



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

## Notice of Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001880

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 16, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 9, 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 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: AP000000001880

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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 your daughter’s Excellus BCBS Child Health Plus plan could start as early as February 1, 2015?

**Procedural History**

On November 19, 2014, the Marketplace received your health insurance application.

On November 27, 2014, the Marketplace issued an eligibility determination notice stating that you and your spouse are eligible to receive up to \$421.00 of advance premium tax credits and cost-sharing reductions, if you select a silver-level qualified health plan. Your daughter was determined eligible to enroll through Child Health Plus with a \$9.00 premium per month.

On December 9, 2014, the Marketplace issued an enrollment confirmation notice stating that you and your spouse are enrolled in Silver Standard Silver ST INN Dep25 that could start as early as January 1, 2015. The notice indicated that your daughter has not chosen a health plan yet.

On January 9, 2015, the Marketplace issued an enrollment confirmation notice stating that you and your spouse are enrolled in Silver Standard Silver ST INN Dep25 that could start as early as January 1, 2015. The notice also stated that your daughter has been enrolled in Excellus BCBS with a premium responsibility of \$9.00 and could start as early as February 1, 2015.

On February 25, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the start date of your daughter's Child Health Plus plan.

On April 16, 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 finding 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 you enrolled your daughter in Excellus BCBS on November 19, 2014.
4. On November 27, 2014, the Marketplace issued an eligibility determination notice stating that your daughter was determined eligible to enroll through Child Health Plus with a \$9.00 premium per month.
5. On December 9, 2014, the Marketplace issued an enrollment confirmation notice stating that you and your spouse are enrolled in Silver Standard Silver ST INN Dep25 that could start as early as January 1, 2015. The notice indicated that your daughter has not chosen a health plan yet.
6. You testified that you discovered that your daughter was not enrolled in Excellus BCBS in January 2015 when she was taken to the hospital.
7. You testified that you contacted Excellus BCBS on January 8, 2015 and were notified that your daughter was not enrolled in a health plan.
8. You testified that you contacted the Marketplace on January 8, 2015 and the Marketplace enrolled your daughter in Excellus BCBS.
9. On January 9, 2015, the Marketplace issued an enrollment confirmation notice stating that your daughter was enrolled in Excellus BCBS with a premium responsibility of \$9.00 and coverage could start as early as February 1, 2015.
10. You testified that you paid the January 2015 health insurance premium for Excellus BCBS in November 2014.

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11. You testified that since your daughter was not enrolled in Excellus BCBS in January 2015, and you have outstanding medical bills of approximately \$500.00.

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

## **Applicable Law and Regulations**

### Redetermination of Child Health Plus:

Generally, a child who is eligible for CHP may only have his or her financial eligibility redetermined once every 12 months, and no more frequently than once every twelve months (42 CFR § 435.916(a)).

### 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)).

### Child Health Plus Start Date:

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 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.

“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, 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)).

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## Legal Analysis

The issue under review is whether the Marketplace properly determined that your daughter'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. A notice of decision concerning eligibility must be provided to each applicant. If the eligibility is approved, the notice must include information on the enrollee's rights and responsibilities under the program.

On November 19, 2014, you reapplied for health insurance for yourself, your spouse and daughter. You testified that on the same day you enrolled your daughter in Excellus BCBS. However, the notices in the record do not corroborate this testimony.

On November 27, 2014, the Marketplace issued an eligibility determination notice stating that "your household's eligibility on November 19, 2014 for enrollment through [the Marketplace] based on updated information we recently received." Based on that redetermination, your daughter was found eligible to enroll through Child Health Plus with a \$9.00 premium per month. The notice states that "[y]ou will receive written confirmation from us once you have selected a health plan."

The Marketplace issued an enrollment confirmation notice on December 9, 2014 stating that you and your spouse have enrolled in Silver Standard Silver ST INN Dep25, and your daughter, "[has] not chosen a health plan yet."

You credibly testified that your daughter was taken to the hospital in January 2015 and you discovered that your daughter was not currently enrolled in Excellus BCBS.

On January 8, 2015, you testified that you contacted the Marketplace, and the Marketplace enrolled your daughter in Excellus BCBS. The following day the Marketplace confirmed this enrollment with a confirmation notice. The notice stated that your daughter has been enrolled in Excellus BCBS with a monthly premium of \$9.00 and "could start as early as February 1, 2015."

The date on which a Child Health Plus health plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between

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the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Based on the record, your daughter was enrolled in a health plan on January 8, 2015, so it must take effect on the first day of the first month after January; that is, on February 1, 2015.

Therefore the January 9, 2015 notice stating that your daughter's Excellus BCBS coverage would take effect on February 1, 2015 is correct and must be **AFFIRMED**.

## **Decision**

The January 9, 2015 enrollment confirmation notice is **AFFIRMED**.

**Effective Date of this Decision:** July 15, 2015

## **How this Decision Affects Eligibility**

Your daughter's enrollment is not affected by this decision.

Your daughter remains eligible for Child Health Plus with a \$9.00 monthly premium.

Your daughter remains enrolled in Excellus BCBS with a start date of February 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 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))

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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 9, 2015 enrollment confirmation notice is **AFFIRMED**.

Your daughter remains eligible for Child Health Plus with a \$9.00 monthly premium.

Your daughter remains enrolled in Excellus BCBS with a start date of February 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:**

██████████  
██████████  
██████████

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