



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

Notice of Decision

Decision Date: January 08, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005444

[REDACTED]

Dear [REDACTED],

On December 28, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 23, 2015 disenrollment notice, and December 4, 2015, eligibility determination.

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 notice.

Legal Authority

We are sending you this notice in accordance with Code of 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly disenroll your child from her health plan effective November 30, 2015?

Did the Marketplace properly determine that your children's coverage through Child Health Plus began on January 1, 2016 and not December 1, 2015?

Procedural History

On December 19, 2014, the Marketplace issued an eligibility determination based upon your December 18, 2014 application. That determination found your daughter eligible for Medicaid effective December 1, 2014.

On September 18, 2015, the Marketplace issued a renewal notice explaining that it was time to renew your household's NY State of Health coverage. The notice further read that the NY State of Health did not have enough information from state and federal data sources to determine if you can receive financial assistance with your health insurance. You were asked to update the information on your NY State of Health account by November 15, 2015 or risk losing the financial assistance you were receiving.

On November 16, 2015 the Marketplace received your updated application for health insurance.

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That same day an eligibility determination was made finding your daughter not qualified to enroll through the NY State of Health because the Marketplace was unable to validate her Social Security number. The determination further found that you did not complete your renewal in the required timeframe. Her eligibility for coverage would therefore end effective November 30, 2015.

On November 23, 2015, a disenrollment notice was issued ending your daughter's coverage through Excellus Health Plan effective November 30, 2015.

On November 25, 2015, an enrollment confirmation notice was issued confirming your daughter's enrollment as of November 17, 2015 with a Child Health Plus plan effective December 1, 2015.

On December 4, 2015 the Marketplace received your household's updated application for health insurance. That same day an eligibility determination was made finding your daughter eligible to enroll in Child Health Plus for a cost of \$9.00 per month effective January 1, 2016.

On December 8, 2015 an enrollment confirmation notice was issued confirming your daughter's enrollment in a Child Health Plus plan with a start date of December 1, 2015.

That same day, you spoke to the Marketplace's Account Review Unit and appealed the December 4, 2015 eligibility determination insofar as it began your daughter's eligibility for coverage under her Child Health Plus plan on January 1, 2016, and not December 1, 2015.

On December 10, 2015, and December 14, 2015 the Marketplace received two letters from your daughter's physician asking for an expedited appeal.

On December 23, 2015, your expedited appeal request was granted.

That same day a notice of telephone hearing was issued for a scheduled hearing on December 28, 2015.

On December 28, 2015, you had a telephone hearing with a Hearing Officer from the NY State of Health 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 daughter's eligibility and enrollment start date under her Child Health Plus plan.
- 2) The record reflects that your first application for your renewal of your daughter's financial assistance for her health insurance was received on November 16, 2015.
- 3) Your child was previously found eligible for Medicaid with an end date of November 30, 2015.
- 4) You testified that on or about December 4, 2015 you enrolled your children in a Child Health Plus plan through the Marketplace.
- 5) You testified that you did receive a renewal notice from the Marketplace notifying you that you needed to update the information in your account by November 15, 2015 or risk the end of your financial assistance effective November 30, 2015.
- 6) You testified that you believed your daughter's coverage would start December 1, 2015.
- 7) You became aware of your daughter's insurance coverage not being in effect after you took her to the doctor's office in December after you had believed you enrolled her in a Child Health Plus plan.
- 8) You testified that on December 4, 2015, you provided the requested information regarding your daughter's Social Security number.
- 9) On your application dated November 16, 2015, you stated that you were in the process of applying to receive your daughter's Social Security number.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year, including any expected eligibility for financial assistance (45 CFR § 155.335(c)(3)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). If a qualified individual does not respond to the notice within a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice, and any reported changes (45 CFR § 155.335(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

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 first issue under review is whether the Marketplace properly disenrolled your daughter from her coverage under Medicaid effective November 30, 2015.

The record indicates that you submitted your household's initial application for health insurance on December 18, 2014. That same day the Marketplace issued an eligibility determination based upon your application. That determination found your daughter eligible for Medicaid effective December 1, 2014. Under Medicaid your daughter's eligibility would run continuously for twelve months until November 30, 2015.

The Marketplace must send an annual renewal notice that contains the individual's projected eligibility for that year, including any expected eligibility for financial assistance. That notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected.

You credibly testified that you did receive a renewal notice from the Marketplace informing you of the need to update the information in your account so that an eligibility determination could be made on any changes in your household by November 15, 2015, or risk disenrollment by November 30, 2015.

On November 16, 2015 you contacted the Marketplace to update your account. That same day an eligibility determination was made finding your daughter not qualified to enroll through the NY State of Health because the Marketplace was unable to validate her Social Security number. The determination further found that you did not complete your renewal in the required timeframe. Her eligibility for coverage would therefore end effective November 30, 2015. A disenrollment notice was subsequently issued ending your daughter's coverage through Excellus Health Plan effective November 30, 2015.

It was not until December 4, 2015 that you provided the updated information of your daughter's Social Security number. The Marketplace properly disenrolled your daughter from her health coverage effective November 30, 2015 for not providing the requested information. Therefore the November 23, 2015 disenrollment notice is AFFIRMED.

The second issue is whether the Marketplace properly determined that your daughter's coverage through Child Health Plus began on January 1, 2016 and not December 1, 2015?

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 subsequent month."

Your application for renewal of your daughter's health insurance coverage was not received until November 16, 2015 after being provided proper notice of the need to update your account by November 15, 2015. It further was not completed until December 4, 2015 when you updated her Social Security number.

On December 4, 2015 the Marketplace issued an eligibility determination finding your daughter eligible to enroll in Child Health Plus for a cost of \$9.00 per month effective January 1, 2016.

On December 8, 2015 an enrollment confirmation notice was issued confirming your daughter's enrollment in a Child Health Plus plan.

Since your daughter's application was filed on November 16, 2015, her Child Health Plus plan and coverage properly took effect on January 1, 2016.

Therefore the December 4, 2015 eligibility determination notice is AFFIRMED.

Decision

The November 23, 2015 disenrollment notice is AFFIRMED.

The December 4, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: January 08, 2016

How this Decision Affects Your Eligibility

This decision does not change your daughter's eligibility for Child Health Plus.

The effective date of your daughter's Child Health Plus plan is January 1, 2016.

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.

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).

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 November 23, 2015 disenrollment notice is AFFIRMED.

The December 4, 2015 eligibility determination notice is AFFIRMED.

This decision does not change your daughter's eligibility for Child Health Plus.

The effective date of your daughter's Child Health Plus plan is January 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

