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

[redacted] **2019**
Signature Confirmation

Case ID # [redacted]
Client ID# [redacted]
Request # 144093

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2019, the Health Insurance Exchange, Access Health CT ("AHCT") sent a Notice of Action ("NOA") to [redacted] (the "Appellant") discontinuing her medical coverage under Medicaid /Husky A-Parents & caretakers.

On [redacted] 2019, the Appellant requested an administrative hearing to contest the Department's determination of discontinuing such benefits.

On [redacted] 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted], 2019.

On [redacted], 2019, 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 a telephonic administrative hearing.

The following individuals participated in the hearing:

[redacted], Appellant
Sabrina Solis, AHCT's Representative

Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether AHCT correctly denied the Medicaid/Husky A-parents & Caretakers.

FINDINGS OF FACT

1. On [redacted] 2018, the Appellant was granted medical coverage under Medicaid /Husky A-Pregnancy program. (Exhibit 3: Notice dated [redacted]/19, Exhibit 4: Notice dated [redacted] 19)

2. The Appellant's baby was born on [redacted] 2019, and was granted Husky A-Newborns. (Exhibit 1: Application ID# [redacted], Exhibit 3)

3. On [redacted] 2019, AHCT issued a notice to the Appellant including the Renewal Form with a due date of [redacted] 2019. (Exhibit 3: Notice dated [redacted]/19, AHCT's testimony)

4. On [redacted] 2019, AHCT received the completed Renewal Form from the Appellant and placed a phone call to inform the Appellant of the additional required information. (AHCT's Testimony)

5. AHCT did not send a notice requesting additional information. (AHCT's Testimony)

6. On [redacted], 2019, AHCT completed a Renewal Application [redacted] and discontinued Medicaid/Husky A-pregnancy, for failure to renew. (Exhibit 4, AHCT's Testimony)

7. On [redacted] 2019, AHCT sent a notice stating the Appellant is not eligible for Husky A-pregnancy since she failed to renew. (Exhibit 4)

8. AHCT determined that the Appellant was ineligible for Husky A-Parents & Caretakers (Hearing Summary)

9. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [redacted], 2019. Therefore, this decision is due not later than [redacted] 2019.

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 § 435.916 provides for periodic renewal for Medical eligibility:
   a) Renewal of individuals whose Medicaid eligibility is based on modified adjusted gross income methods (MAGI). (1) Except as provided in

paragraph (d) of this section, the eligibility of Medicaid beneficiaries whose financial eligibility is determined using MAGI-based income must be renewed once every 12 months, and no more frequently than once every 12 months.

(2) Renewal on basis of information available to agency. The agency must make a redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency under §§435.948, 435.949 and 435.956 of this part. If the agency is able to renew eligibility based on such information, the agency must, consistent with the requirements of this subpart and subpart E of part 431 of this chapter, notify the individual—

(i) Of the eligibility determination, and basis; and

(ii) That the individual must inform the agency, through any of the modes permitted for submission of applications under §435.907(a) of this subpart, if any of the information contained in such notice is inaccurate, but that the individual is not required to sign and return such notice if all information provided on such notice is accurate.

(3) Use of a pre-populated renewal form. If the agency cannot renew eligibility in accordance with paragraph (a)(2) of this section, the agency must—

(i) Provide the individual with—

(A) A renewal form containing information, as specified by the Secretary, available to the agency that is needed to renew eligibility.

(B) At least 30 days from the date of the renewal form to respond and provide any necessary information through any of the modes of submission specified in §435.907(a) of this part, and to sign the renewal form in a manner consistent with §435.907(f) of the part;

(C) Notice of the agency's decision concerning the renewal of eligibility in accordance with this subpart and subpart E of part 431 of this chapter;

(ii) Verify any information provided by the beneficiary in accordance with §§435.945 through 435.956 of this part;

(iii) Reconsider in a timely manner the eligibility of an individual who is terminated for failure to submit the renewal form or necessary information, if the individual subsequently submits the renewal form within 90 days

after the date of termination, or a longer period elected by the State, without requiring a new application;

(iv) Not require an individual to complete an in-person interview as part of the renewal process.

7. AHCT correctly sent the Appellant a notice to renew including the renewal form.

8. The Appellant returned the completed renewal form in a timely manner.

9. AHCT denied the Husky A- Pregnancy since the Appellant gave birth on [redacted], 2019, and is no longer pregnant.

10. 42 CFR § 435.952 provides for use of information and requests of additional information from individuals.
(a) The agency must promptly evaluate information received or obtained by it in accordance with regulations under §435.940 through §435.960 of this subpart to determine whether such information may affect the eligibility of an individual or the benefits to which he or she is entitled.

(b) If information provided by or on behalf of an individual (on the application or renewal form or otherwise) is reasonably compatible with information obtained by the agency in accordance with §435.948, §435.949 or §435.956 of this subpart, the agency must determine or renew eligibility based on such information.

(c) An individual must not be required to provide additional information or documentation unless information needed by the agency in accordance with §435.948, §435.949 or §435.956 of this subpart cannot be obtained electronically or the information obtained electronically is not reasonably compatible, as provided in the verification plan described in §435.945(j) with information provided by or on behalf of the individual.

(1) Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both are either above or at or below the applicable income standard or other relevant income threshold.

(2) If information provided by or on behalf of an individual is not reasonably compatible with information obtained through an electronic data match, the agency must seek additional information from the individual, including—

(i) A statement which reasonably explains the discrepancy; or

(ii) Other information (which may include documentation), provided that documentation from the individual is permitted only to the extent electronic data are not available and establishing a data match would not be effective, considering such factors as the administrative costs associated with establishing and using the data match compared with the administrative costs associated with relying on paper documentation, and the impact on program integrity in terms of the potential for ineligible individuals to be approved as well as for eligible individuals to be denied coverage;

(iii) The agency must provide the individual a reasonable period to furnish any additional information required under paragraph (c) of this section.

(d) The agency may not deny or terminate eligibility or reduce benefits for any individual on the basis of information received in accordance with regulations under §435.940 through §435.960 of this subpart unless the agency has sought additional information from the individual in accordance with paragraph (c) of this section, and provided proper notice and hearing rights to the individual in accordance with this subpart and subpart E of part 431.

11. The Appellant was not eligible to receive Husky A-Pregnancy after the end of pregnancy; nevertheless, the AHCT failed to explore eligibility for Husky A-Parents & Caretakers.

12. The AHCT failed to provide adequate notice requesting additional information to complete the application process for Husky A-Parents & Caretakers.

DISCUSSION

Access Health CT sent the Appellant a renewal notice including the renewal form. The Appellant submitted the renewal form in a timely manner. The Appellant was receiving Husky A-Pregnancy medical, she had her child on [redacted] 2019, and is no longer pregnant, therefore the Appellant does not qualify for Husky A-Pregnancy; however, AHCT discontinued her Husky A-Pregnancy for failure to complete the renewal. AHCT also acknowledged that it did receive the renewal on [redacted], 2019, and determined that the Appellant was not eligible for Husky A-Parents &Caretakers. Though, no notice was sent out to the Appellant denying her eligibility for Husky A-Parents & Caretakers or requesting additional information to process Husky A-Parents & Caretakers.

DECISION

The Appellant's appeal is **GRANTED**

ORDER

1. Access Health shall reopen the Appellant's renewal application received on [redacted] 2019, for Husky A.

2. Access Health shall explore the eligibility for Husky A-Parents & Caretakers.

3. Access Health shall issue a notice to the Appellant informing her of any additional information if needed to determine eligibility for Husky A-Parents & Caretakers.

4. Compliance with this order shall be forwarded to the undersigned no later than [redacted] 2019.

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.