



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

Notice of Decision

Decision Date: October 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006423

[REDACTED]

Dear [REDACTED]

On May 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 2 and 12, 2015 notices of eligibility redetermination and November 4, 2015 disenrollment notice regarding your infant child and the December 29, 2015 eligibility redetermination notice and January 21, 2016 enrollment notice regarding your, your spouse's, and your infant child's eligibility for and enrollment in health plans 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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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 infant child was disenrolled from her Child Health Plus plan, effective November 30, 2015?

Did NY State of Health properly determined that your infant child was next enrolled in her Child Health Plus plan, effective March 1, 2016?

Did NY State of Health properly determine that you and your spouse were enrolled in your qualified health plan, effective March 1, 2016?

Procedural History

On May 30, 2015, NY State of Health (NYSOH) issued an eligibility redetermination notice that stated you and your spouse were eligible to share in advance payments of the premium tax credit and cost sharing reductions, effective July 1, 2015. The notice also stated that your infant child (child) was conditionally eligible to enroll in Child Health Plus at a cost of \$15.00 per month, effective July 1, 2015. As that notice further stated, the condition placed on your child's eligibility was because you needed to provide (1) documentation to confirm her citizenship status; and (2) her Social Security number before August 27, 2015.

Also on May 30, 2015, NYSOH issued an enrollment notice that stated you and your spouse were enrolled in a platinum-level qualified health plan, effective

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January 1, 2015, and your child was enrolled in a Child Health Plus plan with coverage that could begin July 1, 2015, provided you paid that month's premium.

On October 25, 2015, NYSOH issued a renewal notice that stated a determination about your household's eligibility for financial assistance in the upcoming policy year could not be made and you needed to update the information on your NYSOH account by December 15, 2015 to avoid a lapse in coverage.

On October 30, 2015, NYSOH issued letters to you and your spouse that stated your health insurance coverage with Health Republic Insurance of New York, Incl. (Health Republic) was going to end as of November 30, 2015 because the company was no longer authorized to do business in New York State. The notice informed you to access your NYSOH account by November 15, 2015 and select a plan for coverage to start on December 1, 2015.

On November 1, 2015, NYSOH issued an enrollment notice confirming that your child was enrolled in a Child Health Plus plan effective June 1, 2015, and that you and your spouse needed to select a health plan.

On November 2, 2015, NYSOH issued an eligibility redetermination notice regarding your child that stated she was no longer eligible to receive financial assistance or to enroll in Child Health Plus or a qualified health plan at full cost, effective November 30, 2015, because you failed to provide her Social Security number before the August 27, 2015 deadline for her to remain enrolled in Child Health Plus. This notice provided details as to why your child was no longer eligible and what resources and remedies were available to you. The notice did not contain a timeframe for you to resolve the issue of her missing Social Security number.

Also on November 2, 2015, NYSOH issued an eligibility redetermination notice that stated you and your spouse were eligible for APTC and cost sharing reductions, effective December 1, 2015.

On November 4, 2015, NYSOH issued a disenrollment notice confirming that your child's coverage in her Child Health Plus plan would end November 30, 2015, because she was no longer eligible to enroll in health insurance through NYSOH.

Also on November 4, 2015, NYSOH issued a disenrollment notice confirming that your and your spouse's coverage in your Health Republic platinum plan would end November 30, 2015.

On November 12, 2015, NYSOH issued another eligibility redetermination notice regarding your child that contained the same information as was stated in the November 2, 2015 notice.

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Also on November 12, 2015, NYSOH issued another eligibility redetermination notice regarding you and your spouse that contained the same information as was stated in the November 2, 2015 notice.

On November 20, 2015, NYSOH issued a letter that stated you had not selected a qualified health plan for yourself and your spouse as of yet, so your information was forwarded to Fidelis Care to offer you coverage for December 2015 so you and your spouse would not experience a gap in coverage that month.

On November 22, 2015, NYSOH issued a disenrollment notice confirming that your and your spouse's coverage with Fidelis Care Platinum would end December 31, 2015.

On November 25, 2015, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in Fidelis Care Platinum, effective December 1, 2015, and you needed to choose a plan for your child's coverage with Child Health Plus to begin.

On December 5, 2015, NYSOH issued a renewal notice indicating that you needed to update your NYSOH account by December 15, 2015, to avoid a lapse in coverage for your family in the upcoming policy year.

No updates were made to your NYSOH account by December 15, 2015.

On December 21, 2015, NYSOH issued an eligibility redetermination notice that stated you and your spouse were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2016, because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

On December 29, 2015, NYSOH issued an eligibility redetermination notice that stated you and your spouse were newly eligible to receive APTC and cost sharing reductions, effective February 1, 2016, and your child was eligible to enroll in Child Health Plus at a cost of \$15.00 per month, effective February 1, 2016.

Based on your January 18, 2016 health plan selections, on January 21, 2016, NYSOH issued an enrollment notice confirming your and your spouse's enrollment in a gold-level qualified health plan, effective March 1, 2016, and your child's enrollment in a Child Health Plus plan, effective March 1, 2016.

On January 23, 2016, you contacted NYSOH's Account Review Unit and requested an appeal insofar as the start dates for your household's health insurance coverage could not be backdated.

On May 17, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for up to fifteen (15) days to allow you the opportunity to submit supporting documentation.

On May 19, 2016, the Appeals Unit received a three-page facsimile from you consisting of two cover pages and a copy of your child's Social Security card. That same day, this three-page facsimile was made part of the record as "Appellant's Exhibit A" and the record was closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, your child was born on [REDACTED]. You testified that she was born in the State of New York.
- 2) You are seeking health insurance for you, your spouse, and your child.
- 3) According to your May 27, 2015 NYSOH application, you and your spouse are U.S. citizens and provided your Social Security numbers. You also indicated on that application and subsequent updated applications that you were in the process of obtaining a Social Security number for your child.
- 4) According to your NYSOH account, your child was found conditionally eligible for Child Health Plus, effective July 1, 2015, pending proof of her citizenship status and receipt of her Social Security number.
- 5) According to the May 30, 2015 notice, you were given until August 27, 2015 to provide this information.
- 6) According to your NYSOH account, an override was conducted and your child's enrollment in her Child Health Plus plan with United Health Care Community Plan was made effective June 1, 2015, as stated in the November 1, 2015 enrollment notice.
- 7) You provided a copy of your child's Social Security card showing it had been issued on May 7, 2015 (Appellant's Exhibit A, p. 3).
- 8) You testified that you simply forgot to provide your child's Social Security number even though she had received a Social Security number before the August 27, 2015 deadline.

- 9) According to your NYSOH account, eligibility redetermination notices were issued on November 2 and 12, 2015, informing you that your child's eligibility to enroll in Child Health Plus would end November 30, 2015, because you had not provided her Social Security Number within the required timeframe. Neither notice provided an additional timeframe for you to submit her Social Security number.
- 10) According to your NYSOH account, a disenrollment notice was issued on November 4, 2015 informing you that your child's coverage in her Child Health Plus plan would end November 30, 2015.
- 11) According to your NYSOH account, on November 25, 2015, an enrollment notice was issued confirming your and your spouse's enrollment in a platinum-level qualified health plan, effective December 1, 2015. The notice also stated that your child's coverage with Child Health Plus could not begin until you picked a plan.
- 12) You testified that you took your child to the doctor in December 2015, which is when you first learned she no longer had coverage with her Child Health Plus plan.
- 13) You testified that you had to pay out-of-pocket for her doctor's visit and prescription medication that month.
- 14) You testified that you contacted your child's Child Health Plus Plan and a plan representative explained that your child was disenrolled as of November 30, 2015, because you had not provided her Social Security number on time.
- 15) You testified that you paid your child's Child Health Plus premium for December 2015 coverage, but did not receive a refund or any notice from the Child Health Plus plan that your child was no longer covered.
- 16) According to your NYSOH account, you updated your application on December 28, 2015 and provided your child's Social Security number at that time.
- 17) You testified that, had you been made aware that your child's Social security number was still missing and was required for her eligibility for and enrollment in Child Health Plus to continue, you would have promptly provided it so as to avoid a lapse and gap in her coverage.

- 18) You testified that you and your spouse elected not to enroll in the platinum-level qualified health plan for December 2015, and were aware that you both went without health insurance coverage that month.
- 19) You testified that you were checking into employer-sponsored health insurance before selecting a health plan for you and your spouse, but found out it was cost-prohibitive.
- 20) You also testified that, because you were not aware of the 15th of the month health plan selection deadline, you did not select health plans for you and your spouse or your child until January 18, 2016, so your respective coverages could not start as of February 1, 2016.
- 21) You testified you are seeking to have your child's Child Health Plus coverage backdated to December 1, 2015, and your and your spouse's enrollment in your gold-level qualified health plan backdated to February 1, 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 - Generally

A child who meets the eligibility requirements for Child Health Plus 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 for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(N.Y. Pub. Health Law. § 2511(2)(a)-(e)).

As a condition of eligibility for Medicaid and Child Health Plus, an individual including children, must furnish their social security number and evidence of their citizenship or status as a qualified immigrant or PRUCOL alien to NYSOH for verification purposes, as well as proof of income (42 CFR § 435.910(a) and

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(b)(3); 42 CFR § 457.340(b); 18 NYCRR § 360-3.2(j)(2) and (3); *see generally* 18 NYCRR § 360-3.2(j)). However, benefits cannot be delayed or denied while an application for a Social Security number is pending (42 CFR §435.910(b) and (f); Informational Letter 08 OIHP/INF-2).

This means that NYSOH must require an applicant who **has** a Social Security number to provide the number to NYSOH (45 CFR § 155.310(a)(3); *emphasis added*); but does not require an applicant's Social Security number as a condition of enrollment for Child Health Plus if the applicant is not eligible to receive one or his or her number is not yet available (42 CFR § 457.340(b), 42 CFR § 435.910(h)(1); Model State Children's Health Insurance Program Plan, Section 4.1.9).

Child Health Plus - Newborns

NYSOH may require a Social Security number for each individual requesting coverage under Child Health Plus, including newborns, consistent with the requirements at 42 CFR § 435.910(a),(b), (e), (f), and (g); and 42 CFR § 457.340(b)). In New York State, a newborn's eligibility for Child Health Plus is conditioned upon proof of citizenship, which can be confirmed by his or her Social Security number. The newborn is given Child Health Plus on a temporary basis known as "presumptive eligibility" and, as the eligibility determination notice states, is considered "conditionally eligible" pending submission within 90 days of the application of their Social Security number and evidence of their citizenship or status as a qualified immigrant or PRUCOL alien (42 CFR § 435.910(a) and (b)(3); 42 CFR § 457.340(b); 18 NYCRR § 360-3.2(j)(2) and (3); *see generally* 18 NYCRR § 360-3.2(j)).

Generally, 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)).

"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 to avoid gaps or overlaps in coverage" (42 CFR § 457.340(f)).

Child Health Plus Eligibility – Notice when Denied, Suspended, or Terminated

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 also 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)).

Child Health Plus – Presumptive Eligibility upon Recertification

The State of New York has elected to provide presumptive eligibility to children if they appear eligible for coverage but are missing one or more documents needed to verify eligibility. Children may be enrolled presumptively for two months while the missing documentation is collected (see *e.g.* 42 CFR § 457.355; State Plan Amendment NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Where an application for recertification of coverage contains insufficient information for a final determination of eligibility for continued coverage for the next policy period, a child or children must be presumed eligible for a period of no greater than two months after the previous eligibility period ends or the date upon which a final determination of eligibility is made based on the submission of additional data. Only in the event that such additional information is not submitted within two months of NYSOH's request, shall the child or children be disenrolled from Child Health Plus (NY Public Health Law § 2511(2)(j); SPA NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

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 first issue under review is whether NYSOH properly determined that your child's eligibility for Child Health Plus was conditioned upon you providing to NYSOH proof of her citizenship status and her Social Security number by August 27, 2015.

NYSOH is required to determine whether children, including newborns, are eligible to enroll in Child Health Plus and must confirm, among other things, their citizenship/immigration status and that they have a valid Social Security number. NYSOH provides for 90 days from the date of the application for children seeking enrollment in Child Health Plus to provide this information.

On the date of your May 27, 2015 application, you indicated that you were in the process of applying for a Social Security number for your child, who was born on [REDACTED]. Since her Social Security number was pending, NYSOH found her conditionally eligible to enroll in Child Health Plus at a cost of \$15.00 per month, effective July 1, 2015. Ninety days from May 29, 2015 preliminary eligibility redetermination regarding your child was August 27, 2015. Therefore, NYSOH properly issued the May 30, 2015 eligibility determination notice informing you that your child's eligibility was conditioned upon you providing proof of citizenship and her Social Security number by August 27, 2015.

The record reflects that based on an override conducted by NYSOH on May 28, 2015, your child was allowed to enroll in a Child Health Plus plan through United Health Care Community Plan, effective June 1, 2015, and she had coverage as of that date. The start date of her enrollment in that Child Health Plus plan is not in dispute.

The record also reflects that you and your spouse are U.S. citizens and you credibly testified that your child was born in the State of New York. Children born to U.S. citizen parents on U.S. soil automatically gain U.S. citizenship at the time of birth through the process of acquisition of citizenship. As such, your child satisfied the requirement of being a U.S. citizen.

As to your child's Social Security number, the record reflects that you did not provide it by the August 27, 2015 deadline. You testified that you simply forgot, even though your child's Social Security number was issued on May 7, 2015. The record reflects that you provided NYSOH with your child's Social Security number on December 28, 2015, after learning from the doctor's office that she was no longer covered, which was after the August 27, 2015 deadline and the November 30, 2015 effective date of her ineligibility for Child Health Plus and disenrollment from her Child Health Plus plan.

This leads to the second issue under review; that is, whether or not your child was properly disenrolled from her Child Health Plus plan as of November 30,

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2015, without additional notice to afford you the opportunity to provide her Social Security number.

Ordinarily, if a parent or caretaker relative does not timely provide proof of the child's Social Security number and the deadline to do so has passed, NYSOH will disenroll the child from their Child Health Plus plan after the 90 day period. 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.

In your case, on November 2 and 12, 2015, NYSOH issued identical eligibility redetermination notices. Both notices provided the requisite information to comport with the notice requirements for the Child Health Plus program specific review process in that they included 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.

Of note in your case, is that your child's eligibility was being terminated as of November 30, 2015 and there was no mention in the three above-noted notices that informed you of the appropriate actions that may be required to allow your child's coverage to continue without interruption. Nor did NYSOH issue a separate notice to inform you that appropriate action was needed to avoid your child's eligibility for and enrollment in Child Health Plus from being terminated before November 30 2015.

As such, NYSOH failed to provide sufficient notice of the appropriate actions required to avoid a gap in her Child Health Plus eligibility and coverage. Since your child's Social Security number was issued on May 7, 2015, had NYSOH issued proper and sufficient notice informing you of the appropriate action needed to avoid termination of her eligibility for and enrollment in Child Health Plus as of November 30, 2015, by providing her Social Security number, it is reasonable to infer that you would have taken appropriate action so as to avoid a gap in her coverage.

To bring the NYSOH notices in line with this finding, the following rulings are made:

- 1) The November 2 and 12, 2015 notices of eligibility redetermination regarding your child are RESCINDED;

- 2) The November 4, 2015 disenrollment notice regarding your child is **RESCINDED**;
- 3) Your case is **RETURNED** to NYSOH to restore your child's coverage in her Child Health Plus plan with United Health Care Community Plan effective December 1, 2015.
- 4) By restoring your child's Child Health Plus coverage, her 12 months of continuous coverage that began on June 1, 2015 is due to end on May 31, 2016. Since she has been enrolled in an Empire Blue Cross Blue Shield (BCBS) Child Health Plus plan since March 1, 2016, NYSOH is directed to maintain your child's enrollment in her United Health Care Child Health Plus plan until February 29, 2016, and maintain her enrollment in her Empire BCBS Child Health Plus plan as of March 1, 2016 and continuing.

The third issue under review is whether NYSOH properly determine that your and your spouse's enrollment in a qualified health plan was effective no earlier than March 1, 2016.

The record shows that on December 29, 2015, you updated the information in your NYSOH account and, on January 18, 2016, submitted your qualified health plan selection. On January 21, 2016, NYSOH issued an enrollment confirmation notice stating that your and your spouse's enrollment in the qualified health plan you had selected was effective March 1, 2016.

The date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Although you testified that you were unaware of the 15th of the month deadline to select and enroll in a qualified health plan for the first of the next following month, you also testified that you were waiting to find out if employer-sponsored health insurance was cost-effective and learned that it was not. There was no evidence of when in January 2016 you learned this information. The record only demonstrates that you did not make a selection at the time of the December 29, 2015 eligibility redetermination notice indicating you and your spouse were eligible as of February 1, 2015 or by January 15, 2016. It only shows that you made your selection on January 18, 2016.

Therefore, NYSOH's January 21, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your qualified health plan as of the first day of the second following month; that is, as of March 1, 2016.

Decision

The November 2 and 12, 2015 notices of eligibility redetermination regarding your child are RESCINDED;

The November 4, 2015 disenrollment notice regarding your child is RESCINDED;

Your case is RETURNED to NYSOH to restore your child's coverage in her Child Health Plus plan with United Health Care Community Plan effective December 1, 2015 and continuing.

By restoring your child's Child Health Plus coverage, her 12 months of continuous coverage that began on June 1, 2015 is due to end on May 31, 2016. Since she has been enrolled in an Empire Blue Cross Blue Shield (BCBS) Child Health Plus plan since March 1, 2016, NYSOH is directed to maintain your child's enrollment in her United Health Care Child Health Plus plan until February 29, 2016, and maintain her enrollment in her Empire BCBS Child Health Plus plan as of March 1, 2016 and continuing.

NYSOH's January 21, 2016 enrollment confirmation notice regarding you and your spouse is AFFIRMED.

Effective Date of this Decision: October 4, 2016

How this Decision Affects Your Eligibility

NYSOH will facilitate restoring your child's Child Health Plus plan with United Healthcare Community Health Plan as of December 1, 2015 through February 29, 2016, and will maintain her Empire BCBS Child Health Plus plan as of March 1, 2016 and continuing. NYSOH will notify you once this has been effectuated.

You will be responsible for the monthly Child Health Plus premium payments, if due, for the months of December 2015, January 2016, and February 2016.

Your and your spouse's enrollment in the gold-level qualified health plan you selected remains effective March 1, 2016.

You and your spouse did not have health insurance through NYSDOH for the months of December 2015, 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 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 2 and 12, 2015 notices of eligibility redetermination regarding your child are RESCINDED;

The November 4, 2015 disenrollment notice regarding your child is RESCINDED;

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Your case is RETURNED to NYSOH to restore your child's coverage in her Child Health Plus plan with United Health Care Community Plan effective December 1, 2015 and continuing.

By restoring your child's Child Health Plus coverage, her 12 months of continuous coverage that began on June 1, 2015 is due to end on May 31, 2016. Since she has been enrolled in an Empire Blue Cross Blue Shield (BCBS) Child Health Plus plan since March 1, 2016, NYSOH is directed to maintain your child's enrollment in her United Health Care Child Health Plus plan until February 29, 2016, and maintain her enrollment in her Empire BCBS Child Health Plus plan as of March 1, 2016 and continuing.

NYSOH's January 21, 2016 enrollment confirmation notice regarding you and your spouse is AFFIRMED.

NYSOH will facilitate restoring your child's Child Health Plus plan with United Healthcare Community Health Plan as of December 1, 2015 through February 29, 2016, and will maintain her Empire BCBS Child Health Plus plan as of March 1, 2016 and continuing. NYSOH will notify you once this has been effectuated.

You will be responsible for the monthly Child Health Plus premium payments, if due, for the months of December 2015, January 2016, and February 2016.

Your and your spouse's enrollment in the gold-level qualified health plan you selected remains effective March 1, 2016.

You and your spouse did not have health insurance through NYSDOH for the months of December 2015, January 2016, and February 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

