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

[redacted] **2020**
Signature Confirmation

Application ID # [redacted]
Hearing Request # 152554

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2020, the Health Insurance Exchange Access Health CT ("AHCT") issued a Notice of Action ("NOA") to [redacted], (the "Appellant") denying the Appellant's application for the Advanced Premium Tax Credits ("APTC").

On [redacted] 2020, the Appellant requested an administrative hearing to contest the denial of the APTC tax credit.

On [redacted] 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for [redacted] 2020.

On [redacted], 2020, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, Title 45 of the Code of Federal Regulations ("CFR") § 155.505(b) and §155.510 and/or 42 CFR § 457.1130, OLCRAH held an administrative hearing by telephone.

The following individuals participated in the hearing:

[redacted] Appellant
Sabrina Solis, Access Health CT Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Access Health CT ("AHCT") correctly denied the Appellant's Advanced Premium Tax Credit ("APTC")

FINDINGS OF FACT

1. The Appellant's medical coverage ended [redacted] 2019. (AHCT Testimony, Appellant's Testimony, Exhibit 5: Enrollment Details printout)

2. The Appellant's employer ([redacted]), would be offering employee medical benefits effective for [redacted], 2019. (Appellant's Testimony)

3. The Appellant's employer determined not to offer medical benefits as not enough employees signed up for the coverage. (Appellant's Testimony)

4. AHCT annual open enrollment began on [redacted] 2019 and ended [redacted], 2020, for the 2020 benefit year. (AHCT Testimony)

5. On [redacted] 2020, the Appellant submitted an application (ID#[redacted] to Access Health; Health Insurance Exchange. (Exhibit 6): ID#[redacted], [redacted]/20)

6. The Appellant requested coverage for himself, files taxes as a single individual. (Exhibit 6)

7. On [redacted] 2020, AHCT sent an application results notice notifying the Appellant that he did not have a reason to enroll in 2019 health insurance coverage outside of the annual enrollment period for 2020. (Exhibit 3: ID#[redacted] 1301 Eligibility and Enrollment Notice)

8. 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], 2020. Therefore, this decision is due not later than [redacted] 2020.

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.

5. 45 CFR 155.505 (d) Eligible entities. An appeals process established under this subpart must comply with § 155.110 (a).

6. 45 CFR 155.410 (a) pertains to the general requirements to the initial and annual open enrollment periods. The Exchange must provide an initial open enrollment period and annual open enrollment periods consistent with this section, during which qualified individuals may enroll in a QHP and enrollees may change QHPs.

7. 45 CFR 155.410 (a)(2) provides the Exchange may only permit a qualified individual to enroll in a QHP or a enrollee to change QHPs during the initial open enrollment period specified in paragraph (b) of this section, the annual open enrollment period specified in paragraph (e) of this section, or a special enrollment period described in § 155.420 of this subpart for which the qualified individual has been determined eligible.

8. 45 CFR 155.420 (a)(1) states that the Exchange must provide special enrollment periods consistent with this section, during which qualified individuals may enroll in QHPs and enrollees may change QHPs.

9. 45 CFR 155.420 (a)(5) provides for prior coverage requirements and states that qualified individuals who are required to demonstrate coverage in the 60 days prior to a qualifying event can either demonstrate that they had minimum essential coverage as described in 26 CFR 1.5000A-1(b) for 1 or more days during the 60 days preceding the date of the qualifying event; lived in a foreign country or in a United States territory for 1 or more days during the 60 days preceding the date of the

qualifying event; are an Indian as defined by section 4 of the Indian Health Care Improvement Act; or lived for 1 or more days during the 60 days preceding the qualifying event or during their most recent preceding enrollment period, as specified in §§155.410 and 155.420, in a service area where no qualified health plan was available through the Exchange.

10. 45 CFR 155.410 (e)(3) provides that for benefit years beginning on or after January 1, 2018, the annual open enrollment period begins on November 1 and extends through December 15 of the calendar year preceding the benefit year.

11. AHCT correctly determined that the open enrollment period for 2020 benefit year was from [redacted] 2019 through to [redacted], 2020.

12. AHCT correctly determined that the Appellant did not have a qualifying life event within 60 days of the occurring to open a special enrollment period.

13. AHCT correctly denied the Appellant's APTC application on [redacted], 2020. .

DISCUSSION

At the hearing the Appellant stated he had a letter from Human Resources regarding medical benefits not being offered to employees. He was advised to submit a new application with his letter to apply as a special enrollment.

DECISION

The Appellant's appeal is DENIED**.**

Miklos J. Mencseli
Fair Hearings Officer

C: Cathy Davis, Health Insurance Exchange Access Health CT
Becky Brown, Health Insurance Exchange, Access Health CT
Mike Towers, 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 of APTC or CSR.