



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

Notice of Decision

Decision Date: May 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001350

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED],

On February 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 6, 2015 eligibility determination.

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 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: AP000000001350

[REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly terminate your children’s Child Health Plus coverage as of December 31, 2014?

Procedural History

You submitted applications for health insurance and financial assistance to the Marketplace on October 2, 2014 and October 31, 2014.

On November 6, 2014, the Marketplace issued a notice stating, in part, that it did not have enough information from state and federal data sources to determine whether you, your spouse, and your children would qualify for financial assistance during 2015. It directed you to update the information in your account by December 15, 2015 so that a decision could be made.

On November 28, 2014, the Marketplace issued three notices of eligibility determination on your October applications. The notice referencing your October 2, 2014 application stated that, effective November 1, 2014, each of your children could enroll through Child Health Plus with a premium of \$9.00 per month. The notice referencing your October 31, 2014 application made the same determination, but set the effective date at December 1, 2014.

On December 22, 2014, the Marketplace issued a notice stating that your children were not eligible for Medicaid, Child Health Plus, tax credits, or cost-sharing reductions and could not enroll in a qualified health plan at full cost,

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because you did not respond to the renewal notice and complete your renewal within the required time frame.

On December 27, 2014, the Marketplace issued a disenrollment notice stating that your children's coverage through Child Health Plus would end effective December 31, 2014.

On January 5, 2015, you modified your household's application for health insurance, and the Marketplace made a preliminary determination that each of your children was eligible for Child Health Plus, with a premium of \$9.00 per month, effective February 1, 2015.

Also on January 5, 2015, you called the Marketplace's Account Review Unit and appealed the effective start date for the Child Health Plus coverage.

On January 6, 2015, the Marketplace issued an eligibility determination notice confirming that, effective February 1, 2015, each of your children was eligible to enroll in Child Health Plus with a premium of \$9.00 per month.

On February 9, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the 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 testified, and the record reflects, that you and your spouse have four children.
- 2) You testified that you are appealing only the eligibility determinations made for your children.
- 3) You testified that during November, you enrolled your children a Child Health Plus plan and prepaid the premiums through the end of January 2015.
- 4) You testified that you received conflicting notices from the Marketplace regarding your children's eligibility for health insurance. In particular, you cited to the December 11, 2014 notice which stated your children were enrolled and the December 27, 2014 notice which stated they were disenrolled.

- 5) You testified that you were not aware that your children's health insurance had been terminated until January 5, 2015 when you took one of your daughters to the doctor.
- 6) You testified that you would like your children's health insurance coverage reinstated for January 2015.

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 may be eligible for coverage through Child Health Plus (CHP) provided (1) he or she lives in a household having a household income at or below 400% of the federal poverty level (FPL) and (2) is not eligible for medical assistance (Medicaid), except that a child who becomes eligible for Medicaid after becoming eligible for CHP, may be eligible for a subsidy payment for a period of three months after becoming eligible for such medical assistance (NY Public Health Law § 2511(2)(b) and (3)).

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)).

Legal Analysis

The only issue raised on appeal is whether the Marketplace properly terminated Child Health Plus (CHP) coverage for your four children as of December 31, 2014.

On November 28, 2014, the Marketplace issued a notice of eligibility determination for an application submitted for your children on October 2, 2014. It stated that, effective November 1, 2014, each of your children could enroll through CHP with a premium of \$9.00 per month. That eligibility determination has not been appealed and is not under review here.

Since the period of your children's CHP eligibility began on November 1, 2014, it continues until October 31, 2015, unless an event occurs to disqualify them from CHP eligibility. The record does not indicate that any CHP premiums were not timely paid, that your children have gained access to or obtained other health insurance, or that your children have become eligible for Medicaid. The record does confirm that they still reside in New York State.

When additional determinations were made after October 2, 2014, the twelve-month period of CHP eligibility that began on November 1, 2014 had not expired, and no event had occurred to end that eligibility. According to the credible evidence of record, your children's CHP 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 November 28, 2014 notice setting your children's CHP effective date on December 1, 2014 is MODIFIED to state that the effective date is November 1, 2014.

The December 27, 2014 disenrollment notice stating that CHP coverage would end effective December 31, 2014 is RESCINDED.

The January 6, 2015 notice of eligibility redetermination is RESCINDED.

Decision

The November 28, 2014 notice is MODIFIED to state that the effective date is November 1, 2014.

The December 27, 2014 disenrollment notice stating that Child Health Plus coverage would end effective December 31, 2014 is RESCINDED.

The January 6, 2015 notice of eligibility redetermination is RESCINDED.

Effective Date of this Decision: May 12, 2015

How this Decision Affects Your Eligibility

Your children's Child Health Plus coverage, which began on November 1, 2014, continues in effect.

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).

All four children had Child Health Plus coverage during January 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 28, 2014 notice is MODIFIED to state that the effective date is November 1, 2014.

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The December 27, 2014 disenrollment notice stating that Child Health Plus coverage would end effective December 31, 2014 is RESCINDED.

The January 6, 2015 notice of eligibility redetermination is RESCINDED.

How this Decision Affects Your Eligibility

Your children's Child Health Plus coverage, which began on November 1, 2014 continues in effect.

All four children had Child Health Plus coverage during January 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]