



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

## Notice of Decision

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002523

[REDACTED]

Dear [REDACTED],

On May 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 18, 2015, eligibility determination.

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

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002523

[REDACTED]

## Issue

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

Did the Marketplace properly determine your daughter not eligible for financial assistance or not eligible to enroll in a qualified health plan at full cost effective April 30, 2015?

## Procedural History

On December 25, 2014, the Marketplace issued an eligibility determination notice that your daughter is conditionally eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective February 1, 2015. The notice directed you to provide income documentation by February 24, 2015 in order to confirm your daughter's eligibility.

On December 30, 2014 the Marketplace issued an enrollment notice confirming that your Fidelis Care health plan could start as early as February 1, 2015.

On January 22, 2015, you uploaded income documentation to your Marketplace account.

On January 23, 2015, the Marketplace issued a redetermination notice based on the updated information received. The notice found your daughter conditionally eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective as of March 1, 2015. The notice directed you to provide income documentation by March 25, 2015 in order to confirm your daughter's eligibility.

On March 8, 2015 the Marketplace issued a renewal notice to you and your daughter. The notice stated that "[b]ased on the information from federal and state sources, we cannot make a decision about whether or not you qualify for

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financial help paying for your health coverage.” The notice directed you to update your NY State of Health account by April 15, 2015, or the financial assistance you are getting now may end.

On April 18, 2015, the Marketplace issued a notice stating that you and your daughter are not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through NY State of Health. The notice stated that since you did not respond to the renewal notice your eligibility will end effective April 30, 2015.

On April 19, 2015 the Marketplace issued a disenrollment notice stating that your coverage through New York Catholic Health Plan, Inc. and your daughter’s Fidelis Care health coverage will end effective April 30, 2015.

On April 21, 2015, your Marketplace Account was updated. The Marketplace rendered a preliminary eligibility determination that you are eligible for up to \$140.00 monthly of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan.

On that same day you spoke to the Marketplace Account Review Unit and appealed the April 18, 2015 eligibility determination notice.

On April 22, 2015, the Marketplace issued an eligibility determination notice that your daughter is conditionally eligible to enroll through Child Health Plus with a \$9.00 monthly premium effective June 1, 2015.

On May 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

## **Findings of Fact**

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

1. You testified that you are only appealing your child’s determination that her Child Health Plus coverage was discontinued April 30, 2015.
2. Your daughter was determined conditionally eligible to enroll in Child Health Plus with a \$30.00 premium effective February 1, 2015. You were directed to submit income documentation to confirm eligibility by February 24, 2015 (Marketplace Notice 12/25/2014).
3. Your daughter’s Fidelis Care health plan was authorized to start as early as February 1, 2015 (12/30/2015 Marketplace notice).

4. You uploaded income documentation to your Marketplace Account on January 22, 2015.
5. Based on the income documentation received, your daughter was found conditionally eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective as of March 1, 2015. The notice directed you to provide income documentation by March 25, 2015 in order to confirm your daughter's eligibility (1/23/2015 Marketplace notice).
6. You testified that you never received a notice from the Marketplace informing you that the income documentation uploaded on January 22, 2015 was not sufficient to confirm eligibility.
7. You testified that you have no outstanding medical bills.
8. You testified that you have paid all of the monthly premiums since your daughter was enrolled in Child Health Plus.
9. The Marketplace issued a notice stating that you and your daughter are not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through NY State of Health effective April 30, 2015, because you did not respond to the renewal notice. (4/18/2015 Marketplace notice).
10. You testified that you contacted the Marketplace and was told that your daughter's coverage was discontinued for not providing proper income documentation.
11. On April 19, 2015 the Marketplace issued a disenrollment notice stating that your coverage through New York Catholic Health Plan, Inc. and your daughter's Fidelis Care health coverage will end effective April 30, 2015.

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

## **Applicable Law and Regulations**

### Verification Process in Child Health Plus:

An individual must not be required to provide additional information or documentation unless the information needed cannot be obtained electronically or the information obtained electronically is not reasonably compatible with the information provided by or on behalf of the individual (42 CFR § 435.952(c)). If the information provided by or on behalf is not reasonably compatible with the information obtained through the electronic data match, the Marketplace must

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seek additional information from the individual, including a statement which reasonably explains the discrepancy and a reasonable period to furnish any additional information required (42 CFR § 435.952(c)(2)(i),(iii)).

The Marketplace may not deny or terminate eligibility or reduce benefits for any individual on the basis of the information received, unless the Marketplace has sought additional information from the individual and provided proper notice and hearing rights to the individual (42 CFR § 435.952(d)).

## **Legal Analysis**

The first issue under review is whether the Marketplace properly determined that your daughter was not eligible for Child Health Plus effective April 30, 2015.

The Marketplace may request additional information from an applicant when the information obtained from electronic sources is not compatible with the information that is provided by the applicant.

On December 25, 2014, the Marketplace issued an eligibility determination notice that your daughter is conditionally eligible to enroll through Child Health Plus effective February 1, 2015. However, you were directed to provide income documentation by February 24, 2015 in order to confirm your daughter's eligibility.

The record supports that you uploaded income documentation to your Marketplace account on January 22, 2015. On the following day the Marketplace issued a redetermination notice finding your daughter conditionally eligible to enroll through Child Health Plus. However, you were directed to provide income documentation by March 25, 2015 in order to confirm your daughter's eligibility.

You credibly testified that you did not receive a notice from the Marketplace informing you that the income documentation uploaded on January 22, 2015 was insufficient to confirm your daughter's eligibility.

If an individual submits additional information to the Marketplace that is not sufficient to resolve the request for additional information, the Marketplace must provide a statement that reasonably explains why the documentation was not accepted. The Marketplace failed to provide proper notice explaining why the documents submitted were not sufficient and the reason for that decision.

The Marketplace may not terminate an individual's coverage based on information received, unless the Marketplace has provided proper notice.

Therefore, the April 18, 2015 eligibility determination notice stating that your daughter's eligibility will end effective April 30, 2015 is **RESCINDED**.

The January 23, 2015, Marketplace redetermination notice finding your daughter conditionally eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective as of March 1, 2015 is REINSTATED.

## **Decision**

The April 18, 2015 eligibility determination notice stating that your daughter's eligibility will end effective April 30, 2015 is RESCINDED.

The January 23, 2015, Marketplace redetermination notice finding your daughter conditionally eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective as of March 1, 2015 is REINSTATED.

**Effective Date of this Decision:** September 3, 2015

## **How this Decision Affects Eligibility**

This decision REINSTATES the January 23, 2015, eligibility determination notice finding your daughter conditionally eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective as of March 1, 2015.

This decision cancels the April 18, 2015 determination notice stating that your daughter's coverage will end April 30, 2015.

Any determinations made subsequent to the appeal request will not be addressed in this decision.

If you have not provided sufficient proof of income to resolve the inconsistency with the Marketplace, please do so.

## **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

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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 eligibility determination notice stating that your daughter's eligibility will end effective April 30, 2015 is RESCINDED.

The January 23, 2015, Marketplace redetermination notice finding your daughter conditionally eligible to enroll through Child Health Plus with a \$30.00 monthly premium effective as of March 1, 2015 is REINSTATED.

Any determinations made subsequent to the appeal request will not be addressed in this decision.

If you have not provided sufficient proof of income to resolve the inconsistency with the Marketplace, please do so.

### **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:**

