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

[redacted] **2017**
Signature Confirmation

Client ID # [redacted]
Application # [redacted]
Hearing Request # 825849

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2017, the Health Insurance Exchange Access Health CT ("AHCT") sent [redacted] (the "Appellant") a Notice of Action ("NOA") discontinuing the Advanced Premium Tax Credit ("APTC") with Cost Sharing Reduction ("CSR") for a Qualified Health Plan ("QHP") for failure to provide verification.

On [redacted] 2017, the Appellant requested a hearing to contest the discontinuance of the 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-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 participated in the hearing:

[redacted] Appellant
Debra Henry, Access Health CT Representative
Carla Hardy, Hearing Officer

The hearing record was left open for the submission of additional evidence. The hearing record closed [redacted] 2017.

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health CT correctly discontinued the APTC with CSR due to failure to provide verification.

FINDINGS OF FACT

1. On [redacted] 2017, the Appellant's healthcare coverage was reviewed by AHCT. (Exhibit 2: NOA, [redacted]/17)

2. The Appellant's household consists of herself and her spouse who is did not request healthcare coverage. (Exhibit 1: Application # [redacted] Hearing Record)

3. The Appellant self-declared $22,000.00 in annual household income. (Exhibit 1)

4. The Appellant's household income consists of her earnings and her spouse's Social Security. (Appellant's Testimony)

5. On [redacted] 2017, AHCT sent the Appellant an Additional Verifications Required notice requesting proof of the Appellant's annual income by [redacted] 2017. (Exhibit 2: NOA, [redacted]/17)

6. On [redacted] 2017, AHCT received two paystubs submitted by the Appellant with pay periods of [redacted]/16 through [redacted]/17 and [redacted]/17 through [redacted]/17. AHCT was unable to determine the pay frequency. (Exhibit 11: Case Notes, [redacted]/17)

7. On [redacted] 2017, AHCT sent the Appellant a Verification Failed notice which informed the Appellant that the information that she provided on [redacted] 2017, could not be used to verify her annual income. Again, they requested proof of her annual income. (Exhibit 3: Eligibility Notice, [redacted]/17)

8. The Appellant does not recall receiving the Verification Failed notice. (Appellant's Testimony)

9. On [redacted] 2017, AHCT sent the Appellant a Reminder-Additional Documents Needed notice requesting proof of the Appellant's annual income by [redacted] 2017. (Exhibit 4: Eligibility Notice, [redacted]/17)

10. On [redacted] 2017, AHCT sent the Appellant another Reminder-Additional Documents Needed notice requesting proof of the Appellant's annual income by [redacted] 2017. (Exhibit 5: Eligibility Notice, [redacted]/17)

11. On [redacted] 2017, AHCT sent the Appellant another Reminder-Additional Documents Needed notice requesting proof of the Appellant's annual income by [redacted] 2017. (Exhibit 6: Eligibility Notice, [redacted]/17)

12. On [redacted] 2017, AHCT sent a notice to the Appellant terminating her level of cost sharing reductions and her health insurance plan effective [redacted] 2017. (Exhibit 7: NOA, [redacted]/17)

13. Sometime in [redacted] 2017, the Appellant contacted customer service but was on hold for an hour before the call was terminated. (Appellant's Testimony)

14. On [redacted] 2017, the Appellant spoke to the AHCT Escalations Department and was given reference # 170531-002028. (Appellant's Testimony)

15. The Escalations Department reviews cases that need further review. (AHCT's Testimony)

16. On [redacted] 2017, the Department received the Appellant's paystubs with May 5 and [redacted] 2017 pay dates. (Department'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. 45 CFR § 155.320(c)(1)(B) provides for the verification process related to eligibility for insurance affordability programs; If the identifying information for one or more individuals does not match a tax record on file with the Secretary of the Treasury that may be disclosed in accordance with section 6103(l)(21) of the Code and its accompanying regulations, the Exchange must proceed in accordance with §155.315(f)(1).

7. 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.

8. 45 CFR § 155.310(k) pertains to an incomplete application. If an application filer submits an application that does not include sufficient information for the Exchange to conduct an eligibility determination for enrollment in a QHP through the Exchange or for insurance affordability programs, if applicable, the Exchange must –
   (1) Provide notice to the applicant indicating that information necessary to complete an eligibility determination is missing, specifying the missing information, and providing instructions on how to provide the missing information; and
   (2) provide the applicant with a period of no less than 10 days and no more than 90 days from the date on which the notice described in paragraph (k)(1) of this section is sent to the applicant to provide the information needed to complete the application to the Exchange. And
   (3) During the period described in paragraph (k)(2) of this section, the Exchange must not proceed with an applicant's eligibility determination or provide advance payments of the premium tax credit or cost sharing reductions, unless an application filer has provided sufficient information to determine his or her eligibility for enrollment in a QHP through the Exchange , in which case the Exchange must make such a determination for enrollment in a QHP.

9. AHCT was unable to verify information on the Appellant's application that was needed to determine eligibility for the APTC with Cost Sharing Reduction.

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

11. The Appellant failed to provide the information needed to determine eligibility within the 90 days.

12. AHCT correctly discontinued the Appellant's APTC with Cost Sharing Reduction for failure to provide sufficient verification to validate eligibility for healthcare coverage.

DISCUSSION

AHCT first requested proof of the Appellant's income on [redacted] 2017. The Appellant tried to comply by sending a copy of her paystubs. Those documents could not be used by AHCT because they were missing pertinent information needed to determine the Appellant's pay frequency. AHCT sent additional requests to which the Appellant did not comply until [redacted] 2017, which was more than 90 days after the first request. The Appellant did not return the requested information within the 90 day time frame. AHCT correctly terminated the APTC with CSR.

DECISION

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

Carla Hardy
Carla Hardy
Hearing Officer

Pc: Debra Henry, Health Insurance Exchange Access Health CT
Amanda Maloney, 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.