



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

## Notice of Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005349

[REDACTED]

Dear [REDACTED],

On April 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 18, 2015 disenrollment 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).

This page intentionally left blank.



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

## Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005349



## Issues

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

Did the Marketplace properly end your one-year-old daughter's coverage in Child Health Plus effective July 31, 2015?

## Procedural History

On March 21, 2015, the Marketplace issued an eligibility determination notice that your one-year-old daughter is conditionally eligible for Child Health Plus with a \$45.00 premium per month. The notice directed you to provide documentation to confirm your daughter's citizenship status and Social Security number before June 18, 2015.

On July 18, 2015, the Marketplace issued an eligibility determination notice that your daughter was not eligible for financial assistance or to enroll in a qualified health plan at full cost through New York State of Health. The notice stated that you did not provide documentation regarding your daughter's Social Security number and citizenship status, and your daughter's eligibility ended July 31, 2015.

On July 19, 2015, the Marketplace issued a disenrollment notice that your one-year-old daughter's coverage through HealthPlus would end effective July 31, 2015.

On September 26, 2015, you updated your Marketplace account.

On September 27, 2015, the Marketplace issued an eligibility determination notice that your one-year-old daughter is eligible to enroll in Child Health Plus for a cost of \$45.00 per month, effective November 1, 2015.

On September 27, 2015, the Marketplace issued an enrollment notice that your one-year-old daughter was eligible to enroll in Child Health Plus, and the coverage could start as early as November 1, 2015.

On November 25, 2015, you requested an appeal insofar as your one-year-old daughter's disenrollment from Child Health Plus effective July 31, 2015.

On February 18, 2016, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace Appeals Unit. The Hearing Officer made three attempts to contact you, but was unable to reach you.

On February 23, 2016, the Marketplace Appeals Unit issued a Notice of Dismissal because you failed to appear for your scheduled hearing on February 18, 2016.

On the same day you faxed a written request to the Marketplace, requesting that your telephone hearing with the Marketplace Appeals Unit be rescheduled.

On April 4, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and closed at the end of the hearing. The record is now complete and closed.

## **Findings of Fact**

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

1. On March 20, 2015, the Marketplace determined that your one-year-old daughter was conditionally eligible for Child Health Plus with a monthly premium of \$45.00.
2. According to your Marketplace Account, your two-year-old daughter was enrolled in a Child Health Plus plan with a start date of April 1, 2015.
3. On March 21, 2015, the Marketplace issued a determination notice that your daughter was conditionally eligible to enroll through Child Health Plus with a \$45.00 premium per month. The notice directed you to provide documentation to confirm your daughter's citizenship status and Social Security number before June 18, 2015.
4. You testified that you did not receive a notice from the Marketplace telling you that additional information was needed to confirm your daughter's eligibility for health insurance coverage.

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).

5. According to your Marketplace account, you receive notices from the Marketplace via regular mail.
6. No notices sent to the mailing address listed on your Marketplace account, at the time you applied for health insurance coverage, were returned as undeliverable.
7. On July 18, 2015, the Marketplace issued an eligibility determination notice stating that your daughter was not eligible for financial assistance or to enroll in a qualified health plan at full cost through New York State of Health.
8. On July 19, 2015, the Marketplace issued a disenrollment notice that your one-year-old daughter's coverage would end effective July 31, 2015.
9. You testified that you discovered your daughter's Child Health Plus plan was terminated when your physician denied a claim in September 2015.
10. You testified that you have outstanding medical bills from August and September 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 child under the age of nineteen may be eligible for subsidized coverage through Child Health Plus (CHP) provided (1) he or she lives in a household having a household income at or below 400% of the FPL; (2) is not eligible for medical assistance; (3) is not eligible for coverage under the public employees' state health benefits plan, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-e)).

Generally, the Marketplace must require, as a condition of eligibility, that each individual (including children) seeking Medicaid or Child Health Plus furnish each of his or her Social Security numbers (42 CFR § 457.340(b), 42 CFR § 435.910(a)).

The "period of eligibility" for CHP is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or child no longer resides in

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).

New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

## **Legal Analysis**

The issue is whether the Marketplace properly discontinued your one-year-old daughter's enrollment in Child Health Plus effective July 31, 2015.

The Marketplace must require, as a condition of eligibility, that each individual (including children) seeking Medicaid or Child Health Plus furnish each of his or her Social Security numbers.

On March 21, 2015, the Marketplace issued an eligibility determination notice directing you to provide documentation to confirm your daughter's citizenship status and social security number before June 18, 2015.

You testified that you did not receive any notice from the Marketplace telling you that you needed to provide additional documentation to confirm your daughter's eligibility. Your Marketplace account indicates that you elected to receive notifications via regular mail. There is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

On July 18, 2015, the Marketplace issued an eligibility determination notice stating that your daughter was not eligible for financial assistance or to enroll in a qualified health plan at full cost through New York State of Health.

When the July 18, 2015 notice of eligibility determination was issued, evidence of your daughter's citizenship or social security number was not available in your Marketplace account.

Therefore, the Marketplace properly discontinued your daughter's Child Health Plus effective July 31, 2015.

## **Decision**

The July 18, 2015 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** April 15, 2016

## **How this Decision Affects Your Eligibility**

Your one-year-old daughter's Child Health Plus coverage was properly discontinued on July 31, 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).

Your one-year-old daughter's coverage through Child Health Plus is effective 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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The July 18, 2015 eligibility determination notice is AFFIRMED.

Your one-year-old daughter's Child Health Plus coverage was properly discontinued on July 31, 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).

Your one-year-old daughter's coverage through Child Health Plus is effective November 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:**



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).