



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

Notice of Decision

Notice Date: September 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000601

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On May 30, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 21, 2014 eligibility determination.

The enclosed 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 notice.

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: 1-877-622-4886).

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Decision

Decision Date: September 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000601

[REDACTED]
[REDACTED]
[REDACTED]

Issue

The issue presented for review by the Appeals Unit of the 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 for health insurance on February 14, 2014.

On February 15, 2014, the Marketplace issued a notice that more information was needed to make a determination on whether [REDACTED] were eligible for health insurance through NY State of Health. You were asked to provide proof of disenrollment from any government-sponsored health coverage.

On February 19, 2014, and again on February 26, 2014, you uploaded February 3, 2014 documents from Fidelis Care stating that [REDACTED] Child Health Plus coverage was terminated effective February 1, 2014.

On March 21, 2014, the Marketplace issued an eligibility determination stating that [REDACTED] were eligible for Child Health Plus at the monthly premium rate of \$60.00 per child. This determination was based on a household income of \$89,000.00. The notice indicated that coverage would be effective shortly after the first premium payment was received by the health plan.

On April 23, 2014, you spoke with Marketplace Customer Service and indicated that you wanted the Child Health Plus coverage through MVP Health Plan, Inc., to begin on March 1, 2014.

On May 30, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace Appeals Unit and provided sworn testimony. 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 finding of fact:

1. You are married and have two children: [REDACTED], who is seventeen years old, and [REDACTED], who is eleven years old.
2. On February 3, 2014, Fidelis Care gave you notice that [REDACTED] and [REDACTED] Child Health Plus coverage ended on February 1, 2014
3. On February 14, 2014, you submitted an application to obtain Child Health Plus through the Marketplace.
4. On February 15, 2014, the Marketplace issued a notice to advise you that proof was needed of [REDACTED] disenrollment from government-sponsored health coverage.
5. On February 19, 2014, you uploaded February 3, 2014 notices from Fidelis Care confirming the termination of [REDACTED] Child Health Plus coverage.
6. During the hearing, you stated that you were contesting only the start of the new coverage with Child Health Plus. You stated that the coverage should begin March 1, 2014 rather than April 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

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Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

Legal Analysis

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

After you submitted your health insurance application on February 14, 2014, the Marketplace advised you that it could not make a determination until you provided additional information.

You provided the additional information and this made your application complete on February 19, 2014. Since the application could not be processed until after processing had ended for a March 1, 2014 start date, coverage properly began on April 1, 2014.

The March 21, 2014 eligibility determination that found [REDACTED] eligible for Child Health Plus stated that coverage would begin effective shortly after the first premium payment had been received by the health plan. Since this is consistent with an April 1, 2014 effective date, the determination is AFFIRMED.

Decision

The March 21, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: September 5, 2014

How this Decision Affects Eligibility

[REDACTED] are eligible for Child Health Plus effective April 1, 2014.

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.

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

- Submit 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 this Decision (45 CFR § 155.520(c))

AND/OR

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

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:
NY State of Health Appeals
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 21, 2014 eligibility determination is AFFIRMED.

████████████████████ are eligible for Child Health Plus effective April 1, 2014.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]