



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]

[REDACTED]

Dear [REDACTED],

On May 27, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 16, 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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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: AP000000002433

[REDACTED]

## Issue

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

Did your children's coverage through Child Health Plus properly begin effective May 1, 2015?

## Procedural History

According to your Marketplace account, your oldest child was first enrolled in a Child Health Plus plan through the Marketplace effective February 1, 2014. Your youngest child was first enrolled in a Child Health Plus plan through the Marketplace effective March 1, 2014.

On December 15, 2014, the Marketplace received your modified application for health insurance for 2015 coverage.

On December 16, 2014, the Marketplace issued a notice of eligibility determination stating that your children were eligible to enroll in health insurance through Child Health Plus with a \$30.00 premium per month per child, effective January 1, 2015.

Also on December 16, 2014, the Marketplace issued a notice confirming your children's Child Health Plus enrollment with UnitedHealthcare Community Plan as of December 15, 2014. With regard to your children's coverage, the notice further stated, "If you pay your first month's premium, your coverage could start as early as February 1, 2014."

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On April 15, 2015, the Marketplace received your modified application for health insurance and prepared a preliminary eligibility determination in your case. It stated that your children were eligible to enroll through Child Health Plus with a \$30.00 premium per month, effective May 1, 2015.

Also on April 15, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as it began your children's coverage through Child Health Plus on May 1, 2015, and not April 1, 2015.

On April 16, 2015, the Marketplace issued a notice of eligibility redetermination stating that your children were eligible to enroll through Child Health Plus with a \$30.00 premium per month, effective May 1, 2015.

Also on April 16, 2015, the Marketplace issued a disenrollment notice confirming your April 15, 2015 request to end your children's insurance coverage with UnitedHealthcare Community Plan. The notice further stated that your children would no longer have coverage with UnitedHealthcare Community Plan effective April 30, 2015.

Also on April 16, 2015, the Marketplace issued a notice confirming your children's enrollment with UnitedHealthcare Community Plan. The notice further stated that your children's coverage could start as early as May 1, 2015, if you pay the first month's premium.

On May 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, and the record reflects, that you and your spouse have two children.
- 2) You testified that you are appealing only the eligibility determinations made for your children.
- 3) You testified, and the record reflects, that you and your spouse enrolled in health insurance through the Marketplace on December 16, 2014 for coverage effective January 1, 2015. You further testified that you did not realize that your children's effective dates of coverage through Child Health Plus would be different.

- 4) You testified that you paid your children's premiums for January 2015 coverage but cannot remember if you paid any other premiums between February and April 2015.
- 5) You testified that your children incurred medical bills in April 2015 and you were told that their medical claims would not be paid because your children were not eligible for coverage from January through April 2015.
- 6) According to the Marketplace's system, your oldest child was enrolled in Child Health Plus through UnitedHealthcare Community Plan effective February 1, 2014 to April 30, 2015. According to the same system, your youngest child was enrolled in Child Health Plus through UnitedHealthcare Community Plan effective March 1, 2014 to April 30, 2015.
- 7) You testified that you would like to confirm your children's Child Health Plus enrollment effective April 1, 2015.

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 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 federal poverty level (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 Public Health Law § 2511(2)(b) and (3)).

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 issue on appeal is whether your children's Child Health Plus (CHP) coverage properly began on May 1, 2015.

On December 16, 2014, the Marketplace issued a notice of eligibility determination stating that your children are eligible to enroll through CHP effective January 1, 2015.

Also on December 16, 2014, the Marketplace issued a notice confirming your children's enrollment with UnitedHealthcare Community Plan through CHP, effective February 1, 2014. The record reflects that your oldest child's enrollment in this plan was effective February 1, 2014 and your youngest child's enrollment in this plan was effective March 1, 2014.

Since the period of your oldest child's CHP eligibility began on February 1, 2014, it continued until January 31, 2015. Similarly, since the period of your youngest child's CHP eligibility began on March 1, 2014, it continued until February 28, 2015.

However, according to the April 16, 2015 disenrollment notice, your children's CHP eligibility ended effective April 30, 2015. Similarly, the Marketplace's system reflects that your children's CHP eligibility expired effective April 30, 2015. According to the credible evidence of record, your children's CHP coverage extended past their twelve-month eligibility period and ended effective April 30, 2015.

When you modified your application on April 15, 2015, a new determination was issued by the Marketplace after your children's twelve-month period of CHP eligibility had expired, thus initiating a new twelve-month period of CHP eligibility effective May 1, 2015.

Since the April 16, 2015 notice of eligibility determination began your children's new twelve-month CHP eligibility year on May 1, 2015, following the expiration of their previously extended CHP eligibility on April 30, 2015, it is **AFFIRMED**.

## **Decision**

The April 16, 2015 eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** October 10, 2015

## **How this Decision Affects Your Eligibility**

Your children's previous Child Health Plus coverage began on February 1, 2014 for your oldest child and March 1, 2014 for your youngest child, and coverage for both children ended on April 30, 2015.

Your children's current Child Health Plus coverage began on May 1, 2015, and ends April 30, 2016.

## **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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NY State of Health Appeals  
P.O. Box 11729  
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## **Summary**

The April 16, 2015 eligibility determination is AFFIRMED.

Your children's previous Child Health Plus coverage began on February 1, 2014 for your oldest child, and March 1, 2014 for your youngest child, and ended on April 30, 2015.

Your children's current Child Health Plus coverage began on May 1, 2015, and ends April 30, 2016.

## **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:**

