



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

Notice of Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003113

[REDACTED]

Dear [REDACTED]

On July 31, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 27, 2015 eligibility determination and July 14, 2015 cancellation notice.

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 Code of Federal Regulation (CFR) 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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NY State of Health Number: [REDACTED]
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Issues

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

Did the Marketplace properly determine your daughter's eligibility for Child Health Plus coverage was to begin effective July 1, 2015?

Is the Appeals Unit able to address the issue of whether your daughter's Child Health Plus coverage was properly cancelled effective July 1, 2015 for non-payment?

Procedural History

On May 26, 2015, the Marketplace received your household's application for health insurance.

On May 27, 2015, the Marketplace issued an eligibility determination notice stating that your daughter was eligible to enroll in Child Health Plus (CHP) at a reduced premium of \$30.00 per month, effective July 1, 2015. The notice further stated that her coverage would be effective shortly after the first premium payment was received by the health plan. You appealed this determination insofar as her CHP coverage could begin no earlier than July 1, 2015.

That same day, the Marketplace issued a notice confirming that as of May 26, 2015, your daughter was enrolled with a CHP plan with a \$30.00 per month premium responsibility. The notice further stated that if you paid her first month's premium, her coverage "could start as early as July 1, 2015".

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On July 14, 2015, the Marketplace issued a cancellation notice confirming that your daughter's CHP coverage had been cancelled effective July 1, 2015 due to non-payment of premiums.

On July 31, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified, and the record reflects, that you are appealing only your daughter's eligibility.
- 2) You testified that, on or about May 26, 2015, you enrolled your daughter in a UnitedHealthcare Child Health Plus (CHP) plan through the Marketplace.
- 3) You testified that you did not pay any premium in connection with your daughter's UnitedHealthcare CHP plan because you had never received a bill, insurance card, or notification from UnitedHealthcare.
- 4) You testified that your daughter required several prescriptions to be filled and attended at least one doctor appointment during June 2015 because these prescriptions and appointments were medically necessary. You further testified that you paid out-of-pocket for these prescriptions and doctor visits.
- 5) You testified that you called the Marketplace and the insurance carrier during June or July of 2015 to inquire about your daughter's coverage and discovered that her insurance coverage had been cancelled for non-payment.

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 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

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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: Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)).

Appealable Issues

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Legal Analysis

The first issue is when your daughter’s Child Health Plus coverage should have properly started.

The Marketplace received your household’s application on May 26, 2015.

On May 27, 2015 the Marketplace issued an eligibility determination that stated your daughter was eligible to enroll in Child Health Plus (CHP) with a \$30.00 monthly premium. The notice further stated that her coverage would be effective shortly after the first premium payment is received by the health plan.

Also on May 27, 2015, the Marketplace issued a notice identifying the plan that you had selected for your daughter. You testified that you had not paid the premium for your daughter’s health insurance because you never received a bill from the insurance carrier.

The record indicates that you submitted your daughter’s application for health insurance on May 26, 2015.

In New York State, consistent with federal regulation, if an application for CHP insurance coverage is received between the sixteenth day of the month and the end of the month, benefits are provided on “the first day of the subsequent

month.” Since your daughter’s application was filed on May 26, 2015, her plan properly took effect on July 1, 2015.

The second issue is whether your daughter’s Child Health Plus coverage was properly cancelled effective July 1, 2015 for non-payment.

You testified that you never received a bill, insurance card, or notification from UnitedHealthcare in order to at least begin her CHP plan’s coverage by July 1, 2015. You further testified that after contacting UnitedHealthcare on the status of your daughter’s coverage, you were instructed that her coverage was cancelled effective July 1, 2015 for non-payment. A notice was issued by the Marketplace on July 14, 2015 confirming this cancellation of coverage.

The notice you received confirming your daughter’s enrollment specified that her coverage could not begin until the first’s premium was received.

Because the issue regarding the cancellation of coverage due to nonpayment of premium is not one that the NY State of Health Appeals Unit is authorized to address, we must dismiss your appeal request with respect to this issue.

However, UnitedHealthcare may be able to help you with the problems regarding your billing that you have encountered. If you have not already been assisted with your billing and premium issues, please contact UnitedHealthcare directly at 1-800-493-4647.

Decision

The May 27, 2015 eligibility determination is AFFIRMED.

The Marketplace’s Appeals Unit does not have the authority to address your daughter’s Child Health Plus plan cancellation.

Effective Date of this Decision: October 27, 2015

How this Decision Affects Your Eligibility

This case does not change your daughter’s eligibility. Your daughter’s eligibility for CHP coverage was effective July 1, 2015 but, due to non-payment of premiums, it was cancelled.

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 27, 2015 eligibility determination is AFFIRMED.

This case does not change your daughter's eligibility. Your daughter's eligibility for Child Health Plus (CHP) coverage was effective July 1, 2015 but, due to non-payment of premiums, it was cancelled.

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).

The Marketplace's Appeals Unit does not have the authority to address your daughter's CHP plan cancellation.

UnitedHealthcare may be able to help you with the problems regarding your billing that you have encountered. If you have not already been assisted with your billing and premium issues, please contact UnitedHealthcare directly at 1-800-493-4647.

If you choose, you may reapply to the Marketplace for your household's eligibility to be redetermine for financial assistance in purchasing health insurance.

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:

