



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

## Notice of Decision

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002481

[REDACTED]

Dear [REDACTED],

On May 21, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 18, 2015 enrollment 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 letter.

### 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

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002481

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## Issue

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that your daughter is enrolled in UnitedHealthcare Community Plan and coverage could start as early as June 1, 2015?

## Procedural History

On March 8, 2015, the Marketplace issued a notice stating that the NY State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of coverage you could have for 2015. The notice directs you to "update the information on your [Marketplace] account by April 15, 2015 so we can make an appropriate decision. If you miss the deadline, the financial assistance you are getting now may end."

On April 17, 2015, you updated your Marketplace Account. The Marketplace rendered a preliminary eligibility determination that your daughter is eligible for Child Health Plus with a monthly premium of \$60.00 and a start date of June 1, 2015.

On the same day you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of your daughter's Child Health Plus coverage.

On April 18, 2015, the Marketplace issued a notice of eligibility determination stating that your daughter is eligible to enroll through Child Health Plus with a \$60.00 premium per month effective as of June 1, 2015.

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).

On the same day the Marketplace issued a notice confirming your daughter's enrollment in UnitedHealthcare Community Plan. The notice states that "[i]f you pay your first month's premium, your coverage could start as early as June 1, 2015."

On May 21, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing under oath. The record is now complete and closed.

## **Findings of Fact**

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

- 1) The Marketplace issued a March 8, 2015 notice stating that a decision could not be made on whether you qualified to enroll in a qualified health plan and receive financial help paying for health coverage for 2015. The notice directs you to, "please update your NY State of Health account by April 15, 2015."
- 2) You testified that you found out that your daughter's Child Health Plus plan was inactive when you brought her to the dentist on April 13, 2015.
- 3) You testified that your husband contacted the Marketplace on April 14, 2015 but was not able to update your daughter's account because he was not listed as an authorized representative.
- 4) You testified that you contacted the Marketplace on April 16, 2015 and renewed her Child Health Plus coverage for 2015.
- 5) On April 18, 2015, the Marketplace issued a notice confirming that on April 17, 2015 you enrolled your daughter in UnitedHealthcare Community Plan with a start date as early as June 1, 2015.
- 6) You testified that you did not receive a notice by the Marketplace to renew your daughter's 2015 health insurance coverage.
- 7) Your Marketplace Account indicates that you did not elect to have the Marketplace send you electronic correspondence.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

### Child Health Plus Effective Date

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 Marketplace must determine an applicant's eligibility promptly and without undue delay and then provide a timely notice to the applicant of the eligibility determination made. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace.

On March 8, 2015, the Marketplace issued a notice stating that New York State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of

coverage you could have for 2015. The notice directed you to return to your account by April 15, 2015 and provide more information.

On April 18, 2015, the Marketplace issued a notice of eligibility determination stating that your daughter is eligible to enroll through Child Health Plus with a \$60.00 premium per month effective as of June 1, 2015.

On the same day the Marketplace issued an enrollment notice confirming that on April 17, 2015, you enrolled your daughter in UnitedHealthcare Community Plan with a start date as early as June 1, 2015.

You spoke to the Marketplace's Account Review Unit and requested an appeal with respect to the start date of your daughter's health insurance coverage through UnitedHealthcare Community Plan.

You testified that you never received a notice to renew your daughter's 2015 health insurance coverage. On March 8, 2015 the Marketplace issued a renewal notice and there is no evidence in the record to suggest that the notice was undeliverable.

On April 18, 2015 the Marketplace issued a notice confirming your daughter's enrollment as of April 17, 2015 in UnitedHealthcare Community Plan with coverage that could start as early as June 1, 2015.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

You selected your daughter's Child Health Plus plan on April 17, 2015, so it must take effect on the first day of the second month after April 17, 2015, which is on June 1, 2015.

Therefore the April 18, 2015 notice stating that your daughter's UnitedHealthcare Community Plan coverage could start as early as June 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The April 18, 2015 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** August 25, 2015

## **How this Decision Affects Eligibility**

Your daughter is eligible to enroll in Child Health Plus with a \$60.00 monthly premium effective June 1, 2015.

Your daughter's enrollment in UnitedHealthCare Community Plan coverage could start as early as June 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 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 April 18, 2015 enrollment notice is AFFIRMED.

Your daughter is eligible to enroll in Child Health Plus with a \$60.00 monthly premium effective June 1, 2015.

Your daughter's enrollment in UnitedHealthCare Community Plan coverage could start as early as June 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:**

