



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## NOTICE OF DECISION

Notice Date: July 10, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000518

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On May 14, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 19, 2014 preliminary determination, which is set out in a notice dated July 1, 2014.

The attached Decision, rendered after that hearing, is issued by the Appeals Unit of the NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

### Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

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## DECISION

Notice Date: July 10, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000518

[REDACTED]  
[REDACTED]  
[REDACTED]

### Issue

The issue presented for review by the Appeals Unit of the NY State of Health is:

Did the coverage for [REDACTED] through Child Health Plus properly begin on April 1, 2014?

### Procedural History

The Marketplace received your application on February 12, 2014.

On February 13, 2014, the Marketplace issued a notice that stated that your application for health insurance through New York State of Health for [REDACTED], [REDACTED] had been reviewed, and that these individuals might be eligible for health insurance through New York State of Health. However, prior to any such determination, you would need to submit proof of disenrollment from any government sponsored health coverage.

On February 14, 2014, you uploaded a document to the Marketplace that had been sent from the NYC Human Resource Administration Department of Social Services to [REDACTED]. That document stated that your child [REDACTED], was no longer eligible for Medicaid. The document was verified by the Marketplace on February 19, 2014.

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On February 19, 2014, the Marketplace prepared a preliminary eligibility determination in your case, which said that [REDACTED] was eligible for Child Health Plus at a premium rate of \$9.00 per month, based on a household income of \$66,000. The coverage would be effective from April 1, 2014 to March 31, 2015. The substance of this determination is set out in a notice dated July 1, 2014.

On March 27, 2014, you called the Marketplace and requested a hearing on the issue of when [REDACTED] coverage under Child Health Plus would begin.

On May 14, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed and it was closed at the end of the hearing.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You are married and have five children.
- 2) Your youngest child, [REDACTED], is one year old.
- 3) In your application, you stated that your annual household earnings were \$66,000.
- 4) During the hearing, you stated that you were only contesting the start of coverage for [REDACTED] insurance with Child Health Plus being April 1, 2014. You stated that [REDACTED] coverage should begin March 1, 2014.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see NY Public Health Law §2510 et seq. and 42 USC § 1397(a)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

## **Legal Analysis**

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The matter under review is when [REDACTED] Child Health Plus coverage should have taken effect.

The preliminary determination was prepared on February 19, 2014, the date on which the Marketplace reviewed the appellant's complete application and found [REDACTED] to be eligible for Child Health Plus. The determination stated that coverage would begin effective April 1, 2014, which would be correct for an application submitted on February 19, 2014.

Here, however, the appellant submitted his application on February 12, 2014. The Marketplace requested additional information, and the appellant submitted it to the Marketplace computer on February 14, 2014. There is no indication in the record that the Marketplace's determination was based on information provided on or after February 15, 2014. Since the application was complete on February 14, 2014, coverage should have been found to begin on the first day of the following month, March 1, 2014.

The fact that the Marketplace verified the appellant's uploaded document and issued the determination after February 15, 2014 has no effect on this analysis.

Therefore, the July 1, 2014 eligibility determination is MODIFIED to state that [REDACTED] was eligible for Child Health Plus coverage as of March 1, 2014.

If the appellant wants [REDACTED] Child Health Plus coverage to be effective during the month of March 2014, he must pay the \$9.00 premium for that month within 45 days of the date on this Decision.

## **Decision**

The Marketplace's preliminary determination of February 19, 2014 is MODIFIED to state that [REDACTED] was eligible for Child Health Plus coverage effective March 1, 2014, and that if the appellant wants coverage for the month of March 2014 he must pay the \$9.00 premium within 45 days of the date of this decision.

**Effective Date of this Decision:** July 10, 2014

## **How this Decision Affects Your Eligibility**

[REDACTED] is eligible for Child Health Plus effective March 1, 2014.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

If the appellant wants Child Health Plus coverage for [REDACTED] during March 2014, he must pay the \$9.00 premium for that month within 45 days of the date of this decision.

### **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of the Decision (45 CFR § 155.520[c]).

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of the Decision.

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services for assistance.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:

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P.O. Box 11729  
Albany, NY 12211

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- By fax: 1-855-900-5557

## **Summary**

The July 1, 2014 eligibility determination, which is based on the February 19, 2014 preliminary determination is MODIFIED to state that [REDACTED] was eligible for Child Health Plus effective March 1, 2014.

If the appellant wants Child Health Plus coverage for [REDACTED] during March 2014, he must pay the \$9.00 premium for that month within 45 days of the date of this decision.

## **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).