



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

Notice of Decision

Decision Date: February 8, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004793

[REDACTED]

Dear [REDACTED],

On January 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 8, 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 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]
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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 was eligible for Child Health Plus, effective July 1, 2015?

Procedural History

On April 21, 2014, the Marketplace prepared a preliminary eligibility determination stating that your daughter was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective June 1, 2014

On September 10, 2014, the Marketplace issued an enrollment notice stating that your daughter had selected a plan as of September 9, 2014, and that coverage could begin as early as June 1, 2014, once the first month's premium was paid.

On June 6, 2015, the Marketplace issued an eligibility determination notice stating that your daughter's eligibility had been redetermined on June 5, 2015, and that she was eligible for to enroll in Child Health Plus with a \$9.00 monthly premium, effective July 1, 2015.

On September 10, 2015, the Marketplace issued an enrollment notice stating that your daughter was enrolled in a plan as of September 9, 2015, with coverage effective July 1, 2015.

On September 25, 2015, you spoke to the Marketplace's Account Review Unit and appealed to have your daughter's coverage made effective June 1, 2015.

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On January 4, 2016, 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 daughter's eligibility.
- 2) The record reflects that your daughter was found eligible to enroll in Child Health Plus, effective June 1, 2014
- 3) The record also reflects that your daughter was enrolled into a health plan, with coverage starting June 1, 2014, pending payment of the first month's premium.
- 4) You testified that you never received a renewal notice in 2015 informing you that you needed to renew your daughter's eligibility for coverage. The record reflects that no renewal notice was generated by the Marketplace prior to June 2015.
- 5) The record reflects that a Marketplace agent caused your daughter's coverage to be deleted on June 5, 2015, and then re-enrolled your daughter for coverage beginning July 1, 2015. (Evidence Packet p.3)
- 6) As a result of the re-enrollment, your daughter experienced a gap in her Child Health Plus coverage for the month of June 2015.
- 7) You testified that you are being billed for medical services rendered to your daughter in June 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 child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a

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household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

The “period of eligibility” for CHP is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law [PHL] § 2510(6)).

Renewal

In general, the Marketplace must review eligibility once every twelve 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)).

The Marketplace must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, the Marketplace must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Legal Analysis

The issue is whether the Marketplace properly determined that your daughter was eligible to enroll in CHP effective July 1, 2015.

On April 21, 2014, the Marketplace prepared a preliminary eligibility determination for an application submitted on April 21, 2014. This determination stated that your daughter was eligible to enroll in CHP with a \$9.00 monthly premium, effective June 1, 2014 .

Since the period of your daughter’s CHP eligibility began on June 1, 2014, it continued until May 31, 2015, unless an event occurred to disqualify her from CHP eligibility. The record does not indicate that any CHP premiums were not timely paid, that your daughter has gained access to or obtained other health

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insurance, or that your daughter became eligible for Medicaid. The record does confirm that she still resides in New York State.

The Marketplace must provide you with an annual redetermination notice, including your projected eligibility for coverage and financial assistance. The record reflects that the Marketplace failed to send you a renewal notice in 2015, causing you to be unable to have your daughter's eligibility redetermined for June 1, 2015.

In addition, the record reflects that your daughter was disenrolled on June 5, 2015 due to the actions of a Marketplace agent. Your daughter was then re-enrolled for coverage effective July 1, 2015. As a result of this, you have been receiving bills for medical services your daughter received in June, 2015.

Since the Marketplace erred in failing to give you the opportunity to renew your daughter's eligibility and avoid a gap in coverage, and since the Marketplace caused your daughter to lose coverage for June 2015, the June 6, 2015 eligibility determination is MODIFIED to state that your daughter is eligible to enroll in CHP coverage effective June 1, 2015.

Decision

The June 6, 2015 eligibility determination is MODIFIED to state that your daughter is eligible to enroll in CHP coverage effective June 1, 2015.

Your case is RETURNED to the Marketplace to ensure that your child's Child Health Plus coverage is restored effective June 1, 2015.

Effective Date of this Decision: February 8, 2016

How this Decision Affects Your Eligibility

The effective date of your daughter's CHP coverage is changed from July 1, 2015 to June 1, 2015.

You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month she experienced a gap in coverage.

If You Disagree with this Decision (Appeal Rights)

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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
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Summary

The June 6, 2015 eligibility determination is MODIFIED to state that your daughter is eligible to enroll in CHP coverage effective June 1, 2015.

Your case is RETURNED to the Marketplace to ensure that your child's Child Health Plus coverage is restored effective June 1, 2015.

The effective date of your daughter's CHP coverage is changed from July 1, 2015 to June 1, 2015.

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You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month she experienced a gap in coverage.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

