

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

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

Application # ██████████
Client ID # ██████████
Hearing Request # 749922

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Health Insurance Exchange Access Health CT (“AHCT”) sent ██████████, (the “Appellant”) a notice discontinuing her Medicaid/Husky D insurance.

On ██████████ 2016, the Appellant requested a hearing to contest the discontinuance of Medicaid/Husky D benefits.

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

On ██████████ 2016, in accordance with sections 17b-60, 17b-264, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, chapter 45 Code of Federal Regulations (“CFR”) §§ 155.505(b) and 155.510 and/or 42 CFR § 457.1130, the OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ Appellant
Debra Henry, AHCT Representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly discontinued the Appellant's Medicaid/Husky D healthcare coverage.

FINDINGS OF FACT

1. The Appellant was a recipient of Medicaid/Husky D (Hearing Record).
2. The Appellant is the only member of her household (Appellant's Testimony).
3. The Appellant turned 65 (DOB [REDACTED]/50) on [REDACTED] 2015 (Appellant's Testimony).
4. On [REDACTED] 2015, AHCT issued a notice to the Appellant stating that their records indicated she or a member of her household would turn 65 years old within the next 60 days (Exhibit C: AHCT notice, [REDACTED]/15).
5. On [REDACTED] 2015, AHCT issued a notice to the Appellant denying Medicaid. The Appellant was denied because she did not meet any MAGI (modified adjusted gross income) Medicaid or CHIP ("Children's Health Insurance Program") criteria (Exhibit D: Change Reporting Eligibility Decision for Healthcare Coverage notice, [REDACTED]/15).
6. On [REDACTED] 2016, the Appellant contacted AHCT to reapply for healthcare coverage after she received the [REDACTED] 2015 Husky D termination notice (Appellant's Testimony).
7. On [REDACTED] 2016, AHCT issued a notice to the Appellant denying Medicaid. The Appellant was denied because she did not meet any MAGI Medicaid or CHIP criteria (Exhibit E: Change Reporting Eligibility Decision for Healthcare Coverage notice, [REDACTED]/16).
8. On [REDACTED] 2016, the Appellant submitted an Application for healthcare coverage. The Appellant was denied because she did not meet any MAGI Medicaid or CHIP criteria (Exhibit A: Application # [REDACTED] dated [REDACTED]/16 with Eligibility Determination, Hearing Record).
9. On [REDACTED] 2016, AHCT issued a notice to the Appellant denying Medicaid. The Appellant was denied because she did not meet any MAGI Medicaid or CHIP criteria (Exhibit B: Change Reporting Eligibility notice dated [REDACTED]/16).

10. The Appellant's Medicaid/Husky D coverage terminated effective [REDACTED] 2016 (Hearing Record).
11. The Appellant is neither a child under the age of nineteen nor an adult under the age of 65 (Hearing Record).
12. The Appellant will become eligible for Medicare benefits effective [REDACTED] 2016 (Appellant's Testimony).
13. The Appellant's employer is [REDACTED]. She earns \$2,500.00 per month (Appellant's Testimony).
14. The federal poverty limit ("FPL") for a household of one in [REDACTED] 2016 was \$981.00 per month (Federal Register).

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes ("CGS") provides for 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. Section 17b-264 of the CGS provides for the extension of other public assistance provisions. All of the provisions of sections 17b-22, 17b-75 to 17b-77, inclusive, 17b-79 to 17b-83, inclusive, 17b-85 to 17b-103, inclusive, and 17b-600 to 17b-604, inclusive, are extended to the medical assistance program except such provisions as are inconsistent with federal law and regulations governing Title XIX of the Social Security Amendments of 1965 and sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive, and 17b-357 to 17b-361, inclusive
3. Title 45 of the 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. 42 CFR § 435.119 provides that Medicaid health coverage is available to individuals age 19 or older and under age 65 at or below 133 percent of the Federal Poverty Limit (“FPL”).

(a) Basis. This section implements section 1902(a)(10)(A)(i)(VIII) of the Act.

(b). Eligibility. Effective January 1, 2014, the agency must provide Medicaid to individuals who:

- 1) Are age 19 or older and under age 65;
 - 2) Are not pregnant;
 - 3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act
 - 4) Are not otherwise eligible for and enrolled for mandatory coverage under a State’s Medicaid State plan in accordance with subpart B of this part; and
 - 5) Have household income that is at or below 133 percent FPL for the applicable family size.
7. 45 CFR § 155.3052(d) provides for the children’s health insurance program (“CHIP”) eligibility. The Exchange must determine an applicant eligible for CHIP if he or she meets the requirements of 42 CFR § 457.310 through § 457.320 and has a household income, as defined in 42 CFR § 435.603(d), at or below the applicable CHIP MAGI-based income standard.
 8. 42 CFR § 457.320(a)(2) provides that age related eligibility standards for CHIP include ages up to but not including age 19.
 9. The Appellant is neither a child under the age of 19 nor an adult age 19 but under age 65.
 10. AHCT correctly determined that the Appellant did not meet any MAGI Medicaid or CHIP criteria.
 11. AHCT correctly terminated the Appellant’s Husky D insurance for failing to meet MAGI Medicaid or CHIP criteria.

DISCUSSION

AHCT determined the Appellant did not meet any MAGI Medicaid or CHIP criteria and correctly terminated the Appellant's Husky D coverage effective [REDACTED] 2016. It is recommended that the Appellant contact her local Department of Social Services office to explore eligibility for non-MAGI related Medicaid.

DECISION

The Appellant's appeal is **DENIED.**



Carla Hardy
Hearing Officer

Pc: Debra Henry, 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 Premium 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, 55 Farmington Avenue, Hartford, CT 06105-3725.

There is no right to request reconsideration for denials or reductions of Advanced Premium 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, 55 Farmington Avenue, Hartford, CT 06105. 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.

