



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: AP000000001709



Dear [REDACTED],

On March 16, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 29, 2015 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 Code of Federal Regulation (CFR) 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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Issue

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

Did the Marketplace properly determine that the effective date for your children's enrollment in their Child Health Plus plan was March 1, 2015?

Procedural History

The Marketplace received your modified application for health insurance on November 20, 2014.

On November 30, 2014, the Marketplace issued an eligibility determination notice that stated your four children were each eligible to enroll in health insurance through Child Health Plus, with a \$9.00 per month premium per child. This eligibility was effective January 1, 2015. The same notice stated you needed to pick a plan for each child.

On December 13, 2014, the Marketplace issued an enrollment notice, confirming that as of November 20, 2014, you had been enrolled in a Medicaid managed care plan effective June 1, 2014, but that you had not yet selected a plan for your children.

On January 29, 2015, the Marketplace issued an enrollment notice, confirming that as of November 20, 2014, your children had been enrolled in Hudson Health Plan through Child Health Plus. The notice further stated that their coverage could start as early as March 1, 2015, if you paid their first month's premium.

On February 5, 2015, you called the Marketplace's Account Review Unit and requested an appeal on the coverage start date of your children's Child Health Plus plan.

On March 16, 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 that you were only appealing your children's enrollment start date with Hudson Health Plan.
- 2) You testified, and the record reflects, that you completed an application in November with the assistance of a Navigator.
- 3) You testified that the Navigator told you the day she assisted you that your children were enrolled in Hudson Health Plan. You were advised by your navigator to mail in the premium amount to Hudson Health to ensure a January 1, 2015 start date for their coverage.
- 4) You testified that for the months of January and February you got money orders for your children's premium amounts and mailed the money orders to Hudson Health.
- 5) You testified that you called Hudson Health in January because you had not received insurance cards for your children; it was only then that you were informed that your children were not enrolled in a plan.
- 6) The record reflects that your children were properly enrolled into Hudson Health Plan on January 28, 2015, with an effective date of March 1, 2015.

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

Applicable Law and Regulations

Plan Enrollment Start Dates

The Marketplace must provide an initial open enrollment period and annual open enrollment periods during which qualified individuals may enroll in a Qualified Health Plan (QHP) and enrollees may change QHPs (45 CFR § 155.410(a)).

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The 2015 annual open enrollment period began November 15, 2014 and extended through February 15, 2015 (45 CFR § 155.410(e)).

For the benefit year beginning on January 1, 2015, the Marketplace was required to ensure that coverage was effective on January 1, 2015 for QHP selections made on or before December 15, 2014 (45 CFR §155.410(f)(1)). The deadline for coverage to go into effect by January 1, 2015 for plans selected in the Marketplace was extended to December 20, 2014 (45 CFR §155.410(f)(1); NY State of Health Extends December 15 Enrollment Deadline, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-extends-december-15-enrollment-deadline> [last updated December 12, 2014]).

The Marketplace must ensure coverage is effective on March 1, 2015, for plan selections received by the Marketplace from January 16, 2015 through February 15, 2015 (45 CFR § 155.410(f)(2)).

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)).

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 (New York 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 (PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL. If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (PHL § 2510(9)(d)).

The CHP premium is \$9.00 per month for a child whose family household income is between 160% and 222% of the FPL (PHL § 2510(9)(d)(ii)).

Legal Analysis

The issue under review is whether the Marketplace properly determined the effective date of your children's enrollment in Hudson Health Plan.

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On November 30, 2014, the Marketplace issued an eligibility determination notice that stated your four children were each eligible to enroll through Child Health Plus (CHP) with a \$9.00 per month premium. This eligibility was effective January 1, 2015.

You received several notices after you enrolled, advising you that no plan had been selected for your children.

The record reflects that your children were not enrolled into a health plan until January 28, 2015.

If a health plan is selected after the 15th of any month, the Marketplace makes that plan effective the next following month.

Therefore, your children's enrollment with Hudson Health Plan was properly made effective March 1, 2015.

Decision

The January 29, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 14, 2015

How this Decision Affects Your Eligibility

Your children's enrollment with Hudson Health Plan was effective March 1, 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

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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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 29, 2015 enrollment confirmation notice is **AFFIRMED**.

Your children's enrollment with Hudson Health Plan was effective March 1, 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:

