



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

Notice of Decision

Decision Date: September 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002602

[REDACTED]

Dear [REDACTED],

On June 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 25, 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).

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Decision Date: September 8, 2015

NY State of Health Number: [REDACTED]
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Issue

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

Did your son's coverage through Child Health Plus properly begin effective June 1, 2015, and not April 1, 2015?

Procedural History

On February 11, 2015, the Marketplace issued a notice that stated it was time to renew your son's health insurance coverage for 2015. The notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not your son qualified for continuing financial help in paying for his health coverage in 2015. You were directed to update the information in your NY State of Health account by March 15, 2015, or the financial help you were receiving might end.

No updates were made to your account before March 15, 2015.

On March 17, 2015, the Marketplace issued a notice of eligibility determination stating that your son was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance; he also could not enroll in a qualified health plan at full cost through the Marketplace. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame.

On March 19, 2015, the Marketplace issued a disenrollment notice stating that your son's coverage with Fidelis Care would end effective March 31, 2015

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because he was no longer eligible to enroll in health insurance through the Marketplace.

On April 24, 2015, information in your Marketplace account was updated. That day, the Marketplace prepared a preliminary eligibility determination stating that your son was qualified for health insurance through Child Health Plus with a \$30.00 monthly premium. This eligibility was effective June 1, 2015.

Also on April 24, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as it began your son's eligibility through Child Health Plus effective June 1, 2015, and not April 1, 2015.

On April 25, 2015, the Marketplace issued a notice of eligibility determination stating that your son was eligible to enroll through Child Health Plus with a \$30.00 premium per month effective June 1, 2015.

On April 26, 2015, the Marketplace issued a notice confirming your son's Child Health Plus enrollment with Independent Health Association, Inc. The notice further stated that his coverage could start as early as June 1, 2015 if you paid the first month's premium.

On June 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence.

On June 16, 2015, the Marketplace's Appeals Unit received your supporting evidence, which included a notice issued by Fidelis Care on April 17, 2015, which stated that your son's May 2015 premium payment had not been received. This evidence was marked as Appellant's Exhibit 1 and incorporated into the record. The record was closed on June 16, 2015.

Findings of Fact

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

- 1) The record reflects that your son is the only individual in your household seeking health insurance through the Marketplace.
- 2) The record reflects that your son originally enrolled in Fidelis Care through Child Health Plus effective April 1, 2014.
- 3) The record reflects that you elected to receive your notices from the Marketplace via electronic mail. You testified that you do not recall making that election.

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- 4) You testified that you did not receive any notices from the Marketplace regarding a need to update your Marketplace account.
- 5) You testified that you did not know your son had been disenrolled from his plan until you began receiving medical bills for dates of service between April and May 2015.
- 6) You testified that you spoke to a Fidelis Care representative who informed you that your child still had coverage for April 2015.
- 7) You testified that you paid the Fidelis Care premium for April and May 2015, but were ultimately reimbursed for the May 2015 premium.
- 8) You testified that you only received notices from Fidelis Care requesting premium payments for April and May 2015, therefore you believed that your son's coverage was still in effect.
- 9) You provided evidence of a letter, issued by Fidelis Care on April 17, 2015, which indicates that your son's coverage with Fidelis Care would continue at least until May 31, 2015 (Appellant's Exhibit 1).
- 10) The record reflects that you updated your account on April 24, 2015.
- 11) You testified that you are seeking to have your son's Child Health Plus coverage 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

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 individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If

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a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Child Health Plus

“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)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The only issue on appeal is whether your son's Child Health Plus (CHP) coverage properly began on June 1, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually, and must timely issue a renewal notice providing the projected eligibility determination for the following year. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On February 11, 2015, the Marketplace issued an annual eligibility redetermination notice in your case. It stated that based on information from federal and state sources, the Marketplace could not make a decision about whether your son qualified for financial help paying for his health coverage. You were asked to update the information in your NY State of Health account by March 15, 2015.

However, you provided evidence that you received correspondence from Fidelis Care indicating that your son's coverage would be in effect at least until May 31, 2015. You testified that you paid premiums to Fidelis Care to ensure that your son would have coverage for April and May 2015.

Furthermore, you credibly testified that you did not receive the February 11, 2015 notice asking you to update your information with the Marketplace. You further testified that you did not receive any correspondence from the Marketplace that you needed to provide any further information to continue your son's coverage.

Therefore, it is determined that you reasonably relied on the information you received from Fidelis Care and the failure to receive any renewal notices when you did not update your account and assumed that no further action was necessary on your part to continue your son's coverage.

Therefore, the April 25, 2015 notice of eligibility determination is MODIFIED to state that your son was eligible to enroll in health coverage through Child Health Plus, and that this eligibility is effective April 1, 2015, without interruption.

Decision

The April 25, 2015 notice of eligibility determination is MODIFIED to state that your son was eligible to enroll in health coverage through Child Health Plus, and that this eligibility is effective April 1, 2015, without interruption.

Your case is RETURNED to the Marketplace to ensure that your son's coverage is in place, without interruption.

Effective Date of this Decision: September 8, 2015

How this Decision Affects Your Eligibility

Your son is enrolled through Independent Health Association, Inc. effective April 1, 2015.

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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:
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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The April 25, 2015 notice of eligibility determination is MODIFIED to state that your son was eligible to enroll in health coverage through Child Health Plus, and that this eligibility is effective April 1, 2015.

Your case is RETURNED to the Marketplace to ensure that your son's coverage is in place, without interruption.

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Your son is enrolled through Independent Health Association, Inc. effective April 1, 2015.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

