



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

Notice of Decision

Decision Date: January 29, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004823

[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 30, 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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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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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?

Procedural History

On September 15, 2015, the Marketplace received your household's financial assistance application for health insurance.

On September 16, 2015, the Marketplace issued a notice stating that your child might be eligible for health insurance through New York State of Health but that more information was needed to make a determination. You were directed to submit income documentation to confirm that the information you provided in your application was accurate by October 1, 2015.

On September 23, 2015, a signed letter confirming your employment was uploaded to your Marketplace account.

On September 25 and 26, 2015, copies of your spouse's paystubs, issued between September 4, 2015 and September 25, 2015, were uploaded to your Marketplace account.

On September 28, 2015, your family's eligibility was redetermined.

On September 29, 2015, the Marketplace issued a notice of eligibility determination stating that your child was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective November 1, 2015. The notice further stated that your child's coverage would be effective shortly after the first premium payment was received by the health plan.

Also on September 29, 2015, your child was enrolled in Fidelis Care through Child Health Plus.

On September 29, 2015, you spoke to the Marketplace's Account Review Unit and appealed your child's Child Health Plus enrollment as it began his coverage under his Child Health Plus plan on November 1, 2015 instead of October 1, 2015.

On September 30, 2015, the Marketplace issued a notice confirming your child's Child Health Plus plan selection. The notice confirmed that the total monthly premium was \$30.00, and listed his plan enrollment start date as November 1, 2015.

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) You testified, and the record reflects, that you are appealing only your child's eligibility.
- 2) You testified that your employment situation changed around September 2015. The record reflects that you updated your Marketplace application on September 9, 2015, and again on September 15, 2015.
- 3) You testified that you were aware of the Marketplace's request to submit proof of your household's income in order to finalize your child's eligibility. You further testified that you were informed by a Marketplace representative that you must submit the requested documentation by September 28, 2015.
- 4) The record reflects that proof income for yourself and your spouse was uploaded to your Marketplace account on September 23, 25 and 26, 2015. The Marketplace's system reflects that these documents were validated on September 28, 2015.

- 5) The record reflects that on or about September 28, 2015 your child was enrolled in a Child Health Plus plan through the Marketplace.
- 6) You testified that you paid the first premium for your child's insurance for coverage effective November 1, 2015.
- 7) You testified that you were never informed that you must have selected a child health plus plan by September 15, 2015, in order for your child's coverage to take effect on October 1, 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 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)).

Completed Applications

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

Legal Analysis

The issue 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 financial assistance application for health insurance on September 15, 2015, but were requested to submit proof of your household's income in order to confirm your child's eligibility. Since the Marketplace was unable to make a determination based on the information provided, your child's application was not considered complete at that time.

The record reflects that the requested income documentation was submitted by September 26, 2015, and validated on September 28, 2015. That same day, your child was enrolled in a Child Health Plus plan.

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 second subsequent month.

On September 29, 2015, the Marketplace issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective November 1, 2015. Since the Marketplace was able to make a determination based on the income documentation provided, and no further information was requested, your child's application for health insurance was considered complete as of September 26, 2015.

On September 30, 2015, the Marketplace issued a notice confirming your child's Child Health Plus plan selection. The notice confirmed that the total monthly premium was \$30.00, and listed his plan enrollment start date as November 1, 2015.

Since your child's application was completed on September 26, 2015, and his plan was selected on September 28, 2015, your child's Child Health Plus plan properly took effect on November 1, 2015.

Decision

The September 30, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 29, 2016

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
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Summary

The September 30, 2015 enrollment confirmation notice 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 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

