

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

██████████, 2020
Signature confirmation

Case ██████████
Client: ██████████
Request ██████████

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████ 2020, Access Health CT (“AHCT”), Connecticut’s Health Insurance Exchange, notified ██████████ (the “Appellant”) of its grant of her ██████████ 2020 HUSKY-D/Medicaid application.

On ██████████ 2020, the Appellant filed an online request for a hearing with the Office of Legal Counsel, Regulations and Administrative Hearings (“OLCRAH”), citing an unpaid ██████████ 2020 medical bill.

On ██████████ 2020, the OLCRAH scheduled the administrative hearing for ██████████ 2020. The OLCRAH granted the Appellant’s request for a postponement.

On ██████████ 2020, 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 (“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 in the administrative hearing:

██████████, Appellant
Sabrina Solis, AHCT’s representative
Eva Tar, Hearing Officer

The hearing record closed ██████████, 2020.

STATEMENT OF ISSUE

The Appellant seeks HUSKY-D/Medicaid coverage of her ██████████ 2020 medical bill(s).

FINDINGS OF FACT

1. On [REDACTED] 2020, the Appellant applied for HUSKY-D/Medicaid coverage. (Exhibit 1)
2. On [REDACTED] 2020, AHCT correctly granted the Appellant's [REDACTED] 2020 HUSKY-D/Medicaid application, backdating her medical coverage to [REDACTED] 2020. ([REDACTED] Testimony) (Exhibits 2 and 3)
3. After the [REDACTED] 2020 grant, the Appellant's HUSKY-D/Medicaid coverage became inactive for [REDACTED] 2020 only, resulting in a one-month gap in her medical coverage. ([REDACTED] Testimony)
4. The one-month gap in coverage is a computer and/or database error that AHCT is unable to fix at its level. ([REDACTED] Testimony)
5. AHCT has escalated the Appellant's case to the Department of Social Services to reinstate the Appellant's medical coverage for [REDACTED] 2020. ([REDACTED] Testimony)
6. The Appellant has unpaid medical bill(s) from [REDACTED] 2020. (Appellant Testimony)
7. Connecticut General Statutes § 17b-61 (a), as amended on passage by Section 309 of *Public Act No. 19-117 (January Session)*, provides the deadline for the rendering of a hearing decision.

Executive Order 7M, Section 3, dated March 25, 2020, extends the period for rendering a hearing decision. Executive Order 7DDD, Section 2, dated June 29, 2020 in part authorizes a further extension to the time frames provided by Executive Order 7M, Section 3, dated March 25, 2020 that would have lapsed on June 28, 2020.

ORDER, (Commissioner Deidre S. Gifford, 4/13/2020) provides in part: "Section 17b-61(a)'s timeframe for the commissioner or commissioner's designated hearing officer to render a final decision is extended from 90 to 'not later than 120 days' after the date the commissioner receives a request for a fair hearing pursuant to Section 17b-60...."

On [REDACTED] 2020, the OLCRAH received the Appellant's on-line hearing request. This hearing decision would have become due with the extended deadlines on [REDACTED] 2020. This final decision is timely.

CONCLUSIONS OF LAW

1. The Department of Social Services is the designated state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act. Conn. Gen. Stat. § 17b-2.

The Department of Social Services administers the HUSKY-D/Medicaid program.

2. Title 45, Section 155.110 (a) of the Code of Federal Regulations ("C.F.R.") 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 implement AHCT as Connecticut's Health Insurance Exchange.

The Appellant's HUSKY-D/Medicaid eligibility for [REDACTED] 2020 is not in dispute.

AHCT must continue to pursue a fix of the computer and/or database error to permit HUSKY-D/Medicaid to cover the Appellant's [REDACTED] 2020 medical bills, if they are eligible for coverage.

DECISION

The Appellant's appeal is REMANDED to AHCT for further action.

ORDER

1. AHCT will continue to actively pursue a fix of the Appellant's case with the Department of Social Services as to her [REDACTED] 2020 medical coverage. AHCT will notify the Appellant once the error is fixed, so that the Appellant may instruct her medical providers to resubmit the [REDACTED] 2020 unpaid bills to the HUSKY-D/Medicaid program.
2. Within 21 calendar days of the date of this decision, or [REDACTED] 2020, documentation of compliance with this order is due to the undersigned.

Eva Tar - electronic signature
Eva Tar
Hearing Officer

cc: Sabrina Solis, AHCT
Becky Brown, AHCT
Mike Towers, AHCT

**Modified Adjusted Gross Income (MAGI) Medicaid and
Children's Health Insurance Program (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.

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 extensions 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.