



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

## Notice of Decision

Decision Date: May 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001399

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 17, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 14, 2014 enrollment 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).

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

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001399

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did your daughter's coverage through Child Health Plus properly begin on July 1, 2014, instead of June 1, 2014?

## Procedural History

On May 20, 2014, the Marketplace received your household's application for health insurance.

On May 21, 2014 and on May 29, 2014, the Marketplace issued eligibility determination notices stating that your daughter was eligible to enroll in Child Health Plus with a \$30.00 monthly premium. The notices further stated that her coverage would be effective shortly after the first premium payment was received by the health plan. No specific start date was provided in either notice.

On May 23, 2014, the Marketplace issued a notice confirming your daughter's Child Health Plus plan selection. The notice confirmed that the total monthly premium was \$30.00 and that her coverage would be effective shortly after the first premium was paid.

On December 14, 2014, the Marketplace issued a notice confirming that as of November 5, 2014, your daughter was enrolled with a Child Health Plus plan with a \$30.00 premium responsibility. The notice further stated that if you paid her first month's premium her coverage "could start as early as July 1, 2014" (*sic*).

On January 8, 2015, you called the Marketplace's Account Review Unit and appealed the effective date of your daughter's Child Health Plus coverage.

On February 17, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open until February 20, 2015 for you to submit proof, as directed by the hearing officer, of the date on which you paid the first month's premium to the Child Health Plus insurance carrier. No such evidence was received and the record is now closed.

## **Findings of Fact**

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

- 1) You testified, and the record reflects, that you are appealing only your daughter's eligibility.
- 2) You testified that in April 2014 you were laid off from your job. During May 2014 you learned that health insurance coverage you had through your employer would end May 30, 2014.
- 3) You testified that on or about May 20, 2014 you enrolled your daughter in a Child Health Plus plan through the Marketplace.
- 4) You testified that you paid the first premium on your daughter's insurance at the end of May 2014 as soon as you received the first bill. You further testified that you believed that if you paid the first premium by June, your daughter's coverage would begin on June 1, 2014.
- 5) You testified that you took your daughter to numerous doctor appointments in June because the appointments were medically necessary and because you believed your daughter had insurance coverage.
- 6) You testified that you called the Marketplace and the insurance carrier numerous times when you realized that the carrier was not paying for your daughter's June 2014 doctor's appointments.
- 7) You testified that you did not appeal until January 8, 2015 because you were not aware you could appeal and because the December 14, 2014 notice provided the first written confirmation that your daughter's coverage was not effective until July 1, 2015.

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

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## **Applicable Law and Regulations**

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

In New York State, Child Health Plus benefits are furnished “By the first day of the month after the application is received if prior to the 15<sup>th</sup> of the month or the first day after the subsequent month if after the 15<sup>th</sup> of the month” (Selection made on Form CS 18, Separate Child Health Insurance Program Non-Financial Eligibility – Citizenship. Sections: Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)).

## **Legal Analysis**

The only issue is when your daughter’s Child Health Plus coverage should have properly started.

The Marketplace received your household’s application on May 20, 2014.

On May 21, 2014 and on May 29, 2014 the Marketplace issued eligibility determinations that stated your daughter was eligible to enroll in Child Health Plus with a \$30.00 monthly premium. The notice further stated that her coverage would be effective shortly after the first premium payment is received by the health plan.

On May 23, 2014, the Marketplace issued a notice identifying the plan that you had selected for your daughter. You credibly testified that you paid the premium for your daughter’s health insurance plan as soon as you received the first bill at the end of May.

The record indicates that you submitted your daughter’s application for health insurance on May 20, 2014.

In New York State, consistent with federal regulation, if an application for Child Health Plus insurance coverage is received between the sixteenth day of the month and the end of the month, benefits are provided on “the first day of the subsequent month.” Since your daughter’s application was filed on May 20, 2014, her plan properly took effect on July 1, 2014.

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## **Decision**

The December 14, 2015 notice is AFFIRMED.

**Effective Date of this Decision:** May 13, 2015

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

This case does not change your daughter's eligibility. Your daughter's Child Health Plus coverage took effect on July 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.

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 14, 2015 notice is AFFIRMED.

This case does not change your daughter's eligibility. Your daughter's Child Health Plus coverage took effect on July 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]