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

[redacted] **2017**
SIGNATURE CONFIRMATION

Application ID #[redacted]
Request #823581

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2017, the Health Insurance Exchange, Access Health CT ("AHCT") issued a Loss of Health Coverage Notice to [redacted], (the "Appellant") stating that the Appellant's household will lose their health insurance coverage because she did not prove her household's 2017 annual income.

On [redacted] 2017, the Appellant requested an administrative hearing to contest AHCT's discontinuance of her 2017 health insurance coverage.

On [redacted] 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing [redacted] 2017.

On [redacted] 2017, in accordance with sections 17b-60, 17b-264 and 4-176e to 4- 189, inclusive, of the Connecticut General Statutes, Title 45 Code of Federal Regulations ("CFR") § 155.505(b) and 155.510 and/or 42 CFR § 457.113, OLCRAH held an administrative hearing by telephone.

The following individuals called in for the telephone hearing:

[redacted] Appelant
Stephanie Arroyo, AHCT Representative
Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly discontinued the Appellant's Advanced Premium Tax Credit ("APTC") for failure to provide requested verification within the 90 day period.

FINDINGS OF FACT

1. The Appellant's household was enrolled in a Qualified Health Plan ("QHP") with an APTC through [redacted] 2017. (Exhibit 8: Notice 1326, Loss of Health Coverage dated [redacted] 2017)

2. The Appellant self-declared $1,720.00 monthly and $28,000.00 yearly in income. (Hearing Summary; Exhibit 1: Application ID [redacted] dated [redacted] 2017)

3. On [redacted] 2016, the Appellant submitted application (ID #[redacted] requesting health insurance coverage for 2017 for her household. (Exhibit 2: Notice 1302, Additional Verification Required dated [redacted] 2017)

4. On [redacted] 2016, AHCT sent the Appellant an Additional Verification Required Notice (#1302) requesting proof of annual income, no later than [redacted] 2017. (Ex. 2)

5. On [redacted] 2017, AHCT sent the Appellant a Reminder – Additional Documents Needed Notice (Notice 1324) requesting additional documents needed to process and confirm her eligibility for health insurance coverage for 2017 no later than [redacted] 2017. (Exhibit 3: Notice 1324, Reminder – Additional Documents Needed dated [redacted] 2017)

6. On [redacted] 2017, AHCT sent the Appellant Reminder – Additional Documents Needed Notice (Notice 1325) requesting additional documents needed to process and confirm her eligibility for health insurance coverage for 2017 no later than [redacted] 2017. (Exhibit 4: Notice 1325, Reminder – Additional Documents Needed dated [redacted] 2017)

7. On [redacted] 2017, AHCT sent the Appellant Reminder – Additional Documents Needed Notice (#1325) requesting additional documents needed to process and confirm her eligibility for health insurance coverage for 2017 no later than [redacted] 2017. (Exhibit 5: Notice dated [redacted]/17)

8. On [redacted] 2017, AHCT sent the Appellant a Loss of Health Coverage Notice (#1326) stating her household would lose their current health coverage, effective [redacted] 2017, because she did not prove her 2017 annual income. (Ex. 8)

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes 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 Connecticut General Statutes 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. 45 CFR § 155.110(a) 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: (1) An entity: (i) Incorporated under, and subject to the laws of, one or more States;(ii) That has demonstrated experience on a State or regional basis in the individual and small group health insurance markets and in benefits coverage; and(iii) Is not a health insurance issuer or treated as a health insurance issuer under subsection (a) or (b) of section 52 of the Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer; or (2) The State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a)(1) of this section.

4. 45 CFR § 155.315(f) provides for the verification process related to eligibility for enrollment in a QHP through the Exchange, except as otherwise specified in this subpart, for an applicant for whom the Exchange cannot verify information required to determine eligibility for enrollment in a QHP through the Exchange, advance payments of the premium tax credit, and cost-sharing reductions, including when electronic data is required in accordance with this subpart but data for individuals relevant to the eligibility determination are not included in such data sources or when electronic data from IRS, DHS, or SSA is required but it is not reasonably expected that data sources will be available within 1 day of the initial request to the data source, the Exchange:

(1) Must make a reasonable effort to identify and address the causes of such inconsistency, including through typographical or other clerical errors, by contacting the application filer to confirm the accuracy of the information submitted by the application filer;
(2) If unable to resolve the inconsistency through the process described in paragraph (f)(1) of this section, must—
    (i) Provide notice to the applicant regarding the inconsistency; and
    (ii) Provide the applicant with a period of 90 days from the date on which the notice described in paragraph (f)(2)(i) of this section is sent to the applicant to either present satisfactory documentary evidence via the channels available for the submission of an application, as described in §155.405(c), except for by telephone through a call center, or otherwise resolve the inconsistency.

4. 42 CFR § 435.603(d)(1) provides the general rule for household income except as provided in paragraphs (d)(2) through (d)(4) of this section, household income is the sum of the MAGI-based income, as defined in paragraph (e) of this section, of every individual included in the individual's household.

5. AHCT was unable to verify the Appellant's application information required to determine her eligibility for enrollment in a QHP through the Exchange.

6. AHCT correctly issued notices to the Appellant giving her 90 days to provide the additional documents needed to verify her annual income.

7. The Appellant failed to provide AHCT with the additional documents needed to process and confirm her eligibility for health insurance coverage for 2017.

8. AHCT correctly discontinued the Appellant's eligibility for an APTC, effective [redacted] 2017, for failure to provide additional documents needed to prove her household's 2017 annual income.

DECISION

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

Scott Zuckerman
Hearing Officer

PC: Judith Boucher, Health Insurance Exchange, Access Health CT
Stephanie Arroyo, Health Insurance Exchange, Access Health CT

Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (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 APTC or CSR.

Modified Adjusted Gross Income (MAGI) Medicaid and
Children's Health Insurance Program (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 APTC or 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.