

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

██████████ 2017  
Signature Confirmation

Client ID # ██████████  
Application ID # ██████████  
Hearing Request # 823605

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Health Insurance Exchange, Access Health CT (“AHCT”) approved ██████████ (the “Appellant”) application for the Children’s Health Insurance Program (“CHIP”) Husky B healthcare coverage with an effective date of ██████████ 2017 for her children ██████████ and ██████████ and an effective date of ██████████ 2017 for ██████████

On ██████████ 2017, the Appellant requested an administrative hearing to contest the effective date of Husky B coverage for her ██████████

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 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 hearing:

██████████ Appellant  
Rita Baboolal, Access Health CT Representative  
Christopher Turner, Hearing Officer

The hearing record remained open for submission of additional information from the Appellant. On [REDACTED] 2017, information from the Appellant was received. The record closed [REDACTED] 2017.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly determined the Husky B effective date for [REDACTED].

### **FINDINGS OF FACT**

1. On [REDACTED] 2017, the Appellant submitted a change reporting application to AHCT. (Exhibit 1: Application form; Hearing summary)
2. The Appellant's household consists of two adults and three children. (Exhibit 1: Application form; Hearing summary; Appellant's testimony)
3. The Appellant is 37 years old, resides with her spouse age 40 and their three children. All household members are U.S. Citizens. (Exhibit 1; Appellant's testimony)
4. The Appellant's spouse does not receive employer-sponsored health insurance. (Appellant's Exhibit B: Paystub dated [REDACTED]/17; Appellant's testimony)
5. On [REDACTED] 2017, AHCT issued the Appellant a notice indicating Husky B coverage for [REDACTED] and [REDACTED] effective [REDACTED]/17 and [REDACTED] effective [REDACTED]/17. (Exhibit 2: Notice dated [REDACTED]/17)
6. AHCT's Eligibility Determination Results printout indicates Husky B coverage for [REDACTED] [REDACTED] and [REDACTED] effective [REDACTED]/17. (Exhibit 3: Eligibility Determination printout)
7. The Appellant is seeking medical coverage effective [REDACTED]/17 for her son [REDACTED] [REDACTED] born [REDACTED]/17. (Appellant's testimony)

### **CONCLUSIONS OF LAW**

1. Connecticut General Statutes ("CGS") § 17b-260 provides that 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. CGS § 17b-264 provides that 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 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) or this section that is designated by the Exchange, if the Exchange establishes an appeals process in accordance with the requirements of this subpart.
4. Title 45 of the CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
5. Title 45 of the 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.
6. Title 45 of the CFR § 155.305 (d) provides eligibility for the 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. Title 42 of the CFR § 457.340 (g) provides for the 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. AHCT correctly determined the effective date of eligibility for ██████████ and ██████████
9. AHCT incorrectly determined the effective date of eligibility for ██████████. The correct date of eligibility for ██████████ is ██████████ 2017.

**DISCUSSION**


The reason for a [REDACTED] 2017 effective date of Husky B eligibility for [REDACTED] as determined by AHCT is not clear. No direct explanation was provided as to why an [REDACTED] 2017 is not the correct date of eligibility for [REDACTED]

**DECISION**

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

**ORDER**

1. AHCT is instructed to grant Husky B for [REDACTED] effective [REDACTED] 2017.
2. Compliance with this order is due no later than 10 days from the date of this decision.

  
Christopher Turner  
Hearing Officer

Cc: Judith Boucher, Health Insurance Exchange, Access Health CT  
Rita Baboolal, 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 Primary 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, 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.

There is no right to request reconsideration for denials or reductions of Advanced Primary 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.