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# [redacted]
Request# 824472

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2017, the Health Insurance Exchange Access Health CT ("AHCT") sent [redacted] (the "Appellant") a notice approving $0.00 in Advanced Premium Tax Credits ("APTC") for the Qualified Health Plan ("QHP").

On [redacted] 2017, the Appellant requested a hearing by telephone to contest the amount of her APTC.

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

On [redacted] 2017, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statues, 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:

[redacted] Appellant
Dario #7572, Interpreter, Language Select
Rita Baboolal, AHCT's Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether Access Health CT ("AHCT") decision to grant the Appellant a Qualified Health Plan ("QHP") with no Advanced Premium Tax Credit ("APTC") is correct.

POR FAVOR VEA LA COPIA INCLUIDA DE ESTA DECISIÓN EN ESPANOL. Please see the enclosed copy in Spanish.

FINDINGS OF FACT

1. On [redacted] 2016, the Appellant requested her removal from the State of Connecticut Medicaid extension coverage ("X03"). The Appellant's spouse and children remain eligible for X03 through [redacted] 2017. (Hearing summary; Appellant's testimony)

2. On [redacted] 2017, the Appellant enrolled in a QHP with ConnectiCare. (Hearing summary)

3. On [redacted] 2017, AHCT received the Appellant's change reporting application (#[redacted] (Exhibit 1: Application; Hearing summary)

4. The Appellant's Federal income tax status is married, filing together with two minor children. The Appellant's spouse is a naturalized citizen. The Appellant resides in [redacted], Connecticut, which is part of [redacted] County. The Appellant self-declared $6,583.33 monthly and $85,000 yearly in income. (Exhibit 1; Hearing summary; Appellant's testimony)

5. On [redacted] 2017, AHCT completed the Appellant's change reporting application requesting healthcare coverage for one person. The Appellant was approved for $0.00 per month in APTC. (Exhibit 2: Change reporting eligibility decision; Hearing Summary)

6. The Appellant has the Choice Silver Standard Point of Service plan from ConnectiCare and her monthly premium amount is $435.62. (Exhibit 2)

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. 45 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. 26 CFR § 1.5000A-2(a) provides that general minimum essential coverage means coverage under a government-sponsored program (described in paragraph (b) of this section), an eligible employer-sponsored plan (described in paragraph (c) of this section), a plan in the individual market (described in paragraph (d) of this section), a grandfathered health plan (described in paragraph (e) of this section), or health benefits coverage (described in paragraph (f) of this section). Minimum essential coverage does not include coverage described in paragraph (g) of this section. All terms defined in this section apply for purposes of this section and § 1.5000A-1 and §§ 1.5000A-3 through 1.5000A-5.

7. 26 CFR §1.36B-2 **Eligibility for premium tax credit.**
   (a) In general. An applicable taxpayer (within the meaning of paragraph (b) of this section) is allowed a premium assistance amount only for any month that one or more members of the applicable taxpayer's family (the applicable taxpayer or the applicable taxpayer's spouse or dependent) –
   (1) Is enrolled in one or more qualified health plans through an Exchange; and
   (2) Is not eligible for minimum essential coverage (within the meaning of paragraph (c) of this section) other than coverage described in section 5000A(f)(1)(C) (relating to coverage in the individual market)

   26 CFR §1.36B-2 **Eligibility for premium tax credit.**
   (c) Minimum essential coverage – (1) **In general**. Minimum essential coverage is defined in section 5000A(f) and regulations issued under that section. As described in section 5000A(f), government-sponsored programs, eligible employer-sponsored plans, grandfathered health plans, and certain other health benefits coverage are minimum essential coverage. (2) **Government-sponsored minimum essential coverage –** (i) **In general.** An individual is eligible for government-sponsored minimum essential coverage if the individual meets the criteria for coverage under a government-sponsored program described in section 5000A(f)(1)(A) as of the first day of the first full month the individual may receive benefits under the program, subject to the limitation in paragraph (c) (2) (ii) of this section. The Commissioner may define eligibility for specific government-sponsored programs further in additional published guidance, see § 601.601(d)(2) of this chapter. (ii) *Obligation to complete administrative requirements to obtain coverage.* An individual who meets the criteria for eligibility for government-sponsored minimum essential coverage must complete the requirements necessary to receive benefits. An individual who fails by the last day of the third full calendar month following the event that establishes eligibility under paragraph (c)(2)(i) of this section to complete the requirements to obtain government-sponsored minimum essential coverage (other than a veteran's health care program) is treated as eligible for government-sponsored minimum essential coverage as of the first day of the fourth calendar month following the event that establishes eligibility.

8. AHCT correctly determined the Appellant is eligible for government sponsored minimum essential coverage and therefore is ineligible for an APTC.

DECISION

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

Christopher Turner
Hearing Officer

Cc: Judy Boucher, Appeals Coordinator Health Insurance Exchange Access Health CT
Rita Baboolal, 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 of APTC or CSR.