

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

Client ID# ██████████
Hearing Request # 787827

NOTICE OF DECISION
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Health Insurance Exchange Access Health CT (“AHCT”) sent ██████████ (“The Appellant”) a Notice of Action (“NOA”) stating that her daughter, ██████████ ██████████, was eligible for HuskyB/CHIP (“Children’s Health Insurance Plan”) –Band 2 healthcare coverage.

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, OLCRAH issued a notice rescheduling 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
Stephanie Arroyo, Health Insurance Exchange Access Health CT Representative
Veronica King, Hearing Officer

The Hearing record remained open for the submission of additional documentation. No information was received 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. The Applicant was a recipient of the Medicaid Husky A. On December 2015, the Appellant received a letter stating that her Medicaid Husky A coverage would end on [REDACTED] 2016. (Hearing Record and Appellant's Exhibit A: Email, [REDACTED]/16)
2. On [REDACTED] 2016, the Appellant filed a renewal paper application and submitted to AHCT for medical coverage for herself and minor daughter, [REDACTED] [REDACTED] Exhibit 1: Renewal Eligibility Decision for Healthcare Coverage, Application ID# [REDACTED] [REDACTED] 16 and Hearing Record)
3. The Appellant's daughter falls within the HUSKY B/CHIP band 2 guidelines. (Exhibit 1)
4. On [REDACTED] 2016, AHCT sent a notice stating that [REDACTED] was eligible for the Husky B/CHIP – Band 2 beginning on [REDACTED]/2016. The notice also states "Please read this entire notice" (page one), "Select a program or choose a health plan", "For the Husky Health Program, you may complete the attached program selection form and return to: PO BOX #670, Manchester, CT 06045-0670" (page 2). (Exhibit 1)
5. The Appellant did not complete and send the Husky program selection form. (Hearing Record)
6. On [REDACTED] 2016, the Appellant took her daughter to the doctors and learned that the Husky B- Band 2 insurance was inactive. (Exhibit A and Hearing Record)
7. On [REDACTED] 2016, the Appellant submitted a telephone application through AHCT call center. The child was enrolled on the Husky B/Chip – Band 2 effective [REDACTED] 2016. (Hearing Record)
8. The Appellant is seeking coverage to begin [REDACTED] 2016. (Appellant's testimony)

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. AHCT it is the health insurance marketplace (also called exchanges) authorized by the Department of Social Services (“the Department”).
7. 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.
8. AHCT correctly determined that the Appellant’s minor child was financial eligible for Medicaid Husky B/ CHIP.

9. 42 CFR § 457.340 (e)(1) provides for Notice of Decision concerning Eligibility. A State must provide each applicant or enrollee a written notice of any decision on the application or other determination concerning eligibility. If eligibility is approved, the notice must include information on the enrollee's rights and responsibilities under the program, including the opportunity for review of matters described in § 457.1130.
10. AHCT correctly provided the Appellant with a Notice of Eligibility Decision for Healthcare Coverage. The notice included the Appellant's rights and responsibilities.
11. On [REDACTED] 2016 the Hearing Record was left open for the submission of verification of CHIP's premium payments. The Appellant did not provide any additional document.
12. The Appellant failed to complete the application process when failed to complete the Program selection form.
13. AHCT correctly did not begin Husky B/ CHIP- band 2 coverage for the Appellant's minor child effective [REDACTED] 2016, because the Appellant failed to complete the enrollment process.

DISCUSSION

The Appellant testified that she had received the Notice of Eligibility Decision for Healthcare Coverage sent on [REDACTED]/16 stating her daughter was eligible for the Husky B/CHIP- band 2 effective [REDACTED]/16. She testified that she was unaware of the required steps to complete the enrollment into the Husky B/CHIP – band 2. It is clear and evident that AHCT provided the Appellant with a completed notice informing the Appellant of the required steps to complete the Husky B/CHIP- band 2 enrollment.

The Appellant argued that once she received the [REDACTED]/16 notice, she assumed that everything was fine and only became aware that her daughter's insurance was inactive on [REDACTED]/16 when she took her to the doctors. In addition, she argued that when she called the customer services number, the representative said they did not know why the insurance was inactive as the system was showing the child being eligible. The customer service representative was not able to determine that the Appellant had not completed the required steps to fully enroll the child into Husky B/CHIP – band 2. The Appellant reapplied for the program on [REDACTED]/16 for her child, on that date Access Health determined that she was eligible for HUSKY B/CHIP- band 2 effective [REDACTED] 2016. The hearing record was held open until [REDACTED] 2016, to allow the Appellant to provide proof of that testimony. No new evidence was provided.

The evidence shows that AHCT correctly determined that the Husky B/CHIP- band 2 coverage could not be granted retroactive because the Appellant failed to complete the application/ enrollment requirements timely.

DECISION

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

Veronica King

Veronica King
Fair Hearings Officer

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.