



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: AP000000005265

[REDACTED]

Dear [REDACTED],

On February 8, 2016 you appeared by telephone at a hearing, with your appeals representative [REDACTED], on your appeal of NY State of Health Marketplace's August 25, 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).

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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 niece's Child Health Plus (HealthPlus) enrollment start date is October 1, 2015?

Procedural History

On July 17, 2015 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 your children could have for next year. The notice directs you to return to your account by August 15, 2015 to provide more information or the financial assistance you are receiving may end.

On August 17, 2015 the Marketplace issued a notice of eligibility determination stating that your niece is not eligible for Medicaid, Child Health Plus, receive tax credits or cost-sharing reductions, or enroll in a qualified health plan at full cost through the Marketplace because their citizenship or immigration status could not be verified. The notice states that their eligibility will end effective August 31, 2015.

On August 18, 2015 the Marketplace issued a disenrollment notice that your niece's coverage with Child Health Plus (HealthPlus) will end August 31, 2015.

On August 24, 2015 your Marketplace account was updated.

On August 25, 2015 the Marketplace issued an eligibility determination notice that your niece is eligible to enroll in Child Health Plus at no cost effective October 1, 2015.

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On August 25, 2015 the Marketplace issued an enrollment notice confirming that on August 24, 2015 your child was enrolled in Child Health Plus (HealthPlus) and the plan enrollment start date was October 1, 2015.

On November 18, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal in regard to the enrollment start date of your child's health insurance coverage through the Marketplace.

On February 8, 2016 you had a telephone hearing, with the assistance of your appeals representative [REDACTED], 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 facts:

1. You are applying for health insurance for your [REDACTED] niece.
2. The Marketplace issued a July 17, 2015 notice stating that a decision could not be made on whether your niece qualified to enroll in a qualified health plan and receive financial help paying for health coverage. The notice directs you to, "please update your NY State of Health account by August 15, 2015."
3. According to your Marketplace account, your niece was enrolled in a Child Health Plus (HealthPlus) insurance plan until August 31, 2015.
4. According to your Marketplace account, your niece's Marketplace account was updated on August 24, 2015.
5. On August 25, 2015 the Marketplace issued an enrollment notice that as of August 24, 2015 your niece was enrolled in HealthPlus, an Amerigroup Company and coverage could start as early as October 1, 2015.
6. You are seeking to have your niece's Child Health coverage to begin on September 1, 2015.
7. You authorized representative testified that you have outstanding medical bills, for your niece, for the month of September 2015.
8. According to your Marketplace account, you do not receive paperless notices from the Marketplace.

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.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve months 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.

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The Marketplace's July 17, 2015 renewal notice stated that there was not enough information to determine whether your niece was eligible for financial assistance or for health insurance coverage, and that you needed to supply additional information by August 15, 2015 or their financial assistance might end.

Because there was no timely response to this notice, your niece was terminated from their Child Health Plus plan effective August 31, 2015.

The record indicates that the notices were issued to the address you have listed on your Marketplace account, and that there is no indication that any of the notices were returned to the Marketplace as undeliverable.

On August 24, 2015 you updated the information in your Marketplace account.

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 sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On August 24, 2015, you selected your Medicaid Managed Care plan, so it must take effect on the first day of the second month after August; that is, on October 1, 2015.

Therefore, the August 25, 2015 enrollment confirmation notice stating that your niece's Child Health Plus coverage would take effect on October 1, 2015 is correct and must be AFFIRMED.

Decision

The August 24, 2015 enrollment notice is AFFIRMED.

Effective Date of this Decision: February 29, 2016

How this Decision Affects Eligibility

This decision does not change your niece's eligibility.

The effective date of your niece's Child Health Plus plan is October 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.

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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 August 24, 2015 enrollment notice is AFFIRMED.

This decision does not change your niece's eligibility.

The effective date of your niece's Child Health Plus plan is October 1, 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:

