

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

██████████ 2016
Signature confirmation

Application: ██████████
Hearing request: 801225

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2016, the Health Insurance Exchange Access Health CT (“AHCT”) approved ██████████ (the “Appellant”)’s ██████████ 2016 application for medical coverage for her two minor children through the Children’s Health Insurance Plan (“CHIP”)/HUSKY B program.

On ██████████ 2016, the Appellant telephoned a request for an administrative hearing to contest the effective date of her children’s CHIP/Husky B medical coverage. Although this hearing request was not filed within statutory requirement of within 60 days of the date of AHCT’s ██████████ 2016 notice of the grant of coverage, the Office of Legal Counsel, Regulations, and Administrative Hearings honored the Appellant’s request for an administrative hearing.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings issued a notice scheduling the administrative hearing for ██████████ 2016. The Appellant was granted a postponement of the ██████████ 2016 administrative hearing.

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

████████████████████, Appellant
Krystal Sherman-Davis, AHCT representative
Eva Tar, Hearing Officer

The administrative hearing record closed [REDACTED] 2016.

STATEMENT OF ISSUE

The issue to be decided is whether AHCT correctly determined that the Appellant's minor children did not qualify under the CHIP/HUSKY B program for retroactive medical coverage for [REDACTED] 2016.

FINDINGS OF FACT

1. On [REDACTED] 2016, the Appellant filed an online application with AHCT for medical coverage for her children. (AHCT's Exhibit 1: Application, [REDACTED]/16)
2. The Appellant's household consists of herself, her husband, and two minor children. (AHCT's Exhibit 1)
3. The Appellant's minor children were born on [REDACTED] 2013 and [REDACTED] 2016. (Appellant's testimony)
4. On her [REDACTED] 2016 online application, the Appellant reported her household of four as having received \$45,000.00 in annual income in 2016. (AHCT's Exhibit 1)
5. In 2016, the Appellant received \$45,000.00 in wages. (Appellant's testimony)
6. In 2016, the Appellant's spouse received between \$32,000.00 and \$35,000.00 in wages. (Appellant's testimony)
7. On her [REDACTED] 2016 online application, the Appellant underreported her household's 2016 income by at least \$32,000.00.
8. On her [REDACTED] 2016 online application, the Appellant reported her personal monthly income to be \$1,935.00. (AHCT's Exhibit 1)
9. The Appellant believes that her monthly income in [REDACTED] 2016 was approximately \$400.00 less per month than she had reported on the [REDACTED] 2016 online application due to her having started a part-time job in early [REDACTED] 2016. (Appellant's testimony)
10. On her [REDACTED] 2016 online application, the Appellant reported her husband's personal monthly income to be \$2,580.00. (AHCT's Exhibit 1)
11. It cannot be conclusively determined from the hearing record whether the Appellant accurately reported her monthly income and her husband's monthly income on the [REDACTED] 2016 online application.

12. AHCT relied on the Appellant's [REDACTED] 2016 representations of her household's monthly income in making its determination that the Appellant's minor children were eligible for medical coverage. (AHCT's representative's testimony)
13. AHCT granted the Appellant's minor children CHIP/HUSKY B "Band 1" medical coverage, with an effective start date of coverage of [REDACTED] 2016. (AHCT's representative's testimony)(AHCT's Exhibit 2: Eligibility Determination, undated)(AHCT's Exhibit 3: Enrollment Details, undated)
14. The Appellant's minor children's private medical insurance coverage through the Appellant's employer ended [REDACTED] 2016. (Appellant's testimony)
15. The Appellant is seeking medical coverage for her minor children to begin mid-[REDACTED] 2016, as she received an \$800.00 bill from her children's pediatrician. (Appellant's testimony)
16. Open enrollment for the Appellant's husband's employer's private medical insurance began [REDACTED] 2016. (Appellant's testimony)
17. The Appellant is only seeking medical coverage for the period from mid-[REDACTED] 2016 through [REDACTED] 2016. (Appellant's testimony)

CONCLUSIONS OF LAW

1. Section 290 of the Connecticut General Statutes, as amended by the *2016 Supplement to the General Statutes of Connecticut*, provides definitions used in sections 17b-292, 17b-294a, 17b-295, 17b-297a, 17b-297b, and 17b-300. Subdivision (14) defines "HUSKY B" as follows: "HUSKY B" means the health coverage for children established pursuant to the provisions of sections 17b-290, 17b-292, 17b-294a, 17b-295, 17b-297a, 17b-297b and 17b-300.'
2. The commissioner shall implement HUSKY B while in the process of adopting necessary policies and procedures in regulation form in accordance with the provisions of section 17b-10. Conn. Gen. Stat. § 17b-292 (g), as amended by the *2016 Supplement to the General Statutes of Connecticut*.
3. Title 42 of the Code of Federal Regulations ("C.F.R.") § 457.340 provides for the application for and enrollment in CHIP.
4. *Eligibility for CHIP*. The Exchange must determine an applicant eligible for CHIP if he or she meets the requirements of 42 C.F.R. § 457.310 through § 457.320 and has a household income, as defined in 42 C.F.R. § 435.603(d), at or below the applicable CHIP MAGI-based income standard. 45 C.F.R. § 155.305 (d).
5. *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. 42 C.F.R. § 457.340 (f).

6. An employer's private medical insurance is not an "insurance affordability program" administered by the state of Connecticut.
7. Connecticut has the authority to implement an effective date of eligibility with respect to its CHIP/HUSKY B program participants based on the date of application.
8. *Requirement for individuals to report changes.* (1) Except as specified in paragraphs (b)(2) and (3) of this section, the Exchange must require an enrollee to report any change with respect to the eligibility standards specified in § 155.305 within 30 days of such change. 45 C.F.R. § 155.330 (b).
9. *Verification of reported changes.* The Exchange must— (1) Verify any information reported by an enrollee in accordance with the processes specified in §§155.315 and 155.320 prior to using such information in an eligibility redetermination; and (2) Provide periodic electronic notifications regarding the requirements for reporting changes and an enrollee's opportunity to report any changes as described in paragraph (b)(3) of this section, to an enrollee who has elected to receive electronic notifications, unless he or she has declined to receive notifications under this paragraph (c)(2). 45 C.F.R. § 155.330 (c).
10. *Notification of member's change of circumstance.* The applicant for a HUSKY B member shall notify the Department of Social Services of any change in circumstance that could affect the member's continued eligibility for coverage under HUSKY B within thirty days of such change. A member shall be disenrolled if the commissioner determines the member is no longer eligible for participation in such plan for reasons including, but not limited to, those specified in section 17b-301 and the nonpayment of premiums. Conn. Gen. Stat. § 17b-300, as amended in the 2016 *Supplement to the General Statutes of Connecticut*.
11. The Appellant is required to report to AHCT or the Department of Social Services any change in her household's income that could affect her children's coverage under CHIP/HUSKY B within 30 days of the change.
12. AHCT may verify any information reported by the Appellant regarding her household's annual and/or monthly income prior to using such information in an eligibility determination.
13. *Recovery of payment for false statement, misrepresentation or concealment.* Any payment made by the state on behalf of an enrollee as a result of any false statement, misrepresentation or concealment of or failure to disclose income or

health insurance coverage by an applicant responsible for maintaining insurance may be recovered by the state. Conn. Gen. Stat. § 17b-301.

14. A child who resides in a household with household income which exceeds one hundred ninety-six per cent of the federal poverty level and does not exceed three hundred eighteen per cent of the federal poverty level may be eligible for benefits under HUSKY B. Conn. Gen. Stat. § 17b-292 (a), as amended in the *2016 Supplement to the General Statutes of Connecticut*.
15. It is unclear from the hearing record whether the Appellant's minor children were eligible to participate in the CHIP/HUSKY B "Band 1" program.
16. To the extent allowed under federal law, the commissioner shall not pay for services or durable medical equipment under HUSKY B if the member has other insurance coverage for such services or equipment. If a HUSKY B member has limited benefit insurance coverage for services that are also covered under HUSKY B, the commissioner shall require such other coverage to pay for the goods or services prior to any payment under HUSKY B. Conn. Gen. Stat. § 17b-292 (c), as amended in the *2016 Supplement to the General Statutes of Connecticut*.
17. A newborn child who otherwise meets the eligibility criteria for HUSKY B shall be eligible for benefits retroactive to his or her date of birth, provided an application is filed on behalf of the child not later than thirty days after such date. Any uninsured child born in a hospital in this state or in a border state hospital shall be enrolled on an expedited basis in HUSKY B, provided (1) the parent or caretaker relative of such child resides in this state, and (2) the parent or caretaker relative of such child authorizes enrollment in the program. The commissioner shall pay any premium cost such household would otherwise incur for the first four months of coverage. Conn. Gen. Stat. § 17b-292 (d), as amended in the *2016 Supplement to the General Statutes of Connecticut*.
18. The Appellant's minor children were not born in the 30 days prior to the filing of the Appellant's [REDACTED] 2016 on-line application.
19. AHCT correctly determined that the Appellant's minor children did not qualify under the CHIP/HUSKY B program for retroactive medical coverage for [REDACTED] 2016.

DISCUSSION

At the [REDACTED] 2016 administrative hearing, the Appellant testified that the Appellant's household grossed between \$77,000.00 and \$80,000.00 in total annual wages by its two adult members in 2016. However, on her [REDACTED] 2016 online application with AHCT, the Appellant represented her household as having grossed only \$45,000.00 in income in 2016, by omitting the income of one of its adult household members.

At the hearing, the Appellant indicated that her household's income had lessened by approximately \$400.00 per month in ██████ 2016, based on her part-time employment. The Appellant did not inform AHCT of the purported reduction to her monthly income prior to the date of this administrative hearing. The hearing officer was unable to rely on the accuracy of the Appellant's ██████ 2016 testimony with respect to her household's monthly income,¹ and so makes no findings of fact as to the Appellant's household's ██████ 2016 eligibility for that program.

In any case, the Appellant requested this administrative hearing to address the question as to whether her children may receive medical coverage through CHIP/HUSKY B for the dates spanning from ██████ 2016 through ██████ 2016, a period of time predating her ██████ 2016 application.

Under the rules of the CHIP/HUSKY B coverage group, as codified in section 17b-292 (d) of the *2016 Supplement to the General Statutes of Connecticut*, the Appellant's children do not qualify for medical benefits for the period prior to the date of the Appellant's application. Neither child was born in the 30 days immediately prior to ██████ 2016.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Cc: Krystal Sherman-Davis, AHCT
Judy Boucher, AHCT

¹ Based on the inaccurate household income listed by the Appellant on her ██████ 2016 online application, AHCT granted the Appellant's minor children CHIP/HUSKY B "Band 1" medical coverage. It is unclear from the hearing record whether the Appellant's household's income rendered her children ineligible to participate in the CHIP/HUSKY B "Band 1" coverage group. AHCT may take corrective action to remedy any errors in coverage that may have occurred.

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.