



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]
Appeal Identification Number: AP000000002634

[REDACTED]

Dear [REDACTED]

On June 22, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 1, 2014 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

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002634



Issues

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

Did the Marketplace properly terminated your son's Child Health Plus (CHP) coverage effective March 31, 2014?

Procedural History

The Marketplace received the initial application for health insurance for your son on December 5, 2013. The Marketplace prepared a preliminary eligibility determination stating that he was eligible for Child Health Plus with a monthly premium amount of \$9.00.

On April 30, 2014 your Marketplace Account was updated.

On May 1, 2014 the Marketplace issued an eligibility determination notice stating that "[y]ou are no longer eligible for Medicaid. However we will continue Medicaid coverage until December 31, 2014."

On July 17, 2014 your Marketplace Account was updated. The Marketplace rendered a preliminary eligibility determination stating that your son is eligible for Child Health Plus with a monthly premium amount of \$9.00.

On April 28, 2015, you spoke to the Marketplace Account Review unit and appealed your son's disenrollment from Child Health Plus effective March 31, 2014.

On June 22, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and closed at the end of the hearing.

Findings of Fact

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

1. Your son was determined eligible for Child Health Plus with a monthly premium of \$9.00 on December 5, 2013.
2. Your son's date of birth is [REDACTED].
3. You testified that your son's Child Health Plus health coverage began on January 1, 2014 with Fidelis Care.
4. You testified that you became aware that your son's Child Health Plus coverage was discontinued at a June 2014 doctor's appointment.
5. On April 30, 2014 the Marketplace reran your son's eligibility for financial assistance. Based on a Federal Poverty Level of 239.49%, your son was found eligible for Medicaid.
6. On May 1, 2014 the Marketplace issued an eligibility determination notice stating that your son is eligible for Medicaid.
7. You testified that you have outstanding medical bills of \$2,210.00 from your son's doctor's appointments in April and May 2014.
8. On July 17, 2014 the Marketplace rendered a preliminary eligibility determination that your son was eligible for Child Health Plus with a \$9.00 monthly premium.

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 under the age of nineteen may be eligible for subsidized 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 FPL; (2) is not eligible for medical assistance; (3) is not eligible for coverage under the public employees' state health benefits plan, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-e)).

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Continuous Coverage:

Generally, a child who is eligible for CHP may only have his or her financial eligibility redetermined once every 12 months, and no more frequently than once every twelve months (42 CFR § 435.916(a)).

Medicaid- FPL Level for Child older than 1 years old

Medicaid is currently available to children who are at least one year of age but under the age of nineteen who have a modified adjusted gross income at or below 154% of the FPL of the applicable family size (see 42 CFR § 435.118(c); NY Department of Health Administrative Directive 13ADM-03).

Legal Analysis

The issue is whether or not the Marketplace properly terminated your son's Child Health Plus (CHP) coverage effective March 31, 2014.

The Marketplace received your initial health insurance applications for your son on December 5, 2013. The Marketplace prepared a preliminary eligibility determination on December 5, 2014, stating that your son was eligible for Child Health Plus. You credibly testified that your son had a January 1, 2014 coverage start date with Fidelis Care.

The Marketplace reran his eligibility on April 30, 2014. Based on a Federal Poverty Level (FPL) of 236.48%, the Marketplace issued a notice of eligibility determination on May 1, 2014 stating that your son is eligible for Medicaid. Since your son's FPL exceeded the income limit to be eligible Medicaid, the Child Health Plus coverage should have continued for twelve continuous months.

Once a child is determined fully eligible for Child Health Plus, they are entitled to a 12-month period that includes the time period in which they were presumptively eligible. Since your son was originally found eligible for Child Health Plus with a coverage start of January 1, 2014 his coverage should have continued until December 31, 2014.

The May 1, 2014 notice of eligibility determination that your son is eligible for Medicaid is RESCINDED.

You credibly testified that you have outstanding medical bills for the months of April and May 2014 because your son was improperly disenrolled from Child Health Plus.

You are eligible for reimbursement by Child Health Plus for medical bills incurred during April and May 2014.

Decision

The May 1, 2014 notice of eligibility determination is RESCINDED.

You are eligible for reimbursement by Child Health Plus for medical bills incurred during April and May 2014.

Effective Date of this Decision: October 10, 2015

How this Decision Affects Your Eligibility

Your son's Child Health Plus coverage began on January 1, 2014, and it continues until December 31, 2014.

You are eligible for reimbursement by Medicaid for medical bills incurred during April and May 2014.

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):

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You can contact us in any of the following ways:

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- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 1, 2014 notice of eligibility determination is **RESCINDED**.

You are eligible for reimbursement by Child Health Plus for medical bills incurred during April and May 2014.

Your son's Child Health Plus coverage began on January 1, 2014, and it continues until December 31, 2014.

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:



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