



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: AP000000004002

[REDACTED]

Dear [REDACTED],

On September 30, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 18, 2015 eligibility determination and July 19, 2015 disenrollment notices.

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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NY State of Health Number: [REDACTED]
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Issues

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

Did the Marketplace properly determine that your infant daughter was not eligible for financial assistance or eligible to enroll in a qualified health plan at full cost through the Marketplace as of July 18, 2015?

Did the Marketplace properly end your infant daughter's coverage with HealthPlus, an Amerigroup Company (Child Health Plus) effective July 31, 2015?

Procedural History

On March 11, 2015, the Marketplace issued an eligibility determination notice that your infant daughter is conditionally eligible for Child Health Plus with a \$45.00 premium per month. The notice directed you to provide documentation to confirm your newborn's citizenship status and social security number before June 8, 2015.

On the same day the Marketplace issued an enrollment notice confirming that your infant daughter was enrolled in HealthPlus, an Amerigroup Company (Child Health Plus), and coverage could start as early as April 1, 2015.

On July 18, 2015, the Marketplace issued an eligibility determination notice that your infant daughter is not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through the Marketplace. The notice stated your infant daughter is not qualified to enroll through New York State of health because you did not timely provide the information to confirm her eligibility.

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On July 19, 2015, the Marketplace issued a disenrollment notice stating that your infant daughter's coverage through HealthPlus, an Amerigroup Company, will end effective July 31, 2015.

On July 22, 2015, your infant daughter's Marketplace application was updated.

On the same day, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your infant daughter had been disenrolled from her Child Health Plus health plan.

On July 23, 2015, the Marketplace issued an eligibility determination notice that your infant daughter is eligible to enroll in Child Health Plus for a cost of \$45.00 per month, effective September 1, 2015.

On the same day, the Marketplace issued an enrollment notice confirming that as of July 22, 2015, your infant daughter was enrolled in HealthPlus, an Amerigroup Company, and coverage could start as early as September 1, 2015.

On September 30, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open until September 30, 2015 to allow you to submit additional documentation.

On September 30, 2015 you faxed a four-page document to the Marketplace Appeals Unit. That document was marked as "Appellant Exhibit A" and made part of the record. The record is now complete and closed.

Findings of Fact

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

1. You testified that a Certified Application Counselor (CAC) came to your house on March 10, 2015 to assist you in applying for health insurance through the Marketplace for your infant daughter.
2. On March 11, 2015, the Marketplace determined that your infant daughter was conditionally eligible for Child Health Plus with a monthly premium of \$45.00 and a start date of April 1, 2015. The notice directed you to provide documentation to confirm your newborn's citizenship status and social security number before June 8, 2015.
3. According to your Marketplace Account, your infant daughter was enrolled in a Child Health Plus plan with a start date of April 1, 2015.

4. On April 10, 2015, you sent text messages to the CAC who had assisted you on March 10, 2015. You sent the CAC your infant daughter's Social Security number and receipt of the information was confirmed (Appellant Exhibit A p. 2-3).
5. On April 10, 2015, the CAC sent you a text message stating that they would update your Marketplace application on the same day (Appellant Exhibit A p. 3).
6. On July 18, 2015, the Marketplace issued an eligibility determination notice stating that your infant daughter is not eligible for financial assistance or to enroll in a qualified health plan at full cost through New York State of Health.
7. On July 19, 2015, the Marketplace issued a disenrollment notice that your infant daughter coverage through HealthPlus, an Amerigroup Company will end effective July 31, 2015.
8. You testified that your daughter went to a medical appointment in August 2015 and currently has an outstanding medical bill for \$60.00.
9. Your Marketplace application was not updated until July 22, 2015.

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)).

Generally, the Marketplace must require, as a condition of eligibility, that each individual (including children) seeking Medicaid or Child Health Plus furnish each of his or her Social Security numbers (42 CFR § 457.340(b), 42 CFR § 435.910(a)).

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

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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)).

Certified Application Counselors:

The Exchange must have a certified application counselor program that complies with 45 CFR § 155.225.

Certified application counselors are certified to—

- (1) Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible, which includes: providing fair, impartial, and accurate information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process;
- (2) Assist individuals and employees to apply for coverage in a QHP through the Exchange and for insurance affordability programs; and
- (3) Help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs

(45 CFR § 155.225(c)).

Legal Analysis

The issue is whether the Marketplace properly determined that your infant daughter’s enrollment in Child Health Plus should have ended effective July 31, 2015.

Generally, 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.

The Marketplace must require, as a condition of eligibility, that each individual (including children) seeking Medicaid or Child Health Plus furnish each of his or her Social Security numbers.

On March 11, 2015, the Marketplace issued eligibility determination notice directing you to provide documentation to confirm your infant daughter’s citizenship status and social security number before June 8, 2015.

According to the record, you sent your infant daughter's Social Security number to the (Certified Application Counselor) CAC via text message on April 10, 2015. The record shows that CAC confirmed receipt of the information and notified you that they would update your Marketplace application on the same day.

On July 18, 2015, the Marketplace issued an eligibility determination notice stating that your infant daughter is not eligible for financial assistance or to enroll in a qualified health plan at full cost through New York State of Health.

It is within the purview of a CAC to assist individuals and facilitate enrollment for health insurance coverage through the Marketplace. You provided your infant daughter's Social Security number to the CAC, the CAC confirmed receipt and stated that the application would be updated. Therefore, providing the Social Security number and citizenship documentation to the CAC in this particular case constitutes sufficient and timely notice.

Therefore, the July 18, 2015 eligibility determination notice and the July 19, 2015 disenrollment notices are RESCINDED.

Decision

The July 18, 2015 eligibility determination notice is RESCINDED.

The July 19, 2015 disenrollment notice is RESCINDED.

The case is REMANDED to the Marketplace to ensure that your infant daughter's Child Health Plus coverage is restored until March 31, 2016.

Effective Date of this Decision: November 16, 2015

How this Decision Affects Your Eligibility

The effective date of your infant daughter's Child Health Plus plan was April 1, 2015 and should remain in effect until March 31, 2016.

The July 18, 2015 eligibility determination and July 19, 2015 disenrollment notice are cancelled.

The Marketplace will ensure that your infant daughter's Child Health Plus coverage is restored without interruption until March 31, 2016.

You will be responsible for paying the monthly premiums.

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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:

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P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The July 18, 2015 eligibility determination notice is RESCINDED.

The July 19, 2015 disenrollment notice is RESCINDED.

The case is REMANDED to the Marketplace to ensure that your infant daughter's Child Health Plus coverage is restored without interruption until March 31, 2016.

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The effective date of your infant daughter's Child Health Plus plan was April 1, 2015 and should remain in effect until March 31, 2016.

The July 18, 2015 eligibility determination and July 19, 2015 disenrollment notice are cancelled.

The Marketplace will ensure that your infant daughter's Child Health Plus coverage is restored without interruption until March 31, 2016.

You will be responsible for paying the monthly premiums.

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:

