



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

Notice of Decision

Decision Date: June 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001241

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 7, 2014, disenrollment notice.

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 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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Appeal Identification Number: AP000000001241

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Issues

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

Did the Marketplace properly determine that your children's health coverage through HealthPlus, an Amerigroup Company, should be terminated effective November 30, 2014?

Procedural History

On March 12, 2014, the Marketplace received your application for health insurance. The Marketplace prepared a preliminary eligibility determination stating that you are eligible to receive up to \$192.00 of advance premium tax credit and cost-sharing reductions, and your children were eligible to enroll in Child Health Plus with a monthly premium of \$9.00. However, in order for your eligibilities to be finalized, you were directed to submit documents to confirm that the information you provided was accurate.

On July 1, 2014, the Marketplace issued an eligibility determination notice stating that your children have been determined presumptively eligible to enroll in Child Health Plus. The notice states that in order to conduct a full eligibility determination, additional documentation is needed within 60 days.

On November 6, 2014, you uploaded income documentation to your Marketplace account.

On November 7, 2014, the Marketplace issued a disenrollment notice stating that your children were no longer eligible to remain in Amerigroup effective November 30, 2014.

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On November 28, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to receive up to \$250.00 of advance premium tax credit and cost-sharing reductions, and your children were eligible to enroll in Medicaid.

On December 5, 2014, the Marketplace issued an eligibility determination notice stating that you are conditionally eligible to receive up to \$230.00 of advance premium tax credit and cost-sharing reductions, and your children were eligible for Medicaid.

On December 18, 2014, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your children being disenrolled from Child Health Plus.

On December 31, 2014, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing on January 23, 2015.

On January 23, 2015, a Hearing Officer from the Marketplace Appeals Unit attempted to contact you at the phone number you provided on three separate occasions and was unable to reach you.

On February 12, 2015, you uploaded a statement to your Marketplace account requesting that your hearing with the Marketplace's Appeals Unit be rescheduled.

On March 19, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and closed at the end of the hearing.

Findings of Fact

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

1. You are applying for health insurance through the Marketplace for yourself and your two children.
2. You currently reside with your mother and your two fourteen-year-old children.
3. You plan on filing a 2015 federal income tax return with the tax status Head of Household (with qualifying individual) and claim your mother and one of your children as dependents on that return.
4. Your children were initially determined presumptively eligible for Child Health Plus on March 12, 2014 (7/1/2014 Marketplace notice).

5. On April 15, 2014, you selected HealthPlus, an Amerigroup Company as your children's Child Health Plus health plan (7/2/2014 Marketplace notice).
6. On November 9, 2014, your children were determined eligible for Medicaid effective November 1, 2014 (11/28/2014 Marketplace notice).
7. The Marketplace issued a Disenrollment Notice. New York State of Health terminated your children's enrollment with HealthPlus, an Amerigroup Company effective November 30, 2014 (11/7/2014 Marketplace notice).
8. On February 13, 2015, your children were determined conditionally eligible to enroll through Child Health Plus with a \$9.00 premium per month (2/14/2015 Marketplace notice).
9. On February 13, 2015, your children's Medicaid Fee-For-Service was discontinued effective February 28, 2015, and they were re-enrolled in HealthPlus, an Amerigroup Company with a \$9.00 monthly premium effective March 1, 2015 (2/14/2015 Marketplace notices).
10. You testified that the basis of your initial appeal request, to re-enroll your children in Child Health Plus, has been resolved.
11. On February 12, 2015, you uploaded a statement to your Marketplace Account. You requested an appeal regarding your health plan, CareConnect Health Insurance, Inc. (CareConnect) bill in January 2015 for December 2014 health coverage that you did not receive (Document # [REDACTED]).
12. You testified that in January 2015 you received a billing statement from CareConnect Insurance Company, Inc. for your December 2014 health insurance premium. However, you testified that this issue has been resolved with CareConnect.
13. On January 23, 2015, the Marketplace uploaded your Form 1095-A Health Insurance Marketplace Statement to your Marketplace account.
14. You testified that that the Form 1095-A Health Insurance Marketplace Statement incorrectly states that you had health insurance coverage through the Marketplace in December 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

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(N.Y. Pub.Health L. § 2511(2)(a)-(e))

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in Child Health Plus depends upon the child's family household income (N.Y. Pub. Health L. § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL. If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (N.Y. Pub. Health L. § 2510(9)(d)).

Legal Analysis

The issue under appeal was whether the Marketplace properly terminated your children's health coverage through HealthPlus, an Amerigroup Company effective November 30, 2014.

Your children were initially determined presumptively eligible for Child Health Plus on March 12, 2014, and on April 15, 2014, you selected Amerigroup as your children's Child Health Plus health plan.

On November 9, 2014, the Marketplace determined your children eligible for Medicaid effective November 1, 2014, and a Disenrollment Notice was issued stating that your children's enrollment with Amerigroup would terminate effective November 30, 2014.

On February 13, 2015, your children were redetermined conditionally eligible to enroll through Child Health Plus with a \$9.00 premium per month. Therefore, your children's Medicaid Fee-For-Service health coverage was discontinued effective February 28, 2015, and they were re-enrolled in Amerigroup with a \$9.00 monthly premium effective March 1, 2015.

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Since your children had been re-enrolled in Amerigroup, you testified that your basis for appeal regarding this issue had been resolved.

On February 12, 2015, you uploaded a statement to your Marketplace Account. You requested that the Marketplace reschedule your hearing and raised an additional issue. You stated that your health plan, CareConnect, is billing for a premium for a month that you did not receive health coverage in. You testified that in January 2015 you received a billing statement from CareConnect for a December 2014 health insurance premium. However, you testified that this issue has been resolved with CareConnect and you are no longer being billed for the December 2014 health insurance premium.

At the hearing you raised an additional issue with your Form 1095-A Health Insurance Marketplace Statement. You testified that that the Form 1095-A Health Insurance Marketplace Statement incorrectly states that you had health insurance coverage through the Marketplace in December 2014.

The Marketplace Appeals Unit cannot address issues related to the Form 1095-A. For assistance with the Form 1095-A. Please contact:

<http://info.nystateofhealth.ny.gov/taxcredits> or call Community Health Advocates' Helpline at 1-888-614-5400.

NY State of Health at 1-855-766-7860.

If you have questions about Form 8962 or other tax-related questions, visit www.irs.gov.

Decision

The November 7, 2014 Marketplace disenrollment notice is AFFIRMED.

The February 14, 2015 Marketplace notices continue in effect.

Effective Date of this Decision: June 8, 2015

How this Decision Affects Your Eligibility

This Decision does not affect your children's eligibility through the Marketplace.

Your children continue to be conditionally eligible to enroll through Child Health Plus with a \$9.00 monthly premium.

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).

Your children were enrolled in Health Plus, an Amerigroup Company as early as March 1, 2015.

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.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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:
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- By fax: 1-855-900-5557

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Summary

The November 7, 2014 Marketplace disenrollment notice is AFFIRMED.

The February 14, 2015 Marketplace notices continue in effect.

Your children continue to be conditionally eligible to enroll through Child Health Plus with a \$9.00 monthly premium.

Your children were enrolled in Health Plus, an Amerigroup Company as early as March 1, 2015.

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]