



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: AP000000004154

[REDACTED]

Dear [REDACTED],

On October 30, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 25, 2015 eligibility determination and July 25, 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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Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
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[REDACTED]

Issue

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

Did the Marketplace properly determine that your son's enrollment through HealthPlus, his Child Health Plus plan, began on September 1, 2015?

Procedural History

On July 12, 2015, the Marketplace issued an eligibility determination notice stating that your son was eligible to enroll in a Child Health Plus insurance plan with a \$9.00 monthly premium, effective August 1, 2015.

Also on July 12, 2015, the Marketplace issued a notice confirming your son's enrollment in Healthfirst PHSP, Inc. as his Child Health Plus plan selection. The notice confirmed that the total monthly premium was \$9.00 and his coverage could start as early as August 1, 2015, if you paid the first month's premium.

Your application was modified on July 24, 2015.

On July 25, 2015 the Marketplace issued a cancellation notice stating that your son's enrollment in Healthfirst PHSP, Inc. will end effective August 1, 2015.

On July 25, 2015, the Marketplace issued an eligibility determination notice stating that your son was eligible to enroll in a Child Health Plus plan with a \$15.00 monthly premium, effective September 1, 2015.

Also on July 25, 2015, the Marketplace issued a notice confirming your son's enrollment in HealthPlus as his Child Health Plus plan selection, instead of Healthfirst PHSP, Inc. The notice confirmed that the total monthly premium was \$15.00 and his coverage could start as early as September 1, 2015, if you pay the first month's premium.

On August 1, 2015 you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your son's coverage under his Child Health Plus plan no earlier than September 1, 2015.

On October 30, 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 that contacted the Marketplace on June 15, 2015 to enroll your son into a Child Health Plus plan, and that you had enrolled your son into a plan that same day.
- 2) The record reflects that a completed application was not submitted on your son's behalf until July 11, 2015 and that your son was not enrolled into a health plan until that day.
- 3) You testified that you enrolled your son into Healthfirst but that you later changed that selection to HealthPlus because your son's pediatrician did not participate in the Healthfirst plan.
- 4) You testified that you never paid a premium for your son's insurance coverage through Healthfirst.
- 5) The record reflects that on July 24, 2015 you submitted an updated application for health insurance on your son's behalf and enrolled your son into HealthPlus that same day.
- 6) You testified that you paid the first premium for your son's insurance through HealthPlus in August.

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 son’s enrollment through HealthPlus, his Child Health Plus plan, began on September 1, 2015, instead of July 1, 2015.

You testified that you contacted the Marketplace on June 15, 2015 to enroll your son into a Child Health Plus plan and that you enrolled your son into a plan that day. However, the record reflects that a complete application was not submitted on your son’s behalf until July 11, 2015 and that your son was not enrolled into a health plan until that same day. You testified that you enrolled your son into Healthfirst but that you later changed that selection to HealthPlus because your son’s pediatrician did not participate in the Healthfirst plan. Furthermore, you testified that you never paid a premium to Healthfirst.

The record reflects that on July 24, 2015 you submitted an updated application for health insurance on your son’s behalf and enrolled your son into HealthPlus 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 subsequent month.” If an application is received before the 15th of the month, benefits are provided on the first day of the next month.

Since you selected HealthPlus as your son's Child Health Plus plan on July 24, 2015, it took effect on the first day of the subsequent month after July; that is, on September 1, 2015.

Therefore, the July 25, 2015 enrollment confirmation notice stating that your son's enrollment in HealthPlus would take effect on September 1, 2015 if you paid the first month's premium, is correct and must be AFFIRMED.

Decision

The July 25, 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 son's eligibility.

The effective date of your son'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):

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

Summary

The July 25, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your son's eligibility.

The effective date of your son'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:

