



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

## Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001855

[REDACTED]

Dear [REDACTED],

On April 9, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 29, 2015 enrollment confirmation 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 (CSR) 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

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001855



## Issue

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

Did the Marketplace properly determine that your son's Child Health Plus enrollment with Excellus BCBS was effective March 1, 2015?

## Procedural History

On November 6, 2014, the Marketplace issued a notice that stated it was time for you to renew your son's health insurance coverage for 2015. It further stated that, based on information from federal and state sources, a decision could not be made about whether or not your son qualified for financial help in paying for his health coverage. You were directed to update the information in your NY State of Health account by December 15, 2014, or the financial assistance you were currently receiving might end.

On November 25, 2014, the information in your Marketplace account was updated.

On November 27, 2014, the Marketplace issued an eligibility redetermination notice that stated your son was newly eligible to enroll in health insurance through Child Health Plus with a \$9.00 premium per month. This eligibility was effective January 1, 2015. The notice further stated that you needed to pick a plan, because his current coverage would end on December 31, 2014.

On January 29, 2015, the Marketplace issued an enrollment confirmation notice that stated your son's enrollment with Excellus BCBS could start as early as March 1, 2015 if you paid the first month's premium.

On February 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as your son's coverage became effective March 1, 2015, and not January 1, 2015.

On March 21, 2015, the Marketplace issued an eligibility redetermination notice that stated your son was eligible to enroll through Child Health Plus with a \$30.00 premium per month. This eligibility was effective May 1, 2015.

Also on March 21, 2015, the Marketplace issued a disenrollment notice that stated your son's coverage with Excellus BCBS would end effective April 30, 2015 because he was no longer eligible to remain enrolled in his current health plan.

Also on March 21, 2015, the Marketplace issued an enrollment confirmation notice that stated your son's coverage with Excellus BCBS could start as early as May 1, 2015 if you paid the first month's premium.

On April 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 left open for up to 15 days to provide you an opportunity to submit documentation supporting your position.

On April 14, 2015, the Marketplace's Appeals Unit received your supporting evidence via fax, which included a screenshot of your son's eligibility determination. This document was marked as Appellant's Exhibit 1 and incorporated into the record.

The record was closed on April 14, 2015.

## **Findings of Fact**

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

- 1) You testified that you updated your son's application for health insurance on November 25, 2014 because your income had changed and you had not opted to auto-renew your son's coverage. You further testified that you received a confirmation that stated your son was eligible for Child Health Plus with a \$9.00 monthly premium.
- 2) You testified that on, November 25, 2014, you chose a plan for your son for coverage effective January 1, 2015.

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- 3) Notes in your account indicate that changes were made to your account on November 25, 2014.
- 4) You provided evidence that your son was qualified for health insurance through Child Health Plus with a \$9.00 monthly premium based on a household income of \$35,006.41 (Appellant's Exhibit 1, April 14, 2015). The evidence provided does not indicate an eligibility determination date, nor does it show a health insurance plan selection.
- 5) You testified that you contacted the Marketplace in mid-January 2015 because you had not received your son's insurance cards or an insurance premium invoice for January 2015 coverage. You testified that you were told that there were issues with your application and a plan had never been chosen. You further testified that the issue was not identified.
- 6) You testified, and the record reflects, that your son was enrolled with Excellus BCBS on January 29, 2015. You testified that a Marketplace representative informed you that your son's coverage would be effective March 1, 2015. You further testified that you received a confirmation regarding your son's coverage effective March 1, 2015, but did not receive a bill or insurance cards from the insurance provider.
- 7) You testified that when you called the Marketplace's Account Review Unit to appeal your son's coverage start date, you were told that your son's March 1, 2015 enrollment start date would not be affected.
- 8) You testified that you contacted the Marketplace in March 2015, prior to your son's doctor appointment on March 24, 2015, to confirm that his coverage with Excellus BCBS was active. You further testified that the Marketplace representative informed you that there was an issue with your application and your son did not have coverage effective March 1, 2015 because the county listed in your application was incorrect. You testified that the Marketplace representative corrected your application and informed you that your son had coverage effective March 1, 2015 to April 31, 2015. You further testified that she provided you your son's Excellus BCBS identification number so that your son could go to the doctor. You testified that when you went to the doctor, you were told that the identification number was not activated.
- 9) The Marketplace system reflects that your family's county of residence was changed from Oneida to Madison on March 20, 2015.

- 10) On March 21, 2015, the Marketplace issued a notice of eligibility determination stating that, effective May 1, 2015, your son was eligible to enroll through Child Health Plus with a \$30.00 monthly premium. This determination was not appealed.
- 11) You testified that, as of the April 9, 2015 hearing, you have not received a bill for medical services from your son's doctor.
- 12) You requested your son's coverage with Excellus BCBS be made effective January 1, 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 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)).

In order for coverage to begin the first day of the following month, the application and the request for enrollment must be completed before the 20th of the month. If the application and request for enrollment are completed after the 20<sup>th</sup> of the month, coverage begins on the first day of the second following month (see MISCELLANEOUS/CONSULTANT SERVICES - Child Health Plus Program, § 6.1).

## **Legal Analysis**

The only issue is whether the Marketplace properly determined that your son's Child Health Plus enrollment with Excellus BCBS was effective March 1, 2015.

On November 27, 2014, the Marketplace issued a notice of eligibility determination that stated your son was eligible to enroll through Child Health Plus with a \$9.00 monthly premium. This eligibility was effective January 1, 2015. However, in order for this coverage to actually begin, you needed to select a plan for your son.

Though you provided evidence of your son's eligibility determination, there is insufficient evidence in the record to indicate that a health plan was selected as of the November 27, 2015 eligibility determination.

The record does reflect that a health plan was chosen for your son on January 28, 2015, as confirmed in a notice issued by the Marketplace on January 29, 2015.

Coverage through Child Health Plus becomes effective on the first day of the month following the child's application *and* request for enrollment, if both are completed before the 20<sup>th</sup> of the month. If the application and request for enrollment are completed after the 20<sup>th</sup> of the month, coverage begins on the first day of the second following month

Though you completed your son's application for 2015 health insurance on November 25, 2014, the record reflects that your request for enrollment was not completed until January 29, 2015. Since the request for enrollment was made after January 20, 2015, the Marketplace properly determined that your son's coverage with Excellus BCBS was effective March 1, 2015. Therefore, the January 29, 2015 enrollment confirmation notice is AFFIRMED.

It is noted that the information in your application was modified on March 20, 2015 and the Marketplace issued a notice of eligibility determination on March 21, 2015 stating that your son is eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective May 1, 2015. However, this later determination has not been appealed and, therefore, is not reviewed here.

## **Decision**

The January 29, 2015 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** August 21, 2015

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

This decision does not change your son's eligibility.

Your son remains eligible to enroll through Child Health Plus with a \$30.00 monthly premium, as stated in the March 21, 2015 notice of eligibility determination.

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

This decision does not change your son's eligibility.

Your son remains eligible to enroll through Child Health Plus with a \$30.00 monthly premium, as stated in the March 21, 2015 notice of eligibility determination.

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## **Legal Authority**

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**A Copy of this Decision Has Been Provided To:**

