



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

Notice of Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004081

[REDACTED]

Dear [REDACTED],

On October 13, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 13, 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).

This page intentionally left blank.



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

Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004081



Issues

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

Did the Marketplace properly disenroll your children from their coverage under Child Health Plus effective April 30, 2015?

Did the Marketplace properly determine that your children's coverage through UnitedHealthcare Community Plan began on June 1, 2015 and not April 1, 2015?

Procedural History

On March 14, 2014, the Marketplace found your household eligible for Child Health Plus with a total monthly premium of \$90.00.

On May 1, 2014, you enrolled your children into a Child Health Plus program through a UnitedHealthcare Community Plan through the Marketplace with an end date of April 30, 2015.

On April 15, 2015, the Marketplace received your new application for health coverage.

On April 30, 2015, a disenrollment notice was issued stating the Marketplace received your request to end your insurance coverage under Child Health Plus effective April 30, 2015.

On July 13, 2015, a new application was completed through the Marketplace.

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).

That same day an eligibility determination was made finding your three children eligible to enroll in Child Health Plus for a cost of \$45.00 per child effective August 1, 2015.

On July 14, 2015, an enrollment confirmation notice was issued confirming your enrollment in UnitedHealthcare Community Plan under Child Health Plus with a premium responsibility of \$135.00.

On July 28, 2015, you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination insofar as it began your coverage under your Child Health Plus plan on August 1, 2015, and not April 1, 2015.

On September 14, 2015, a notice of telephone hearing was issued for a telephone hearing on October 13, 2015 at 9:00 am.

On October 13, 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 only your children's eligibility.
- 2) You testified that on or about May 1, 2014 you enrolled your children in a Child Health Plus plan through the Marketplace effective April 1, 2014.
- 3) You testified that you did not receive a renewal notice from the Marketplace notifying you that you needed to update the information in your account or risk disenrollment effective April 30, 2015.
- 4) You testified that you believed your children's coverage would start April 1, 2015.
- 5) You testified that when you contacted the Account Review Unit the representative told you that there had been an error in processing your April 15, 2015 application and it was processed incorrectly as a change in your information, and not a renewal. As a result your health plan was showing no active enrollment with a gap in coverage from April 1, 2015 to May 31, 2015.
- 6) You receive all of your notices through regular mail.

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).

- 7) You did not request that your children be disenrolled from their Child Health Plus plan.
- 8) The record reflects that there is no evidence of a renewal notice being generated in your Marketplace account regarding your children's Child Health Plus eligibility.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year, including any expected eligibility for financial assistance (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice within a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice, and any reported changes (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

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

Generally, a child who is eligible for CHP may only have his or her financial eligibility redetermined once every 12 months, and no more frequently than once every twelve months (42 CFR § 435.916(a)).

Legal Analysis

The first issue under review is whether the Marketplace properly disenrolled your children from their coverage under Child Health Plus UnitedHealthcare Community Plan effective April 30, 2015?

The record indicates that you submitted your household’s initial application for health insurance On March 14, 2014, the Marketplace found your household eligible for Child Health Plus with a total monthly premium of \$90.00. You then enrolled your children into a Child Health Plus program through UnitedHealthcare Community Plan with an end date of April 30, 2015.

The Marketplace must send an annual renewal notice that contains the individual’s projected eligibility for that year, including any expected eligibility for financial assistance. That notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected.

You credibly testified that you did not receive a renewal notice from the Marketplace informing you of the need to update the information in your account so that an eligibility determination could be made on any changes in your household by April 1, 2015, or risk disenrollment by April 30, 2015. You further testified during the hearing that you receive all of your notices through regular mail. The record reflects that there is no evidence of a renewal notice being generated, mailed to you, or saved to your account.

On April 30, 2015, a disenrollment notice was issued informing you the Marketplace received your request to end your insurance coverage under Child Health Plus effective April 29, 2015. This disenrollment request was not a result of any request made by you, but was generated after your application was processed as an update to your information, and not an annual renewal application.

Therefore the April 30, 2015 disenrollment was not a result of your own failure to renew your Child Health Plus application in a timely manner. Your application was improperly processed and a result of Marketplace error. The April 30, 2015 disenrollment notice was incorrectly issued and must be RESCINDED.

The second issue is whether the Marketplace properly determined that your children's coverage through UnitedHealthcare Community Plan began on June 1, 2015 and not April 1, 2015?

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.

However, the Marketplace must ensure any redetermination made at the end of a benefit year of 12 months is effective on the first day of the coverage year. The first day of the coverage year for your children's eligibility would be April 1, 2015 as your initial enrollment was effective April 1, 2014.

Since your redetermination should have taken effect on April 1, 2015 had you been alerted to the need to update your application, the July 13, 2015 eligibility determination finding your three children eligible to enroll in Child Health Plus for a cost of \$45.00 per child effective August 1, 2015 is incorrect and is RESCINDED in so far as it began your eligibility August 1, 2015 and not April 1, 2015.

Decision

The April 30, 2015 disenrollment notice was incorrectly issued and must be RESCINDED.

The July 13, 2015 eligibility determination is RESCINDED in so far as it began your children's eligibility August 1, 2015 and not April 1, 2015.

The case is REMANDED to the Marketplace to reinstate your children's coverage effective April 1, 2015.

Effective Date of this Decision: date

How this Decision Affects Your Eligibility

This decision does not change your eligibility. Your children are still eligible for Child Health Plus.

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 April 30, 2015 disenrollment notice was incorrectly issued and must be RESCINDED.

The July 13, 2015 eligibility determination is RESCINDED in so far as it began your children's eligibility August 1, 2015 and not April 1, 2015.

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 case is REMANDED to the Marketplace to reinstate your children's coverage effective April 1, 2015.

This decision does not change your eligibility. Your children are still eligible for Child Health Plus.

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:

