



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

Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002218

[REDACTED]

Dear [REDACTED],

On May 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 14, 2015 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).

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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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:

Did your daughter's coverage through Child Health Plus properly begin on February 1, 2015, instead of January 1, 2015?

Procedural History

On January 13, 2015, the Marketplace received your initial 2015 application for health insurance for your newborn infant.

On January 14, 2015, the Marketplace issued a notice of eligibility determination regarding your newborn child. The notice stated that your newborn child is conditionally eligible to enroll through Child Health Plus with a \$30.00 premium per month effective February 1, 2015. The notice instructed you to provide proof of your newborn child's citizenship status and her Social security Number by April 15, 2015.

That same day, the Marketplace issued an enrollment notice confirming your daughter's enrollment in UnitedHealthcare Community Plan, a CHP plan, with a \$30.00 per month premium responsibility. The notice stated that your child's coverage will begin after you have paid your first month's premium and could start as early as February 1, 2015, if you paid the monthly premium on time.

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On March 27, 2015, you spoke to the Marketplace's Appeals Unit and appealed the eligibility determination insofar as you want the CHP coverage to be effective as of your infant child's date of birth.

On May 6, 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 supporting documentation.

As of May 21, 2015, the Appeals Unit had not received a fax from you and no documents were viewable in your Marketplace account. Accordingly, the record was closed that same day. This decision is based on the record as developed at the May 6, 2015 hearing.

Findings of Fact

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

- 1) Your infant child was born on [REDACTED].
- 2) According to your Marketplace account, on January 13, 2015, you submitted an application for coverage for your infant child and selected a plan for coverage with UnitedHealthCare Community Plan.
- 3) You testified that you were under the impression that your infant child's CHP coverage would be effective as of her date of birth.
- 4) The Marketplace confirmed your infant child's enrollment in a notice dated January 14, 2015 that said coverage could start as early as February 1, 2015.
- 5) You testified that your health plan covered 80% of the medical costs for the first 30 days of your infant child's life and you cannot afford to pay the other 20% of the costs, which is why you want coverage to be effective as of [REDACTED].
- 6) According to your Marketplace account, your infant child's Social Security number was verified on March 20, 2015 before the April 15, 2015 deadline.

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

Applicable Law and Regulations

Child Health Plus Eligibility

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).

To be eligible to enroll in CHP, a child must not be “eligible for medical assistance”; that is, cannot have health care coverage under other health care insurance. The applicant for insurance shall attest to the source and nature of the child’s health care coverage (NY Public Health Law (PHL) § 2511(2)(c)).

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 PHL § 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 PHL § 2511(2)(a)(iii)).

Child Health Plus Enrollment Start Date

“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, Child Health Plus 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)).

Legal Analysis

The only issue is when your daughter’s Child Health Plus coverage should have properly started.

The Marketplace received your application for your newborn daughter on January 13, 2015. You attested to your daughter being covered under your health care insurance as of the date of her birth, [REDACTED].

On January 14, 2015, the Marketplace issued an eligibility determination that stated your daughter was eligible to enroll in Child Health Plus with a \$30.00 monthly premium. The notice further stated that her coverage would be effective shortly after the first premium payment is received by the health plan.

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That same day, the Marketplace issued a notice identifying the plan that you had selected for your daughter, with a coverage start date as early as February 1, 2015 provided you paid the first monthly premium on time, which you testified you had.

First, under New York State Public Health Law, your newborn daughter did not qualify to enroll in CHP as of the date of her birth because she had health insurance coverage under your health plan.

Next, in New York State, consistent with federal regulation, if an application for Child Health Plus insurance coverage is received between the first and the 15th day of the month, benefits are provided on “the first day of the month after the application was received if prior to the 15th of the month.” Since your daughter’s application was filed on January 13, 2015, her plan properly took effect on February 1, 2015.

Since the January 14, 2015 eligibility determination properly stated your daughter’s CHP start date is February 1, 2015, it is correct and is AFFIRMED.

Decision

The January 14, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: August 27, 2015

How this Decision Affects Your Eligibility

This case does not change your daughter’s eligibility. Your daughter’s Child Health Plus coverage took effect on 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

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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 14, 2015 eligibility determination notice is AFFIRMED.

This case does not change your daughter's eligibility. Your daughter's Child Health Plus coverage took effect on 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:

