



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

## Notice of Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006420

[REDACTED]

Dear [REDACTED],

On May 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 18, 2015 disenrollment notice and January 22, 2016 eligibility redetermination notice 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 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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## Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006420

[REDACTED]

## Issue

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

Did the Marketplace properly determine that your children's coverage through Child Health Plus ended on December 31, 2015 and resumed on March 1, 2016?

## Procedural History

On June 23, 2015, NY State of Health (NYSOH) received your updated application in which you requested health insurance for your two children.

On June 24 and 26, 2015, NYSOH issued eligibility determination notices that in part stated your one child was eligible to enroll in Child Health Plus (CHP) with a \$15.00 monthly premium, effective August 1, 2015, and your other child was conditionally eligible to enroll in CHP with a \$15.00 monthly premium, also effective August 1, 2015. The condition of your second child's eligibility was that documentation was needed to confirm his citizenship status and his Social Security number was needed before September 21, 2015 to confirm his eligibility for CHP.

On June 26, 2015, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan, Empire Blue Cross Blue Shield Health Plus, with a \$30.00 monthly premium. The notice stated that your children's coverage could begin August 1, 2015, provided you paid that month's premium.

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On August 21, 2015, NYSOH issued an eligibility redetermination notice that stated you were conditionally eligible to purchase a qualified health plan at full cost, effective October 1, 2015, and your two children were eligible to enroll in Child Health Plus for a cost of \$15.00 each per month, effective October 1, 2015. The notice stated that you needed to provide documentation to confirm your citizenship status before November 18, 2015.

Also on August 21, 2015, NYSOH issued an enrollment notice confirming that your two children were enrolled in a CHP plan with coverage that could begin August 1, 2015, provided you paid that month's premium.

On December 6, 2015, NYSOH issued an eligibility redetermination notice that stated you did not provide your citizenship documentation within the required timeframe and, therefore, as of December 31, 2015 were no longer eligible to enroll in a qualified health plan through NYSOH.

On December 6, 2015, NYSOH issued an eligibility redetermination notice that stated your two children were conditionally eligible to enroll in CHP with a \$15.00 monthly premium each, effective January 1, 2016. The notice further stated that you needed to provide documentation to verify their household income before January 31, 2016.

Also on December 6, 2015, NYSOH issued an enrollment notice confirming your two children were enrolled in a CHP plan, Empire Blue Cross Blue Shield Health Plus, as of August 1, 2015.

On December 16, 2015, NYSOH issued a letter informing you that more information about your household's income was needed to confirm your children's eligibility for CHP. You were given until December 31, 2015 to submit income documentation.

On December 18, 2015, NYSOH issued a disenrollment notice that stated your children's 2015 coverage in their CHP plan would end December 31, 2015 and if you selected a new plan for them for the upcoming coverage year, NYSOH would send a separate notice with their new coverage information shortly.

On January 21, 2016, you modified your NYSOH application with the assistance of a certified application counselor and updated your income information.

On January 22, 2016, NYSOH issued an eligibility redetermination notice that in part stated your two children were eligible to enroll in CHP with a \$15.00 monthly premium each, effective March 1, 2016.

Also on January 22, 2016, NYSOH issued an enrollment notice confirming that your two children were enrolled in a CHP plan, Empire Blue Cross Blue Shield Health Plus, with a plan enrollment start date of March 1, 2016.

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- 8) At all times relevant, your children did not gain access to or obtain other health insurance, and did not become eligible for Medicaid.

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 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)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your children’s enrollment in their CHP plan ended effective December 31, 2015.

On June 24 and 26, 2015, NYSOH issued a notice of eligibility determination for an application submitted for your children on June 23, 2015. It stated that, effective August 1, 2015, your children could enroll through CHP with a premium of \$15.00 each per month. That eligibility determination has not been appealed and is not under review here.

Since the period of your child’s CHP eligibility began on August 1, 2015, it continues until July 31, 2016, unless an event occurs to disqualify them from CHP eligibility. The record does not indicate that any CHP premiums were not timely paid, that your children have gained access to or obtained other health insurance, or that your children have become eligible for Medicaid. The record does confirm that they still reside in New York State.

When additional determinations were made after June 26, 2015, the twelve-month period of CHP eligibility that began on August 1, 2015 had not expired, and no event had occurred to end that eligibility. According to the credible evidence of record, your children's CHP coverage should not have ended effective December 31, 2015.

To bring the Marketplace's decisions into line with the record as currently developed, the following changes are made:

The December 18, 2015 disenrollment notice stating that your children's CHP coverage would end effective December 31, 2015 is **RESCINDED**.

The January 22, 2016 notices of eligibility redetermination and enrollment as those notice relate to your two children are **RESCINDED**.

The February 9, 2016 notices of eligibility redetermination and enrollment as those notice relate to your two children are **RESCINDED**.

Your case is **RETURNED** to NYSOH to restore your children's CHP plan effective January 1, 2016 and to notify you accordingly. Restoring your children's CHP plan to January 1, 2016 will result in an earlier end date of their eligibility for CHP and enrollment in their CHP plan in accordance with the 12 month continuous coverage policy.

You will be responsible for the monthly premiums for January 2016 and February 2016.

## **Decision**

The December 18, 2015 disenrollment notice stating that your children's CHP coverage would end effective December 31, 2015 is **RESCINDED**.

The January 22, 2016 notices of eligibility redetermination and enrollment as those notices relate to your two children are **RESCINDED**.

The February 9, 2016 notices of eligibility redetermination and enrollment as those notices relate to your two children are **RESCINDED**.

Your case is **RETURNED** to NYSOH to ensure that your children's CHP plan is restored effective January 1, 2016 and to notify you accordingly.

You will be responsible for the monthly premiums for January 2016 and February 2016.

**Effective Date of this Decision:** May 20, 2016

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

The effective date of your child's Child Health Plus plan is August 1, 2015. This coverage will continue until July 31, 2015 unless one of the events mentioned above occurs.

NYSOH will ensure that your children's coverage in their CHP plan is restored effective January 1, 2016 and will notify you accordingly.

You are responsible for paying the insurance carrier any CHP premiums that are owed for the months your children experienced a gap in coverage; that is, January 2016 and February 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.

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

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## **Summary**

The December 18, 2015 disenrollment notice stating that your children's CHP coverage would end effective December 31, 2015 is RESCINDED.

The January 22, 2016 notices of eligibility redetermination and enrollment as those notices relate to your two children are RESCINDED.

The February 9, 2016 notices of eligibility redetermination and enrollment as those notices relate to your two children are RESCINDED.

Your case is RETURNED to NYSOH to ensure that your children's CHP plan is restored effective January 1, 2016 and to notify you accordingly.

You will be responsible for the monthly premiums for January 2016 and February 2016.

The effective date of your child's Child Health Plus plan is August 1, 2015. This coverage will continue until July 31, 2015 unless one of the events mentioned above occurs.

NYSOH will ensure that your children's coverage in their CHP plan is restored effective January 1, 2016 and will notify you accordingly.

You are responsible for paying the insurance carrier any CHP premiums that are owed for the months your children experienced a gap in coverage; that is, January 2016 and February 2016.

## **Legal Authority**

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

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

