



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

Notice of Decision

Decision Date: July 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002391

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On May 21, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 29, 2014 disenrollment 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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[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
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[REDACTED]

Issues

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

Did the Marketplace properly determine that your twelve-year-old and nine-year-old sons' (children) health insurance coverage with the Marketplace should be terminated effective December 31, 2014?

Procedural History

On September 10, 2014, the Marketplace received your application for health insurance through the Marketplace.

On September 11, 2014, the Marketplace issued an eligibility determination notice stating that your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium per child.

On September 18, 2014, the Marketplace issued an enrollment confirmation notice stating that your children were enrolled in Emblem Health Child Health plus as early as November 1, 2014.

On November 6, 2015, the Marketplace issued a renewal notice. The notice directed you to update the information in your children's Marketplace account by December 15, 2014 or the financial assistance you are getting now may end.

On December 22, 2014, the Marketplace issued an eligibility determination notice stating that because you did not respond to the renewal notice and complete your renewal within the required timeframe, your children no longer qualify to receive financial assistance to help pay for your health coverage.

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On December 29, 2014, the Marketplace issued a disenrollment notice stating that your children's Emblem Health coverage will end effective December 31, 2014.

On April 13, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your children's Child Health Plus health plan being terminated effective December 31, 2014.

On May 21, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that 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 are applying for health insurance through the Marketplace for yourself, your twelve-year-old and nine-year-old children.
2. Your children were determined eligible to enroll in Child Health Plus on September 11, 2014.
3. Your children were enrolled in the EmblemHealth Child Health Plus plan on September 18, 2014 with an effective date of November 1, 2014.
4. You testified that you paid your children's EmblemHealth monthly health insurance premium for January, February and March 2015 on December 18, 2014.
5. You testified that while at a dentist appointment in January 2015 you learned that your children's EmblemHealth coverage had been terminated.
6. You testified that you contacted the Marketplace in January 2015 and the representatives were unable to explain why your children were disenrolled on December 31, 2014.
7. You testified that currently there are no outstanding medical bills.

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 under the age of nineteen may be eligible for subsidized 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); (2) is not eligible for medical assistance; (3) is not eligible for coverage under the public employees' state health benefits plan, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-e)).

Continuous Coverage:

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)).

Legal Analysis

The issue is whether or not the Marketplace properly terminated your children's Child Health Plus coverage effective December 31, 2014.

The Marketplace received the health insurance application for your children on September 10, 2014. The Marketplace issued an eligibility determination notice on September 11, 2014, stating that your children are eligible for Child Health Plus with a monthly premium of \$9.00 each. On September 18, 2014, the Marketplace issued an enrollment confirmation stating that they are enrolled in an EmblemHealth Child Health Plus plan effective November 1, 2014.

Once a child is determined fully eligible for Child Health Plus, they are entitled to a 12-month period. Since your children were determined eligible for Child Health Plus with a coverage start of November 1, 2014, his coverage should have continued until October 31, 2015.

Since your children are entitled to twelve months of continuous coverage, the December 29, 2014 disenrollment notice stating that your children's EmblemHealth coverage will end December 31, 2014 is RESCINDED.

Decision

The December 29, 2014 disenrollment notice stating that your children's EmblemHealth coverage will end December 31, 2014 is RESCINDED.

Effective Date of this Decision: July 24, 2015

How this Decision Affects Your Eligibility

The December 29, 2014 disenrollment notice is canceled.

Your children's Child Health Plus coverage began on November 1, 2014, and it continues until October 31, 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))

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
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Summary

The December 29, 2014 disenrollment notice is canceled.

Your children's Child Health Plus coverage began on November 1, 2014, and it continues until October 31, 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:

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]
[REDACTED]