



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

Notice of Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004187

[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 17, 2015 disenrollment notice and July 29, 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 Code of Federal Regulation (CFR) 45 CFR § 155.545(b).

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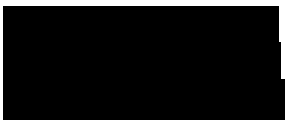


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Issues

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

Did the Marketplace properly disenroll your son from his Medicaid coverage, effective July 31, 2015?

Did the Marketplace properly determine that your son was eligible to enroll in coverage through Child Health Plus effective September 1, 2015, instead of August 1, 2015?

Procedural History

On July 22, 2014 and July 23, 2014, the Marketplace issued eligibility determination notices stating that your son remained eligible for Medicaid. The notices each stated that your son's insurance coverage through Medicaid would begin August 1, 2014 and enrollment with your Medicaid Managed Care plan would begin September 1, 2014.

On June 11, 2015, the Marketplace issued a notice stating that it was time for you to renew your NY State of Health coverage. The notice stated that based on information from federal and state sources, the Marketplace found that your son was eligible for coverage through Child Health Plus (CHP) and not Medicaid, effective August 1, 2015. The notice further stated that you needed to select a different plan for your son's coverage since he could not be reenrolled in his current health plan. It stated that if this eligibility was a mistake or if you needed to make changes to your account, you would need to modify your account

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between June 16, 2015 and July 15, 2015 for the changes to be effective August 1, 2015. You would also need to select a plan during the same period.

No changes were made to your account by July 15, 2015.

On July 17, 2015, the Marketplace issued a disenrollment notice confirming that your son's Medicaid coverage under HealthPlus would end effective July 31, 2015.

On July 28, 2015, the Marketplace received a revised application for health insurance.

On July 29, 2015, the Marketplace issued an eligibility determination notice stating that your son was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective September 1, 2015.

On July 30, 2015, the Marketplace issued a notice confirming your son's Child Health Plus plan selection as of July 28, 2015. The notice confirmed that the total monthly premium was \$9.00 and your son's coverage could start as early as September 1, 2015, if you paid your first month premium.

On August 4, 2015, you spoke to the Marketplace's Account Review Unit and appealed the July 17, 2015 disenrollment notice, and the July 29, 2015 eligibility determination notice insofar as it began your coverage under your Child Health Plus plan on September 1, 2015, instead of August 1, 2015.

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 son's eligibility.
- 2) You testified that you had elected to receive all correspondence from the Marketplace via regular U.S. mail.
- 3) You testified that you were unsure of whether your spouse received any e-mail notifications from the Marketplace at her e-mail address [REDACTED], but if she had, she should have forwarded them to you. You testified that you did not receive any forwarded e-mails from her.

- 4) Your son had been enrolled in Medicaid coverage beginning August 1, 2014.
- 5) The Marketplace issued a renewal notice on June 11, 2015 stating that your son was eligible for Child Health Plus (CHP) coverage at a cost of \$9.00 per month, effective August 1, 2015. You testified that you did not receive this notice.
- 6) You testified that the only notice you received from the Marketplace was the disenrollment notice issued on July 17, 2015 stating that your son's Medicaid coverage would be terminated effective July 31, 2015.
- 7) You testified that when you received this disenrollment notice, you called the Marketplace to ensure that his Medicaid coverage would run through August 31, 2015. You stated that the Marketplace representative did not tell you that your son's Medicaid coverage would end as of July 31, 2015.
- 8) You testified that you called the Marketplace on or about July 28, 2015 to select a CHP plan for your son's coverage. The Marketplace determined that this coverage would begin September 1, 2015.
- 9) You testified that it was not until you took your son to the hospital emergency room during August 2015 that you were told that your son did not have Medicaid coverage during that month, contrary to what the Marketplace representative had told you.
- 10) You testified that, as a result of your son not having insurance during the month of August 2015, you incurred significant out-of-pocket medical expenses.
- 11) You testified that you were seeking either a continuation of your son's Medicaid coverage until August 31, 2015, or a backdating of your son's CHP plan coverage begin August 1, 2015.

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-

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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 the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Eligibility for Enrollment in Medicaid

In general, the Marketplace must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). The Marketplace must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

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 first issue is whether the Marketplace properly disenrolled your son from his Medicaid coverage, effective July 31, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On June 11, 2015, the Marketplace issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, your son was found eligible for coverage through Child Health Plus (CHP) effective August 1, 2015, and that he was no longer eligible for Medicaid. This notice advised you to select a new plan for your son's health coverage between June 16, 2015 and July 15, 2015 in order to have such coverage be effective August 1, 2015.

You testified that you did not receive any notices informing you that your application needed to be updated. However, the record indicates that the renewal notice was issued to the address you have listed on your Marketplace account, and there is no indication that any of the notices issued to you were returned to the Marketplace as undeliverable.

In fact, you testified that you received the July 17, 2015 disenrollment notice informing you that your son's Medicaid coverage would end effective July 31, 2015, but that by the time this notice was issued, it was too late to secure coverage for the month of August 2015.

You further testified that you contacted the Marketplace to confirm that your son's Medicaid coverage would be extended. However, since the record reflects that the July 17, 2015 disenrollment notice stating that your son's coverage would end July 31, 2015 was received by you, we find there is insufficient evidence to find that that your son was improperly disenrolled from his Medicaid coverage effective July 31, 2015. Accordingly, the July 17, 2015 disenrollment notice is **AFFIRMED**.

The second issue is whether the Marketplace properly determined that your son's enrollment in his CHP plan was effective September 1, 2015.

The record indicates that you submitted your son's application for health insurance on July 28, 2015 and that you enrolled him in a CHP plan that same day.

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In New York State, consistent with federal regulation, if an application for CHP insurance coverage is received after the 15th of the month, benefits are provided on “the first day of the subsequent month.”

On July 29, 2015, the Marketplace issued an eligibility determination notice stating that your son was eligible to enroll in CHP with a \$9.00 monthly premium, effective September 1, 2015.

On July 30, 2015, the Marketplace issued a notice confirming your son’s CHP plan selection. The notice confirmed that the total monthly premium was \$9.00 and his coverage could start as early as September 1, 2015, if you pay your first month premium.

Since your son’s application was filed on July 28, 2015, his CHP plan properly took effect on September 1, 2015. Accordingly, the July 29, 2015 eligibility determination is AFFIRMED.

Decision

The July 17, 2015 disenrollment notice is AFFIRMED.

The July 29, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: October 27, 2015

How this Decision Affects Your Eligibility

This decision does not change your son’s eligibility.

Your son’s Medicaid coverage ended effective July 31, 2015.

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

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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:
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- By fax: 1-855-900-5557

Summary

The July 17, 2015 disenrollment notice is AFFIRMED.

The July 29, 2015 eligibility determination is AFFIRMED.

This decision does not change your son's eligibility.

Your son's Medicaid coverage ended effective July 31, 2015.

The effective date of your child's Child Health Plus plan is September 1, 2015.

Legal Authority

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A Copy of this Decision Has Been Provided To:

