



# Learning Series

Massachusetts HealthCare Training Forum (MTF)

Winter 2024

## MassHealth and the Health Connector Updates

# MA Health Care Learning Series

The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via [MAhealthconnector.org](http://MAhealthconnector.org).

# Agenda

- **MAhealthconnector.org System Updates**
- **Health Connector Special Enrollment Period (SEP) Review**
- **End of Year Tax Filing Reminders**
- **APTCs, the Inflation Reduction Act & the Pilot ConnectorCare Expansion**
- **Member Scenarios**

# MAhealthconnector.org System Updates

# Benefits of Continuous Eligibility (CE)

- Continuous eligibility (CE) means that members retain coverage for the appointed period even if they experience changes in their circumstances that would otherwise affect eligibility
- Continuous Eligibility (CE) is a valuable tool that helps states ensure that certain populations stay enrolled in the health coverage for which they are eligible and have consistent access to needed health care services
- CE promotes health equity by limiting gaps in coverage for low-income children and adults
- We are excited to extend CE to three important populations
  - Members released from jail or prison
  - Individuals Verified Chronically Homeless
  - Children under the age of 19

## Benefits of Continuous Eligibility

- Drives more efficient health care spending
- Improves health status and wellbeing in the short and longer term
- Mitigates the impact of income volatility on families
- Promotes health equity
- Reduces administrative burden and costs
- Enhances the ability to fully measure the quality of care
- Provides states with better tools to hold health plans accountable for quality and improved health outcomes

# Continuous Eligibility Populations

- **Members released from jail or prison (April 2023)**
  - Provides 12-months continuous eligibility to adults under age 65 upon release from public institution for the first year they return to the community
- **Verified Chronically Homeless Adults (December 2023)**
  - Provides 24-months continuous eligibility to adults who are verified homeless under age 65
- **Children (January 2024)**
  - Provides 12-months continuous eligibility to children under age 19
- **Reasons someone may lose coverage before their CE period ends**
  - Ages out
  - Moves out of state
  - Voluntarily withdraws
  - Deceased
  - Incorrectly deemed eligible at time of application

# Continuous Eligibility: How it Applies

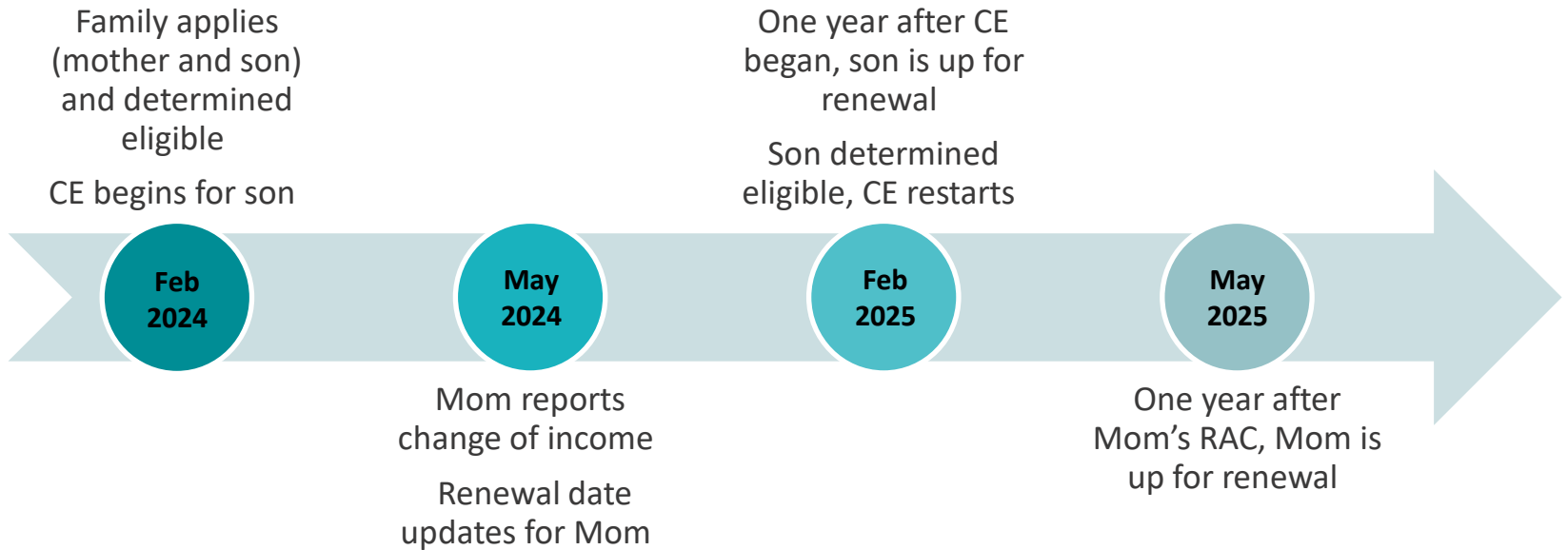
- Application: The CE period for **new applicants** begins on the effective date of eligibility
  - Note: Chronically homeless needs to be verified from the state system, therefore the CE date will happen post eligibility
- Renewal and Redetermination: MassHealth will apply continuous eligibility for the appropriate time periods when a member is renewed
- Regardless of change in circumstance(s), members with CE will not lose coverage during the designation time period
- CE is unique to the individual within the household and does not apply to the entire household
- Household members without CE still need to report changes, respond to RFIs, and complete renewals or they will risk losing coverage

## Continuous Eligibility for children under 19

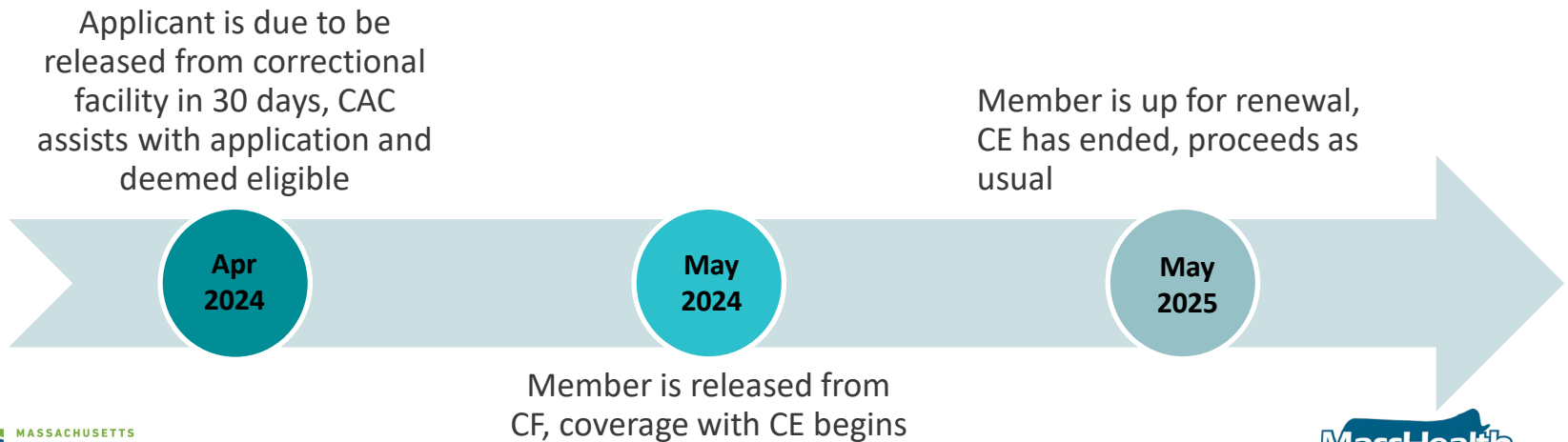
- **As of 1/1/24**, all children have had CE applied to their eligibility
  - Start date of their CE aligns with their last redetermination

# CE Scenarios (slide 1 of 2)

## Children



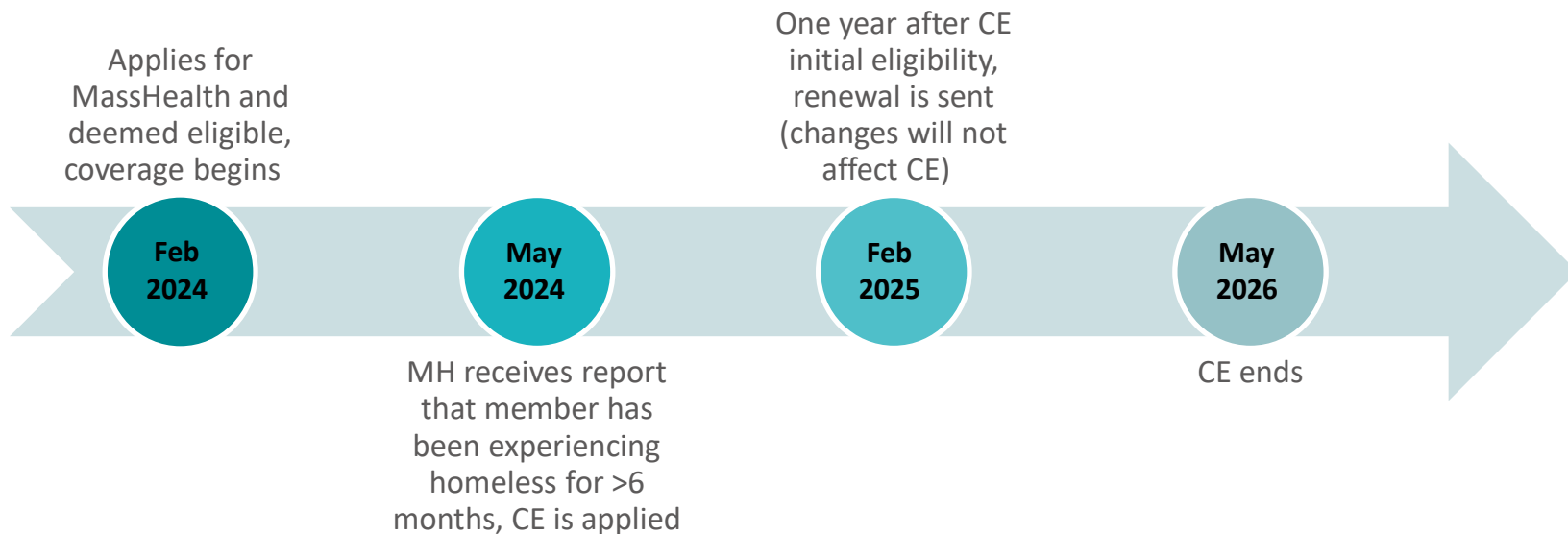
## Released





# CE Scenarios (slide 2 of 2)

## Chronically Homeless



# System Updates

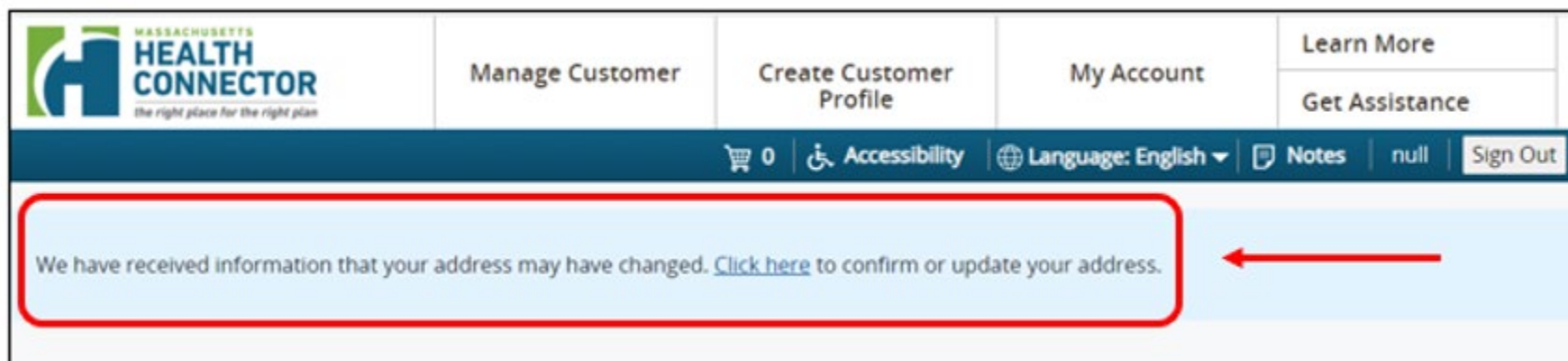
On December 15th, 2023, Release 28 was deployed in the online system at MAhealthconnector.org or commonly known as HIX.

The following updates have taken place:

## Health Equity

- Health equity questions are optional
- Changes to written and spoken language:
  - Spoken language added American Sign language (ASL)
  - Written language Chinese-Simplified will replace Chinese-Cantonese and Mandarin

# Address Change



When MassHealth receives notification of an address change:

- A banner message will display on the Account dashboard
- Members will have **15 days** to update or confirm address

## Address Change (continued)

Portal users will be able to update address by:

- Selecting **Click Here** within the banner message
- Report a change function

If member/applicant does not respond within the timeframe provided, a termination notice will be sent for one of the following reasons:

- “Whereabouts unknown”
- “Moved out of state”
- Note: If the forwarding address is in state, the address will be updated, and member's coverage will not be terminated

# Who Are Your Household Members?

HIX updated the verbiage in the existing pop-up message on the "Who Are Your Household Members?" Screen.

- Messages will display when a member moves from applying to not applying and when a member is being removed from an application
- The warning message will inform the User before they proceed that the member will lose coverage

**Important: Review & Confirm Your Selections**

If you remove a household member from your application, they will no longer be eligible for your health or dental plan and will lose coverage.

Answer "Yes" if you want to proceed with your selections or "Cancel" to change your answers.

# Periodic Data Matching

On behalf of myself and all of the people listed on this application I understand, represent and agree as follows:

If I or anyone else on my application is enrolled in Health Connector coverage and is later found to be eligible for Medicare during the plan year, the Health Connector can automatically end that person's health plan. This means that anyone who loses financial help in paying for their Health Connector plan because they have Medicare won't have to stay enrolled in a Health Connector plan and pay full cost. \*

I agree to allow the Health Connector to end the coverage of the people on my application who are found to have Medicare.

I don't give the Health Connector permission to end the coverage of the people on my application who are found to have Medicare. I understand that the affected people will no longer be eligible for financial help and will need to pay full cost for their Health Connector plan.

Continue

- New Medicare attestation question has been added
  - Question will be displayed in the online application before "Rights and Responsibility" page
  - On member renewal form, question will display after "Health Reimbursement Account Information"
- This will impact members who are eligible for Advance Premium Tax Credits (APTC) and Medicare has been verified through data matching process

# MassHealth Notices Updates

The following notices have updated language:

- For members "No longer living in household," there has been updated language on next steps
- Automatic Renewal Notice has been updated to reflect MassHealth premium information and monthly amount
- Non-Custodial Parent language has been updated to remove the words "Absent Parent" and include the child's name whom the information is required

# New Income RFI Extension & New Income Rules for Health Connector Members

The system was updated to align with new federal regulation requiring the Health Connector to systematically allow an Income RFI extension, when the member does not submit their verification within the 90-day timeframe.

- A “**60 day**” extension will be applied for any “**Income RFI**” when the member has APTCs
- This extension is based on “**current year**” eligibility not “**renewal year**”
  - When the Income RFI deadline expires and the response from the electronic data match is an error, the TAX FPL will be based on self-attested income for the Program Determination (PD)



# **Health Connector Special Enrollment Period (SEP) Review**

# Special Enrollment Periods (SEP)

If an individual qualifies for a SEP, they can enroll in or change health insurance plans outside the annual Open Enrollment period.

- **Changes that allow an individual to qualify for a SEP are called Qualifying Events, and may include:**
  - Changes in household composition, income, immigration status, or address
  - Certain life changes, like getting married, having a baby, or losing job-based health insurance
  - All Qualifying Events should be reported as soon as possible
- **A SEP gives someone 60 days from the date of the qualifying event to select a new plan**
  - Individuals may pay after the 60-day window, but they must submit a plan selection in the shopping process within 60 days—a plan in their shopping cart is not enough
  - Payment and enrollment deadlines still apply during a SEP

# Qualifying Events

- Gains a dependent or becomes a dependent as a result of:
  - Marriage
  - Birth, adoption or placement for adoption or foster care or court-ordered care of a child
- Loses minimum essential coverage (MEC) for a reason other than failure to pay premiums or fraud
- Loses pregnancy-related coverage or medically needy coverage under the Social Security Act
- Is enrolled in Health Connector coverage and loses a dependent because of death, divorce or legal separation
- Moves to Massachusetts or gains access to new plans as a result of a permanent move (including release from incarceration)
- Is an American Indian or Alaska Native
- Becomes a Lawfully Present individual
- Is determined newly eligible for ConnectorCare or has a ConnectorCare plan type change
- Is enrolled in Health Connector coverage and becomes newly eligible or ineligible for APTCs
- Is a victim of domestic abuse or spousal abandonment
- Start or end of a ConnectorCare premium waiver
- Exceptional circumstances
- Waiver from the Office of Patient Protection
- Erroneously enrolled or not enrolled due to error, misrepresentation, or misconduct or inaction of the Health Connector or entity affiliated with the Health Connector providing enrollment activities
- Carrier substantially violated a material provision of its contract with the enrollee
- NOTE: A new applicant who applies during closed enrollment and is determined eligible for tax credits only and who doesn't meet another qualifying event above, does NOT qualify for an SEP as a result.

# ConnectorCare SEPs

Becoming newly eligible for ConnectorCare gives consumers **60 days to enroll** from the date of the eligibility determination. This includes individuals who recently became eligible for ConnectorCare due to the FPL limit increase to 500%.

- The online system will look at any existing eligibility to determine if consumer is newly eligible
- ConnectorCare members cannot change plans unless they experience a new qualifying event, which includes a change of plan type or the start or end of a ConnectorCare premium waiver
  - **Example:** John applies on **4/1 and is determined ConnectorCare eligible**. He has 60 days to shop. He picks a plan and pays his first premium by the due date and is enrolled in a ConnectorCare plan
  - **In June**, John reports an income change to his application that **results in a ConnectorCare Plan Type change**. John is eligible to change plans, as a ConnectorCare Plan Type change is a qualifying event

# Helping those no longer eligible for MassHealth coverage

As a reminder when working with applicants and members, if someone loses their MassHealth coverage as part of the ongoing MassHealth renewal process, that is considered a [Qualifying Life Event \(QLE\)](#). This means they can enroll in a plan with the Health Connector outside of the regular Open Enrollment Period.

The Health Connector will continue to extend a special enrollment period until November 23, 2024 for those individuals who lost MassHealth

- a. during calendar year 2024, or
- b. on or after April 1, 2023 and have since been determined eligible for but remain unenrolled in a qualified health plan

For more information, review the Health Connector's [Administrative Information Bulletin 01-24](#) **Guidance Regarding Special Enrollment Periods Due to the End of the Medicaid Maintenance of Effort (MOE) and the Federal COVID-19 Public Health Emergency (PHE) and National Emergency for Calendar Year 2024.**

*Note: These rules do not apply to enrollment in MassHealth, HSN, CMSP or a Health Connector dental plan or those enrolling in Health Connector for Business.*

# Health Connector Policies

To review the complete policy on qualifying events for individuals and families go to: [Policy NG-5 Mid-Year Life Events or Qualifying Events \(mahealthconnector.org\)](https://www.mahealthconnector.org/about/policy-center/policies)

To find all of the Health Connector policies, go to the Policy Center

[Policies – Massachusetts Health Connector \(mahealthconnector.org\)](https://www.mahealthconnector.org)

The screenshot shows the website's interface. At the top, there is a dark blue navigation bar with a search icon, a 'Get an Estimate' button, and a 'Help Center' link. Below this is the main header area featuring the Massachusetts Health Connector logo on the left and navigation links for 'GET STARTED', 'LEARN', and 'ABOUT' on the right. The main content area has a light gray background with the heading 'Policies'. Below the heading, there is a paragraph of text: 'These policies are for insurance plans offered through the Health Connector. From time to time, our policies...'. This is followed by a section titled 'Policy Groups:' which contains a bulleted list: 'Non-group Policies – For individuals and families, only' and 'Small-group Policies – For Health Connector for Business, only'. Below the list, there are two more sections: 'Non-Group Policies' and 'Eligibility'. The 'Eligibility' section contains two links: 'NG-1: Eligibility for Individual / Family Plan' and 'NG-2: Eligibility for Federal and State Financial Support for Individual / Family Plan'. The browser's address bar at the top shows the URL: https://www.mahealthconnector.org/about/policy-center/policies.

# Health Connector Resources

# Health Connector Consumer Resources

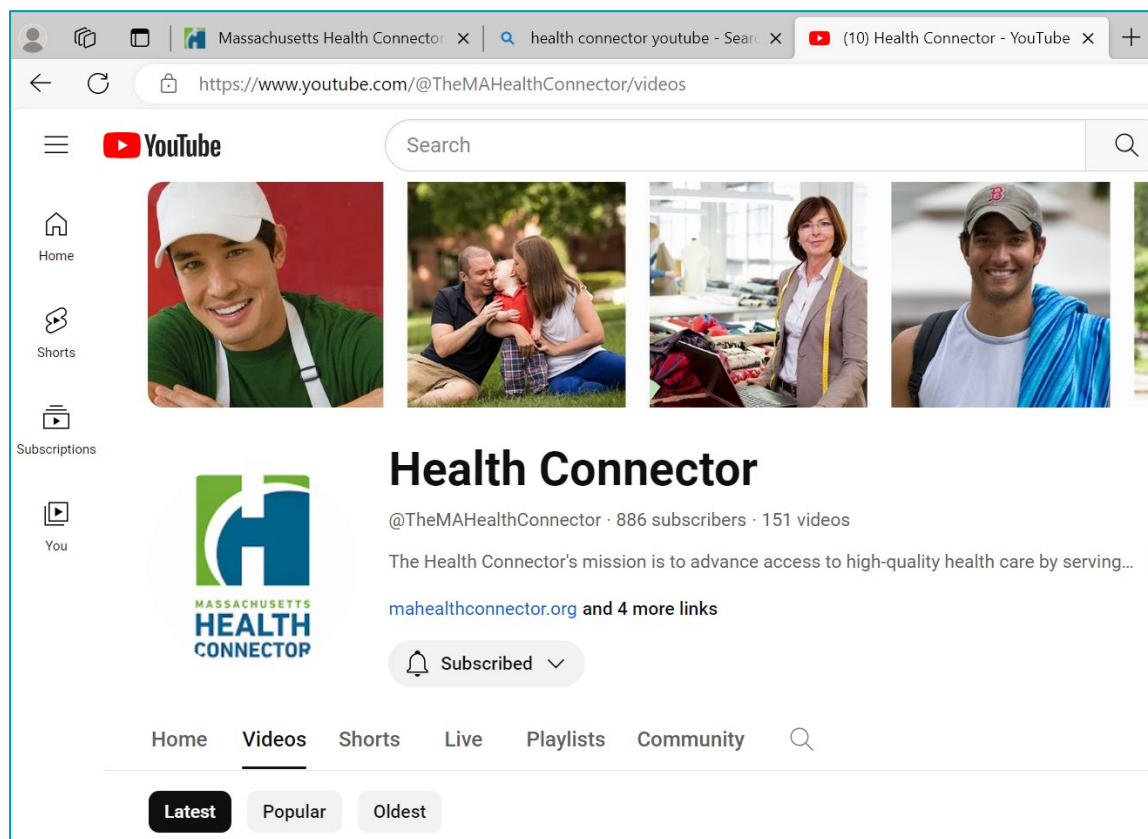
The Health Connector continues to update consumer resources in English as well as other common languages. Go to the Resource Download Center to access information about shopping, subsidies and ConnectorCare benefit details:

[Resource Download Center – Massachusetts Health Connector \(mahealthconnector.org\)](https://mahealthconnector.org)

To review past public webinar presentation go to the Health Connector's YouTube Channel

Certain content is available in Spanish, Portuguese and Haitian Creole

[Health Connector - YouTube](https://www.youtube.com/@TheMAHealthConnector)



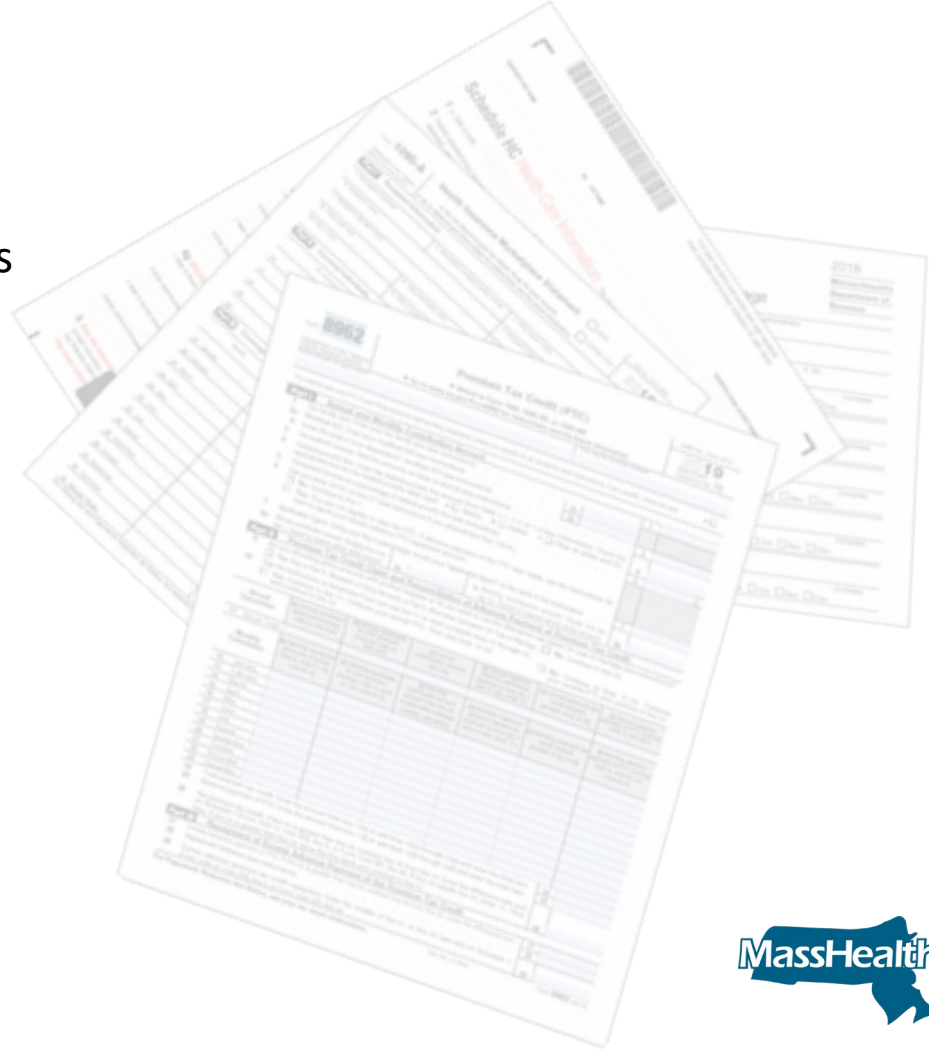


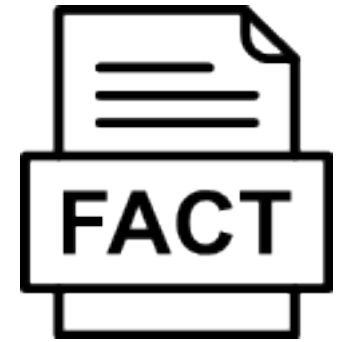
# End of Year Tax Filing Reminders

# Health Coverage and Taxes

Health insurance information is needed for federal and state taxes for two reasons:

1. Determining subsidy eligibility
2. Meeting coverage requirements





## Important Facts

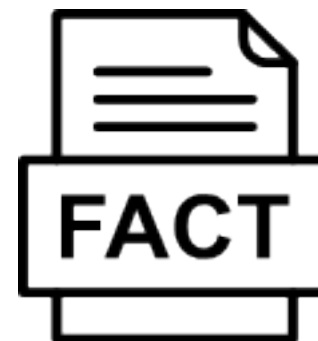
### Federal Tax Filing:

Consumers that receive federal advance premium tax credits (APTCs) must file and reconcile them on their federal tax return in order to continue to be eligible for them in future years

- An applicant's tax filing status also impacts their ability to receive tax credits. For example, married couples must file taxes jointly to receive access to APTCs (except for victims of domestic abuse or spousal abandonment)
- In **2017** the Tax Cuts and Jobs Act set the penalty for the federal individual mandate to \$0 beginning with tax year **2019**
  - Individuals will not have to show that they had health insurance coverage when filing their federal taxes
  - Individuals that did not have Minimal Essential Coverage (MEC) for all or part of the year will not have to pay a penalty or file for an exemption **on their federal tax return**

# New Consideration for APTCs

Related to Federal Tax Filing:

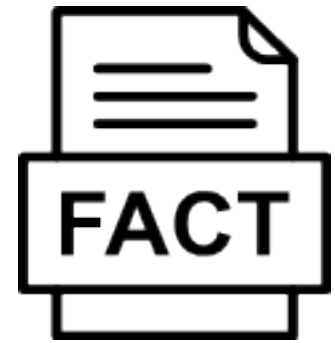


Individuals are required to file taxes and reconcile APTCs for any year in which they receive APTC and should be encouraged to file their taxes as soon as possible if they haven't already.

For members re-enrolling in coverage for 2025, individuals who do not file their taxes and reconcile their APTCs for **two** consecutive years, will NOT qualify for APTCs.

- As an example, someone you are helping is a ConnectorCare member and received APTCs for coverage years 2022 and 2023. They did not file taxes or reconcile their premium tax credits for 2022 or 2023
- When shopping for 2025 coverage, they will NOT have access to APTC

# Health Coverage and Taxes



## Important Facts

### State Tax Filing:

The Massachusetts Individual Mandate is still in effect

- Massachusetts requires most adults 18 and over to purchase health insurance if it is affordable to them and meets Minimum Creditable Coverage (MCC) standards
- Consumers will have to provide proof of their enrollment in health coverage on their state taxes
  - Failure to have health insurance for the entire year may result in a **state tax penalty**
  - Consumers may be able to get an exemption if Minimum Creditable Coverage is not affordable for them or for other special circumstances or hardships

# Complying with the State Individual Mandate

- If members had coverage for **the full year**, they check a box for full year coverage on their state income tax return
- If they did not have coverage for the full year, they should use the **Form(s) 1099-HC** they received to complete **Schedule HC** with their tax return to report **their months of coverage**
- If a member needs to apply for a state mandate exemption, they can indicate their **wish to appeal** on the **Schedule HC** when they file their state taxes
  - The Massachusetts Department of Revenue will send them a letter asking for more proof of their hardship, which the Health Connector will review
  - No penalty will be assessed until the Health Connector has made a decision

# Health Connector Members Get 1095 and 1099-HC

These forms will be used when members file their Massachusetts **State Taxes and Federal Taxes**

Program	1095 info	1099-HC info
ConnectorCare	1095-A from the Health Connector	1099-HC from their health plan (carrier)
QHP with APTC or unsub		
Catastrophic plan	1095-B from their health plan (carrier)	
Health Connector for Business		

To request a correction to form 1095-A:

- If Members believe there's a mistake on their **form 1095-A**, they should call **Health Connector Customer Service**. A Customer Service Representative can let members know if a corrected form is needed

# MassHealth Members Get 1095-B and 1099-HC

MassHealth members enrolled in certain MassHealth coverage types must:

- File taxes showing proof of coverage for each month in which they were enrolled in MEC during the calendar year

Program	1095 Info	1099-HC Info
Standard	1095-B from MassHealth	1099-HC from MassHealth, unless member was 18 years or older and was <150% FPL all year
CarePlus	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
CommonHealth	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
Family Assistance (Direct Coverage)	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
Health Safety Net	No form – not MEC	No form – not MCC
Limited	No form – not MEC	No form – not MCC

- **For questions** about the Form MA 1099-HC or Form 1095-B, or to request a **duplicate copy of either form**, contact the MassHealth Customer Service Center at (866) 682-6745, TTY: 711 for people who are deaf, hard of hearing, or speech disabled
- Learn more at [Important tax filing information for MassHealth members](#)





# Members with Overlapping Health Connector and MassHealth Coverage

There are situations when a member can get tax credits even though they have other coverage. They will receive two 1095 forms showing the overlapping coverage for those months

- For example, people who transitioned between MassHealth and Health Connector programs or those who received retroactive MassHealth eligibility

In general, if a member thinks their overlapping coverage was valid, they can report **Health Connector coverage only for that month** when filing their taxes

- They do not need a corrected form from MassHealth, even if they do not report the MassHealth coverage on their taxes
- MassHealth must tell a member if they had MassHealth coverage for at least one day in a month, but the member must decide if that coverage means they must repay tax credits

# Members with Overlapping Health Connector and MassHealth Coverage (continued)

IRS regulations say that if there is overlapping coverage with Medicaid (MassHealth) and a subsidized plan with APTCs/ConnectorCare through the Health Connector, the consumer will not have to pay back subsidies for that first overlapping month of coverage following an eligibility change.

However, they may have to repay the APTCs starting the second month after the eligibility determination.

# Important Dates for filing 2023 taxes

Dates	Action
Mid-Late January	1095-A forms sent to all Health Connector members enrolled in a QHP (including ConnectorCare members)
January	1095-B forms will be sent to certain MassHealth Members
March 1 <sup>st</sup>	Individuals are asked to report any corrections to 1095 or 1099-HC forms to the Health Connector and/or MassHealth and new forms to be sent out prior to the tax filing deadline
April 17 <sup>th</sup>	State and Federal Tax filing deadline

# Key Points for Tax Filing

# Key Points for Tax Filing (slide 1 of 2)

**Health Connector members enrolled in a Qualified Health Plan (including ConnectorCare) must:**

- Reconcile any APTCs they received during the year on their federal tax returns
- Members get APTCs based on their projected income. At tax time, they must "reconcile," or compare, the amount of credits they received in advance during the year against the amount they qualify for based on the income they calculated on their tax return
- Households that did not claim an APTC during the year may claim a **Premium Tax Credit when they file their taxes** if they are eligible for one, even if they did not request financial assistance when they applied
- There is not a requirement to file state income taxes based on enrollment in a Health Connector plan the same way enrollees who receive tax credits must file a federal return.
  - However, enrollees who do file a state return will be asked to show proof of coverage that meets Minimum Creditable Coverage (MCC) standards
  - All health insurance plans sold through the Health Connector meet the MCC standards

# Key Points for Tax Filing (slide 2 of 2)

## Remind members:

- Tax filing status also impacts a member's ability to receive tax credits. For example, married couples must file taxes jointly to receive APTCs
- Tell the state about any changes such as income, job loss or change, marriage or pregnancy, to help minimize unexpected repayments when reconciling their taxes
- Keep MassHealth and Health Connector documents as they may be needed if the IRS or their tax preparer has questions about their coverage:
  - 1095 and 1099-HC forms
  - Eligibility and enrollment notices which can be used to help determine their coverage effective date
- They can indicate their wish to apply for a state mandate exemption on their Schedule HC when filing their state taxes
- There is free tax assistance available, if needed

# Free Tax Assistance

# Free Tax Assistance (continued)

**VITA: The Volunteer Income Tax Assistance (VITA) program** offers free tax help to people who generally make \$64,000 or less, persons with disabilities and limited English speaking taxpayers who need assistance in preparing their own tax returns. IRS-certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals.

**TCE: The Tax Counseling for the Elderly (TCE) program** offers free tax help for all taxpayers, particularly those who are 60 years of age and older, specializing in questions about pensions and retirement-related issues unique to seniors. The IRS-certified volunteers who provide tax counseling are often retired individuals associated with non-profit organizations that receive grants from the IRS.

**AARP Foundation Tax-Aide**: offers free tax help to anyone especially for those age 50 and older who can't afford a tax preparation service. IRS-certified volunteers understand that retirement or other life changes may make tax filing a little more complicated. AARP membership is not required.



# Helpful Tax Resources

- Free Tax Return Preparation for Qualifying Taxpayers

<https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>

- Affordable Care Act (ACA) Tax Provisions

<http://www.irs.gov/Affordable-Care-Act>

- Individual Shared Responsibility Provision

<https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision>

- Health Connector tax resources

<https://www.mahealthconnector.org/taxes>

# **APTCs, the Inflation Reduction Act & the Pilot ConnectorCare Expansion**

# APTCs and Inflation Reduction Act Savings

**As a reminder, the Inflation Reduction Act makes more people eligible for more federal subsidies through tax credits to decrease the cost of their monthly premium.**

- There is no income limit for receiving APTCs, anyone who would pay more than 8.5 percent of their household income is eligible to receive them
- The system checks to see if a household would need to pay more than 8.5 percent of its income towards health insurance – and if so, that gap is filled in with the availability of APTCs to help make coverage more affordable to a consumer and their family
- Sometimes, the cost of a health plan (with APTCs) gives a member a monthly premium that is below the state's affordability threshold
- Certain factors make it more likely that someone will see a premium below the affordability threshold, like their age and the region of the state that they live in

# APTCs and the Pilot ConnectorCare Expansion

**REMINDER:** The newly expanded ConnectorCare program increases the program's income limit from 300 to 500 percent of the FPL – allowing more people to become eligible to enroll in a ConnectorCare plan with more savings.

- These plans combine federal subsidies (APTCs) with an additional state contribution to create lower monthly premiums
- The program also reduces costs through lower cost sharing for benefits and NO deductibles – regardless of the plan someone chooses to enroll with

*As an Assister, you may see lots of differences in premium pricing even within the ConnectorCare program. Premiums depend on the plan someone chooses to enroll with, the amount of APTC they qualify for, plus their age and the region of the state where they reside.*

# Premium Price Variation Example (slide 1 of 3)

Isabelle is 35 years old, lives in Amherst, MA (01002) and makes approximately 42,000 a year.

Based on that information, she may qualify for a ConnectorCare plan with the lowest cost premium of \$142 a month with \$224 in tax credits.

## Estimated Eligibility

Based on what you told us, your household may qualify for an Advance Premium Tax Credit to help lower your monthly health insurance premium cost. Your maximum tax credit amount is: **\$224**

You are eligible for silver plans with monthly premium as low as: **\$142**

Household Member	Potential Eligibility
Person 1 (35)	ConnectorCare Plans with Advance Premium Tax Credit. <b>\$</b>

# Premium Variation Example (slide 2 of 3)

Isabelle has a twin sister, Beth, who also lives in Amherst, MA (01002), but she makes approximately \$37,000 a year.

Based on that information, she may qualify for a ConnectorCare plan with the lowest cost premium of \$107.07 a month with \$269 in tax credits.

## Estimated Eligibility

Based on what you told us, your household may qualify for an Advance Premium Tax Credit to help lower your monthly health insurance premium cost. Your maximum tax credit amount is: ● **\$269**

You are eligible for silver plans with monthly premium as low as: ● **\$107.07**

Household Member	Potential Eligibility
Person 1 (30)	ConnectorCare Plans with Advance Premium Tax Credit. ●

# Premium Price Variation Example (slide 3 of 3)

Isabelle has an Aunt Maria, who also lives in that same area of Amherst, MA (01002) is 60 years of age and makes approximately 37,000 a year.

Based on her information, she may qualify for a ConnectorCare plan with the lowest cost premium of \$89.17 a month with \$602 in tax credits

## Estimated Eligibility

Based on what you told us, your household may qualify for an Advance Premium Tax Credit to help lower your monthly health insurance premium cost. Your maximum tax credit amount is: **\$602**

You are eligible for silver plans with monthly premium as low as: **\$89.17**

### Household Member

### Potential Eligibility

Person 1 (60)

**ConnectorCare Plans with Advance Premium Tax Credit. 1**

# Premium Price Variation Example (3 of 3)

Isabelle has an Aunt Maria, who also lives in that same area of Amherst, MA (01002) is 60 years of age and makes approximately 37,000 a year.

Based on her information, she may qualify for a ConnectorCare plan with the lowest cost premium of \$89.17 a month with \$602 in tax credits

## Estimated Eligibility

Based on what you told us, your household may qualify for an Advance Premium Tax Credit to help lower your monthly health insurance premium cost. Your maximum tax credit amount is: **\$602**

You are eligible for silver plans with monthly premium as low as: **\$89.17**

Household Member	Potential Eligibility
Person 1 (60)	ConnectorCare Plans with Advance Premium Tax Credit. <b>1</b>



**Thank you!**