



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

Notice of Decision

Decision Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002693

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On June 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 17, 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).

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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[REDACTED]
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Issue

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

Did the Marketplace properly find that your daughter's eligibility to enroll in health insurance through the Marketplace ended effective April 30, 2015, and that it properly disenrolled her from coverage with UnitedHealthcare as of that date?

Procedural History

On May 8, 2014, the Marketplace issued a notice of eligibility determination that stated your daughter was eligible for Medicaid and that you were conditionally eligible for Medicaid. You were requested to provide information about the absent parent living outside of the home before August 8, 2014.

On March 8, 2015, the Marketplace issued a notice advising you that it was time to renew your health insurance coverage through New York State of Health. The notice stated that the Marketplace could not make a decision about whether or not you or your daughter would continue to qualify for financial help in paying for your health coverage, and that you would need to update your account by April 15, 2015 or the financial assistance you were receiving might end.

No updates were made to your account by April 15, 2015.

On April 17, 2015, the Marketplace issued a notice of eligibility determination stating that because you had not responded to the notice of renewal within the required time frame you and your daughter no longer were eligible to enroll or to

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receive financial assistance through the Marketplace and that your eligibility would end April 30, 2015.

On April 19, 2015, the Marketplace issued a notice of disenrollment, stating that coverage for you and your daughter would end April 30, 2015.

On April 28, 2015, the Marketplace received your written appeal of the termination of your coverage effective April 30, 2015, in which you stated that you had never received any notice to renew your coverage and requested that your coverage continue while the issue was being resolved.

On May 14, 2015, a representative from the Marketplace updated your account to reflect annual expected earnings of \$31,400.00; in a preliminary determination made at that time, you were found eligible to enroll in a health plan through the Marketplace, but not eligible for any financial assistance for your individual health coverage. Your daughter was found eligible to enroll in Child Health Plus, effective June 1, 2015.

On that same day, you further updated your account to reflect an annual income of \$30,400.00.

On June 2, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open until June 18, 2015 to allow you time to submit evidence, as directed by the Hearing Officer, including proof of income and of no unemployment benefits in April 2015. No further documents were submitted by that date and the record was closed.

Findings of Fact

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

- 1) You testified that you did not receive the March 8, 2015 renewal notice, so you did not know you were required to update your account by April 15, 2015.
- 2) You testified that you discovered that your family's health insurance would end effective April 30, 2015, and you immediately filed an appeal regarding this termination.
- 3) Your written appeal was received by the Marketplace on April 28, 2015.

- 4) In your appeal, you objected to the failure of the Marketplace to send you a timely notice of renewal, and requested that your former coverage be continued after April 30, 2015.
- 5) Since the time you filed your appeal, the Marketplace has acceded to your request that your daughter's insurance with her old plan continue until May 31, 2015, and requested that you withdraw your appeal because the issues had been resolved (see Appellant's Exhibit #1).
- 6) As a part of the resolution of your appeal, the Marketplace has stated that your daughter's coverage with United Health Care Community Plan would be extended through May 31, 2015, and her new coverage under Child Health Plus through Healthfirst PHSP, Inc., would be effective June 1, 2015, resulting in no gap in coverage (see Appellant's Exhibit #2).

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

Applicable Law and Regulations

Annual Eligibility Redetermination

The Marketplace must provide an annual redetermination notice with the person's projected eligibility determination for the following year, "including, if applicable, the amount of any advance payments of the premium tax credit and the level of any cost-sharing reductions or eligibility for Medicaid, [Child Health Plus], or the [Basic Health Plan]" (45 CFR §§ 155.335(c)(3)).

Legal Analysis

The issue is whether the Marketplace properly found that your daughter's eligibility to enroll in the health insurance through the Marketplace ended, effective April 30, 2015, and properly disenrolled her from coverage with UnitedHealthcare as of that date.

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 issue a renewal notice that contains the information the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year with the eligibility referenced in that renewal notice.

You testified that you had not received any notice regarding the renewal process, so you did not know it was necessary for you to update your account.

Moreover, since the time you filed your appeal, the Marketplace has acceded to your request, and has reenrolled your daughter in health insurance, without any gap in coverage. Therefore, the April 17, 2015 eligibility determination is MODIFIED to conform to your request.

Decision

The April 17, 2015 eligibility determination is MODIFIED to reflect that your daughter's coverage with UnitedHealthcare extended through May 31, 2015, and that her new coverage under Child Health Plus through Healthfirst PHSP, Inc., was effective June 1, 2015, resulting in no gap in coverage.

Effective Date of this Decision: July 16, 2015

How this Decision Affects Your Eligibility

The April 17, 2015 eligibility determination is MODIFIED to reflect that your daughter's coverage with UnitedHealthcare extended through May 31, 2015, and that her new coverage under Child Health Plus through Healthfirst PHSP, Inc., was effective June 1, 2015, resulting in no gap in coverage.

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)).

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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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- By fax: 1-855-900-5557

Summary

The April 17, 2015 eligibility determination is MODIFIED to reflect that your daughter's coverage with UnitedHealthcare extended through May 31, 2015, and that her new coverage under Child Health Plus through Healthfirst PHSP, Inc., was effective June 1, 2015, resulting in no gap in coverage.

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:

[REDACTED]
[REDACTED]
[REDACTED]