, the Internal Revenue Code was amended to make tax credits (“APTCs”) available as a form of subsidy to individuals who purchase health insurance through the Exchanges. 26 U.S.C. § 36B(c)(2)(A)(i). In addition to the APTC, eligible Massachusetts residents may receive premium assistance payments from the Health Connector by enrolling in a subsidized Connector Care plan. 956 Mass. Code Regs. 12.04, 12.12(9). One of the requirements to be eligible for APTC is that an individual who received APTC in a prior tax year file a federal income tax return for that year, and reconcile the amount of APTC received against the amount the individual is eligible for. 45 C.F.R. § 155.305(f)(4).

Based on the record, it appears that Appellant’s coverage in a Connector-Care plan was administratively closed in 2018 when Appellant turned 65 which is the age at which persons become eligible for Medicare. The Health Connector’s authority to sell or issue QHP coverage is governed by Federal law including section 1882(d)(3)(A)(i) of the Social Security Act which prohibits the sale of duplicative insurance coverage to individuals who are entitled to Medicare Part A benefits or enrolled in Part B. 42 U.S.C. § 1395ss(d)(3)(A)(i). Appellant did not appeal the administrative closure in 2018.

When Appellant applied in October of 2019 for subsidized health insurance coverage in 2020, there was no recent verified income information, and there was no indication that Appellant had filed a Federal tax return for 2018 reconciling the APTCs received in that year as required under the ACA to continue eligibility for future APTCs. Absent such information, the Health Connector was required by governing Federal regulation to consider Appellant’s eligibility as unverified. 45 C.F.R. § 155.315. Thus, there was no error in the Health Connector’s determination that Appellant was only eligible based on the information available to enroll in unsubsidized coverage in 2020.

ORDER

Based on the foregoing findings and conclusions, the appeal is DENIED, and the Health Connector’s October 30, 2019 eligibility determination is AFFIRMED.

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

1 Section 1882(d)(3)(A)(i) in pertinent part states that it is “unlawful for a person to sell or issue to an individual entitled to benefits under part A or enrolled under part B of this title (including an individual electing a Medicare+Choice plan under section 1851) — (I) a health insurance policy with knowledge that the policy duplicates health benefits to which the individual is otherwise entitled under this title or title XIX,” 42 U.S.C. § 1395ss(d)(3)(A)(i).
If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant was advised during the hearing to contact Health Connector Customer Service at 1-800-MA-ENROLL (1-877-623-6765) between the hours of 8:00 a.m. and 6:00 p.m., Monday – Friday to reopen the application for 2020 government-subsidized coverage and update Appellant’s income information and tax filing status.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-10553

Appeal Decision: Appeal denied because the Health Connector did not err in denying Appellant’s application for government-subsidized health insurance coverage because Appellant had previously not responded to a request for eligibility verification documentation.

Hearing Issue: Whether the Health Connector correctly denied Appellant’s application for government-subsidized health insurance coverage.

Hearing Date: January 7, 2020 Decision Date: January 23, 2020

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act (the “ACA” or “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

By letter dated October 30, 2019, the Health Connector notified Appellant that Appellant was approved to enroll in an unsubsidized Health Connector Plan for 2020 and that the Health Connector did not have enough recent information about Appellant’s household income for Appellant to qualify for a lower-cost plan.

ISSUE

Whether the Health Connector erred in denying Appellant’s application for enrollment in government-subsidized based on lack of documentation of Appellant’s enrollment eligibility.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on January 7, 2020 with the assistance of a Spanish language interpreter. The hearing record consists of the Appellant’s testimony and the following documents which were admitted into evidence:
Exhibit 1: MassHealth Enrollment history;

Exhibit 2: Administrative Closing Record dated December 29, 2018;

Exhibit 3: Print-out of the Summary and Results pages from Appellant’s October 15, 2019 application for 2020 health insurance coverage;

Exhibit 4: Health Connector Eligibility Approval letter dated October 30, 2019;

Exhibit 5: Appellant’s request for hearing dated November 14, 2019;

Exhibit 6: Health Connector Appeals Data form;

Exhibit 7: Health Connector hearing request acknowledgment letter dated November 25, 2019;

Exhibit 8: Notice of Hearing dated December 12, 2019; and

Exhibit 9: Affidavit from Health Connector Keeper of Records.

FINDINGS OF FACT

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

1. Appellant is an adult resident of Massachusetts who was enrolled in Masshealth Standard coverage until January 12, 2019. Testimony; Exhibit 1.

2. On December 29, 2018, Appellant’s Masshealth coverage was deactivated and administratively closed due to a failure to respond to data match. Exhibit 2.

3. Appellant did not intentionally fail to respond to any request to provide eligibility documentation, but Appellant may have mistakenly failed to respond. Testimony

4. Appellant submitted an application to the Health Connector for government-subsidized health insurance coverage in 2020 on October 15, 2019. Exhibit 3. The Health Connector’s summary of the results of Appellant’s application reflects that proofs of income and lawful status in the United States were missing. Id.

5. By letter dated October 30, 2019, the Health Connector notified Appellant that Appellant was approved for enrollment in an unsubsidized Health Connector Plan for 2020 and that the health Connector did not have enough recent information about Appellant’s household income for Appellant to qualify for a lower-cost plan. Exhibit 4.

ANALYSIS AND CONCLUSIONS OF LAW

2
Congress enacted the ACA in 2010 “to increase the number of Americans covered by health insurance and decrease the cost of health care.” Nat’l Fed’n of Indep. Bus. v. Sebelius, 567 U.S. 519, 538 (2012). Section 1311 of the ACA authorizes the states to establish Health Benefit Exchanges to, among other things, facilitate the purchase of qualified health plans (“QHPs”). 42 U.S.C. § 18031(b)(1). The Health Connector administers the Health Benefit Exchange for Massachusetts through which eligible Massachusetts residents may purchase individual market or non-group health insurance plans. 45 C.F.R. § 155.305(a).

When an individual submits an application for health insurance coverage, the Health Connector attempts to verify the applicant’s eligibility pursuant to the federal regulations at 45 C.F.R. § 155.315(d) by checking electronic data sources to confirm the information provided by applicants, including the applicant’s lawful presence and residency status. In cases where the Health Connector cannot verify an applicant’s residency electronically, it requests verifying information from the applicant in accordance with 45 C.F.R. § 155.315(f). If the applicant does not provide the requested verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

In this case, the record shows that Appellant’s prior coverage in MassHealth was deactivated in December of 2018 for failure to respond to a data match related to proof of Appellant’s lawful presence. When Appellant submitted an application to the Health Connector On October 15, 2019 for 2020 government-subsidized coverage, the data sources accessed by the Health Connector’s reflected that the administrative closure and deactivation of Appellant’s MassHealth coverage for failure to respond to a data match. Accordingly, the Health Connector was required to consider Appellant’s lawful presence unverified, and it denied the application of government-subsidized coverage. There was no error in this determination.

ORDER

Based on the foregoing findings and conclusions, the appeal is DENIED, and the Health Connector’s October 30, 2019 eligibility determination is AFFIRMED.

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

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

Hearing Officer

Cc: Connector Appeals Unit
ADDENDUM

Appellant was advised during the hearing to contact MassHealth Customer Service at (800) 841-2900 (Monday-Friday, 8:00 a.m. – 5:00 p.m.) to obtain direction on what eligibility proofs need to be submitted to reactivate Appellant’s MassHealth enrollment. Alternatively, Appellant may contact Health Connector Customer Service at 1-800-MA-ENROLL (1-877-623-6765) between the hours of 8:00 a.m. and 6:00 p.m., Monday – Friday to reopen the application for 2020 government-subsidized coverage with any missing eligibility proofs.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-10584

**Appeal Decision:** Appeal denied because the Health Connector did not err in denying Appellant’s application for government-subsidized health insurance coverage because Appellant had previously not responded to a request for eligibility verification documentation.

**Hearing Issue:** Whether the Health Connector correctly denied Appellant’s application for government-subsidized health insurance coverage.

**Hearing Date:** January 7, 2020  
**Decision Date:** January 24, 2020

---

**AUTHORITY**

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act (the “ACA” or “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**

By letter dated November 1, 2019, the Health Connector notified Appellant that Appellant was approved to enroll in an unsubsidized Health Connector Plan for 2020 and that the Health Connector did not have enough recent information about Appellant’s household income for Appellant to qualify for a lower-cost plan.

**ISSUE**

Whether the Health Connector erred in denying Appellant’s application for enrollment in government-subsidized based on lack of documentation of Appellant’s enrollment eligibility.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone on January 7, 2020. The hearing record consists of the Appellant’s testimony and the following documents which were admitted into evidence:
FINDINGS OF FACT

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

1. Appellant is an adult resident of Massachusetts who was enrolled in health care plans through MassHealth for various periods from 1990 to January 13, 2019. Exhibit 1.


3. Appellant sought medical treatment at a hospital in October of 2019 and did not have a MassHealth enrollment card at the time of admission. Testimony. Appellant believes that the hospital filed the October 20, 2019 application on Appellant’s behalf. Testimony.

4. In processing Appellant’s application for 2020 health insurance coverage, the Health Connector received information that Appellant’s MassHealth coverage had been deactivated and administratively closed due to Appellant’s failure to respond to a request for eligibility data. Exhibit 4.

5. By letter dated November 1, 2019, the Health Connector notified Appellant that Appellant was approved for enrollment in an unsubsidized Health Connector Plan for 2020 and that the Health Connector did not
have enough recent information about Appellant's household income for Appellant to qualify for a lower-cost plan. Exhibit 5.

ANALYSIS AND CONCLUSIONS OF LAW

Congress enacted the ACA in 2010 “to increase the number of Americans covered by health insurance and decrease the cost of health care.” Nat’l Fed’n of Indep. Bus. v. Sebelius, 567 U.S. 519, 538 (2012). Section 1311 of the ACA authorizes the states to establish Health Benefit Exchanges to, among other things, facilitate the purchase of qualified health plans (“QHPs”). 42 U.S.C. § 18031(b)(1). The Health Connector administers the Health Benefit Exchange for Massachusetts through which eligible Massachusetts residents may purchase individual market or non-group health insurance plans. 45 C.F.R. § 155.305(a).

When an individual submits an application for health insurance coverage, the Health Connector attempts to verify the applicant’s eligibility pursuant to the federal regulations at 45 C.F.R. § 155.315(d) by checking electronic data sources to confirm the information provided by applicants, including the applicant’s lawful presence and residency status. In cases where the Health Connector cannot verify an applicant’s residency electronically, it requests verifying information from the applicant in accordance with 45 C.F.R. § 155.315(f). If the applicant does not provide the requested verifying information, the Health Connector will consider the information not verified and issue a new eligibility determination.

In this case, the record shows that Appellant’s prior coverage in MassHealth was deactivated in January of 2019 for failure to respond to a data match related to proof of Appellant’s continued eligibility for government-subsidized health insurance. When Appellant submitted an application to the Health Connector On October 20, 2019 for 2020 government-subsidized coverage, the data sources accessed by the Health Connector’s reflected that the administrative closure and deactivation of Appellant’s MassHealth coverage for failure to respond to a data match. Accordingly, the Health Connector was required to consider Appellant’s eligibility as unverified, and it denied the application of government-subsidized coverage. There was no error in this determination.

ORDER

Based on the foregoing findings and conclusions, the appeal is DENIED, and the Heath Connector’s November 1, 2019 eligibility determination is AFFIRMED.

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

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

Appellant was advised during the hearing to contact MassHealth Customer Service at (800) 841-2900 (Monday-Friday, 8:00 a.m. – 5:00 p.m.) to obtain direction on what eligibility proofs need to be submitted to reactivate Appellant’s MassHealth enrollment. Alternatively, Appellant may contact Health Connector Customer Service at 1-800-MA-ENROLL (1-877-623-6765) between the hours of 8:00 a.m. and 6:00 p.m., Monday – Friday to reopen the application for 2020 government-subsidized coverage and submit any missing eligibility proofs.

Cc: Connector Appeals Unit
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-10650

Appeal Decision: Appeal Denied

Hearing Issue: Appellant’s eligibility for insurance based on access to Medicare

Hearing Date: January 13, 2020  Decision Date: January 21, 2020

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

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR
On November 22, 2019, Appellant was determined ineligible for Health Connector plans. The reason the Appellant was found ineligible is because Appellant had access to Medicare or was enrolled in Medicare.

ISSUE
The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for Health Connector plans, based on the Appellant’s access to Medicare.

HEARING RECORD
Appellant appeared at the hearing which was held by telephone, on January 13, 2020. Also present was a duly sworn interpreter.
The hearing record consists of Appellant’s testimony and the following documents which were admitted into evidence:

Exhibit 1: Health Connector’s Hearing Record Affidavit
Exhibit 2: Correspondence from Appeals Unit
Exhibit 3: Notice of Appeal and support documents
Exhibit 4: Notices on Appeal
Exhibit 5: Eligibility Results and Application Summary
FINDINGS OF FACT
The record shows, and I so find:

1. Appellant was determined ineligible for Health Connector plans on November 22, 2019, based on having access to Medicare or being enrolled in Medicare (Exhibits 4 and 5).
2. At the time of Appellant’s application, the federal government provided information to the Health Connector that the Appellant was enrolled in or eligible for Medicare (Exhibit 4).
3. Appellant filed a Notice of Appeal on December 4, 2019 (Exhibit 3 and Testimony of Appellant).
4. Appellant is enrolled in Medicare (Testimony of Appellant).
5. Appellant is retired and was seeking affordable medical care (Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW
When the Appellant’s eligibility for 2020 coverage was determined on November 22, 2019, the federal government provided information to the Health Connector that the Appellant was enrolled in or eligible for Medicare. Appellant was enrolled in Medicare. See Exhibits 4, 5 and Testimony of Appellant which I find to be credible. The Health Connector is not permitted to sell its non-group health insurance to applicants who are eligible or enrolled in Medicare. See Social Security Act at 42 USC 1395ss(d)(3)(A)(ii)(I). Because the Appellant was eligible and in fact enrolled in Medicare, the Health Connector found that the Appellant was not eligible for Health Connector plans. This was the correct determination and the Appellant’s 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. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM
Appellant was provided with the phone number for SHINE (1-800 841-2900) and MassHealth (1-800 841-2900) to get information about other insurance options available for people who are covered by Medicare.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-10495

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized insurance based on access to Medicare.

Hearing Date: January 8, 2020                Decision Date: January 30, 2020

----------------------------------------------------------------------------------------------------------------------------------

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On November 4, 2019, Appellant was determined ineligible for Health Connector plans. The reason the Appellant was denied subsidies is because the Appellant has access to Medicare or is or is enrolled in Medicare.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was not eligible for Health Connector plans based on the Appellant’s access to Medicare.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 8, 2020. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant and his representative were sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

Exhibit 1: Health Connector’s Hearing Affidavit (1 page)
FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined ineligible for Health Connector plans on November 4, 2019, based on being eligible for Medicare. (Exhibit 5, Appellant’s testimony)
2. Appellant is enrolled in Medicare. (Exhibit 5, & Appellant’s testimony)
3. Appellant testified that she currently has Medicare and has MassHealth as well.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant testified that she has multiple ailments and needs help in paying for treatment.

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

When the Appellant’s eligibility for 2018 coverage was determined on November 4, 2019, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at hearing that she was eligible for Medicare. Because the Appellant was eligible for Medicare, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare. This was the correct determination and the Appellant’s 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. To appeal visit the United States Department of Health and Human Services website, HealthCare.gov/marketplace-appeals or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

**ADDENDUM**
Connector Appeals Unit

FINAL APPEAL DECISION: ACA19-10379

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for ConnectorCare based on income and non-tax filing.

Hearing Date: January 8, 2020                                     Decision Date: January 30, 2020

AUTHORITY

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

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

Appellant submitted an application for subsidized health insurance on November 2, 2019. The Health Connector determined the Appellant to be eligible for Health Connector Plans.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was eligible for Health Connector Plans and not eligible for ConnectorCare Plans.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 8, 2020. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant
was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

Exhibit 1: Health Connector’s Hearing Affidavit (1 page)
Exhibit 2: Health Connector’s Hearing Notice (5 pages, dated December 12, 2019)
Exhibit 3: Health Connector’s Acknowledgement of Appeal (4 Pages)
Exhibit 4: Appeals Unit Staff Case Notes (1 page)
Exhibit 5: Appellant’s appeal request form 1 page dated November 17, 2019)
Exhibit 6: Notice of Eligibility Determination (8 pages, dated October 11, 2019)
Exhibit 7: Health Connector’s Determination Results and Review Computer Printout (8 pages, dated October 11, 2019)
Exhibit 8: Health Connector’s Determination Results and Review Computer Printout (6 pages, dated November 2, 2019)
Exhibit 9: Historical Notices

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant is a 56 year old single male (Exhibit 7 & 8)
2. The Appellant has a household of one. (Exhibit 7 & 8 and Appellant testimony)
3. On his application, dated October 11, 2019 the Appellant entered a manual verified annual modified adjusted gross income of (MAGI) for himself alone of $0.00. (Exhibit 7)
4. The Health Connector found, based on this projected income and household size, that the Appellant’s projected MAGI would place him at 0% of the 2019 Federal Poverty Level (FPL)
5. Appellant then filed another application, dated November 2, 2019 and an income of $0.0080. Appellants income would place them at 0% of the FPL 300% FPL. (Exhibit 8)
6. Appellant received a notice after he had filed his October 11, 2019 application that he had to provide his immigration status to the Health Connector. Appellant did provide his immigration status to the Health connector and this issue was satisfied.
7. Appellant was notified after he submitted his November 2, 2019 application that he had to provide further information regarding his income and his tax filing status.
8. Appellant testified that he had zero income and that he had not filed his tax return since he came to the United States. (Appellant testimony)
9. Appellant testified that he worked sometimes for his friend in the landscaping business but he had no steady work.
10. Appellant testified that he had diabetes and a hole in his heart.

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 have income greater than 100% of the FPL. 45 CFR § 155.305(f)(1)(i). The Appellant attested on his application that his income is below 100% and verified this at the hearing. Because of this, the Health Connector found that the Appellant was not eligible to receive APTC and was also therefore not eligible for ConnectorCare, which was the correct determination.

In addition, under 45 CFR s. 155.305(f)(4), the Exchange may not determine a tax filer eligible for advance payments of the premium tax credit if the tax filer did not comply with the requirements to file an income tax return for that year as required by 26 U.S. 6011,6012 and implementing regulations. In this case, one issue presented was whether the failure to assert that the Appellant would file a tax return was the correct determination. Based on his application and buttressed by his testimony, the determination of the Connector regarding eligibility for APTC and the Massachusetts subsidy was correct.

The Appeal is denied for both of the above stated reasons of non-tax filing and income under 100% of the FPL

ORDER

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

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

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant is urged to contact MassHealth to determine what information is need to qualify Appellant for MassHealth plans. In addition, Appellant is requested to contact the Health Connector to attest to his income and to verify that he will file the appropriate tax returns.