STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06106-5033

[redacted] 2018
Signature Confirmation

Case ID #1[redacted]
Client ID #[redacted]
Request # 125627

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) granting her application for medical insurance under the HUSKY D/ Medicaid effective [redacted] 2018.

On [redacted] 2018, the Appellant requested an administrative hearing to contest the Department's determination of effective date of such benefits.

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 in accordance with sections 17b-60, 17-61 and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, and 45 C.F.R. §§ 155.505 (b) and 155.510 OLCRAH held an administrative hearing.

The following individuals participated in the hearing:

[redacted], Appellant
Debra Harry, AHCT's Representative
Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health's determination of the [redacted] 2018 effective date for the medical insurance under the HUSKY D/ Medicaid was correct.

FINDINGS OF FACT

1. On [redacted] 2018, the Appellant submitted a change reporting application for medical insurance coverage under HUSKY D/Medicaid through the Health Insurance Exchange system. (Hearing Summary)

2. On [redacted], 2018, the Appellant was granted health coverage under HUSKY D/Medicaid with an effective date of [redacted] 2018. (Hearing Summary, Exhibit 5: Notice of Action, [redacted])

3. On [redacted], 2018, the Appellant requested an administrative hearing and on her hearing request she requested retroactive coverage for [redacted] 2018. (Hearing Summary, Exhibit A: Hearing Appeal Request)

4. AHCT Representative contacted the Appellant and forwarded her request for retroactive coverage for [redacted] 2018 to the Department of Social Services (the "Department"). (AHCT's Representative testimony)

5. The Appellant received a letter from the Department requesting verification of her income for month of [redacted] 2018, in order to determine her eligibility for HUSKY D/Medicaid for month of [redacted] 2018. (Appellant's testimony, AHCT's testimony)

CONCLUSIONS OF LAW

1. Sec. 17b-260. (Formerly Sec. 17-134a). 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. Sec. 17b-260. (Formerly Sec. 17-134a). 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.

3. 45 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. 42 CFR § 435.915(a)(1)(2)(b) provides that the agency must make eligibility for Medicaid effective no later than the third month before the month of application if the individual (1) Received Medicaid services, at any time during that period, of a type covered under the plan; and (2) Would have been eligible for Medicaid at the time he received the services if he had applied (or someone had applied for him), regardless of whether the individual is alive when application for Medicaid is made.(b) The agency may make eligibility for Medicaid effective on the first day of a month if an individual was eligible at any time during that month

7. Uniform Policy Manual (UPM) § 1560.10 (A)(B) provides The beginning date of assistance for Medicaid may be one of the following: A. the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services

are received at any time during that particular month; or B. the first day of the month of application when all non-procedural eligibility requirements are met during that month;

8. AHCT correctly determined the application date of [redacted] 2018 for the HUSKY D/ Medicaid program.

9. AHCT correctly determined the beginning date of assistance for the HUSKY D/ Medicaid program as [redacted] 2018.

10. AHCT correctly forwarded the Appellant's request for Husky D/ Medicaid for month of [redacted] 2018 to the Department to process.

DISCUSSION

The Appellant did not request Husky D/ Medicaid coverage for [redacted] 2018 on her Application of [redacted] 2018. AHCT correctly granted Husky D/ Medicaid effective [redacted] 2018. The Appellant requested Husky D/Medicaid coverage for [redacted] 2018 on her hearing request which she submitted on [redacted], 2018. AHCT correctly forwarded her request for coverage for [redacted] 2018 to the Department as the eligibility for retroactive coverage is determined through the Department of Social Services.
The Department of Social Services requested additional information in order to determine eligibility for the month of [redacted] 2018. The Appellant is encouraged to respond timely to all requests for information.

DECISION

The Appellant's appeal is **DENIED**

Swati Sehgal

Swati Sehgal
Hearing Officer

Cc: 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 or 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, 25 Sigourney Street, Hartford, CT 06106.

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, 25 Sigourney Street, Hartford, CT 06106. 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.