

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06106-5033

██████████ 2016
Signature Confirmation

Request # 740154

NOTICE OF DECISION

PARTY

████████████████████
████████████████████
████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2015, the Health Insurance Exchange, Access Health CT (“AHCT”) sent a Notice of Action (“NOA) discontinuing ██████████ (the “Appellant”) and her children’s Medicaid/Husky D.

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department’s determination of discontinuance of such benefits.

On ██████████ ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, the Appellant requested to reschedule her administrative hearing.

On ██████████ 2016, the OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, AHCT requested the reschedule, and the OLCRAH issued a notice on ██████████ 2016, rescheduling the administrative hearing for ██████████ 2016.

On [REDACTED] 2016, in accordance with sections 17b-60, 17-61 and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, and 45 C.F.R. §§ 155.505 (b) and 155.510 OLCRAH held an administrative hearing.

The following individuals participated in the hearing:

[REDACTED] Appellant
Judy Boucher, AHCT's Representative
Swati Sehgal, Hearing Officer

The Hearing record remained open for the submission of additional information.
The Hearing Record closed on [REDACTED] 2016.

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly discontinued the Medicaid/Husky D.

FINDINGS OF FACT

1. On [REDACTED] 2014, the Appellant was granted Medicaid/Husky D for her family consisting of the Appellant and her two daughters; [REDACTED] and [REDACTED] 24 and 21 years old, respectively. (Case Record, AHCT's testimony)
2. On [REDACTED] 2015, AHCT completed a Renewal Application [REDACTED] and determined the Appellant and her family to be ineligible for Medicaid/Husky D; however Medicaid/Husky D did not close until [REDACTED]/15. (AHCT's testimony)
3. The Appellant did not receive any Notice of discontinuance of Medicaid/Husky D from AHCT in [REDACTED] 2015. (Appellant's testimony)
4. On [REDACTED] 2015, The Appellant contacted AHCT to report changes, which created new application ID [REDACTED] (Appellant's testimony, Exhibit B: printout of Application [REDACTED])
5. On [REDACTED] 2015, AHCT issued a NOA informing the Appellant of the eligibility for Qualified Health Plan ("QHP") for her family with an effective date of [REDACTED] 2015 and denial of Medicaid/Husky D. (Exhibit A: NOA date [REDACTED]/15)

6. The Appellant's daughter, [REDACTED] has incurred medical bills in the amount of \$10,000 from a surgery performed in [REDACTED] 2015. (Appellant's testimony)
7. The Appellant's family is eligible to receive QHP with Advance Premium Tax Credit ("APTC") and enroll in a plan as of [REDACTED] 2016. (AHCT's Summary and Exhibit D: Enrollment Details)

CONCLUSIONS OF LAW

1. Sec. 17b-260. (Formerly Sec. 17-134a). Acceptance of federal grants for medical assistance. The Commissioner of Social Services is authorized to take advantage of the medical assistance programs provided in Title XIX, entitled "Grants to States for Medical Assistance Programs", contained in the Social Security Amendments of 1965 and may administer the same in accordance with the requirements provided therein, including the waiving, with respect to the amount paid for medical care, of provisions concerning recovery from beneficiaries or their estates, charges and recoveries against legally liable relatives, and liens against property of beneficiaries.
2. Sec. 17b-260. (Formerly Sec. 17-134a). Acceptance of federal grants for medical assistance. The Commissioner of Social Services is authorized to take advantage of the medical assistance programs provided in Title XIX, entitled "Grants to States for Medical Assistance Programs", contained in the Social Security Amendments of 1965 and may administer the same in accordance with the requirements provided therein, including the waiving, with respect to the amount paid for medical care, of provisions concerning recovery from beneficiaries or their estates, charges and recoveries against legally liable relatives, and liens against property of beneficiaries.
3. 45 Code of Federal Regulations ("CFR") § 155.505(c)(1) provides that Exchange eligibility appeals may be conducted by a State Exchange appeals entity or an eligible entity described in paragraph (d) of this section that is designated by the Exchange, if the Exchange establishes an appeals process in accordance with the requirements of this subpart.
4. 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).

5. 45 CFR § 155.110(a)(2) provides that the State may elect to authorize an Exchange established by the State to enter into an agreement with an eligible entity to carry out one or more responsibilities of the Exchange. Eligible entities are: the State Medicaid agency, or any other State agency that meets the qualification of paragraph (a)(1) of this section.
6. Title 42 CFR §431.245 provides for notifying the applicant or beneficiary of a State agency decision; The agency must notify the applicant or beneficiary in writing of—
 - (a) The decision; and
 - (b) His right to request a State agency hearing or seek judicial review, to the extent that either is available to him.
7. Title 42 CFR §431.211 provides for advance notice; The State or local agency must send a notice at least 10 days before the date of action, except as permitted under §§431.213 and 431.214.
8. UPM 1570.10(A)(1) provides for Notice requirements; Except in situations described below, the Department mails or gives adequate notice at least ten days prior to the date of the intended action if the Department intends to discontinue, terminate, suspend or reduce benefits.
9. The AHCT failed to provide adequate notice at least ten days prior to the date of discontinuance of Medicaid/Husky D.
10. The AHCT was incorrect to discontinue the Medicaid/Husky D effective [REDACTED] 2015.

DISCUSSION

The Health Insurance Exchange; Access Health CT asserts that a Notice was sent out to the Appellant in [REDACTED] of 2015 informing her discontinuance of Husky D and grant of QHP effective [REDACTED] 2015; however AHCT failed to produce that notice. The Appellant argued that she had no knowledge of discontinuance of her Husky D as she did not receive any notice and stayed active on Husky D until [REDACTED] 2015. The Appellant further states that she only received notice after she contacted AHCT to report changes on [REDACTED] 2015.

This hearing officer finds that AHCT incorrectly discontinued the Appellant's Medicaid/ Husky D without providing an adequate notice at least ten days prior to the date of discontinuance of Medicaid/Husky D.

DECISION

The Appellant's appeal is **GRANTED**

ORDER

1. Access Health will reopen the Appellant's [REDACTED] 2014 application for medical insurance coverage through the HUSKY D Medicaid program with an effective date of [REDACTED] 2015.
2. Access Health will regrant medical coverage for the Appellant and her family under the HUSKY D Medicaid program for the months of [REDACTED] and [REDACTED] of 2015.
3. Compliance with this order shall be forwarded to the undersigned no later than [REDACTED] 2016.

Swati Sehgal

Swati Sehgal
Hearing Officer

Cc: Health Insurance Exchange; Access Health CT

APTC/CSR

Right to Appeal

For APTC or CSR eligibility determinations, the Appellant has the right to appeal to the United States Department of Health and Human Services (HHS) within 30 days of the date of this decision. To obtain an Appeal Request Form, go to <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/> or call 1-800-318-2596 (TTY: 1-855-889-4325). HHS will let the Appellant know what it decides within 90 days of the appeal request. There is no right to judicial review of the decision by HHS.

There is no right to request reconsideration for denials or reductions of Advanced Primary Tax Credits (APTC) or Cost Sharing Reduction (CSR).

MEDICAID AND CHIP

Right to Request Reconsideration

For denials or reductions of MAGI Medicaid and CHIP, the appellant has the right to file a written reconsideration request within 15 days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a(a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

There is no right to request reconsideration for denials or reductions of Advanced Primary Tax Credits (APTC) or Cost Sharing Reduction (CSR).

Right to Appeal

For denials, terminations or reductions of MAGI Medicaid and CHIP eligibility, the appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 25 Sigourney Street, Hartford, CT 06106. A copy of the petition must also be served on all parties to the hearing.

The **45** day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than **90** days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.

