



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

Notice of Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006129

[REDACTED]

Dear [REDACTED],

On April 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 29, 2015 disenrollment notice regarding your nineteen-year-old son and the January 11, 2016 eligibility redetermination notice and January 12, 2016 enrollment notice regarding your youngest child's eligibility for and enrollment in Child Health Plus in 2016.

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.

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NY State of Health Account ID: [REDACTED]
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[REDACTED]

Issues

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

Did NY State of Health properly determine that your nineteen-year-old son was disenrolled from his Child Health Plus plan, effective May 31, 2015?

Did NY State of Health properly determine that your youngest child was eligible for and enrolled in a Child Health Plus plan as of February 1, 2016?

Procedural History

On April 29, 2015, based on your April 28, 2015 updated application, NY State of Health (NYSOH) issued a notice of eligibility redetermination that in part stated your nineteen-year-old son ([REDACTED]) was newly eligible to share in advance payments of the premium tax credit (APTC), effective June 1, 2015.

Also on April 29, 2015, NYSOH issued an enrollment notice confirming that certain of your family members, including [REDACTED] were enrolled in a gold-level qualified health plan and coverage in that plan could start as early as March 1, 2015, provided you paid the monthly premium for coverage to start.

Also on April 29, 2015, NYSOH issued a disenrollment notice that stated [REDACTED] was disenrolled from his Child Health Plus plan, effective May 31, 2015.

On October 26, 2015, NYSOH issued a renewal notice that stated you needed to update your NYSOH account by December 15, 2015, so that your household's eligibility for financial assistance in 2016 could be redetermined.

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According to the October 30, 2015 notices and a November 4, 2015 disenrollment notice that stated all members, except your youngest child, were to lose their coverage through Health Republic Insurance of New York as of November 30, 2015 because it was no longer authorized to do business in New York State.

On November 11, 2015, NYSOH issued an enrollment notice confirming your family's enrollment in a gold-level qualified health plan beginning December 1, 2015.

On November 16, 2015, NYSOH issued another renewal notice that stated you needed to update your NYSOH account by December 15, 2015, so that your household's eligibility for financial assistance in 2016 could be redetermined.

Your NYSOH account was not updated by December 15, 2015.

On December 16, 2015, NYSOH issued a notice of eligibility redetermination that stated your youngest child was eligible for Child Health Plus with a \$45.00 per month premium and the rest of your family was eligible to share in APTC, effective January 1, 2016.

Also on December 16, 2015, NYSOH issued an enrollment notice confirming your household's enrollment in a gold-level qualified health plan, effective January 1, 2016. The notice also stated that your youngest child needed to pick a Child Health Plus plan in order for his coverage to start on January 1, 2016.

On January 11, 2016, NYSOH issued another notice of eligibility redetermination that stated your youngest child was eligible for Child Health Plus with a \$45.00 per month premium, effective February 1, 2016, and the rest of your family was eligible to share in APTC, effective February 1, 2016.

That same day, you spoke with NYSOH's Account Review Unit and appealed the discrepancy between the Child Health Plus plan's disenrollment date of April 30, 2015 and NYSOH's May 31, 2015 disenrollment date for [REDACTED] which created a gap in coverage, and your youngest child's enrollment start date in his Child Health Plus plan as of February 1, 2016, which created a gap in his coverage for January 2016.

On January 12, 2016, NYSOH issued an enrollment notice confirming your youngest child's enrollment in a Child Health Plus plan, effective February 1, 2016, and the rest of the family's enrollment in a gold-level qualified health plan, effective January 1, 2016.

On April 18, 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) You testified that you no longer wish to appeal your youngest child's enrollment start date of February 1, 2016, because you had no medical expenses for him in January 2016.
- 2) You, therefore, through sworn testimony withdrew your appeal as it relates to your youngest child's enrollment start date and indicated you wished to continue the portion of the appeal that relates to [REDACTED] disenrollment date from his Child Health Plus plan in 2015.
- 3) According to your NYSOH account, [REDACTED] was enrolled in a Child Health Plus plan on April 1, 2015.
- 4) According to your NYSOH account, he was born on [REDACTED] and turned nineteen years old on [REDACTED].
- 5) According to your NYSOH account, he was disenrolled from his Child Health Plus plan as of May 31, 2015.
- 6) A January 11, 2016 note entry ([REDACTED] as contained in NYSOH's Appeal Summary, dated March 21, 2015, states in relevant part that:

Incident [REDACTED] was filed 9/15/2015 regarding end date discrepancies for CHP enrollments for another child on the account, [REDACTED] between the Marketplace and the health plan. End date of CHP coverage for this child is indicated within the Marketplace account to be 5/31/2015; however the health plan has a coverage end date of 4/30/2015. Child aged out of CHP coverage [REDACTED]. There is still no resolution for this incident. The appellant, [REDACTED] is also disputing the lack of resolution for his request; requesting coverage dates be corrected immediately...

- 7) There is no activity in your NYSOH account to demonstrate that this issue has since been addressed and corrected.
- 8) You testified that you incurred medical bills for your son in May 2015 that remain outstanding.

- 9) You want NYSOH to correct your son's disenrollment from his Child Health Plus plan and his enrollment in the family's qualified health plan to eliminate the gap in his health insurance coverage during May 2015, so that your claims for his medical services that month can be properly processed.

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

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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

Initially, you withdrew your appeal on the record through sworn testimony only as it relates to your youngest child's Child Health Plus plan coverage start date of February 1, 2016. Accordingly, your appeal in this regard is dismissed, pursuant to 45 Code of Federal Regulations (CFR) § 155.530(a)(1), and the Appeals Unit of NYSOH will not be reviewing this matter at this time.

If you think your appeal in this regard should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice.

NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

The remaining issue under review is whether or not your nineteen-year-old child's Child Health Plus plan should have ended as of April 30, 2015 and his enrollment in the family's gold-level qualified health plan should have begun May 1, 2015.

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

Since the period of your son's Child Health Plus eligibility began on April 1, 2016, ordinarily it would continue for 12 months after that date unless an event

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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 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 [REDACTED]. 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. Therefore, your son was technically no longer eligible for Child Health Plus as of the end of month, which is [REDACTED]. However, your son could only be disenrolled as of that date if you were provided sufficient notice to be able to take the appropriate action required to enroll him in your family's qualified health plan so that his health insurance coverage would continue without interruption.

To enroll your son in your family's qualified health plan for a May 1, 2015 start date, you would have had to receive notice before April 15, 2015 and selected a qualified health plan for your son by that date.

However, the record reflects that NYSOH issued a disenrollment notice on April 29, 2015. Since this notice was issued after the April 15, 2015 required deadline for you to select a qualified health plan for your son's coverage to begin May 1, 2015, proper notice for you to enroll your son in the family's qualified health plan as of May 1, 2015 was not possible. As such, the April 29, 2015 disenrollment notice properly stated your son's Child Health Plus plan would end May 31, 2015, so as to provide you with sufficient notice to enroll him in your qualified health plan for a June 1, 2015 start date. Therefore, NYSOH's April 29, 2015 disenrollment notice is AFFIRMED.

Similarly, the April 29, 2015 notice of eligibility redetermination stating June 1, 2015 is the effective date of your son's eligibility to share in monthly APTC with the family was correct and is AFFIRMED.

The April 29, 2015 enrollment notice is MODIFIED in part to state that your son, [REDACTED] was enrolled in your family's qualified health plan as of June 1, 2015.

Since United Healthcare Community Health Plan cancelled your son's Child Health Plus plan in error as of May 1, 2015, your case is RETURNED to NYSOH to facilitate reinstatement of your son's Child Health Plus plan with United Healthcare Community Health Plan as of May 1, 2015 through May 31, 2015, and to notify you accordingly.

You will be responsible for the monthly Child Health Plus premium payment for that month.

Decision

The April 29, 2015 disenrollment notice is AFFIRMED.

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The April 29, 2015 notice of eligibility redetermination is AFFIRMED.

The April 29, 2015 enrollment notice is MODIFIED in part to state that your son, [REDACTED] was enrolled in your family's qualified health plan as of June 1, 2015.

Your case is RETURNED to NYSOH to facilitate reinstatement of your son's Child Health Plus plan with United Healthcare Community Health Plan as of May 1, 2015 through May 31, 2015.

This decision has no effect on subsequent determinations made by NYSOH.

Effective Date of this Decision: April 22, 2016

How this Decision Affects Your Eligibility

The Marketplace will facilitate reinstatement of your son's Child Health Plus plan with United Healthcare Community Health Plan as of May 1, 2015 through May 31, 2015, and will notify you accordingly.

You will be responsible for the monthly Child Health Plus premium payment for that month.

Your son's eligibility to share in monthly APTC with the family remains effective June 1, 2015.

Your son's enrollment in your family's qualified health plan remains effective June 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

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 29, 2015 disenrollment notice is **AFFIRMED**.

The April 29, 2015 notice of eligibility redetermination is **AFFIRMED**.

The April 29, 2015 enrollment notice is **MODIFIED** in part to state that your son, [REDACTED] was enrolled in your family's qualified health plan as of June 1, 2015.

Your case is **RETURNED** to NYSOH to facilitate reinstatement of your son's Child Health Plus plan with United Healthcare Community Health Plan as of May 1, 2015 through May 31, 2015.

This decision has no effect on subsequent determinations made by NYSOH.

The Marketplace will facilitate reinstatement of your son's Child Health Plus plan with United Healthcare Community Health Plan as of May 1, 2015 through May 31, 2015, and will notify you accordingly.

You will be responsible for the monthly Child Health Plus premium payment for that month.

Your son's eligibility to share in monthly APTC with the family remains effective June 1, 2015.

Your son's enrollment in your family's qualified health plan remains effective June 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:

