



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

Notice of Decision

Decision Date: December 29, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004797

[REDACTED]

Dear [REDACTED],

On December 17, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 26, 2015 notices of eligibility determination and enrollment confirmation regarding your child.

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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Decision

Decision Date: December 29, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004797

[REDACTED]

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 November 1, 2015, instead of October 1, 2015 or an earlier date?

Procedural History

On April 21, 2015, the Marketplace received your application for health insurance for just yourself. You indicated on that application that your child did not need health insurance through the Marketplace.

On April 22, 2015, the Marketplace issued an eligibility determination notice stating that you were newly eligible for advance premium tax credits (APTC) of up to \$69.00 per month, effective June 1, 2015, and needed to pick a plan.

On June 26, 2015, you updated your application with the assistance of a certified application counselor (CAC) and indicated for the first time that both you and your child needed health insurance through the Marketplace. The CAC also uploaded copies of four consecutive weeks of your earning statements.

On June 30, 2015, the Marketplace issued a notice of eligibility determination that you were eligible for APTC and cost-sharing reductions, effective August 1, 2015, and your child [REDACTED] was eligible to enroll in Child Health Plus (CHP), effective August 1, 2015.

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On September 4, 2015, the Marketplace issued another notice of eligibility redetermination with findings relative to you and your child similar to those in the June 30, 2015 notice of eligibility determination, with an effective date of October 1, 2015.

On September 25, 2015, the Marketplace made a preliminary eligibility redetermination with findings relative to you and your child similar to those contained in the June 30, 2015 notice of eligibility determination, with an effective date of November 1, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and requested an appeal insofar as the Marketplace denied your request to backdate your and your child's health plan enrollments to October 1, 2015.

On September 26, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the September 25, 2015 preliminary eligibility redetermination.

That same day, the Marketplace issued an enrollment notice confirming your selection of a silver-level QHP with a November 1, 2015 start date for enrollment and APTC to be applied, and your selection of a CHP plan for your child, also with a November 1, 2015 start date.

On December 17, 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) The record reflects that you were appealing both your and your child's enrollment start dates; however, you testified at the hearing that you are now appealing only your child's enrollment start date.
- 2) Your child's Marketplace account identification number is [REDACTED].
- 3) You testified that your child's health coverage ended in May 2015 and, thereafter, you enlisted the help of a CAC at the hospital where the clinic you used was located.
- 4) You testified that the CAC assisted you on June 26, 2015 and again on June 29, 2015. These dates are consistent with activity in your Marketplace account.
- 5) You testified that on June 26, 2015, the CAC said the system was down and you needed to come back to learn the eligibilities of you and your child and select health plans.

- 6) You testified that on June 29, 2015, you went to the CAC's office, where the CAC showed you her computer screen and told you that you and your child were eligible for Medicaid and needed to wait 30 days to pick a plan.
- 7) According to your Marketplace account, you selected a health plan for your child on September 25, 2015, with November 1, 2015 enrollment start date.
- 8) You testified that the CAC misinformed you about your child's eligibility for Medicaid and also misinformed you about having to wait 30 days to choose a health plan for your child.
- 9) You want your child's enrollment in the CHP plan you selected to be made effective as of the earliest date possible since you would have selected a plan for him on June 29, 2015 had you been given proper information about his eligibility and enrollment at that time.
- 10) On November 22, 2015, the Marketplace issued a cancellation notice that stated your silver-level QHP was cancelled effective November 1, 2015, for failure to pay your monthly premium.

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

Initially, we note that you were determined eligible for APTC and cost-sharing reductions and enrolled in a silver-level qualified health plan, effective November 1,

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2015, with coverage cancelled effective November 1, 2015 due to your non-payment of premium. Since you testified at the hearing that you were only appealing your child's enrollment start date, this decision will not address your enrollment start date.

If you wish to be considered for a hardship exemption for yourself, which would exempt you from paying a penalty for not having health insurance during 2015, you can check the Federal Marketplace website (www.healthcare.gov) for an application.

The issue under review is whether the Marketplace properly determined that your child's enrollment in his Child Health Plus plan was effective November 1, 2015.

The record indicates that you submitted your child's application for health insurance on June 26, 2015, and he was determined CHP eligible on June 29, 2015. However, you testified that the CAC gave you misleading information that you had to wait 30 days to enroll your child in a CHP plan. Thirty days from June 29, 2015 was July 29, 2015.

Your Marketplace account reflects that you did not enroll your child until September 25, 2015, well over 30 days without any plausible explanation for the additional delay in enrolling your child. In addition, you did not select a CHP plan for your child after the September 4, 2015 notice of eligibility redetermination finding him eligible to enroll in a CHP plan effective October 1, 2015, and provided no explanation for not doing so.

On September 26, 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 November 1, 2015.

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 his coverage could start as early as November 1, 2015, if you pay your first month premium.

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," that is, the first day of the second following month.

Since you did not select a CHP plan for your child even after 30 days of the June 30, 2015 notice of eligibility redetermination or after the September 4, 2015 eligibility redetermination and only selected a CHP plan for your child when your child's updated application was filed on September 25, 2015, his Child Health Plus plan properly took effect on November 1, 2015.

Decision

The September 26, 2015 enrollment confirmation notice regarding your child ([REDACTED]) is AFFIRMED.

Effective Date of this Decision: December 29, 2015

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is November 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
- By mail at:

NY State of Health Appeals

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- By fax: 1-855-900-5557

Summary

The September 26, 2015 enrollment confirmation notice regarding your child (██████████) is AFFIRMED.

This decision does not change your child's eligibility.

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

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:

