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

[redacted], 2018
Signature Confirmation

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

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2018, the Health Insurance Exchange Access Health CT ("AHCT") sent [redacted] (the "Appellant") a Notice of Action ("NOA") discontinuing the Appellant's Advanced Premium Tax Credit ("APTC").

On [redacted] 2018, the Appellant requested an administrative hearing to contest the discontinuance of the APTC.

On [redacted], 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted], 2018.

On [redacted], 2018, the hearing was rescheduled.

[redacted]Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice rescheduling the hearing for [redacted], 2018.

On [redacted], 2018, 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 were present at the hearing:

[redacted], Appellant
Cathy Davis, Access Health CT Representative
Shelley Starr, Hearing Officer

The hearing record was held open for the submission of additional exhibits from the Department and the Appellant and to allow time for the Appellant to review and respond. On [redacted] 2018, the hearing record closed.

On [redacted], 2018, the hearing record was re-opened to allow time for the Appellant to review and respond to the Department's exhibits. No response was provided. On [redacted] the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health CT ("ACHT") correctly discontinued the Appellant's Advanced Premium Tax Credit ("APTC").

FINDINGS OF FACT

1. The Appellant and [redacted] were enrolled in health care coverage through AHCT under a qualified health plan ("QHP") with Advanced Premium Tax Credits ("APTC"). (Hearing Summary; Department's Testimony)

2. The Appellant's household consists of [redacted]. The Appellant is age [redacted] DOB [redacted]) and his spouse is [redacted] (DOB [redacted] (Exhibit 9: Application Information)

3. On [redacted] 2017, the Appellant's medical assistance eligibility was reviewed by AHCT. (Hearing Summary; Exhibit 3: Notice of Action dated [redacted], 2017)

4. On [redacted], 2017, AHCT issued a notice to the Appellant requesting additional verification. The additional verification requested was Proof of Annual Income. A List of acceptable document types that the Appellant could submit as verification was listed on this letter. The due date for the requested information was no later than [redacted], 2018. (Exhibit 3: Additional Verification Required Notice dated [redacted], 2017)

5. On [redacted] 2017, AHCT issued a reminder notice to the Appellant that additional documents were needed. The requested information was proof of annual income. The due date for the requested verification was no later than [redacted] 2018. (Exhibit 4: Reminder- Additional Documents Needed notice dated [redacted], 2017; Hearing Summary)

6. On [redacted], 2018, the Appellant contacted AHCT by telephone. The Department reminded the Appellant to send proof of his annual income. (Department's Testimony; Appellant's Testimony)

7. On [redacted] 2018, AHCT issued a reminder notice that additional documents were needed. The requested information was proof of annual income. The due date for the requested verification was [redacted] 2018. (Exhibit 5: Additional Documents Needed dated [redacted] 2018; Hearing Summary)

8. On [redacted] 2018, AHCT issued a reminder notice that additional documents were needed. The requested information was proof of annual income and was due on that day, [redacted] 2018. (Exhibit 6:, Additional Documents Needed dated [redacted] 2018; Hearing Summary)

[redacted]On [redacted], 2018, AHCT completed a change reporting application # [redacted] through the Health Insurance Exchange (HIX) system; which resulted in a change in the Appellant's eligibility. The Appellant was determined ineligible for the APTC. (Hearing Summary; Department's Testimony; Exhibit 7: Health Insurance Financial Help notice dated [redacted]

10. On [redacted], 2018, AHCT sent a Loss of Premium Tax Credits for 2018, letter notifying the Appellant that effective [redacted], 2018, the Appellant will no longer qualify for the APTC because the Appellant did not prove his annual income. (Exhibit 7 : Health Insurance Financial help notice dated [redacted] 2018; Hearing Summary)

11. The Department has no record of receiving the income verification from the Appellant during the 90 day opportunity to submit verification period. (Hearing Summary; Department's Testimony; Hearing Record)

12. On [redacted] 2018, AHCT received the Appellant's income verification. (Department's Testimony; Exhibit 10: Call Center notes)

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 Code of Federal Regulations ("CFR") § 155.110 (A) (2) provides the State may elect to authorize an Exchange established by the State to enter into an agreement with an eligible entity to carry out or more responsibilities of the Exchange. An eligible entity is: the State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a) (1) of this section.

4. 45 CFR § 155.505(c)(1) provides Options for Exchange appeals. 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.

5. 45 CFR § 155.505 (d) provides that an appeals process established under this subpart must comply with § 155.110 (a).

6. 45 CFR § 155.20 defines qualified health plan or QHP as a health plan that has in effect a certification that it meets the standards described in subpart C of part 156 issued or recognized by each Exchange through which such plan is offered in accordance with the process described in subpart K of part 155.

7. 45 CFR § 155.20 defines advance payments of the premium tax credit as payment of the tax credit authorized by 26 U.S.C. 36 B and its implementing regulations, which are provided on an advance basis to an eligible individual enrolled in a QHP through an Exchange in accordance with section 1412 of the Affordable Care Act.

8. 45 CFR § 155.20 defines Exchange as a governmental agency or non-profit entity that meets the applicable standards of this part and makes QHP's available to qualified individual and/or qualified employers. Unless otherwise identified, this term includes an Exchange serving the small group market for qualified employers, regardless of whether the Exchange is established and operated by a State (including a regional Exchange or subsidiary Exchange) or by HHS.

9. 45 CFR § 155.320(a)(2) provides that unless a request for modification is granted in accordance with § 155.315(h), the Exchange must verify or obtain information in accordance with this section before making an eligibility determination for insurance affordability programs, and must use such information in such determination.

10. 45 CFR § 155.320(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 Treasury that may be disclosed in accordance with section 6103 (I)(2) of the Code and its accompanying regulations, the Exchange must proceed in accordance with § 155.315 (f)(1).

11. 45 CFR § 155.320 (c)(3)(ii) provides for the basic verification process for annual household income. (A) The Exchange must compute annual household income for the family described in paragraph (c)(3)(i)(A) of this section based on the data described in paragraph (c)(1)(i) of this section.

12. 45 CFR § 155.320 (c)(3)(ii)(D) provides that to the extent that the data described in paragraph (c)(1)(i) of this section is unavailable, or an applicant attests that a change in circumstances has occurred or is reasonable expected to occur, and so it does not represent an accurate projection of the tax filer's household income for the benefit year for which coverage is requested, the Exchange must require the applicant to attest to the tax filer's projected household income for the benefit year for which coverage is required.

13. 45 CFR § 155.335 (a) (1) provides in part that the Exchange must redetermine eligibility for qualified individual on an annual basis.

14. 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 cause 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.

(3) May extend the period described in paragraph (f)(2)(ii) of this section for an applicant if the applicant demonstrates that a good faith effort has been made to obtain the required documentation during the period.

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(4) During the periods described in paragraphs (f)(1) and (f)(2)(ii) of this section must: i.) Proceed with all other elements of eligibility determination using the applicant's attestation, and provide eligibility for enrollment in a QHP to the extent that an applicant is otherwise qualified; and ii. Ensure that advance payments of the premium tax credit and cost sharing reductions are provided on behalf of an applicant within this period who is otherwise qualified for such payments and reductions, as described in § 155.305, if the tax filer attests to the Exchange that he or she understands that any advance payments of the premium tax credit paid on his or her behalf are subject to reconciliation.

AHCT was unable to verify information on the Appellant's application that was needed to determine eligibility for the APTC.

AHCT incorrectly determined the due date for the information as [redacted], 2018. The correct due date is [redacted], 2018; [redacted] days from [redacted]r [redacted], 2017, the date the additional documents needed notice was first issued. However, AHCT did not take any action until [redacted], 2018, after the [redacted] day period expired.

AHCT correctly issued notices to the Appellant giving [redacted] days to provide the documents needed to verify his annual income.

AHCT did not receive the Appellant's income verification needed to determine eligibility within the [redacted] days.

On [redacted] 2018, AHCT correctly discontinued the APTC for the Appellant because AHCT did not receive income documentation from the Appellant within the [redacted] day opportunity to submit documentation.

DECISION

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

Shelley Starr
Hearing Officer

cc: Becky Brown, Health Insurance Exchange, Access Health CT
Mike Towers, Health Insurance Exchange, Access Health CT
Cathy Davis, 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