

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 No # ██████████
Request # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019 the Health Insurance Exchange Access Health CT- ("AHCT") sent ██████████ (the "Appellant") a Notice of Action ("NOA") 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, 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
██████████, Appellant's representative, ██████████ Agency of ██████████,
Debra Henry, AHCT Representative
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether ACHT correctly denied the Advanced Premium Tax Credit (“APTC”).

FINDINGS OF FACT

1. On [REDACTED], 2018, the Appellant submitted a renewal application under number (#) [REDACTED] requesting medical insurance for himself and his spouse. (Exhibit #2- Additional Verification Required Notice # 1302)
2. On [REDACTED], 2018, AHCT was unable to verify the Appellant’s annual income and immigration through the Federal hub. (AHCT testimony)
3. The Federal Hub, also known as “external source” provides a connection to the common federal data sources including but not limited to the Social Security Administration “SSA”, the Internal Revenue Services “IRS” and the Department of Health Services “DHS” to provide needed verification of income, citizenship, immigration status and access to minimum essential coverage for eligibility purposes.
4. On [REDACTED], 2018, AHCT issued a notice requesting additional verification. (Exhibit 2, Additional Verification Required Notice, #1302)
5. The additional verification requested was proof of annual income, proof of eligibility for financial assistance and proof of immigration status. A list of acceptable document types that the Appellant could submit as verification was included in the notice. The due date for the verifications was no later than [REDACTED] 2019. (Exhibit #2, Additional Verification Required Notice #1302)
6. On [REDACTED] 2018, AHCT issued a reminder notice that additional documents were needed and requested the same outstanding documents. The notice included a list of all acceptable document types which could be submitted. The due date for these verifications was no later than [REDACTED] 2019. (Exhibit # 3, Reminder- Additional Documents Needed notice # 1324)
7. On [REDACTED] 2019, AHCT issued a reminder notice that additional documents were needed and requested proof of annual income and proof of immigration status. (Exhibit #4 Reminder–Additional Documents Needed notice # 1325)

8. The notices indicated that if the household does not provide income verification within the allowed 90 day period after submitting an application, the household would be ineligible to receive tax credits. (Exhibits, 2, 3 and 4)
9. The 90th day from the Appellant's application is [REDACTED], 2019.
10. On [REDACTED] 2019, AHCT submitted a change reporting application into the Health exchange ("HIX") system using the reported information at the time; which resulted in the loss of a qualified health plan with APTC coverage for both the Appellant and his spouse. (Exhibit 6, AHCT application # [REDACTED] and Exhibit 7, Eligibility determination)
11. On [REDACTED] [REDACTED], 2019 AHCT sent a Loss of Health Coverage notifying the Appellant that his household Healthcare coverage had changed and that the Appellant was discontinued APTC effective [REDACTED], 2019. (Exhibit #5, Loss of Health Change notice # 1326)
12. The Appellant acknowledge receipt of all notices issued by AHCT. (Appellant's testimony)
13. The Appellant gave his documents to his previous case worker, who is no longer employed at the [REDACTED] Agency of [REDACTED]. (Appellant testimony)
14. AHCT did not receive any of the requested documents prior to [REDACTED] 2019 due date nor within the 90 day period.. (AHCT testimony)
15. On [REDACTED] 2019, an e-mail from Alex Mylak@ct.gov to the Office of Healthcare Advocate indicated a communication effort to provide update received on the Appellant from AHCT issue resolution department as of [REDACTED] [REDACTED] 2019 indicating that the requested information was still outstanding. (Exhibit B, e-mail correspondence)
16. On [REDACTED] [REDACTED], 2019, AHCT received the Appellant's requested verifications. (Appellant's 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. 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; or
 5. 45 CFR 155.505 (d) Eligible entities. 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. AHCT correctly issued notices on [REDACTED] 2018, [REDACTED], 2018 and [REDACTED] 2019 requesting additional needed documents in order to determine eligibility for healthcare coverage.
 8. AHCT correctly allowed the Appellant 90 days to submit satisfactory documentary evidence to verify his annual income and immigration status.
 9. 45 CFR § 155.315 (f) (3) provides that Exchange may extend the period described in paragraph (f) (2) (ii) of this section for an applicant if the applicant demonstrated that a good faith effort has been made to obtain the required documentation during the period.
 10. The hearing record does not reflect any evidence that the Appellant called or communicated with AHCT to request assistance or more time prior to the due date within the 90 day period. I find that the Appellant did not demonstrate that a good faith effort was made to obtain the required information.
 11. 45 CFR § 155.315 (f) (5) provides in part that 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.
 12. AHCT did not receive the information that was requested by the due date [REDACTED] 2019.

13. AHCT correctly determined ineligibility based on the information provided by the Appellant at the time.

14. AHCT correctly denied the APTC for the Appellant and his spouse.

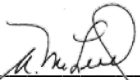
DISCUSSION

The Appellant testified he had a case manager with the [REDACTED] Agency of [REDACTED] who was helping him with this application but the case manager has left the agency. Prior to the case manager leaving the agency, the Appellant gave her all of the requested information; however, it is unclear by the hearing record, exactly when this action occurred. A new case manager has stepped in to help resolve this issue for the Appellant. The Appellant states that all requested verification had been submitted on [REDACTED], 2019; which is after the due date of [REDACTED] 2019 and well after the 90th day of his application which expired on [REDACTED] 2019. A new case manager has stepped in to help resolve this issue for the Appellant. I find no evidence that the issue regarding his case manager was communicated with AHCT prior to the due date nor within the 90 days of his application. AHCT is upheld in its action to discontinue the APTC.

The Appellant indicated that due to his spouse's serious and chronic illness, there is a sense of urgency for her medications. AHCT communicated that there are other and more appropriate programs offered by the Dept. of Social Services ("DSS). The Appellant was strongly encouraged to reach out to DSS for other programs she may qualify for as soon as possible.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Becky Brown, Health Insurance Exchange, Access Health CT
Mike Towers, Health Insurance Exchange, Access Health CT
Debra Henry, 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.