



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

## Notice of Decision

Decision Date: June 8, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006135

[REDACTED]

Dear [REDACTED],

On April 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2015 eligibility determination regarding your children.

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 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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## Decision

Decision Date: June 8, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006135



## Issue

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

Did New York State of Health (NYSOH) properly determine that your children were no longer eligible for Child Health Plus, effective January 1, 2016, but would have continued coverage under Child Health Plus through November 30, 2016?

## Procedural History

On December 3, 2014, your two children were found eligible to enroll, and subsequently enrolled, in a full cost Child Health Plus (CHP) plan, effective January 1, 2015.

On October 22, 2015, NYSOH issued a renewal notice stating that, based on information from federal and state sources, your children's eligibility for health coverage for 2016 could not be determined. The notice further stated that you needed to update your account between November 16, 2015 and December 15, 2015, or the financial assistance your children were currently receiving could end.

On November 12, 2015, updates were made to your NYSOH account.

On November 13, 2015, NYSOH issued an eligibility determination stating that your children were eligible to enroll in a full cost CHP plan or a child-only qualified health plan (QHP), effective December 1, 2015.

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Also on November 13, 2015, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in the same CHP plan they had been enrolled in previously, with an enrollment start date of December 1, 2015.

On December 20, 2015, NYSOH re-ran your children's eligibility for health coverage.

On December 21, 2015, NYSOH issued an eligibility determination notice stating that your children were no longer eligible for CHP coverage, but that their coverage would be continued until November 30, 2016.

On December 22, 2015, NYSOH issued a disenrollment notice stating that your children's coverage in their CHP plan would end effective December 31, 2015 because they were no longer eligible to remain enrolled in their current health insurance.

On December 28, 2015, and again on January 11, 2016, your NYSOH account was again updated.

On December 29, 2015, and January 12, 2015, NYSOH issued an eligibility determination notice stating that your son was eligible to purchase a QHP at full cost, effective February 1, 2016, and that your daughter was eligible to enroll in a full price CHP plan or child-only QHP, effective February 1, 2016.

Also on December 29, 2015 and January 12, 2016, NYSOH issued an enrollment confirmation notice stating that your daughter was enrolled in the same CHP plan she had previously been enrolled in, effective February 1, 2016.

On January 11, 2016, you spoke to NYSOH's Account Review Unit and appealed the gap in your daughter's coverage in her CHP plan during the month of January 2016.

On April 15, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's 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 supports the following findings of fact:

- 1) You testified, and the record reflects, that you are appealing your daughter's eligibility for CHP for the month of January 2016.
- 2) Your NYSOH account reflects that you receive notices from NYSOH via regular mail.

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- 3) You testified that you did not receive the October 22, 2015 renewal notice.
- 4) You further testified that you only found out that your daughter was disenrolled from her CHP plan coverage when you contacted her health plan at the end of December 2015 about a different issue, and were told that her coverage was ending as of December 31, 2015.
- 5) You testified that, when you first applied for coverage through NYSOH, you were assisted by someone from the Rockland County Department of Health, and that this person set up your NYSOH account.
- 6) The record reflects that your NYSOH account was created by someone with the username [REDACTED]. You testified that you did not create this username.
- 7) You further testified that you never logged into your NYSOH account in November 2015 to make updates or changes, nor did you speak with anyone from the Rockland County Department of Health during the month of November.
- 8) You testified that you did speak with the person who assists you from the Rockland County Department of Health sometime in December 2015, and that she told you that everything should be fine with your coverage, and that she had taken care of the paperwork.
- 9) The record reflects that your account was updated on November 12, 2015 by the person whose username is [REDACTED].
- 10) You testified that, after you spoke to your daughter's health plan at the end of December and discovered that her coverage was ending, you called NYSOH.
- 11) The record reflects that your NYSOH account was updated by a NYSOH representative on December 28, 2015.
- 12) You testified that, during this conversation, you spoke to someone who told you that your daughter's disenrollment was a mistake, and that her coverage would be backdated to January 1, 2016.
- 13) You testified that you received an insurance card from your daughter's health plan with a January 1, 2016 effective date.
- 14) You testified that your daughter had a doctor's appointment on January 5, 2016, and that you have an outstanding bill from this appointment. You

are appealing your daughter's lack of coverage for the month of January 2016.

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, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH 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 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

### Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

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

## Legal Analysis

The issue under review is whether NYSOH properly determined that your children were no longer eligible for CHP, effective January 1, 2016, but would have their coverage continued until November 30, 2016.

According to the December 3, 2014 eligibility determination, your two children were eligible for CHP coverage effective January 1, 2015.

The period of eligibility for CHP coverage begins on the first day of the month during which a child is eligible and is enrolled in CHP coverage, and ends on the last day of the twelfth month following that date, unless CHP premiums are not paid, a child no longer resides in NY State, a child gains access to other health insurance or becomes eligible for Medicaid, or a child ages out of CHP eligibility.

Your children’s period of eligibility for CHP coverage commenced on January 1, 2015, and therefore should have ended on December 31, 2015, unless something happened to otherwise disqualify them from coverage. There is nothing in the record to reflect that any disqualifying event occurred that should have ended your children’s 12-month period of eligibility.

However, the record reflects that someone with the username ‘[REDACTED]’ accessed your NYSOH account and made updates on November 12, 2015, presumably in an effort to renew your eligibility for the 2016 year. This username belongs to the individual who created your account in 2014, and you testified that your account was created by someone from the Rockland County Department of Health.

The November 12, 2015 updates caused NYSOH to re-run your children’s eligibility for health coverage. As a result, the November 13, 2015 eligibility determination was issued, finding your children eligible for CHP coverage, effective December 1, 2015, and an enrollment confirmation notice was issued stating that they were enrolled in their CHP plan, effective December 1, 2015. Since your children should have been eligible for a 12-month period beginning January 1, 2015, and since there was no disqualifying event that ended their eligibility, the November 13, 2015 eligibility determination and enrollment confirmation notices are MODIFIED to state that your children were eligible for and enrolled in CHP coverage effective January 1, 2015.

The renewal notice of October 22, 2015 directed that updates to your account for the 2016 year should be made between November 16, 2015 and December 15,

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2015. Because your account was updated on November 12, 2015, it appears that NYSOH did not register these changes as a renewal. Therefore, on December 21, 2015, NYSOH issued an eligibility determination stating that your children were no longer eligible for CHP, effective January 1, 2016, but that their coverage would continue through November 30, 2016. This determination appears to have triggered the December 22, 2015 disenrollment notice which removed your children from their CHP plan coverage, effective December 21, 2015.

Since your children did not move out of New York State, did not become eligible for other health insurance or for Medicaid, and there was no determination that premiums were not paid, and neither of them had yet aged out of eligibility, their eligibility for CHP coverage did not change. Therefore, the December 21, 2015 eligibility determination is MODIFIED to state that your children are eligible for enrollment in CHP coverage, effective January 1, 2016, and MODIFIED to state that their coverage continues, should they otherwise remain eligible, through December 31, 2016.

The December 29, 2015 and January 12, 2016 eligibility determination and enrollment confirmation notices are also MODIFIED to state that your children's eligibility for and coverage in their CHP plan is effective January 1, 2016.

It is noted that your son turned nineteen on [REDACTED]. A child who "ages out" of CHP eligibility is disenrolled from his health plan on the last day of the month in which he turns nineteen. Therefore, your son's 2016 eligibility commenced on January 1, 2016, and ended on January 31, 2016, at which point he became eligible to purchase a QHP at full cost, effective February 1, 2016.

## **Decision**

The November 13, 2015 eligibility determination is MODIFIED to state that your children's eligibility for coverage in a full-cost CHP plan was effective January 1, 2015.

The November 13, 2015 enrollment confirmation notice is MODIFIED to state that your children's enrollment in their CHP plan started on January 1, 2015.

The December 21, 2015 notice stating that your children were no longer eligible for CHP coverage effective January 1, 2016, but would receive continued coverage until November 30, 2016 is MODIFIED to state that your children are eligible for CHP coverage in a full cost CHP plan, effective January 1, 2016, with coverage continuing until December 31, 2016, should they otherwise remain eligible.



The December 29, 2015 and January 12, 2016 eligibility determinations are MODIFIED to state that your children are eligible for coverage in a full-cost CHP plan, effective January 1, 2016.

The December 29, 2015 and January 12, 2016 enrollment confirmation notices are MODIFIED to state that your children's enrollment in their CHP plan begins January 1, 2016, if premiums are paid.

Your son is eligible for CHP coverage through January 31, 2016, and eligible to purchase a full-cost QHP effective February 1, 2016.

Your case is RETURNED to NYSOH to ensure that coverage is backdated to January 1, 2016 for your daughter, and that her enrollment in her CHP plan is made effective January 1, 2016, contingent on your payment of the January premium.

Your case is RETURNED to NYSOH to assist you with reinstating your son in his full-cost CHP plan for the month of January 2016, should you wish to enroll him in coverage for that month.

**Effective Date of this Decision:** June 8, 2016

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

Your children were eligible for CHP coverage for a 12-month period beginning January 1, 2015 and ending December 31, 2015.

Your children were again eligible for CHP coverage beginning January 1, 2016.

NYSOH will backdate your daughter's eligibility for coverage to January 1, 2016 and assist you in enrolling her in coverage for January 2016.

You will be responsible for paying the premium for the month of January 2016, should you choose to enroll your daughter in coverage for that month.

Your daughter's CHP eligibility continues for a period of 12-months, as long as premiums are paid, she does not become eligible for other insurance or for Medicaid, and she remains a resident of New York State.

Your son is eligible for coverage in a full-cost CHP plan for the month of January 2016, and NYSOH will assist you in enrolling him in coverage for that month, should you wish to do so. You are responsible for any premium payment for the month of January 2016 if you enroll him in coverage.

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Your son is eligible for enrollment in a full-cost QHP, effective February 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 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 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 13, 2015 eligibility determination is MODIFIED to state that your children's eligibility for coverage in a full-cost CHP plan was effective January 1, 2015.

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The November 13, 2015 enrollment confirmation notice is MODIFIED to state that your children's enrollment in their CHP plan started on January 1, 2015.

The December 21, 2015 notice stating that your children were no longer eligible for CHP coverage effective January 1, 2016, but would receive continued coverage until November 30, 2016 is MODIFIED to state that your children are eligible for CHP coverage in a full cost CHP plan, effective January 1, 2016, with coverage continuing until December 31, 2016, should they otherwise remain eligible.

The December 29, 2015 and January 12, 2016 eligibility determinations are MODIFIED to state that your children are eligible for coverage in a full-cost CHP plan, effective January 1, 2016.

The December 29, 2015 and January 12, 2016 enrollment confirmation notices are MODIFIED to state that your children's enrollment in their CHP plan begins January 1, 2016, if premiums are paid.

Your son is eligible for CHP coverage through January 31, 2016, and eligible to purchase a full-cost QHP effective February 1, 2016.

Your case is RETURNED to NYSOH to ensure that coverage is backdated to January 1, 2016 for your daughter, and that her enrollment in her CHP plan is made effective January 1, 2016, contingent on your payment of the January premium.

Your case is RETURNED to NYSOH to assist you with reinstating your son in his full-cost CHP plan for the month of January 2016, should you wish to enroll him in coverage for that month.

Your children were eligible for CHP coverage for a twelve month period beginning January 1, 2015 and ending December 31, 2015.

Your children were again eligible for CHP coverage beginning January 1, 2016.

NYSOH will backdate your daughter's eligibility for coverage to January 1, 2016 and assist you in enrolling her in coverage for January 2016.

You will be responsible for paying the premium for the month of January 2016, should you choose to enroll your daughter in coverage for that month.

Your daughter's CHP eligibility continues for a period of twelve months, as long as premiums are paid, she does not become eligible for other insurance or for Medicaid, and she remains a resident of New York State.

Your son is eligible for coverage in a full-cost CHP plan for the month of January 2016, and NYSOH will assist you in enrolling him in coverage for that month, should you wish to do so. You are responsible for any premium payment for the month of January 2016 if you enroll him in coverage.

Your son is eligible for enrollment in a full-cost QHP, effective February 1, 2016.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

