



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: AP000000001964

[REDACTED]

Dear [REDACTED],

On April 27, 2015 you appeared by telephone at a hearing on your appeal.

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]
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Issue

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

Should your daughter have had coverage through her Child Health Plus plan for the months of August, September, October, and November 2014?

Procedural History

On January 21, 2014 the Marketplace received you household's modified application for health insurance.

On March 5, 2014 the Marketplace issued an eligibility determination that stated your daughter was eligible to enroll in a qualified health plan (QHP). She was not eligible for Medicaid because the household income was over the allowable limit for that program. She was not eligible for tax credits because she was receiving "Public MEC"; that is, some form of public insurance, such as Medicaid.

On May 30, 2014 the Marketplace received your household's modified application for health insurance. That day, a preliminary eligibility determination was prepared that stated your daughter was eligible for Child Health Plus (CHP) with a \$30.00 premium, effective July 1, 2014.

No written notice of eligibility determination was issued with regard to your daughter was issued in response to this application

On May 31, 2014, your daughter was enrolled into a CHP plan that was effective as of July 1, 2014.

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On October 30, 2014 the Marketplace issued a notice stating that on October 29, 2014, you had requested to end your daughter's coverage through her health plan. Therefore, her coverage with her plan would end effective October 31, 2014.

On December 1, 2014 you contacted the Marketplace to file a complaint because your plan cancelled your daughter's coverage in CHP effective July 31, 2014 due to existing Medicaid.

On December 11, 2014 the Marketplace issued a notice that stated as of November 3, 2014 your daughter was enrolled into a CHP plan with a premium responsibility of \$30.00 per month. The notice further stated that her coverage could begin as early as December 1, 2014 if you paid the first month's premium.

On March 6, 2015 you contacted the Marketplace's Account Review Unit and appealed the apparent termination of your daughter's insurance coverage for the months of August 2014 - November 2014, because you had never received a determination on your original complaint.

On April 27, 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 your daughter had Medicaid coverage through her Local Department of Social Services, but that that coverage ended effective June 30, 2014.
- 2) The record reflects that you enrolled your daughter into a Child Health Plus plan through the Marketplace effective July 1, 2014.
- 3) You testified that your daughter's Child Health Plus plan told you that they had disenrolled her from her insurance plan effective July 31, 2014 because the system showed that she was eligible for Medicaid coverage.
- 4) You testified that a Marketplace representative told you that her coverage with her Child Health Plus plan had been backdated to correct the issue. However, when you sent in a medical bill your daughter incurred during the month of November you were told it was denied because your daughter did not have Child Health Plus coverage in the system.

- 5) You testified that your daughter has medical bills every month from August 2014 to December 2014 that have not been paid.
- 6) You testified that you continued to pay premiums to the Child Health Plus plan since July 1, 2014 because you thought your daughter had coverage.
- 7) You testified that you did not request your daughter be disenrolled from Child Health Plus at any time.
- 8) There was never any written determination confirming your daughter's initial eligibility to enroll in health insurance through Child Health Plus; however, the preliminary determination noted above is confirmed by the Marketplace's records and your account.
- 9) There is no eligibility determination in your account that states that your daughter was ineligible to enroll in child health plus from August 1, 2014 to November 30, 2014, nor is there any determination that directs your daughter to be disenrolled effective August 1, 2014.

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

Applicable Law and Regulations

Marketplace Eligibility Determinations

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)). The Marketplace is required to provide "timely written notice to an applicant of any eligibility determination" made pursuant to 45 CFR Part 155, Subpart D, which sets out requirements.

Termination of Coverage

The Marketplace may initiate termination of an enrollee's coverage in a health plan and must permit a health plan issuer to terminate such coverage: (1) When the enrollee is no longer eligible for coverage in a health plan through the Marketplace; or (2) The enrollee's coverage is cancelled due to non-payment of premiums (45 CFR § 155.430(b)(2)(i) and (ii)).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a

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household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

The “period of eligibility” for CHP is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law [PHL] § 2510(6)).

Legal Analysis

The only matter at issue is whether your daughter had insurance coverage through her Child Health Plus (CHP) plan in the months of August, September, October and November 2014.

You testified that your daughter’s CHP plan told you that they had disenrolled her from her insurance plan effective July 31, 2014 because the system showed that she was eligible for Medicaid coverage. However, according to your file, as of the May 30, 2014 preliminary eligibility determination your daughter was eligible for Child Health Plus and there are no eligibility determination notices, nor any preliminary eligibility determinations, that support any conclusion that she was eligible for Medicaid since that time.

The record contains a disenrollment notice dated October 30, 2014 that states you requested to end your daughter’s coverage through her health plan. The coverage with her plan would end effective October 31, 2014. There is nothing in the record that supports your daughter being terminated from her CHP plan by any action of the Marketplace prior to October 31, 2014.

Additionally, you credibly testified and the record supports, that you never requested your daughter’s CHP plan to be terminated in October. The record supports a finding that your daughter’s coverage in CHP plan should have been continuous from the initial month of her enrollment in July 2014.

Therefore, your case is RETURNED to the Marketplace to facilitate with the insurance provider a correction of any outstanding issues of your daughter’s enrollment in her CHP plan for the months of August, September, October and November 2014.

Decision

Your case is RETURNED to the Marketplace to facilitate with the insurance provider a correction of any outstanding issues of your daughter's enrollment in her Child Health Plus plan for the months of August, September, October and November 2014.

Effective Date of this Decision: August 21, 2015

How this Decision Affects Your Eligibility

Your case is being sent back to the Marketplace to facilitate with the insurance provider a correction of any outstanding issues of your daughter's enrollment in her Child Health Plus plan for the months of August, September, October and November 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 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
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Summary

Your case is being sent back to the Marketplace to facilitate with the insurance provider a correction of any outstanding issues of your daughter's enrollment in her Child Health Plus plan for the months of August, September, October and November 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:

