

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

Notice of Decision

Decision Date: May 6, 2016

NY State of Health Account ID: Appeal Identification Number: AP00000000034



Dear ,

On May 2, 2016, you appeared by telephone at a hearing on your appeal of your child's Child Health Plus plan's enforcement of a May 31, 2015 disenrollment date.

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 and the NY State of Health Account ID at the top of this notice.

Legal Authority

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

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

Decision

Decision Date: May 6, 2016

NY State of Health Account ID: Appeal Identification Number: AP000000006034



Issue

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

Did NY State of Health properly determine that your nineteen-year-old son was disenrolled from his Child Health Plus plan, effective June 30, 2015?

Procedural History

On February 7, 2015, NY State of Health (NYSOH) issued notices of eligibility and enrollment that stated your child was eligible for Child Health Plus with a \$9.00 monthly premium, effective March 1, 2015, and was enrolled in a Child Health Plus plan with Capital District Physicians' Health Plan, Inc.(CDPHP) with a March 1, 2015 enrollment start date.

On May 20, 2015, NYSOH issued an eligibility redetermination notice that stated your child, who turned 19 years of age on the premium tax credit and eligible for cost sharing reductions, effective July 1, 2015.

That same day, NYSOH issued a disenrollment notice confirming that your child's Child Health Plus coverage with CDPHP would end effective June 30, 2015, because he was no longer eligible to remain enrolled in his current health insurance.

On June 6, 2015, NYSOH issued another eligibility redetermination notice with the same findings as were stated in the May 20, 2015 notice.

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On January 6, 2016, you spoke with NYSOH's Account Review Unit and appealed your child's May 31, 2015 end date of coverage that was being enforced by CDPHP because NYSOH had issued a disenrollment notice informing you that his end date was June 30, 2015.

On May 2, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeal 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) According to your NYSOH account, your child was 18 years of age when he was enrolled in a Child Health Plus plan with CDPHP, effective March 1, 2015, with a \$9.00 monthly premium.
- 2) According to your NYSOH account, your child turned 19 years of age on .
- 3) According to your NYSOH account, your child's 19th birthday triggered NYSOH to redetermine his eligibility for financial assistance and insurance affordability programs through NYSOH.
- The May 20, 2015 eligibility redetermination notice stated your child was eligible to receive APTC and cost sharing reductions, effective July 1, 2015.
- 5) The May 20, 2015 disenrollment notice stated your child's enrollment in his CDPHP Child Health Plus plan would end effective June 30, 2015.
- 6) According to the Enrollment Details in your NYSOH account, your child's CDPHP Child Health Plus plan termination was processed on May 20, 2015, for a June 30, 2015 enrollment termination date.
- 7) You testified that you paid the \$9.00 monthly premium to CDPHP for June 2015.
- 8) You testified that, because NYSOH's May 20, 2015 disenrollment notice stated that your child was covered in his CDPHP Child Health Plus plan until June 30, 2015, you took him to the doctor for a physical on June 16, 2015.
- You testified that you began receiving monthly statements from the doctor's office in July 2015 or August 2015 stating that CDPHP had

refused to pay the claim because your child's CDPHP coverage had been terminated before the June 16, 2015 visit and you were responsible for the \$541.00 bill for medical services.

- 10) You testified that you spent the next several months and through December 2015 going back and forth between CDPHP and the doctor's office to try to resolve the issue of coverage for June 2015, but ultimately got nowhere.
- 11) You testified that you called NYSOH and were informed that you had to file an appeal. Your NYSOH account reflects that you filed a complaint on December 29, 2015 that was closed December 30, 2015, and then filed an appeal on January 6, 2016.

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 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)).

The "period of eligibility" for Child Health Plus 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 premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, reaches the age of 19 or becomes eligible for Medicaid (NY Public Health Law § 2510(6)). Children who "age out" of Child Health Plus are disenrolled from the health plan on the last day of the month in which they reach 19 years of age (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014, 42 CFR § 457.350).

"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)).

When eligibility is denied, suspended or terminated, the State must provide written notice of any determinations subject to review that includes the reasons for the determination, an explanation of applicable rights to review of that determination, the standard and expedited time frames for review, the manner in which a review can be requested, and the circumstances under which enrollment may continue pending review (42 CFR § 457.1180). In the case of a suspension or termination of eligibility, the State must provide sufficient notice to enable the child's parent or caretaker to take any appropriate actions that may be required to allow coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether or not your nineteen-year-old child's Child Health Plus plan ended as of May 31, 2015 or June 30, 2015.

The record reflects that your son was enrolled in Child Health Plus with CDPHP as of March 1, 2015, at which time he was eighteen years old.

Since the period of your son's Child Health Plus eligibility began on March 1, 2015, ordinarily it would continue for 12 months after that date unless an event occurred to disqualify him from Child Health Plus eligibility. Reaching the age of 19 is one such disqualifying event and a child's eligibility for Child Health Plus ordinarily ends as of the end of the month in which they reach the age of 19.

The record reflects that your son turned 19 years old on who "age out" of Child Health Plus are disenrolled from the health plan on the last day of the month in which they reach 19 years of age. Therefore, your son was technically no longer eligible for Child Health Plus as of the end of month, which was May 31, 2015. However, your son could only be disenrolled as of that date if you were provided sufficient notice to be able to take the appropriate

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action required to enroll him in another health plan through NYSOH so that his health insurance coverage would continue without interruption.

According to the enrollment rules for qualified health plans, to enroll your son in a health plan for a June 1, 2015 start date, you would have had to receive notice before May 15, 2015 and selected a qualified health plan for him by that date.

However, the record reflects that NYSOH issued a disenrollment notice on May 20, 2015. Since this notice was issued after the May 15, 2015 required deadline for your son's eligibility to be redetermined and for you to select a qualified health plan for your son's coverage to begin June 1, 2015, proper notice for you to enroll your son in another health plan as of June 1, 2015 through NYSOH was not possible. As such, the May 20, 2015 disenrollment notice properly stated your son's Child Health Plus plan would end June 30, 2015, so as to provide you with sufficient notice to enroll him in your qualified health plan for a July 1, 2015 start date. Therefore, NYSOH's May 20, 2015 disenrollment notice is AFFIRMED.

Similarly, the May 20, 2015 eligibility redetermination notice stating July 1, 2015 is the effective date of your son's eligibility to enroll in a qualified health plan with APTC and cost sharing reductions was correct and is AFFIRMED.

Since CDPHP cancelled your son's Child Health Plus plan in error as of June 1, 2015, your case is RETURNED to NYSOH to facilitate reinstatement of your son's Child Health Plus plan with CDPHP as of June 1, 2015 through June 30, 2015, and to notify you accordingly.

You will be responsible for the monthly Child Health Plus premium payment for that month, if any is due.

Decision

The May 20, 2015 disenrollment notice is AFFIRMED.

The May 20, 2015 eligibility redetermination notice is AFFIRMED.

Your case is RETURNED to NYSOH to facilitate reinstatement of your son's Child Health Plus plan with CDPHP as of June 1, 2015 through June 30, 2015, and to notify you accordingly.

Effective Date of this Decision: May 6, 2016

How this Decision Affects Your Eligibility

NYSOH will facilitate reinstatement of your son's Child Health Plus plan with CDPHP as of June 1, 2015 through June 30, 2015, and will notify you accordingly.

You will be responsible for the monthly Child Health Plus premium payment for that month, if any is due.

Your son's eligibility to enroll in a qualified health plan and to receive APTC and cost sharing reductions was effective as of July 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 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 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

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Albany, NY 12211

• By fax: 1-855-900-5557

Summary

The May 20, 2015 disenrollment notice is AFFIRMED.

The May 20, 2015 eligibility redetermination notice is AFFIRMED.

Your case is RETURNED to NYSOH to facilitate reinstatement of your son's Child Health Plus plan with CDPHP as of June 1, 2015 through June 30, 2015.

NYSOH will facilitate reinstatement of your son's Child Health Plus plan with CDPHP as of June 1, 2015 through June 30, 2015, and will notify you accordingly.

You will be responsible for the monthly Child Health Plus premium payment for that month, if any is due.

Your son's eligibility to enroll in a qualified health plan and to receive APTC and cost sharing reductions was effective as of July 1, 2015.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

