



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

Notice of Decision

Decision Date: August 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001623

[REDACTED]

Dear [REDACTED],

On March 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 29, 2014 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 notice.

Legal Authority

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

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Decision Date: August 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001623

[REDACTED]

Issue

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

Did the NY State of Health Marketplace properly determine that your newborn child was eligible to enroll through Child Health Plus at the level of a \$30.00 premium effective November 1, 2014?

Procedural History

On March 17, 2014, the Marketplace received your initial application for health insurance for you and your spouse.

On March 18, 2014, the Marketplace issued a notice of eligibility determination that you and your spouse are eligible to receive up to \$345.00 per month of advance premium tax credits effective May 1, 2014.

According to your Marketplace account, you and your spouse were enrolled in Fidelis Care Silver effective May 1, 2014.

On October 6, 2014, you updated your Marketplace application to add your newborn child, who was born [REDACTED].

On November 29, 2014, the Marketplace issued a notice of an eligibility redetermination made on October 6, 2014 that you and your spouse were eligible to receive an advance premium tax credit of \$398.00 as of November 1, 2014. The notice also said that your newborn child was conditionally eligible for Child

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Health Plus effective November 1, 2014, and needed to provide proof of her citizenship status and Social Security number (SSN). The determination was based off of your reported household annual income of \$50,000.

On December 13, 2014, the Marketplace issued an enrollment letter confirming that you and your spouse were enrolled in Fidelis Care Silver as of May 1, 2015 with a premium responsibility of \$382.30 per month after your advance premium tax credit (APTC) of \$398.00 was applied. That letter also confirmed that your newborn child was enrolled in a Child Health Plus (CHP) plan with HealthPlus, an Amerigroup Company, effective November 1, 2014.

On December 22, 2014, the Marketplace issued a notice that your child was not eligible for Medicaid, CHP, or to receive tax credits or cost sharing reductions and cannot enroll in a qualified health plan at full cost through the Marketplace because her SSN had not been provided and could not be validated.

On December 27, 2014, and December 28, 2014, the Marketplace issued identical notices of eligibility redetermination that, effective February 1, 2015, you and your spouse were eligible to receive up to \$403.00 in advance premium tax credits and your child was eligible for CHP.

On December 28, 2014, the Marketplace issued a disenrollment notice that your household's 2014 coverage with Fidelis Care Silver and HealthPlus will end effective December 31, 2014.

On January 28, 2015, you spoke with the Marketplace's Account Review Unit and appealed the eligibility determination issued on November 29, 2014 insofar as your newborn's coverage was made effective November 1, 2014 and not [REDACTED]. That same day, you also appealed the December 27 and 28, 2014 eligibility determinations insofar as your household's 2015 coverage began February 1, 2015 and not January 1, 2015.

On March 2, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and held open for up to fifteen days to allow you the opportunity to submit insurance documents and a hospital bill.

On March 4, 2015, the Marketplace's Appeals Unit received a four page fax from you. It consisted of copies of: (1) Your child's insurance benefits identification card from HealthPlus, which shows her date of birth of [REDACTED] and an effective date of coverage of November 1, 2014; (2) An October 2014 welcoming letter from HealthPlus; (3) A \$12,731.00 bill from [REDACTED] (4) A patient letter from [REDACTED] dated January 21, 2015, that information is needed for your insurance carrier. This four page fax was made part of the record as "Appellant's Exhibit A."

The record remained open until March 17, 2015, for you to submit a letter from your spouse's doctor to your insurance plan. By the close of business that day, no letter was received so the record was closed.

Findings of Fact

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

- 1) When you applied for coverage in April 2014, and again in September 2014, you spoke with a representative with Fidelis Care about your wife being pregnant. You testified that the representative told you that your newborn child would be covered for one month under the mother's health plan.
- 2) You testified that your wife's doctor sent a letter to Fidelis Care confirming the birth of your child on [REDACTED].
- 3) You testified that you were not told and did not know you had to do anything else to report your child's birth.
- 4) You provided a patient letter from [REDACTED], dated January 21, 2015, that stated:

FIDELIS has informed us in order to process your child's claim they need you to enroll the baby in the plan. Please complete the forms sent to you from your insurance carrier and return them promptly. Failure to do so will result in full financial responsibility of the total charges \$12,731.90 for the hospital visit (Appellant's Exhibit A, p. 4).

- 5) According to a billing letter from [REDACTED], the hospital bill for your newborn child as a patient from [REDACTED] to October 4, 2014 was reduced to \$12,731.90 and was due by March 16, 2015 (Appellant's Exhibit A, p. 3).
- 6) According to your Marketplace account, your testimony, and your daughter's insurance identification card, her coverage under a Child Health Plus (CHP) plan began November 1, 2014 (Appellant's Exhibit A, p. 1).
- 7) You testified that you contacted the Marketplace Customer Service Unit after you received the January 21, 2015 bill from [REDACTED] and were told that your daughter's CHP plan could not be back-dated to [REDACTED].

- 8) You testified that the second issue you were appealing, the gap in coverage for your family during January 2015, no longer mattered and you were withdrawing your appeal of this issue because your wife and child were in India that month, you planned on joining them, and you all would be returning March 28, 2015.
- 9) You currently reside in [REDACTED], Queens, New York.

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

Applicable Law and Regulations

Child Health Plus

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

(NY Pub.Health Law. § 2511(2)(a)-(e)).

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 Line (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 and (3) does not have health care coverage under insurance (NY Public Health Law § 2511(2)(b) and (3)).

A child who meets the eligibility requirements for 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 FPL (NY Public Health Law (PHL) § 2511(2)(a)(iii)). The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in CHP depends upon the child's family household income (NY Public Health Law § 2510(9)(d)).

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see NY Public Health

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Law § 2510 et seq. and 42 USC § 1397(a)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

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

The CHP premium is \$30.00 per month for a child whose family household income is between 251% and 300% of the 2014 FPL (PHL § 2510(9)(d)(iv)).

Legal Analysis

The only issue under review is whether on November 29, 2014 the NY State of Health Marketplace (Marketplace) properly found your child conditionally eligible to enroll in Child Health Plus (CHP) at the contribution level \$30.00 premium per month effective November 1, 2014.

Your child was born on [REDACTED]. The record reflects that on October 6, 2014, you updated your Marketplace account to add your newborn child.

On November 29, 2014, the Marketplace issued a notice of an eligibility redetermination based upon your updated account on October 6, 2014. The notice found that your newborn child was conditionally eligible for CHP, effective November 1, 2014, at the rate of \$30 per month based upon a three person household with an annual salary of \$50,000.

You attested in your application that your family income is expected to be \$50,000. The Federal Poverty Level (FPL) for a 3 person household in 2014 is \$19,790.00 annually. At the time of your application, that would make your household income equivalent to 253% of the FPL.

The CHP premium is \$30.00 per month for a child in a three person household whose income is between 250% and 300% of the 2014 FPL.

The Marketplace further based its November 29, 2014, determination on the condition that it needed further verification of your daughter’s citizenship status and Social Security Number (SSN). However, citizenship is not a condition of eligibility for purposes of CHP in New York. For CHP, a child must be under the age of 19, be a New York State resident, not have other health insurance coverage, and not be eligible or enrolled in Medicaid. At the time of your application your daughter was a newborn under the age of 19. Your child is a

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resident of New York State for purposes of your current home address in [REDACTED] [REDACTED] Queens N.Y. Your child does not have any other insurance coverage at the time of your application, and your household is not eligible for Medicaid based on your household income.

In New York State, consistent with federal regulation, if an application for CHP insurance coverage is received prior to the 15th of the month, or the first day after the subsequent month if after the 15th of the month, benefits are provided on the first day of the next month.

You updated your application on October 6, 2014. Since you applied prior to the 15th of October, your benefits for CHP were effective on the first day of the next month which was November 1, 2014. Therefore the Marketplace's December 13, 2014 enrollment confirmation notice is AFFIRMED.

Decision

The December 13, 2014 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 14, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your child's Child Health Plus plan is November 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

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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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Summary

The December 13, 2014 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your child's Child Health Plus plan is November 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:

