



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: AP000000004102

[REDACTED]

Dear [REDACTED],

On October 15, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 29, 2015 enrollment confirmation 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004102

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Issue

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

Did the Marketplace properly determine that your child's coverage through Child Health Plus began on September 1, 2015, instead of August 1, 2015?

Procedural History

On June 13, 2015, the Marketplace issued a renewal notice that, based on the information from federal and state data sources, a decision could not be made about whether or not your child qualified for financial assistance upon renewal. The notice instructed you to update your Marketplace account by July 15, 2015 and, if you miss this deadline, the financial assistance your child was getting might end.

As of July 15, 2015, your Marketplace account was not updated.

On July 16, 2015, the Marketplace issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus, or tax credits or cot sharing reductions, and could not enroll in a qualified health plan at full cost through the Marketplace, effective July 31, 2015. The reason stated was because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

On July 20, 2015, the Marketplace issued a disenrollment notice that your child's coverage with Excellus BCBS will end effective July 31, 2015.

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On July 28, 2015, you spoke with a representative from the Marketplace's Account Review Unit, updated your Marketplace application, and appealed the verbal denial of your request to backdate the start date of your child's coverage to August 1, 2015.

On July 29, 2015, the Marketplace issued a notice of eligibility redetermination that stated your child was eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective September 1, 2015

That same day , the Marketplace issued an enrollment notice confirming you had selected Empire BCBS, a Child Health Plus plan, and had a \$9.00 monthly premium responsibility, with coverage that could start as early as September 1, 2015, if you paid the first month's premium.

On October 15, 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 child's start date of eligibility for and enrollment in Child Health Plus.
- 2) According to your Marketplace account, you elected to receive notices from the Marketplace via regular mail service.
- 3) You testified that you did not receive the June 13, 2015 renewal notice so you did not know to update your Marketplace account by July 15, 2015.
- 4) You testified that, on or about July 28, 2015 after you received the disenrollment notice from the Marketplace in the mail, you updated your Marketplace account and enrolled your child in a Child Health Plus plan through the Marketplace.
- 5) You testified that your child had one sick visit to his pediatrician in August 2015.
- 6) You testified that, since you did not receive the June 13, 2015 renewal notice, you believed your child's coverage could start August 1, 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 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)).

Legal Analysis

The issue is whether the Marketplace properly determined that your child’s enrollment in her Child Health Plus plan was effective September 1, 2015.

The record reflects that on June 13, 2015, the Marketplace issued a renewal notice informing you that you had to update your Marketplace account by July 15, 2015, so that your child’s eligibility for financial assistance could be confirmed. Because there was no timely response to this notice, your child was disenrolled from his Child Health Plus plan, effective July 31, 2015.

You testified that you did not receive the July 13, 2015 notice informing you that your application needed to be updated. The record indicates, however, that the June 13, 2015 notice was issued to the address you have listed on your Marketplace account, and that there is no indication that it was returned to the Marketplace as undeliverable. Therefore, the notice is presumed to have been mailed to the listed address.

The record indicates that you updated your Marketplace application for your child’s health insurance on July 28, 2015 and that you enrolled him in a Child Health Plus plan that same day.

In New York State, consistent with federal regulation, if an application for Child Health Plus insurance coverage is received after the 15th of the month, benefits are provided on the first day of the second month after the application is received or updated.

On July 29, 2015, the Marketplace issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective September 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).

That same day, the Marketplace issued a notice confirming your child's Child Health Plus plan selection. The notice confirmed that the total monthly premium was \$9.00 and coverage could start as early as September 1, 2015, if you paid your first month's premium.

Since your child's application was filed on July 28, 2015, his Child Health Plus plan properly took effect on September 1, 2015.

Decision

The July 29, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 25, 2015

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility for Child Health Plus.

The effective date of your child's Child Health Plus plan is September 1, 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)).

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.

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 29, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility for Child Health Plus.

The effective date of your child's Child Health Plus plan is September 1, 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:

