



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

Notice of Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002400

[REDACTED]

Dear [REDACTED],

On July 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 14, 2014 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 (CFR) 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).

This page intentionally left blank.



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

Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002400



Issue

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

Did your children have Child Health Plus coverage through UnitedHealthcare Community Plan during the month of December 2014?

Procedural History

On June 10, 2014, the Marketplace issued an eligibility determination notice stating that your four children were eligible to enroll in Child Health Plus with a \$27.00 total monthly premium.

On December 6, 2014, the Marketplace issued an eligibility redetermination notice stating that your four children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium each, effective "January 1, 2015."

On December 14, 2014, the Marketplace issued a notice confirming your children's Child Health Plus enrollment with UnitedHealthcare Community Plan. Coverage could start as early as "July 1, 2014" (*sic*) if you paid the first month's premium.

On January 13, 2015, the Marketplace issued a notice confirming your request of January 12, 2015 to end your children's insurance coverage with UnitedHealthcare Community Plan. It further stated that your children's coverage would end effective January 31, 2015.

Also on January 13, 2015, the Marketplace issued a separate notice confirming your children's Child Health Plus enrollment with UnitedHealthcare Community Plan, effective February 1, 2015.

On April 14, 2015, you spoke with the Marketplace's Account Review Unit and appealed a gap in your children's Child Health Plus coverage that occurred in the month of December 2014.

On July 2, 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 support the following findings of fact:

- 1) According to the application submitted on June 9, 2014, your children were determined eligible for coverage through Child Health Plus (CHP), effective July 1, 2014.
- 2) The Marketplace's system reflects that your children were originally enrolled in UnitedHealthcare Community Plan (UnitedHealthcare) through CHP beginning July 1, 2014 and ending June 30, 2015.
- 3) The Marketplace's system reflects that your children's CHP coverage was modified and made effective from July 1, 2014 to January 31, 2015. The Marketplace's system further reflects that your children were re-enrolled in the same plan effective February 1, 2015 to December 31, 2015. This coverage was again modified and was effective beginning January 1, 2015, and ending December 31, 2015.
- 4) There is no record that your children experienced a gap in CHP coverage during the month of December 2014, or at any point between July 1, 2014 and the date of hearing.
- 5) You testified that you were unable to pay your children's December 2014 CHP premium by December 30, 2014 because the insurance plan experienced a high call volume around that time and you were unable to get through to make a payment.
- 6) You testified that your children were purportedly disenrolled from their CHP coverage with UnitedHealthcare in December 2014 due to nonpayment of premium. You further testified that you did not receive notice of your children's disenrollment from either the health plan or the Marketplace.

- 7) You testified that you were aware of your children's CHP disenrollment only when you received medical bills incurred for the month of December 2014.
- 8) You testified that you want your children's CHP coverage with UnitedHealthcare reinstated for the month of December 2014.

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 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 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, the child 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 issue is whether your children's Child Health Plus (CHP) coverage was effective for the month of December 2014.

On June 10, 2014, the Marketplace issued a notice of eligibility determination stating that your children could enroll through CHP with a premium of \$27.00 per month, total. That eligibility determination has not been appealed and is not under review here.

The Marketplace's system reflects that your children were enrolled in UnitedHealthcare Community Plan (UnitedHealthcare) through CHP, effective July 1, 2014 to June 30, 2015.

Since the period of your children's CHP eligibility and enrollment began on July 1, 2014, it should have continued without interruption until June 30, 2015, unless an event occurred to disqualify them from CHP eligibility.

You testified that you were unable to timely pay your children's December 2014 premium because the insurance carrier was experiencing high call volumes, which prevented you from making a payment. However, the record does not indicate that your children were disenrolled due to nonpayment of premiums, nor is there any evidence to suggest that they have otherwise been disqualified from their CHP eligibility. Furthermore, there are no determinations on record indicating that your children's CHP enrollment with UnitedHealthcare was terminated during the month of December 2014.

Since there is no credible evidence of record that your children's CHP enrollment with UnitedHealthcare was discontinued during the month of December 2014, and your children's CHP eligibility period had not otherwise expired, UnitedHealthcare Community Plan was responsible for providing continuous CHP coverage for the month of December 2014.

The December 12, 2014 enrollment confirmation notice is AFFIRMED.

Decision

The December 12, 2014 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to the Marketplace to ensure that your children's Child Health Plus coverage with UnitedHealthcare Community Plan was effective for the month of December 2014.

Effective Date of this Decision: October 10, 2015

How this Decision Affects Your Eligibility

Your children's enrollment with UnitedHealthcare Community Plan through Child Health Plus was in effect for the month of December 2014.

You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month's they may have experienced a gap in coverage.

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 December 12, 2014 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to the Marketplace to ensure that your children's Child Health Plus coverage with UnitedHealthcare Community Plan was effective for the month of December 2014.

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).

Your children's enrollment with UnitedHealthcare Community Plan through Child Health Plus was in effect for the month of December 2014.

You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month's they may have experienced a gap in coverage.

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:

