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

[redacted]
Signature Confirmation

Application # [redacted]
Hearing Request # 197991

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], the Health Insurance Exchange Access Health CT ("AHCT") granted [redacted], (the "Appellant") a Qualified Health Plan ("QHP") with Advanced Premium Tax Credits ("APTC").

On [redacted], the Appellant requested a hearing because he believed the APTC amount was incorrect.

On [redacted], the Office of legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2022.

On [redacted], in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statues, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

[redacted], Appellant
[redacted], Appellant's Spouse
[redacted] Access Health CT Representative
[redacted], Access Health CT Representative
Shawn P. Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether AHCT would retroactively apply the newly reported modified adjusted gross income, [redacted], [redacted].

FINDINGS OF FACT

1. On [redacted] 2021, the Appellant reported the household modified adjusted gross income (MAGI) as $135,373.00. (Exhibit 2: AHCT application [redacted])

2. On [redacted] 2021, AHCT granted the Appellant an APTC based on a household size of three of $1799.00 per month for [redacted] 2022, to [redacted]. (Exhibit 3: Eligibility Determination [redacted])

3. On [redacted] [redacted] the Appellant reported the household MAGI as $221,225.00. (Exhibit 6: AHCT application [redacted])

4. On [redacted] 2002, AHCT granted the Appellant an APTC based on a household size of three of $[redacted] per month for 2022. (Exhibit 7: Eligibility Determination [redacted])

5. The Appellant filed his [redacted] federal taxes and determined that his MAGI was $186,628.00. (Appellant's Testimony).

6. The Appellant wants the MAGI of $186,628.00 to be used retroactively to his [redacted] application change. (Appellant's Testimony).

7. The Appellant must report any changes that may affect health coverage within 30 days of the change. (Exhibit 5: Your Application Results [redacted])

8. As of [redacted], the Appellant had not reported a change in the MAGI to AHCT. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-260 of the Connecticut General Statutes 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 Connecticut General Statutes 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 of the Code of Federal Regulations ("C.F.R.") § 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 C.F.R § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).

5. 45 C.F.R § 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 C.F.R. § 435.945(a) provides that except where the law requires other procedures (such as for citizenship and immigration status information), the agency may accept attestation of information needed to determine the eligibility of an individual for Medicaid (either self-attestation by the individual or attestation by an adult who is in the applicant's household, as defined in §435.603(f) of this part, or family, as defined in section 36B(d)(1) of the Internal Revenue Code, an authorized representative, or, if the individual is a minor or incapacitated, someone acting responsibly for the individual) without requiring further information (including documentation) from the individual.

   The Appellant attested that his monthly modified adjusted gross income ("MAGI") equals $221,225.00 on his [redacted] change application.

7. 45 C.F.R § 155.330(a) **General requirement.** The Exchange must redetermine the eligibility of an enrollee in a QHP through the Exchange during the benefit year if it receives and verifies new information reported by an enrollee or identifies updated information through the data matching described in paragraph (d) of this section.

AHCT correctly reviewed information the Appellant reported on [redacted]

8. 45 C.F.R § 155.330(b) **Requirement for individuals to report changes.**
   (1) Except as specified in paragraphs (b)(2) and (3) of this section, the Exchange must require an enrollee to report any change with respect to the eligibility standards specified in § 155.305 within 30 days of such change.

   45 C.F.R § 155.330(f) – **Effective dates.**
   (1) Except as specified in paragraphs (f)(2) through (f)(5) of this section, the Exchange must implement changes -

   (i) Resulting from a redetermination under this section on the first day of the month following the date of the notice described in paragraph (e)(1)(ii) of this section; or

   (ii) Resulting from an appeal decision, on the date specified in the appeal decision; or

   (iii) Affecting enrollment or premiums only, on the first day of the month following the date on which the Exchange is notified of the change;

   The Appellant reported a change in his MAGI at the hearing on [redacted]; therefore, any change in the APTC would be effective [redacted].

DECISION

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

DISCUSSION

AHCT calculated the Appellant's APTC based on the MAGI of $221,225.00 the Appellant attested to on the application dated [redacted].

On [redacted], the Appellant reported the change in his MAGI. AHCT can use this date as the reported date of change in MAGI in the amount of $186,682.00.

Shawn P. Hardy
Shawn P. Hardy
Hearing Officer

CC:
Becky.Brown@conduent.com
Mike.Towers@conduent.com
Debra Henry, Health Insurance Exchange Access Health CT
Chris Cavanaugh, 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 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.

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, 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.