



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

## Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004992

[REDACTED]

Dear [REDACTED],

On January 14, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 7, 2015 enrollment 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 at the top of this letter.

### 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).

THIS PAGE INTENTIONALLY LEFT BLANK



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

## Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004992

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that your daughter's enrollment in Independent Health Association, Inc. could start as early as March 1, 2015?

## Procedural History

On November 6, 2014 the Marketplace issued a notice stating that the New York State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of coverage you could have for 2015. The notice directs you to "update the information on your [Marketplace] account by December 15, 2014 so we can make an appropriate decision. If you miss the deadline, the financial assistance you are getting now may end."

On December 22, 2014 the Marketplace issued a notice stating that your daughter was not eligible for financial assistance and cannot enroll in a qualified health plan at full cost through the Marketplace. The notice states that you did not complete your daughter's renewal within the required timeframe and will no longer receive coverage through their health plan.

On December 26, 2014 the Marketplace issued a disenrollment notice that your daughter would no longer have coverage through BlueCross BlueShield of WNY effective December 31, 2014.

On December 31, 2014 your Marketplace account was updated.

On January 1, 2015 the Marketplace issued an eligibility determination notice that your daughter was eligible to enroll in health coverage through Child Health Plus at no cost effective as of February 1, 2015.

On February 7, 2015 the Marketplace issued an enrollment notice that as of February 6, 2015, your daughter was enrolled in Independent Health Association, Inc. and coverage could start as early as March 1, 2015.

On October 22, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the effective date of your daughter's Child Health Plus coverage.

On January 14, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing under oath. The record is now complete and closed.

## **Findings of Fact**

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

- 1) According to your Marketplace account, your daughter was enrolled in Child Health Plus (BlueCross BlueShield of WNY) through the Marketplace in 2014.
- 2) The Marketplace issued a November 6, 2014 notice stating that a decision could not be made on whether your daughter qualified to enroll in a qualified health plan and receive financial help paying for health coverage for 2015. The notice directs you to, "please update your NY State of Health account by December 15, 2014."
- 3) You testified that you found out that your daughter's Child Health Plus plan was inactive when you brought her to a medical appointment in January 2015.
- 4) According to your Marketplace account, your daughter was enrolled in a Child Health Plus plan for 2015 on February 6, 2015.
- 5) On February 7, 2015 the Marketplace issued an enrollment notice that as of February 6, 2015 your daughter was enrolled in Independent Health Association, Inc. and coverage could start as early as March 1, 2015.
- 6) You are seeking to have your daughter's Child Health coverage to begin on January 1, 2015.

- 7) You testified that you initially requested to appeal your daughter's Child Health Plus coverage start date when you enrolled her in Independent Health Association, Inc. and was told that the effective date would be March 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 Renewal:

In general, the Marketplace must review an individual's Child Health Plus 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), 42 CFR § 457.343).

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)).

### Child Health Plus Effective Date

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 Marketplace must determine an applicant's eligibility promptly and without undue delay and then provide a timely notice to the applicant of the eligibility determination made. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace.

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).

On November 6, 2014 the Marketplace issued a notice stating that New York State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of coverage you could have for 2015. The notice directed you to return to your account by December 15, 2014 and provide more information.

On January 1, 2015 the Marketplace issued an eligibility determination notice that your daughter was eligible to enroll in health coverage through Child Health Plus at no cost effective as of February 1, 2015.

According to the available record, a Child Health Plus plan was not selected for your daughter until February 6, 2015. On the following day the Marketplace issued an enrollment notice that as of February 6, 2015 your daughter was enrolled in Independent Health Association, Inc. and coverage could start as early as March 1, 2015.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

You selected your daughter's Child Health Plus plan on February 6, 2015, so it must take effect on the first day of the following month, which is on March 1, 2015.

Therefore the February 7, 2015 enrollment notice stating that your daughter's Child Health Plus (Independent Health Association Inc.) coverage could start as early as March 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The February 7, 2015 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 22, 2016

## **How this Decision Affects Eligibility**

Your daughter's enrollment in Independent Health Association, Inc. coverage began on March 1, 2015.

## **If You Disagree with this Decision (Appeal Rights)**

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).

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
- By fax: 1-855-900-5557

## **Summary**

The February 7, 2015 enrollment notice is AFFIRMED.

Your daughter's enrollment in Independent Health Association, Inc. coverage began on March 1, 2015.

## **Legal Authority**

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

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).

**A Copy of this Decision Has Been Provided To:**

