

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

██████████, 2019
Signature confirmation

Case: ██████████
Client: ██████████
Application: ██████████
Hearing request: 145040

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████ ██████ 2019, Access Health Connecticut (“AHCT”), the Health Insurance Exchange, denied ██████████ ██████████ (the “Appellant”)’s Children’s Health Insurance Program (“CHIP”)/HUSKY-B application.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s faxed hearing request.

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

On ██████████ 2019, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, Title 45 Code of Federal Regulations (“C.F.R.”) 155.505 (b) and 155.510 and/or 42 C.F.R. § 457.1130, the OLCRAH held an administrative hearing by conference call. The following individuals participated:

██████████, Appellant
Debra Henry, AHCT’s representative
Eva Tar, Hearing Officer

The hearing record closed ██████████ 2019.

STATEMENT OF ISSUE

The issue is whether AHCT correctly determined that the Appellant's minor child was ineligible to participate in the CHIP/HUSKY-B program.

FINDINGS OF FACT

1. The Appellant lives with her husband and their minor child. (Appellant's testimony)
2. The Appellant and her husband are employed. (Appellant's testimony)
3. The Appellant's husband's employer's insurance meets the minimum value standard. (Exhibit 1)
4. The child has medical coverage under his father's employer's insurance plan. (Appellant's testimony)
5. The employer's medical insurance does pay for skilled nursing care. (Appellant's testimony)
6. On ██████████ 2019, the Appellant filed a CHIP/HUSKY-B application, seeking medical coverage to pay for skilled nursing care for the child. (Exhibit 1)(Appellant's testimony)
7. On ██████████ 2019, AHCT denied the Appellant's ██████████ 2019 CHIP/HUSKY-B application. (Exhibit 2)
8. Connecticut General Statutes § 17b-61 (a), as amended on passage by Section 309 of *Public Act No. 19-117 (January Session)*, provides that a final decision shall be rendered not later than within 90 days from the date the Commissioner receives a request for a fair hearing.

On ██████████ 2019, the OLCRAH received the Appellant's faxed hearing request. This final decision would have become due by ██████████ 2019. This final decision is timely.

CONCLUSIONS OF LAW

1. "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...." Conn. Gen. Stat. § 17b-260.

"Title XXI of the Social Security Act, enacted in 1997 by the Balanced Budget Act, authorizes Federal grants to States for provision of child health assistance to

uninsured, low-income children. The program is jointly financed by the Federal and State governments and administered by the States. Within broad Federal rules, each State decides eligible groups, types and ranges of services, payment levels for benefit coverage, and administrative and operating procedures.” 42 C.F.R. § 457.1.

“*Children's Health Insurance Program (CHIP)* means a program established and administered by a State, jointly funded with the Federal government, to provide child health assistance to *uninsured, low-income children* through a separate child health program, a Medicaid expansion program, or a combination program....” 42 C.F.R. § 457.10 (emphasis added).

“As used in that section and sections 17b-292, 17b-294a, 17b-295, 17b-297a, 17b-297b and 17b-300, of the Connecticut General Statutes, “HUSKY B” means the health coverage for children established pursuant to the provisions of sections 17b-290, 17b-292, 17b-294a, 17b-295, 17b-297a, 17b-297b and 17b-300.” Conn. Gen. Stat. § 17b-290 (14).

The Department of Social Services has the authority to administer the CHIP/HUSKY-B program.

2. Title 45, Section 155.110 (a) of the Code of Federal Regulations 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 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.

45 C.F.R. § 155.110 (a).

The Department of Social Services has the authority to appoint AHCT to implement a Health Insurance Exchange to review CHIP/HUSKY-B applications.

3. Title 42, Section 457.310 of the Code of Federal Regulations addresses the multiple financial and non-financial standards that must be met with respect to medical coverage for a targeted low-income child.

“No other coverage standard. A targeted low-income child must not be— ... (ii) Covered under a group health plan or under health insurance coverage, as defined in section 2791 of the Public Health Service Act, unless the plan or health insurance coverage program has been in operation since before July 1, 1997 and is administered by a State that receives no Federal funds for the program's operation. A child is not considered covered under a group health plan or health insurance coverage if the child does not have reasonable geographic access to care under that plan.” 42 C.F.R. § 457.310 (b)(2) (emphasis added).

AHCT correctly determined that the Appellant’s child was ineligible to participate in the CHIP/HUSKY-B program, as the child is covered under a group plan through a parent’s employer-sponsored insurance.

DECISION

The Appellant’s appeal is DENIED.

Eva Tar - electronic signature
Eva Tar
Hearing Officer

Cc: Debra Henry, AHCT
Becky Brown, AHCT
Mike Towers, AHCT

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 Premium 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, 55 Farmington Avenue, Hartford, CT 06105-3725.

There is no right to request reconsideration for denials or reductions of Advanced Premium 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, 55 Farmington Avenue, Hartford, CT 06105. 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.