



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

## Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002487

[REDACTED]

Dear [REDACTED],

On July 30, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 21, 2015 enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002487



## Issues

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

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

## Procedural History

On February 11, 2015 the Marketplace issued a notice stating that the 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 directs you to “update the information on your [Marketplace] account by March 15, 2015 so we can make an appropriate decision. If you miss the deadline, the financial assistance you are getting now may end.”

On February 11, 2015 you updated your Marketplace Account.

On February 13, 2015 the Marketplace issued an eligibility determination notice that your eldest son is eligible for Child Health Plus with a monthly premium of \$15.00 effective March 1, 2015.

On the same day the Marketplace issued an enrollment notice confirming that as of February 12, 2015 your eldest son is enrolled in United Healthcare Community Plan and coverage could start as early as April 1, 2014.

On April 17, 2015 you updated your Marketplace Account.

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On April 18, 2015 the Marketplace issued an eligibility determination notice that you eldest son is eligible for Child Health Plus with a monthly premium of \$15.00 effective June 1, 2015.

On April 20, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of your eldest son's coverage through Child Health Plus.

On April 21, 2015 the Marketplace issued an enrollment notice confirming that as of April 20, 2015 you eldest son is enrolled in United Healthcare Community Plan and coverage could start as early as June 1, 2015.

On June 18, 2015 you had a scheduled Telephone Hearing with the Marketplace Appeals Unit. You stated that you had not received a Notice of Telephone Hearing and the hearing was reschedule for July 30, 2015.

On July 30, 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. You are applying for health insurance through the Marketplace for your 13-year-old son.
2. You testified that you received the February 11, 2015, renewal notice requesting you to update the information in your NY State of Health account by March 15, 2015.
3. On February 12, 2015, you updated your son's Marketplace Account.
4. You testified that you did not realize you had to update your account between February 16, 2015, and March 15, 2015.
5. According to your Marketplace Account, your son's UnitedHealthcare Community Plan coverage end date was March 31, 2015.
6. You testified that you found out at an April 2015 dentist appointment that your son's 2015 Child Health Plus coverage was not renewed.
7. On April 21, 2015 the Marketplace issued an enrollment notice confirming that as of April 20, 2015 your eldest son is enrolled in United Healthcare Community Plan and coverage could start as early as June 1, 2015.

8. You testified that you are seeking to have your son's Child Health Plus coverage backdated to April 1, 2015.
9. You testified that you do not have any outstanding medical bills.

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)). 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(g), (h)).

### Child Health Plus 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 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 February 11, 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 your son 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 March 15, 2015 and provide more information.

On February 12, 2015 you updated your Marketplace account and on the following day the Marketplace issued a notice of eligibility determination stating that your son is eligible to enroll through Child Health Plus with a \$15.00 premium per month effective as of March 1, 2015.

On February 13, 2015 the Marketplace issued an enrollment notice confirming that on February 12, 2015 you enrolled your son in UnitedHealthcare Community Plan with a start date as early as April 1, 2014.

On April 17, 2015 you updated your Marketplace Account. On the following day the Marketplace issued an eligibility determination notice that you eldest son is eligible for Child Health Plus with a monthly premium of \$15.00 effective June 1, 2015.

On April 21, 2015 the Marketplace issued an enrollment notice confirming that as of April 20, 2015 you eldest son is enrolled in United Healthcare Community Plan and coverage could start as early as June 1, 2015. You requested an appeal insofar as the effective date of your eldest son's coverage through Child Health Plus.

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 originally selected your son's Child Health Plus plan on February 12, 2015, so it must take effect on the first day of the first month after February 12, 2015, which is on March 1, 2015.

However, since your son's UnitedHealthcare Community Plan coverage end date was not until March 31, 2015, the April 21, 2015 enrollment notice is MODIFIED to state that your son's coverage could start as early as April 1, 2015.

## **Decision**

The April 21, 2015 enrollment notice is MODIFIED to state that your son's coverage could start as early as April 1, 2015.

**Effective Date of this Decision:** October 15, 2015

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

This decision changes the April 21, 2015 enrollment to state that your thirteen-year-old son's coverage through Child Health Plus could start as early as April 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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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## **Summary**

The April 21, 2015 enrollment notice is MODIFIED to state that your son's coverage could start as early as April 1, 2015.

This decision changes the April 21, 2015 enrollment to state that your thirteen-year-old son's coverage through Child Health Plus could start as early as April 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:**

