



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

Notice of Decision

Decision Date: February 29, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005237

[REDACTED]

Dear [REDACTED],

On February 4, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 29, 2014 enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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).

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P.O. Box 11729
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Decision

Decision Date: February 29, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005237

[REDACTED]

Issue

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

Did the Marketplace properly determine that your children's Child Health Plus plan (Fidelis Care) should be effective February 1, 2015?

Procedural History

On December 10, 2014 the Marketplace issued an eligibility determination notice that your children were conditionally eligible to enroll through Child Health Plus with a \$9.00 premium per month, effective January 1, 2015.

On December 29, 2014 the Marketplace issued an enrollment notice confirming your children's enrollment as of December 9, 2014 in Fidelis Care and coverage could start as early as February 1, 2015.

On November 18, 2015 you spoke to the Marketplace Appeals Unit and requested an appeal insofar as the start date of your children's Child Health Plus plan.

On February 4, 2016 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

Findings of Fact

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

1. You are only appealing your children's determination that their Child Health Plus coverage was effective February 1, 2015.

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2. Your children, [REDACTED], were enrolled in Child Health Plus with an effective date of February 1, 2015.
3. You testified that you enrolled your children in a Child Health Plus plan on December 9, 2014.
4. You testified that you became aware that your children's coverage did not start when you failed to receive health insurance cards from Fidelis Care.
5. According to the "Appeal Summary" in the evidence packet that was prepared by the Marketplace for this hearing:

The Appellant had a backdate request submitted on 12/28/2014 filed under 2014 [REDACTED] [REDACTED] but stated incomplete.

6. On December 29, 2014 the Marketplace issued an enrollment notice confirming that on December 9, 2014 you enrolled your children in Fidelis Care and the enrollment is effective February 1, 2015.
7. You testified that you want your children's Child Health Plus coverage to have an effective date of January 1, 2015.
8. You testified that you have \$153.00 in outstanding medical bills for your children for the month of January 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)).

Legal Analysis

The issue is whether the Marketplace properly determined that your children's enrollment in their Child Health Plus plan should be effective February 1, 2015.

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

Your testimony and the December 29, 2014 enrollment notice indicate that you enrolled your children in Fidelis Care on December 9, 2014.

The record also demonstrates that you filed a complaint on December 28, 2014 to backdate your children's health insurance coverage to January 1, 2015. There is nothing in the record that shows that the Marketplace acted on that complaint.

You selected your children's health plan on December 9, 2014, so it must take effect on the first day of the first month after December; that is, on January 1, 2015.

Therefore the December 29, 2014 notice stating that your children's coverage would take effect on February 1, 2015 is MODIFIED to January 1, 2015.

Decision

The December 29, 2014 enrollment confirmation notice is MODIFIED to state that your children's coverage with Child Health Plus will begin January 1, 2015.

This case is RETURNED to the Marketplace to ensure that your children's coverage began January 1, 2015.

Effective Date of this Decision: February 29, 2016

How this Decision Affects Eligibility

Your children are eligible to enroll in Child Health Plus with Fidelis Care effective January 1, 2015.

You were be responsible to pay the monthly premium for your children's coverage for the month of January 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:
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Summary

The December 29, 2014 enrollment confirmation notice is MODIFIED to state that your children's coverage with Child Health Plus will begin January 1, 2015.

This case is RETURNED to the Marketplace to ensure that your children's coverage began January 1, 2015.

Your children are eligible to enroll in Child Health Plus with Fidelis Care effective January 1, 2015.

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).

You were be responsible to pay the monthly premium for your children's coverage for the month of January 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:

