

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 # ██████████
Hearing Request # 787389

NOTICE OF DECISION

PARTY

██████████
████████████████████
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PROCEDURAL BACKGROUND

On ██████████ 2016, the Health Insurance Exchange Access Health CT (“AHCT”) approved ██████████ (“The Appellant”) application for his daughter, ██████████ (“The Applicant”)’s CHIP (“Children’s Health Insurance Plan”)/Husky B healthcare coverage, with an effective date of ██████████ 2016.

On ██████████ 2016, The Appellant requested a hearing to contest the effective date of CHIP/Husky B benefits.

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

On ██████████ 2016, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ Appellant’s spouse
Judy Boucher, Health Insurance Exchange Access Health CT Representative
Marci Ostroski, Hearing Officer

The Hearing record remained open for the submission of additional documentation. No information was received from AHCT and the record closed ██████████ 2016.

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly determined the effective date of the CHIP/Husky B healthcare insurance.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Appellant filed an online application with Access Health for medical coverage for his daughter, the Applicant. (Appellant's spouse's testimony, Ex. 9: Application [REDACTED])
2. The Applicant was previously discontinued from HUSKY B effective [REDACTED] 2016. (Ex. 6: Notice of Action [REDACTED]/16, AHCT testimony)
3. During the application the Appellant reported income of \$51,000.00 per year, \$4644.00 per month (Ex. 9: Application [REDACTED])
4. The Appellant's family falls within the HUSKY B/CHIP band 1 guidelines. (Ex. 10: Eligibility Determination for Application [REDACTED])
5. On [REDACTED] 2016 AHCT granted the application for the Applicant for HUSKY B/CHIP Band 1 with an effective date of [REDACTED] 2016. (Ex. 11: Notice of Action [REDACTED]/16, Ex. 10: Eligibility Determination for Application [REDACTED])
6. The Appellant is seeking coverage to begin [REDACTED] 2016. (Appellant's Spouse's testimony)
7. On [REDACTED] 2016 the Hearing Record was left open for the submission of the current CHIP State Plan or relevant CHIP State Regulations. AHCT did not provide the requested information.

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. 45 CFR § 155.3052(d) provides for Eligibility for CHIP. 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.
7. 42 CFR 457.340 (f) provides for Effective date of eligibility. A State must specify a method for determining the effective date of eligibility for CHIP, which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between CHIP and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage.
8. The Department failed to specify a method for determining the effective date of eligibility for the Appellant’s HUSKY B CHIP Band 1.

DISCUSSION


The Appellant applied online for benefits for his daughter on [REDACTED] 2016. On that date Access Health determined that she was eligible for HUSKY B CHIP Band 1 effective [REDACTED] 2016. The Appellant's spouse testified that he was seeking coverage for the months of [REDACTED] 2016. AHCT as an agent of the Department of Social Services testified during the administrative hearing that the HUSKY B CHIP rules prevented retroactive coverage but failed to provide evidence of those regulations therefore, the appeal is granted.

DECISION

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

ORDER

1. The Department will grant the HUSKY B CHIP Band 1 for the Appellant's daughter for the retroactive month of [REDACTED] 2016 pending all other factors of eligibility exist
2. Compliance with this order will be forwarded to the undersigned within ten(10) days of this decision, [REDACTED] 2016.



Marci Ostroski
Fair Hearings Officer

Pc: Judy Boucher, 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.

