



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

Notice of Decision

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003924

[REDACTED]

Dear [REDACTED]

On October 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's disenrollment of your 18-year-old daughter from Child Health Plus.

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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DEPARTMENT OF HEALTH
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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003924



Issue

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

Did the Marketplace properly determine that your daughter's coverage with Fidelis Care (Child Health Plus) should end effective December 31, 2014?

Procedural History

On December 1, 2014, the Marketplace issued an eligibility determination notice that your 18-year-old daughter is eligible to enroll in health coverage through a full price Child Health Plus plan or Child-Only qualified health plan effective December 1, 2014.

On December 15, 2014, the Marketplace issued an enrollment notice confirming your enrollment as of November 1, 2015 for your 18-year-old daughter. The notice confirms that your daughter is enrolled in Fidelis Care (Child Health Plus) and coverage could start as early as December 1, 2014.

On March 13, 2015, the Marketplace issued a disenrollment notice stating that they had received your request to end your 18-year-old daughter's coverage with Fidelis Care (Child Health Plus). The notice stated that coverage would end March 31, 2015.

On July 17, 2015, you requested an appeal insofar as your 18-year-old daughter had been disenrolled from Fidelis Care (Child Health Plus) coverage effective December 31, 2014.

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On October 2, 2015, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You requested an adjournment and the hearing was rescheduled for October 9, 2015.

On October 9, 2015, you had a scheduled 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. You applied for health insurance through the Marketplace for your 18-year-old daughter.
2. Your daughter was enrolled in a Fidelis Care, a Child Health Plus plan, and coverage began on December 1, 2014.
3. According to your Marketplace account, your daughter's Fidelis Care (Child Health Plus) was terminated effective December 31, 2014.
4. You testified that your 18-year-old daughter was taken to the emergency room on January 11, 2015.
5. You testified that your 18-year-old had active coverage through the New York State Health Insurance Program (NYSHIP) effective January 12, 2015.
6. You testified that you contacted the Marketplace in February and March 2015 and was told that your daughter had active coverage.
7. You testified that you never received a disenrollment notice from the Marketplace.
8. You testified that you have approximately \$700.00 in outstanding medical bills from your daughter's January 11, 2015 emergency room visit.

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)).

The "period of eligibility" for CHP is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

The period of eligibility for a child who ceases to be eligible because he or she no longer resides in New York state or has access to or obtained other health insurance coverage shall end the last day of the month in which the child ceases to be an eligible child (NY Public Health Law § 2510(6)(a)).

Legal Analysis

The issue is whether the Marketplace properly determined that your daughter's enrollment in his Child Health Plus (CHP) should end effective December 31, 2014.

On December 1, 2014, the Marketplace issued an enrollment notice confirming that your daughter was enrolled in Fidelis Care and coverage could start as early as December 1, 2014.

Once a child is determined fully eligible for Child Health Plus, they are entitled to a 12-month period, unless an event occurs to disqualify them from CHP eligibility. Since your daughter was initially enrolled in Child Health Plus with a coverage start of December 1, 2014, her coverage should have continued until November 30, 2015.

However, individuals eligible for coverage under the public employees' state health benefits plan are not eligible for Child Health Plus. A child who ceases to be eligible because he or she obtained other health insurance coverage shall end the last day of the month in which the child ceases to be an eligible child.

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You testified that your 18-year-old daughter had active coverage through the New York State Health Insurance Program (NYSHIP) effective January 12, 2015. Since your daughter was eligible for health insurance through a public employees' state health benefits plan on January 12, 2015, the plan should have been terminated on January 31, 2015.

Decision

The March 13, 2015 disenrollment notice is MODIFIED to state that your daughter's coverage with Fidelis Care (Child Health Plus) ended effective January 31, 2015.

The case is RETURNED to the Marketplace to ensure that your 18-year-old daughter's Child Health Plus coverage is restored until January 31, 2015.

Effective Date of this Decision: November 16, 2015

How this Decision Affects Your Eligibility

The effective date of your daughter's Child Health Plus plan is December 1, 2014 and should have remained effective until January 31, 2015.

You are responsible for paying Fidelis Care for any monthly health insurance premiums that are owed for the month of January 2015.

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

Summary

The March 13, 2015 disenrollment notice is MODIFIED to state that your daughter's coverage with Fidelis Care (Child Health Plus) ended effective January 31, 2015.

The case is RETURNED to the Marketplace to ensure that your 18-year-old daughter's Child Health Plus coverage is restored until January 31, 2015.

The effective date of your daughter's Child Health Plus plan is December 1, 2014 and should have remained effective until January 31, 2015.

You are responsible for paying Fidelis Care for any monthly health insurance premiums that are owed for the month of January 2015.

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:

