



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

## Notice of Decision

Decision Date: June 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001400

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 13, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 8, 2015, preliminary 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: AP000000001400

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**Issue**

The issue presented for review by the Appeals Unit of NYState of Heath is:

Did the Marketplace properly determine that your children are eligible for Child Health Plus effective February 1, 2015, as of January 9, 2015?

**Procedural History**

On November 5, 2014, the Marketplace redetermined your eligibility for health insurance.

On November 6, 2014, the Marketplace issued an eligibility determination notice stating that you and your wife are qualified to buy a health plan at full cost, and your children qualify for full-pay Child Health Plus effective January 1, 2015. The notice states that if you want to keep your present health plan for next year and your information is still accurate, you have been re-enrolled in your current health plan for another year and don't have to do anything more.

On December 9, 2014, the Marketplace issued a notice confirming that you have not chosen a health plan for your children yet.

On January 8, 2015, you reapplied for health insurance through the Marketplace.

On January 9, 2015, the Marketplace issued a notice eligibility determination stating that you and your spouse are eligible to purchase a qualified health plan at full-cost through New York State of Health, and your children are eligible to enroll in a full-pay Child Health Plus plan. The Marketplace also issued a notice stating that your children are enrolled in UnitedHealthcare Community Plan effective February 1, 2015.

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).

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

On February 13, 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 findings of fact:

1. You testified that you are only appealing your children's determination that their Child Health Plus coverage is effective February 1, 2015.
2. You testified that you want your children's Child Health Plus coverage to have an effective date of January 1, 2015.
3. You testified that the Marketplace notices are defective. None of the Marketplace notices stated that your children's Child Health Plus coverage would end effective December 31, 2014, or that you had to re-enroll them in the Child Health Plus health plan.
4. On November 6, 2014, the Marketplace issued an eligibility determination notice stating that you and your spouse are qualified to buy a health plan at full cost, and your children qualify for full-pay Child Health Plus effective January 1, 2015. The notice states, "If you want to keep your present health plan for next year and the information on your application is still accurate, here's good news! We've re-enrolled you in your current health plan for another year and you don't have to do anything more" (11/6/2014 Marketplace notice).
5. You testified that you paid the Child Health Plus health insurance premium for January 2015 in November 2014.
6. You testified that you found out that your children were no longer enrolled in UnitedHealthcare Community Plan when your child was taken to the doctor in January 2015.
7. You testified that you have between \$300.00 and \$500.00 in outstanding medical bills because your children did not have medical coverage for January 2015.
8. On January 8, 2015, you contacted the Marketplace and enrolled your children in UnitedHealthcare Community Plan.

9. On January 9, 2015, the Marketplace issued a notice stating that your children are enrolled in UnitedHealthcare Community Plan effective February 1, 2015.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

### Notice of Eligibility:

The Marketplace must provide each applicant or enrollee a written notice of any decision on the application or other determination concerning eligibility (42 CFR § 457.340(e)). If eligibility is approved, the notice must include information on the enrollee's rights and responsibilities under the program (42 CFR § 457.340(e)(1)).

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that your children's effective date of coverage through Child Health Plus was February 1, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 6, 2014, the Marketplace issued annual eligibility redetermination notice in your case. The notice states regarding your children: "You are still qualified to get health care coverage in a full-price Child Health Plus plan or a child-only health plan from an insurance company at NY State of Health. This eligibility is effective January 1, 2015." The notice directs you to contact the Marketplace to update your account if a mistake has been made.

You did not report any changes in your Marketplace Account or contact the Marketplace within 30 days. Therefore, the November 6, 2014 renewal notice was the eligibility determination for your children effective January 1, 2015.

Federal Regulation requires the Marketplace to determine eligibility in a Child Health Insurance Program in order to provide each applicant or enrollee notice of any determination concerning eligibility. The notice must include information that states the rights and responsibilities under the program. However, the November 6, 2014 renewal notice does not state that your children must be re-enrolled in their current plan to continue coverage in January 1, 2015, or that if your children were not re-enrolled by December 15, 2014, their coverage would be discontinued.

You credibly testified that you paid the Child Health Plus health insurance premium for January 2015 in November 2014, only to discover that your children were no longer enrolled in UnitedHealthcare Community Plan when your child was taken to the doctor in January 2015. This prompted you to contact the Marketplace on January 8, 2015, and enroll your children in UnitedHealthcare Community Plan.

On January 9, 2015, the Marketplace issued a notice stating that your children are enrolled in UnitedHealthcare Community Plan effective February 1, 2015. However, since the Marketplace did not properly notify that you must re-enroll your children in a Child Health Plus health plan or that the coverage would end effective December 31, 2014, the notice is MODIFIED to state that your children's UnitedHealthCare Community is effective January 1, 2015.

## **Decision**

The January 9, 2015 notice is MODIFIED to state that your children's enrollment in UnitedHealthcare Community Plan is effective January 1, 2015.

**Effective Date of this Decision:** June 16, 2015

## **How this Decision Affects Eligibility**

This decision MODIFIES the January 9, 2015 notice to state that your children's enrollment in UnitedHealthcare Community Plan is effective January 1, 2015.

Your children remain eligible for a full-pay Child Health Plus plan.

## **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**

This decision MODIFIES the January 9, 2015 notice to state that your children's enrollment in UnitedHealthcare Community Plan is effective January 1, 2015.

Your children remain eligible for a full-pay Child Health Plus plan.

## **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]