

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

██████████ 2019
Signature Confirmation

Application # ██████████
Request # ██████████

NOTICE OF DECISION

PARTY

██████████
████████████████████
████████████████████

PROCEDURAL BACKGROUND

On ██████████, 2019, the Health Insurance Exchange Access Health CT (“AHCT”) issued a Notice of Action to ██████████ (the “Appellant”) discontinuing the Appellant’s Advanced Premium Tax Credit (“APTC”).

On ██████████ 2019, the Appellant requested an administrative hearing to contest the decision to discontinue the APTC.

On ██████████ ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, the Appellant requested a re-schedule of the hearing, which was granted.

On ██████████ 2019, OLCRAH issued a Notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, 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:

██████████, Appellant
Sabrina Solis, Access Health CT Representative
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health Ct (“AHCT”) correctly discontinued the Appellant’s Advanced Premium Tax Credit (“APTC”).

FINDINGS OF FACT

1. On ██████████ █ 2018, the Appellant submitted an application requesting medical insurance for himself. (Exhibit #1- Additional Verification Required notice on application # ██████████)
2. Prior to this, the Appellant was qualified to receive an APTC of \$214.00. (Hearing summary)
3. The Appellant reported a yearly modified adjusted gross income (“MAGI”) totaled \$35,000.00. (Exhibit #4, Access Health application # ██████████)
4. On ██████████ █ 2018, AHCT issued an Additional Verification Required notice requesting proof of Income which included a list of acceptable documents to prove income. The due date for this information was no later than ██████████ 2019. (Exhibit 1- Additional Verification Required notice)
5. On ██████████ █ 2019, AHCT issued a Reminder- Additional Documents Needed notice requesting proof of his income; which included list of acceptable documents to prove income. The due date for this information no later than ██████████, 2019. (Exhibit 2- Reminder, Additional Documents Needed)
6. The Appellant mailed his income verifications (W2’s and Tax return) to AHCT, P.O. Box 670, Manchester, CT. 06045 by certified mail tracking number: ██████████. (Exhibit F, USPS tracking receipt)
7. On ██████████ █, 2019, USPS tracking number ██████████ was confirmed to have been delivered to PO Box 670, Manchester, CT 06045. (Exhibit F, USPS tracking receipt)

8. The PO Box 670, Manchester, CT. 06045 address is AHCT's scanning center. (AHCT's testimony and Exhibit's 1,2 and 3- AHCT Notices)
9. On [REDACTED], 2019, the Department issued a Reminder- Additional Documents needed requesting proof of annual income; which included list of acceptable documents to prove income with a due date of [REDACTED] 2019. The notice also informs the Appellant that failure to do so within 90 days will result in not being eligible for the tax credits. (Exhibit 3, Reminder –Additional Documents Needed notice)
10. On [REDACTED] 2019 completed a change reporting application # [REDACTED] through the Health Insurance Exchange ("HIX") system; which resulted in the discontinuance of the Appellant's APTC. (Exhibit 4, AHCT application)
11. On [REDACTED] 2019, AHCT issued a final notice to the Appellant informing him that as of [REDACTED] 2019, he no longer qualifies for APTC because he did not prove his annual income. (Exhibit 5, NOA)
12. On [REDACTED] 2019, the Appellant re-sent the previously mailed verifications to AHCT to PO BOX 670, Manchester, CT. 06045 under tracking # [REDACTED] which was confirmed as delivered. (Exhibit G - USPS tracking receipt)
13. AHCT acknowledged receipt of the [REDACTED] 2019 verification but testified that AHCT did not receive the Appellant's verification mailed on [REDACTED] 2019. (AHCT testimony)
14. The Appellant was granted APTC effective [REDACTED] 2019. (Appellant and AHCT 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 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. Title 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.
5. 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
6. 45 CFR § 155.315 (f) (2) 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
7. 45 CFR § 155.310 (K) (1) (2) (3) 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.
8. AHCT correctly issued notices requesting additional needed documents.
9. AHCT correctly allowed the Appellant 90 days to provide the requested verification of his annual income.
10. The Appellant correctly mailed his verification to AHCT to P.O. Box 670, Manchester, CT 06045 prior to the [REDACTED], 2019 due date.

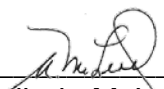
11. The Appellant complied with AHCT's request to submit verification of his annual income prior to the due date of [REDACTED] 2019 as evidenced by the USPS tracking receipt which confirmed delivery on [REDACTED] 2019.
12. AHCT's decision to discontinue the Appellant's renewal for APTC effective [REDACTED], 2019 is not upheld.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1. AHCT shall reopen the Appellant's renewal for health insurance effective [REDACTED] 2019 and determine his eligibility for APTC based upon the verification provided on [REDACTED], 2019; which was re-submitted on [REDACTED] 2019.
2. Compliance with the order is due to the undersigned by [REDACTED] 2019.



Almelinda McLeod
Hearing Officer

CC. Becky Brown, Health Insurance Exchange, Access Health CT
Mike Towers, Health Insurance Exchange, Access Health CT
Sabrina Solis, 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 APTC or CSR.