



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

## Notice of Decision

Decision Date: January 15, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004738

[REDACTED]

Dear [REDACTED],

On December 16, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 29, 2015 disenrollment and August 14, 2015 enrollment notices.

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

Decision Date: January 15, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004738

[REDACTED]

## Issue

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

Did the Marketplace properly terminate your fifteen-year-old son's Hudson Health Plan effective July 31, 2015?

Did the Marketplace properly determine that your fifteen-year-old son's Hudson Health Plan should be effective September 1, 2015?

## Procedural History

On November 27, 2014 the Marketplace issued an eligibility determination notice that your son is eligible to enroll through Child Health Plus with a \$30.00 premium per month effective November 1, 2014.

On December 9, 2014 the Marketplace issued an enrollment notice confirming that on October 10, 2014 your son was enrolled in Hudson Health Plan, with a \$30.00 monthly premium, effective November 1, 2014.

On July 28, 2015 your son's Marketplace account was updated.

On July 29, 2015 the Marketplace issued a disenrollment notice. The notice states that you requested to end your son's insurance coverage with Hudson Health Plan on July 28, 2015 and would no longer have coverage with that plan effective July 31, 2015.

On August 13, 2015 your son's Marketplace account was updated.

On August 14, 2015 the Marketplace issued an enrollment notice confirming that on August 13, 2015 your son was enrolled in Hudson Health Plan, with a \$30.00 monthly premium, effective September 1, 2015.

On September 18, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the termination and enrollment dates of your son's health insurance coverage through Hudson Health Plan.

## **Findings of Fact**

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

1. According to your Marketplace account, your fifteen-year-old son was enrolled in Hudson Health Plan on October 10, 2014.
2. On December 9, 2014, the Marketplace issued a notice that your son's insurance coverage through Hudson Health Plan could start as early as November 1, 2014.
3. You testified that you contacted the Marketplace on July 28, 2015 to terminate your son's Hudson Health Plan because you and your family were moving to [REDACTED] on August 4, 2015.
4. According to your Marketplace account, your family's residency status was updated on July 28, 2015.
5. You testified that you were notified by the Marketplace's Customer Service Representative that your son's Hudson Health Plan coverage would terminate effective August 31, 2015.
6. On July 29, 2015 the Marketplace issued a disenrollment notice confirming that you requested to end your son's insurance with Hudson Health Plan and the coverage would end July 31, 2015.
7. According to your Marketplace account, you reapplied for health insurance for your fifteen-year-old son through the Marketplace on August 13, 2015.
8. On August 14, 2015 the Marketplace issued an enrollment notice confirming that your son was enrolled in Hudson Health Plan and coverage could start as early as September 1, 2015.
9. You testified that your son incurred medical expenses in August 2015 and are seeking assistance with the outstanding medical bills.

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

## **Applicable Law and Regulations**

### Child Health Plus Eligibility:

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)).

The period of eligibility for a child who ceases to be eligible because he or she no longer resides in New York state or has access to or obtained other health insurance coverage, shall end the last day of the month in which the child ceases to be an eligible child (NY Public Health Law § 2510(6)(a)).

### Child Health Plus effective date:

“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 determined that your fifteen-year-old son's Child Health Plus coverage should be terminated effective July 31, 2015.

On December 9, 2014 the Marketplace issued an enrollment notice confirming that your son was enrolled in Hudson Health Plan and the coverage could start as early as November 1, 2014.

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. Since your son was initially enrolled in Child Health Plus with a coverage start of November 1, 2014, his coverage should have continued until October 31, 2015.

However, individuals who are no longer residents of New York State are not eligible for Child Health Plus. A child who ceases to be eligible because they are no longer a resident of New York shall end the last day of the month in which the child ceases to be an eligible child.

You testified that you contacted the Marketplace on July 28, 2015 to notify them that you and your family were moving to [REDACTED] on August 4, 2015. Since your son was eligible for Child Health Plus until August 4, 2015, the plan should have been terminated on August 31, 2015.

Therefore, the July 29, 2015 disenrollment notice is MODIFIED to state that your son's coverage through Hudson Health Plan would terminate August 31, 2015.

The second issue under review is whether the Marketplace properly determined that your son's effective date of coverage through Child Health Plus was September 1, 2015.

The record indicates that you reapplied for health insurance for your son on August 13, 2015 and that you re-enrolled him in a Hudson Health Plan that same day.

In New York State, consistent with federal regulation, if an application for Child Health Plus insurance coverage is received before the 15<sup>th</sup> of the month, benefits are provided on the first day of the next month.

On August 14, 2015 the Marketplace issued a notice confirming your son's Child Health Plus plan selection. The notice confirmed that the total monthly premium was \$30.00 and their coverage was effective September 1, 2015.

Since your son was enrolled in a Child Health Plan on August 13, 2015, their Child Health Plus plan properly took effect on September 1, 2015.

Therefore, the August 14, 2015 enrollment notice confirming that your son is enrolled in Hudson Health Plan effective September 1, 2015 is AFFIRMED.

## **Decision**

The July 29, 2015 disenrollment notice is MODIFIED to state that your son's coverage through Hudson Health Plan would terminate August 31, 2015.

The August 14, 2015 enrollment notice confirming that your son is enrolled in Hudson Health Plan effective September 1, 2015 is AFFIRMED.

**Effective Date of this Decision:** January 15, 2016

### **How this Decision Affects Your Eligibility**

The effective date of your son's Child Health Plus plan is November 1, 2014 and should have remained effective until August 31, 2015.

You are responsible for paying Hudson Health Plan for any monthly health insurance premiums that are owed for the month of August 2015.

Your son's Hudson Health Plan is reinstated effective 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.

### **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

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- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The July 29, 2015 disenrollment notice is MODIFIED to state that your son's coverage through Hudson Health Plan would terminate August 31, 2015.

The August 14, 2015 enrollment notice confirming that your son is enrolled in Hudson Health Plan effective September 1, 2015 is AFFIRMED.

The effective date of your son's Child Health Plus plan is November 1, 2014 and should have remained effective until August 31, 2015.

You are responsible for paying Hudson Health Plan for any monthly health insurance premiums that are owed for the month of August 2015.

Your son's Hudson Health Plan is reinstated effective 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:**

