Massachusetts Health Connector Appeals Unit

**FINAL APPEAL DECISION**

**Appeal Decision:** ACA17-5847  
**Hearing Issue:** Appellant’s eligibility for subsidized insurance based on Applicant’s Verified Adjusted Gross Income.  
**Hearing Date:** January 6, 2017  
**Decision Date:** February 26, 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.; 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 27, 2016, the Appellant was determined eligible for health connector plans with an Advance Premium Tax Credit of $0.00. The reason the Appellant was determined to have Advance Premium Tax Credit of $0.00 is because the Appellant’s Verified Adjusted Gross Income was 313.06% of the Federal Poverty Level.

**ISSUE**

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant’s Advance Premium Tax Credit amount of $0.00 was correct based upon the Appellant’s Verified Adjusted Gross Income.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on January 6, 2017.

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

Exhibit 1: Preliminary Eligibility Determination dated August 28, 2016
Exhibit 2: Final Renewal Notice dated October 27, 2016
Massachusetts Health Connector Appeals Unit

Exhibit 3: Appellant’s Appeal Request Form dated November 19, 2016
Exhibit 4: Health Connector’s Determination Results Computer Printout
Exhibit 5: Health Connector’s Review Application Computer Printout
Exhibit 6: Health Connector’s Acknowledgement of Appeal dated November 21, 2016
Exhibit 7: Health Connector’s Hearing Notice dated December 5, 2016
Exhibit 8: Health Connector’s Hearing Record Affidavit
Exhibit 9: Outreach Notes
Exhibit 10: Outreach E-Mails between Appeals Staff and Appellant

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant was determined to have a Verified Adjusted Gross Income of 313.06% of the Federal Poverty Level. (Exhibit 1)
2. The Appellant was instructed to update the information on his account within 30 days of August 28, 2016, if he thought that the information on his account was incorrect. (Exhibit 1)
3. The Appellant was determined to be eligible for $0.00 in Advance Premium Tax Credits based on a Verified Adjusted Gross Income of 313.06% of the Federal Poverty Level. (Exhibit 2)
4. The Appellant testified that he sent verification of his income to the Health Connector’s Ombudsman on January 5, 2017. (Testimony of Appellant)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant stated on the appeal request form that the reason for the appeal was an income issue.

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). Only qualifying coverage that is affordable and meets minimum value standards, as those terms are defined in law, will block an employee from being eligible for APTC. See 26 CFR § 1.36B-2(c)(3). Qualifying coverage includes any group health plan offered through an employer to which an applicant has access; coverage is affordable for plan year 2016 if the employee’s required contribution for self-only coverage is 9.66 percent or less of the employee’s projected household modified adjusted gross income; and coverage meets minimum value standards if it has an actuarial value of at least 60%.

The Appellant was notified on August 28, 2016 that his Verified Adjusted Gross Income was 313.06% of the Federal Poverty Level and that if the information was incorrect, changes needed to be made within 30 days. The Appellant did not verify his information within 30 days. Because of this, the Health Connector correctly
determined that he was eligible for $0.00 in advance premium tax credits. 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 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

**Hearing Issue:** Eligibility for Health Connector plans

**Hearing Date:** November 30, 2016  
**Decision Date:** March 8, 2017

**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 18, 2016, the Health Connector determined that the Appellant was eligible for Health Connector Plan with Advance Premium Tax Credit in 2017 and could renew her coverage, beginning January 1, 2017, in a new health plan, Neighborhood Health Plan/NHP Prime HMO 2000/4000 30/50 35% FlexRX 4-Tier.

**ISSUE**

Whether the Health Connector correctly determined that the Appellant was no longer eligible for ConnectorCare when she renewed coverage for 2017.

**HEARING RECORD**

The Appellant appeared at the hearing, which was held by telephone, on November 30, 2016.

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

- Exhibit 1: Affidavit
- Exhibit 2: 10/18/16 Final Renewal Notice (8 pages)
Massachusetts Health Connector Appeals Unit

Exhibit 3: 11/1/16 Appeal (3 pages)
Exhibit 4: 2017 Eligibility Results (4 pages)
Exhibit 5: 2016 Eligibility Results (4 pages)
Exhibit 6: 11/10/16 Hearing Notice (8 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On August 28, 2016, the Appellant submitted her application to the Health Connector for 2017 coverage. (Exhibit 4)
2. On October 18, 2016, the Health Connector issued a Final Renewal Notice to the Appellant, informing her that it was time to renew her insurance coverage for 2017; that she was no longer eligible for ConnectorCare plans; and, that she was eligible for Health Connector Plan. The Notice provided the name of the Appellant’s 2017 Renewal Plan. The Notice stated that the Appellant’s 2017 Maximum APTC was $30 monthly and that her 2017 monthly premium for her new plan, reduced by her $30 APTC, would be $428.84. (Exhibit 2)
3. On November 1, 2016, the Appellant appealed the Connector’s 10/18/16 determination, stating that she had difficulty in 2016 paying her $161 monthly premium for health insurance and had changed in 2016 to working the 3rd shift (overnight) at her job in order to receive night-shift premium pay, to make her insurance premium affordable. (Exhibit 3)
4. The Appellant had changed to working the night shift in 2016 only because she was struggling to pay her $161 premium for her ConnectorCare coverage and thought that the extra pay would ease her financial stress. (Appellant’s testimony; Exhibit 3)
5. In 2016, the Appellant had qualified for ConnectorCare Plan Type 2B with APTC of $109 monthly based on a verified yearly income of $31,200. This income was 265.08 percent of the Federal Poverty Level (FPL). (Exhibit 5)
6. In 2017, the Appellant qualified for Health Connector Plan with APTC of $30 monthly based on a verified yearly income of more than $31,200, that placed the Appellant’s income at 311.9 percent of the Federal Poverty Level (FPL). (Exhibit 4; Appellant’s testimony)
7. On November 29, 2016, after changing back from the night shift to working the day shift without the night-shift premium pay, the Appellant updated her income on her Health Connector account to reflect this reduction in her pay. As a result, her projected income for 2017 was now 299.39 percent of the FPL, and the Appellant qualified for ConnectorCare Plan Type 3B with APTC in 2017. (Appellant’s testimony)

ANALYSIS AND CONCLUSIONS OF LAW

In this case, the Appellant’s projected income for 2016 and its corresponding percentage of FPL, based on her day-shift income in 2016, placed her below the 300 percent of FPL cut off for qualifying for ConnectorCare plans. Without the Appellant recognizing the significance of her action, when she changed to working the night shift during 2016, in an effort to earn a little more income to pay her current monthly ConnectorCare premium, the Appellant’s income increased enough to put her just over 300 percent of FPL in renewing her coverage for 2017.
The result of no longer qualifying for ConnectorCare plans was that the Appellant’s monthly premium for 2017 nearly tripled the monthly premium that she had been paying in 2016.

It was only after she appealed the Connector’s 10/18/16 determination that she learned what had happened. If she had known that earning the extra night-shift premium was going to make her monthly premium even more difficult for her to afford, the Appellant would never have changed to a shift that was so disruptive of her life. The whole purpose of the Appellant’s change in shift was to ease her financial stress. Soon after learning why her premium had risen so dramatically, the Appellant returned to working a day shift, reported the reduction in her projected income for 2017 to the Connector, and re-qualified for ConnectorCare plans.

However, the issue before is whether the Connector’s 10/18/16 determination was correct, based on the information the Connector had at that time. Accordingly, I conclude that the Health Connector correctly determined, on October 18, 2016, that the Appellant was no longer be eligible for ConnectorCare when she renewed coverage for 2017, under 956 CMR 12.05(3).

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Denied

Hearing Issue: Eligibility for tax credit of ConnectorCare plan

Hearing Date: November 30, 2016  Decision Date: March 8, 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.; 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 18, 2016, the Appellant was determined to be ineligible for help paying for coverage through a tax credit or ConnectorCare plan, because the Appellant has access to Medicare or is enrolled in Medicare.

ISSUE

Whether the Health Connector correctly determined that the Appellant did not qualify for a tax credit or ConnectorCare plan, based on the Appellant’s access to Medicare.

HEARING RECORD

The Appellant appeared at the hearing that was held by telephone on November 30, 2016.

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

Exhibit 1:  Affidavit
Exhibit 2:  10/18/16 Final Renewal Notice (4 pages)
Exhibit 3:  11/2/16 Appeal (3 pages)
FINDINGS OF FACT

The record shows, and I so find:

1. On August 28, 2016, the Appellant submitted to the Health Connector her application for health insurance coverage for 2017. (Exhibit 4)

2. On October 18, 2016, the Health Connector issued a Final Renewal Notice to the Appellant, stating that the Connector had determined that the Appellant qualified for a Health Connector Plan but did not qualify for help paying for the coverage through a tax credit or ConnectorCare plan, because the Appellant had access to another source of coverage that met minimum essential coverage standards. The Notice further stated that the Appellant’s current (2016) coverage was a ConnectorCare Plan and that her 2017 Health Connector Plan would cost her a monthly premium of $463.99. (Exhibit 2)

3. The Appellant is eligible for Medicare, and the Appellant has been enrolled in Medicare since about May/June 2016. The Appellant would like help paying her medication copayment. (Exhibits 3 and 6; Appellant’s Testimony)

4. On November 2, 2016, the Appellant appealed the Connector’s 10/18/16 determination, stating that the reason for her appeal was “Income,” that she received income only from SSDI, and that she could not afford a monthly premium of $463.99. (Exhibit 3)

5. The Appellant would like to obtain additional financial assistance through the Health Connector in paying for health insurance coverage. (Appellant’s testimony)

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant is seeking subsidized health insurance coverage through the Connector.

The Appellant stated on her appeal request form that she could not afford the insurance that was made available to her, and disputes the finding that she is not eligible for subsidies to help make her insurance more affordable.

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.¹ 45 CFR § 155.305(f)(1)(ii)(B); 26 IRC § 5000A(f)(1)(A)(i).

When the Appellant’s eligibility for 2016 coverage was determined on November 10, 2015, the federal government provided information to the Health Connector that the Appellant was eligible for Medicare. The Appellant confirmed at hearing that she is eligible for Medicare and has been enrolled in Medicare since May/June 2016. Because the Appellant is eligible for Medicare, the Health Connector found that the Appellant was not eligible to receive APTC and, therefore, was also 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 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

Addendum: The Appellant is 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.

Cc: Health Connector Appeals Unit

¹ In general, applicants to the Health Connector are not eligible for any Health Connector plan, because the Social Security Act prohibits the sale of duplicative health coverage to Medicare beneficiaries. See 42 USC 1395ss(d)(3)(A)(i). However, an applicant who was enrolled in a Health Connector plan in 2016 must be permitted to renew coverage in the same plan for 2017. See 45 CFR § 147.106. While such applicants must be offered the opportunity to renew coverage, they will not be eligible for subsidies.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized health insurance; income; tax filing status

Hearing Date: January 18, 2017

Decision Date: February 13, 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.; 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

Eligible for MassHealth Standard.

ISSUE

Based upon the information provided by Appellant and available to the Connector, whether the Connector made the correct determination.

HEARING RECORD

The Appellant’s representative appeared at the hearing, which was held by telephone, on January 18, 2017. The hearing was recorded. The hearing record consists of the Appellant’s representative’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 (12-21-16) (7 pages); |
| Exhibit 3: | Outreach notes (2 pages); |
| Exhibit 4: | Acknowledgment of Appeal (11-7-16) (6 pages); |
| Exhibit 5: | Hearing Request Form (10-29-16) (with documents) (8 pages); |
| Exhibit 6: | Final Renewal letter (10-19-16) (8 pages); |
| Exhibit 7: | Information from application and re results (21 pages); and |

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Exhibit 8: AVV form (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant filed an application for subsidized health insurance through the Health Connector (Exhibits 6, 7).
2. The Appellant has a tax household size of three (Exhibit 7).
3. The Federal Poverty Level (FPL) was determined to be 114.05% based upon the projected income.
4. Appellant initially indicated that Appellant was a non-tax filer.
5. Appellant subsequently attested to filing a tax return, and was determined eligible for MassHealth Standard (Exhibit 7).
6. The determination of the Connector was correct based upon the information available to the Connector.

ANALYSIS AND CONCLUSIONS OF LAW

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 FPL is over 100%, however Appellant was deemed eligible for MassHealth. Appellant initially indicated that Appellant was a non-tax filer, but later attested to being a tax filer, and was then deemed eligible. 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 2015 from the federal government will be reconciled when you file your taxes in 2016. 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 2015 (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 2015 (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 2015 will be paid to you when you file your taxes in 2016.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Denied

Hearing Issue: Eligibility for subsidized insurance

Hearing Date: November 30, 2016 Decision Date: March 9, 2017

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

The Appellant submitted an application for subsidized health insurance on October 26, 2016. The Health Connector determined the Appellant to be eligible for Health Connector plans without subsidies.

ISSUE

Whether the Health Connector correctly determined that the Appellant was not eligible for subsidized insurance coverage.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on November 30, 2016.

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

Exhibit 1: Affidavit
Exhibit 2: 10/16/16 Eligibility Approval Notice (10 pages)
Exhibit 3: 11/3/16 Appeal
Massachusetts Health Connector Appeals Unit

Exhibit 4:  11/4/16 Acknowledgment of Appeal (2 pages)
Exhibit 5:  2016 Eligibility Results (4 pages)
Exhibit 6:  11/4/16 2017 Eligibility Results/ Application (4 pages)
Exhibit 7:  11/28/16 2017 Eligibility Results/ Application (2 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. On October 16, 2016, the Health Connector issued to the Appellant a Notice of Eligibility Approval for 2017 health insurance coverage, stating that he was eligible for Health Connector Plans, starting January 1, 2017, and that he did not qualify for help paying for coverage through a tax credit or ConnectorCare plan. (Exhibit 2)

2. On October 26, 2016, the Appellant submitted an application to the Health Connector for 2017 coverage. The application showed the Appellant’s verified FPL to be 151.52%. On that same date, the Health Connector notified the Appellant of the determination that the Appellant qualified for Health Connector Plans only, beginning January 1, 2017. (Exhibits 3 and 6)

3. On November 3, 2016, the Appellant appealed the Connector’s 10/26/16 determination, stating that he was unsure why he did not qualify for help paying for coverage when he had received help the year before. (Exhibit 3; Appellant’s testimony)

4. On August 21, 2015, the Appellant submitted his application for 2016 health insurance to the Health Connector. Based on his household’s FPL of 169.92%, the Appellant qualified for ConnectorCare Plan Type 2B with an Advance Premium Tax Credit (APTC) of $173, in 2016. (Exhibit 5)

5. In April 2016, the Appellant filed his 2015 federal tax return. The Appellant had ConnectorCare coverage with APTC in 2015. The Appellant did not file IRS Form 8962 or reconcile the APTC he had received in 2015 with his actual 2015 income. At the time, the Appellant was not aware of his obligation to file a Form 8962 and reconcile any APTC credits that he had received during the tax year. (Appellant’s testimony)

6. On October 26, 2016, the Health Connector determined that the Appellant did not qualify for help paying for coverage through a tax credit or ConnectorCare plan in 2017, because he had not complied with 45 CFR § 155.305(f)(4). (Exhibit 2)

7. The Appellant intends to contact IRS immediately after the hearing in this case about filing an IRS Form 8962 for Tax Year 2015 and reconciling his APTC for 2015. (Appellant testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain tax households are eligible for a premium tax credit if they meet qualifying income levels and other eligibility requirements. Tax households eligible for APTC who are at or below 300% of the Federal Poverty Level are also eligible to enroll in ConnectorCare, a Massachusetts-based program that provides additional subsidies to help make the cost of insurance more affordable. 956 CMR § 12.04.

Applicants looking to claim one of these exceptions must attest that they will file their taxes in accordance with the required certification, which appears on Form 8962.
In this case, the Appellant stated on his appeal request form that he had received assistance paying for coverage in the past and could not understand why he had been denied such help for 2017. At hearing, the Appellant acknowledged that he had not reconciled the APTC that he had received in 2015, when he filed his 2015 federal tax return in April 2016. The Appellant was unaware of his obligation under the Law to do this, at the time, but stated at the hearing that he would take immediate steps to file the Form 8962 for 2015 and reconcile his APTC for 2015. Nevertheless, as he had not reconciled his 2015 APTC as of October 26, 2016, the Appellant failed to meet the eligibility requirements for an APTC in 2017, under 26 IRC § 36B and 45 CFR § 155.305(f). In addition, the Appellant was not eligible to enroll in ConnectorCare in 2017, under 956 CMR § 12.04, because he was not eligible for APTC.

Therefore the Health Connector correctly determined, on October 26, 2016, that the Appellant was not eligible for APTC or ConnectorCare in 2017, but was only eligible for an unsubsidized Health Connector Plan.

ORDER

The appeal is denied.

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

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

Hearing Officer

Cc: Health Connector Appeals Unit
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized health insurance; income; tax filing status

Hearing Date: January 18, 2017

Decision Date: February 13, 2017

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

Eligible for MassHealth Care Plus.

ISSUE

Based upon the information provided by Appellant and available to the Connector, whether the Connector made the correct determination.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on January 18, 2017. The Appellant gave permission for Appellant’s representative to speak on behalf of Appellant. The hearing was recorded. The hearing record consists of the Appellant’s and the Appellant’s representative’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 (12-21-16) (7 pages);
Exhibit 3: Conditional Withdrawal form (12-14-16) (2 pages);
Exhibit 4: Outreach notes (2 pages);

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Massachusetts Health Connector Appeals Unit

Exhibit 5: Acknowledgment of Appeal (11-16-16) (11 pages);
Exhibit 6: Hearing Request Form (10-29-16) (with letter and documents) (17 pages);
Exhibit 7: Final Renewal letter (10-18-16) (8 pages);
Exhibit 8: Information from application and re results (23 pages); and
Exhibit 9: AVV form.

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant filed an application for subsidized health insurance through the Health Connector (Exhibits 7, 8).
2. The Appellant has a tax household size of two (Exhibit 8).
3. The Federal Poverty Level (FPL) was determined to be 14.98% based upon the projected income.
4. Appellant initially indicated that Appellant was a non-tax filer.
5. Appellant subsequently attested to filing a tax return, and was determined eligible for MassHealth Care Plus (Exhibit 8).
6. The determination of the Connector was correct based upon the information available to the Connector.

ANALYSIS AND CONCLUSIONS OF LAW

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 FPL is under 100%, and, therefore, Appellant was deemed eligible for MassHealth. Appellant initially indicated that Appellant was a non-tax filer, but later attested to being a tax filer, and was then deemed eligible. 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

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**Massachusetts Health Connector Appeals Unit**

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 2015 from the federal government will be reconciled when you file your taxes in 2016. 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 2015 (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 2015 (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 2015 will be paid to you when you file your taxes in 2016.
Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION

Appliance Decision: Appeal Denied

Hearing Issue: Eligibility for subsidized health insurance; income

Hearing Date: February 23, 2017
Decision Date: March 9, 2017

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

Eligible for ConnectorCare Plan Type 2B with Advance Premium Tax Credit.

ISSUE

Based upon the information provided by Appellant and available to the Connector, whether the Connector made the correct determination.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on February 23, 2017. The hearing was recorded. The hearing record consists of the Appellant’s testimony and the following documents which were admitted into evidence without objection by Appellant:

Exhibit 1: Affidavit of Record Verification and procedures (2 pages);
Exhibit 2: Notice of Hearing (2-1-17) (4 pages);
Exhibit 3: Outreach notes (1 page);
Exhibit 4: Acknowledgment of Appeal (1-20-17) (3 pages);
Exhibit 5: Hearing Request Form (1-10-17) (with documents) (3 pages);

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Massachusetts Health Connector Appeals Unit

Exhibit 6: Eligibility Approval letter (12-20-16) (6 pages);
Exhibit 7: Information from application and results (5 pages);
Exhibit 8: Information about available health insurance plans (1 page); and
Exhibit 9: MMIS form (1 page).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant filed an application for subsidized health insurance through the Health Connector (Exhibits 6, 7).
2. The Appellant has a tax household size of one (Exhibit 7).
3. The amount of projected yearly modified adjusted gross income (MAGI) that was listed on the application for Appellant was $20,071.20 (Exhibit 7 and Testimony).
4. Based upon the information provided by Appellant, the Federal Poverty Level (FPL) would be approximately 168.95%.
5. Based upon the information available to the Connector, the Appellant was determined to be at 168.95% percent of the Federal Poverty Level (FPL) (Exhibit 7).
6. Appellant was determined eligible for ConnectorCare Plan Type 2B, with Advanced Premium Tax Credits and Massachusetts subsidy (Exhibit 6).
7. Appellant previously had MassHealth Standard and wanted to continue to have it due to significant medical and medication needs (Testimony and Exhibit 9). Appellant’s MassHealth Standard had been terminated as of November 30, 2016 (Testimony and Exhibit 9).
8. The determination of the Connector was correct based upon the information available to the Connector.

ANALYSIS AND CONCLUSIONS OF LAW

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 FPL is under 300%, and, therefore, Appellant is eligible for the additional Massachusetts subsidy, as well as for the Advance Premium Tax Credits.

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.

Page 2 of Appeal Number: ACA176522
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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 2015 from the federal government will be reconciled when you file your taxes in 2016. 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 2015 (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 2015 (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 2015 will be paid to you when you file your taxes in 2016.

Note: Appellant was advised to contact MassHealth to determine appeal rights for MassHealth Standard.