



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

Notice of Decision

Decision Date: November 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003760

[REDACTED]

Dear [REDACTED],

On September 8, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's failure to provide a timely eligibility determination 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 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: November 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003760

[REDACTED]

Issue

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

Did the Marketplace fail to issue a timely determination notice of your youngest son's eligibility?

Procedural History

On December 24, 2014 you added your newborn son, [REDACTED] to your Marketplace account.

On December 25, 2014, the Marketplace issued an eligibility determination notice stating that [REDACTED] was conditionally eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective February 1, 2015. The notice further requested that you provide documentation to confirm his Citizenship Status and Social Security Number before March 26, 2015.

Also on December 25, 2014, the Marketplace issued an enrollment confirmation notice stating that [REDACTED] health insurance coverage could begin as early as "April 1, 2014" (*sic*) if you paid your first month's premium.

On March 5, 2015 the Marketplace issued an enrollment confirmation notice stating that [REDACTED] had not chosen a health plan yet. However, the notice went on to state that his health insurance coverage could begin as early as "April 1, 2014" (*sic*) if you paid your first month's premium.

On March 17, 2015, the Marketplace issued an eligibility determination notice stating that [REDACTED] was eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective May 1, 2015.

On July 2, 2015, you spoke to the Marketplace's Account Review Unit and appealed the Marketplace's failure to issue a timely determination notice of [REDACTED] eligibility insofar as he was disenrolled from his Child Health Plus plan on March 31, 2015 and you did not receive formal written notice of this disenrollment.

On September 8, 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 support the following findings of fact:

- 1) You testified, and the record reflects, that you are appealing your youngest son [REDACTED] eligibility.
- 2) You testified that shortly after [REDACTED] was born in December 2014 you added him to your Marketplace account.
- 3) The record contains an eligibility determination dated December 25, 2014, that states [REDACTED] was conditionally eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective February 1, 2015 but that you needed to submit proof of his Citizenship Status and Social Security Number before March 26, 2015.
- 4) You testified that you enrolled your son into a Child Health Plus plan that was made effective January 1, 2015.
- 5) You testified that you paid the premiums every month and usually in advance.
- 6) You testified that in May 2015 you were informed that [REDACTED] had been disenrolled from his Child Health Plus plan as of April 1, 2015.
- 7) The record does not contain any notices regarding [REDACTED] being disenrolled or stating that he was not eligible for Child Health Plus coverage.
- 8) You testified that you had a conference call with your Child Health Plus plan and the Marketplace. During that call you were told that your son had

been “voluntarily withdrawn” from coverage because you had not provided his Social Security number.

- 9) Page three of the Evidence Packet that was put together by the New York State of Health states the following:

Appellant is not eligible for backdating of his Child Health Plus plan. Appellant was notified of the need for their documents to be submitted in an eligibility notice dated 12/24/2015. Appellant is disputing failure of the exchange to provide timely notice of eligibility determination.

- 10) You testified that your newborn son was without health coverage for the months of April, May, June, and July.

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

Applicable Law and Regulations

Marketplace Eligibility Determinations

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person’s eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

The Marketplace is required to provide “timely written notice to an applicant of any eligibility determination” made pursuant to 45 CFR Part 155, Subpart D, which sets out requirements.

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(N.Y. Pub.Health Law. § 2511(2)(a)-(e)).

As a condition of eligibility for Medicaid and Child Health Plus, individuals, including children, must furnish their Social Security number to the Marketplace for verification purposes (42 CFR § 435.910(a); 18 NYCRR § 360-3.2(j)). Benefits cannot be delayed or denied while an application for a Social Security number is pending (42 CFR § 435.910(f); Informational Letter 08 OIHP/INF-2).

Legal Analysis

The only issue under review is whether the Marketplace provided a timely determination notice of your newborn son's eligibility.

Your youngest son, [REDACTED] was added to your Marketplace account on December 24, 2014. The record contains an eligibility determination notice dated December 25, 2014, that states [REDACTED] was conditionally eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective February 1, 2015 but that you needed to submit proof of his Citizenship Status and Social Security number before March 26, 2015. There is no indication that you updated your Marketplace account prior to March 26, 2015 with the requested information.

You testified that you enrolled your son into a Child Health Plus plan that was made effective January 1, 2015. You testified that in May 2015 you were informed that Ryder had been disenrolled from his Child Health Plus plan as of April 1, 2015. As a result of [REDACTED] disenrollment, you testified that he was without health coverage for the months of April, May, June, and July.

The record contains an Evidence Packet which states in part that [you are] not eligible for backdating of [your] Child Health Plus plan. [You were] notified of the need for documents to be submitted in an eligibility notice dated 12/24/2015. This would support your testimony that during a conference call you had with the Child Health Plus plan and the Marketplace you were told that your son had been "voluntarily withdrawn" from coverage because you had not provided his Social Security Number.

The Marketplace is required to determine a person's eligibility promptly and without undue delay and to provide timely written notice to an applicant of any eligibility determination.

The record as established supports that the Marketplace determined that [REDACTED] was not eligible for continued enrollment through Child Health Plus. However, there is no eligibility determination notice or disenrollment notice to support this determination.

Since the Marketplace failed to notify you of the change in [REDACTED] eligibility for Child Health Plus, your case is RETURNED to the Marketplace to reinstate

████████ Child Health Plus coverage effective April 1, 2015 and ensure that there is no gap in coverage from January 1, 2015 onward.

Decision

Your case is RETURNED to the Marketplace to reinstate ██████████ Child Health Plus coverage effective April 1, 2015 and ensure that there is no gap in coverage from January 1, 2015 onward.

Effective Date of this Decision: November 18, 2015

How this Decision Affects Your Eligibility

Your case is being sent back to the Marketplace to reinstate ██████████ into his Child Health Plus plan as of January 1, 2015 and continuing without interruption.

You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month's he experienced a 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)).

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 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).

If You Have Questions about this Decision (Customer Service Resources):

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Albany, NY 12211
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Summary

Your case is RETURNED to the Marketplace to reinstate ██████ Child Health Plus coverage effective April 1, 2015 and ensure that there is no gap in coverage from January 1, 2015 onward.

Your case is being sent back to the Marketplace to reinstate ██████ into his Child Health Plus plan as of January 1, 2015 and continuing without interruption.

You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month's he experienced a 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:

