



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

Notice of Decision

Decision Date: August 7, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001337

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 30, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 3, 2015 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of 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 notice.

Legal Authority

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

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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001337

[REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace fail to provide a timely notice regarding [REDACTED] eligibility for Child Health Plus?

Did the Marketplace properly determine [REDACTED] eligibility for Child Health Plus effective February 1, 2015?

Procedural History

On April 15, 2014, the Marketplace received three applications for health insurance through the Marketplace for yourself, spouse, son, and daughter. That day, three preliminary eligibility determinations were prepared. The last preliminary eligibility determination prepared that day stated that your daughter was conditionally eligible to enroll in Child Health Plus with a \$60.00 per month premium effective May 1, 2014.

On April 16, 2014, the Marketplace received your household's updated application for health insurance. That day, the Marketplace prepared a preliminary eligibility determination finding your daughter fully eligible for Child Health Plus with a monthly premium amount of \$60.00 per month.

On June 13, 2014, the Marketplace issued an eligibility determination stating that based on your April 15, 2014, application, your daughter is presumptively eligible to enroll in Child Health Plus for 60 days. In order to conduct a full determination the Marketplace requested income documentation.

On July 2, 2014, the Marketplace issued a notice to confirm that on April 15, 2014; your daughter selected Excellus BCBS through Child Health Plus.

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On November 7, 2014, the Marketplace issued a notice stating that it was time to renew your household's health insurance for 2015. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you or your family would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2014 or you might lose the financial assistance you were currently receiving.

On December 22, 2014, the Marketplace issued a notice stating that you did not respond to the renewal notice and did not complete the renewal within the required timeframe. As a result, your daughter no longer qualifies for financial assistance to help pay for health coverage.

On December 26, 2014, the Marketplace issued a Disenrollment Notice stating: your daughter's Excellus BCBS coverage through Child Health Plus will end effective December 31, 2014.

On January 2, 2015, you reapplied for health insurance through the Marketplace. The Marketplace prepared a preliminary eligibility determination stating: your daughter is eligible for Child Health Plus with a monthly premium amount of \$60.00 with a start date of February 1, 2015.

On that same day you spoke to the Marketplace's Account Review Unit and appealed the effective date of February 1, 2015 for your daughter's Child Health Plus coverage.

On January 3, 2015, the Marketplace issued an eligibility determination notice that confirmed your daughter's eligibility as stated in the January 2, 2015 preliminary eligibility determination.

On January 30, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

Findings of Fact

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

1. You testified that you are only appealing your daughter's determination that her Child Health Plus is effective February 1, 2015.
2. You testified that you want your daughter's Child Health Plus coverage to have an effective date of January 1, 2015.

3. You testified that you paid the \$60.00 Child Health Plus monthly premium for January 2015, on December 18, 2014, which was withdrawn from your bank account on December 23, 2014.
4. You testified that your daughter has outstanding medical bills from January 2015, and you want them covered by the Child Health Plus program.
5. You testified that you do not recall receiving a notice to renew your daughter's health insurance coverage through NY State of Health.

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

Applicable Law and Regulations

Timely Determination:

When an individual applies for insurance through the Marketplace, the Exchange must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1)).

To assess whether an eligibility determination was untimely, the Exchange must base the time period from the date of application to the date the Exchange notifies the applicant of its decision (45 CFR § 155.310(e)(2)).

The Exchange must provide CHIP applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 457.340(d); 42 CFR § 435.912).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) 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 to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

The "period of eligibility" for CHP is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law [PHL] § 2510(6)).

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Legal Analysis

The first issue under review is whether the Marketplace failed to provide timely notice of your daughter's eligibility determination.

The Marketplace must provide applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination. To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of the completed application to the date the Marketplace notifies the applicant of its decision.

The record reflects that the Marketplace received your household's completed application for health insurance for 2015 on January 2, 2015. The Marketplace issued an eligibility determination notice on January 3, 2015 that stated your daughter was eligible for Child Health Plus. Since the Marketplace issued an eligibility determination 1 day from the date your application was considered complete, the January 3, 2015 eligibility determination was timely.

The second issue under review is whether the Marketplace properly determined that your daughter was eligible for Child Health Plus effective February 1, 2015.

On April 15, 2014, the Marketplace prepared a preliminary eligibility determination notice that stated your daughter was conditionally eligible for Child Health Plus with a \$60.00 per month premium effective May 1, 2014. On April 16, 2014, the Marketplace prepared another preliminary eligibility determination notice that stated your daughter was fully eligible for Child Health Plus with a \$60.00 per month premium.

On June 13, 2014, the Marketplace issued an eligibility determination stating that based on your April 15, 2014 application, your daughter is presumptively eligible to enroll in Child Health Plus for 60 days. In order to conduct a full determination, the Marketplace requested income documentation. However, this notice was superseded by the April 16, 2014 preliminary eligibility determination that found your daughter fully eligible for Child Health Plus.

Since your daughters' Child Health Plus eligibility began on May 1, 2014, it continues until April 30, 2015, unless an event occurs to disqualify her from Child Health Plus eligibility. The record does not indicate that any Child Health Plus premiums were not timely paid, that your child has gained access to or obtained other health insurance, or that your child became eligible for Medicaid. The record does confirm that she still resides in New York State.

When additional determinations were made after April 16, 2014, the twelve-month period of Child Health Plus eligibility that began on May 1, 2015 had not expired, and no event had occurred to end that eligibility. According to the credible evidence of record, your daughter's Child Health Plus coverage should not have ended effective December 31, 2014.

To bring the Marketplace's decisions into line with the record as currently developed, the following changes are made:

The December 22, 2014 eligibility determination notice stating that your daughter no longer qualifies for financial assistance to help pay for health coverage, and the December 26, 2014 disenrollment notice stating that your daughter's Child Health Plus coverage would end effective December 31, 2014 are **RESCINDED**.

The January 3, 2015 notice of eligibility redetermination is **MODIFIED** to state that your daughter's Child Health Plus eligibility is effective as of May 1, 2014.

Decision

The December 22, 2014 eligibility determination notice stating that your daughter no longer qualifies for financial assistance to help pay for health coverage, and the December 26, 2014 disenrollment notice stating that your daughter's Child Health Plus coverage would end effective December 31, 2014 are **RESCINDED**.

The January 3, 2015 notice of eligibility redetermination is **MODIFIED** to state that your daughter's Child Health Plus eligibility is effective as of May 1, 2014.

Effective Date of this Decision: August 7, 2015

How this Decision Affects Eligibility

This decision rescinds (cancels) the notices that end your daughter's Child Health Plus coverage effective December 31, 2014, and determinations that find her eligible effective February 1, 2015.

██████████ is eligible for Child Health Plus from May 1, 2014 through April 30, 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.

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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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 22, 2014 eligibility determination notice stating that your daughter no longer qualifies for financial assistance to help pay for health coverage, and the December 26, 2014 disenrollment notice stating that your daughter's Child Health Plus coverage would end effective December 31, 2014 are RESCINDED.

The January 3, 2015 notice of eligibility redetermination is MODIFIED to state that your daughter's Child Health Plus eligibility is effective as of May 1, 2014. This decision rescinds (cancels) the notices that end your daughter's Child Health Plus coverage effective December 31, 2014, and determinations that find her eligible effective February 1, 2015.

██████████ is eligible for Child Health Plus from May 1, 2014 through April 30, 2015.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]