

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

██████████, 2018
Signature Confirmation

Application # ██████████
Person ID # ██████████
Request # ██████████

NOTICE OF DECISION
PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, the Health Insurance Exchange Access Health CT (“AHCT”) issued a notice to ██████████ (the “Appellant”) indicating her Advanced Premium Tax Credit (“APTC”) has been discontinued ██████████, 2018.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the discontinuance of her APTC.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2018.

On ██████████, 2018, OLCRAH, at the Appellant’s request, issued a notice rescheduling the administrative hearing for ██████████, 2018.

On ██████████, 2018, OLCRAH, at the Appellant’s request, rescheduled the administrative hearing for ██████████, 2018.

On ██████████, 2018, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, Title 45 of the 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 by phone in the hearing:

██████████, Appellant
Cathy Davis, Access Health CT Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health CT correctly discontinued the Appellant's APTC.

FINDINGS OF FACT

1. On ██████████, 2017, AHCT received the Appellant's application ██████████ for medical assistance for only ██████████. The Appellant is ██████ years old, lives in ██████████, files taxes as ██████████, and is a ██████████. The Appellant was initially granted an APTC of \$363.00. (Exhibit 1: Application)
2. On ██████████, 2017, AHCT sent the Appellant an additional verification notice requesting proof of her income. An acceptable list of document types was detailed with a ██████/18 due date given. (Exhibit 4: Additional verification required letter dated ██████/17; Hearing summary)
3. On ██████████, 2017, AHCT sent the Appellant an additional verification reminder notice requesting proof of income. An acceptable list of document types was detailed with a ██████/18 due date given. (Exhibit 5: Additional documents needed letter dated ██████/17; Hearing summary)
4. On ██████████, 2018, the Appellant testified she submitted requested wage information to AHCT. The Appellant testified she is a salary employee paid weekly. (Appellant's testimony)
5. On ██████████, 2018, AHCT sent the Appellant an additional verification reminder notice requesting proof of income. An acceptable list of document types was detailed with a ██████/18 due date given. (Exhibit 6: Additional documents needed letter dated ██████/18; Hearing summary)
6. On ██████████, 2018, AHCT sent the Appellant a Verification Failed notice. The notice indicated the information provided could not be used to verify her income. The notice directed the Appellant to submit proof of her annual income. An acceptable list of document types was detailed with a ██████/18 due date given. (Exhibit 7: Verification failed notice dated ██████/18)

7. On [REDACTED], 2018, AHCT sent the Appellant an additional verification reminder notice requesting proof of income. An acceptable list of document types was detailed with a [REDACTED]/18 due date given. (Exhibit 8: Verification letter dated [REDACTED]/18)
8. On [REDACTED], 2018, AHCT sent the Appellant a final determination notice discontinuing her APTC effective [REDACTED], 2018 for failure to provide verification of her income. The notice indicated the Appellant's annual household income is more than \$[REDACTED], which is the limit for your household size. (Exhibit 9: Discontinuance letter dated [REDACTED]/18)
9. On [REDACTED], 2018, the Appellant requested a fair hearing. (Record)
10. The Appellant received all notices requesting proof of her income. (Appellant's testimony)
11. The Appellant lives in [REDACTED], which is a part of [REDACTED] County. (Exhibit 1)
12. The Appellant submitted a year to date summary of earnings ([REDACTED]/17 to [REDACTED]/17) which indicated her total salary to be \$[REDACTED]. (Appellant's Exhibit A: Employee summary of earnings/Payroll journal)
13. The Appellant has S-Corporation employer-sponsored insurance. (Appellant's Exhibit A: Year to date payroll summary; Appellant's testimony)
14. The Hearing record was left open for one week for the Appellant to provide additional information.
15. On [REDACTED], 2018, the record closed after receipt of additional information. (Record)

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

Title 45 of the 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 (Health and Human Services).

4. 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.
5. Title 45 of the CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
6. 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.

7. Title 45 of the CFR 155.310 (k) provides for incomplete applications. 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. (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.
8. Title 45 of the CFR 155.320(a)(1) provides that the Exchange must verify information in accordance with this section only for an applicant or tax filer who requested an eligibility determination for insurance affordability programs in accordance with § 155.310(b). (2) 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
9. Title 45 of the CFR § 155.320(c)(B) provides 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).
10. Title 45 of the CFR § 155.315(f) addresses inconsistencies and provides, 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.

(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.

(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.

(5) If, after the period described in paragraph (f)(2)(ii) of this section, the Exchange remains unable to verify the attestation, the Exchange must determine the applicant's eligibility based on the information available from the data sources specified in this subpart, unless such applicant qualifies for the exception provided under paragraph (g) of this section, and notify the applicant of such determination in accordance with the notice requirements specified in §155.310(g), including notice that the Exchange is unable to verify the attestation.

(6) When electronic data to support the verifications specified in §155.315(d) or §155.320(b) 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 must accept the applicant's attestation regarding the factor of eligibility for which the unavailable data source is relevant.


11. Title 45 of the CFR § 155.315(g) provides for exceptions for special circumstances. For an applicant who does not have documentation with which to resolve the inconsistency through the process described in paragraph (f)(2) of this section because such documentation does not exist or is not reasonably available and for whom the Exchange is unable to otherwise resolve the inconsistency, with the exception of an inconsistency related to citizenship or immigration status, the Exchange must provide an exception, on a case-by-case basis, to accept an applicant's attestation as to the information which cannot otherwise be verified along with an explanation of circumstances as to why the applicant does not have documentation.

AHCT correctly sent the Appellant notices requesting verification of her income. AHCT correctly sent the Appellant five additional verification reminder notices and afforded the Appellant 90 days to provide requested information. AHCT initially determined the due date for information as [REDACTED], 2018 but corrected the due date to [REDACTED], 2018 on [REDACTED]

AHCT correctly determined the Appellant was not eligible for an APTC due to not providing clarification of her income within 90 days. The income verification provided by the Appellant does not correspond with the Federal Hub authentication. As a result, AHCT correctly discontinued the Appellant's APTC effective [REDACTED], 2018.

DECISION

The Appellant's appeal is denied.


Christopher Turner
Hearings Officer

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