



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

## Notice of Decision

Decision Date: July 25, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000007179

[REDACTED]

Dear [REDACTED]

On July 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 2016 denial of your request to backdate the start date of your eldest son's Child Health Plus plan.

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 (CFR) 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: July 25, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000007179



## 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 eldest son's coverage through Child Health Plus ended on November 30, 2015, and then resumed as of January 1, 2016?

## Procedural History

On October 14, 2015, NY State of Health (NYSOH) issued an eligibility redetermination notice that in part stated your eldest son (son) was eligible to enroll in Child Health Plus for a cost of \$60.00 per month, effective November 1, 2015.

Also on October 14, 2015, NYSOH issued an enrollment notice confirming in part that your son was enrolled in a Child Health Plus plan with Hudson Health Plan, effective November 1, 2015.

On November 7 and 17, 2015, NYSOH issued renewal notices that stated, based on federal and state data sources, a decision about whether or not the members in your household, including your son, qualified for financial assistance in the upcoming year could not be made. The notice instructed you to update the information in your NYSOH account by December 15, 2015 and, if you miss this deadline, the current financial assistance your household was receiving might end.

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On December 1, 2015, NYSOH issued a letter that stated additional income information was needed for your youngest son, whose eligibility and enrollment is not under appeal, and income documents should be submitted by December 16, 2015.

On December 5, 2015, NYSOH issued an eligibility redetermination notice that in part stated your son was eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective January 1, 2016.

Also on December 5, 2015, NYSOH issued an enrollment notice that in part stated you needed to select a Child Health Plus plan for your son for coverage to begin.

That same day, NYSOH issued a disenrollment notice that in part stated your son's 2015 coverage with Hudson Health Plan would end effective November 30, 2015.

On December 8, 2015, NYSOH issued an enrollment notice confirming in part that your son's Child Health Plus plan with MVP Health Plan, Inc. would begin January 1, 2016.

On January 26, 2016, NYSOH issued another enrollment notice that stated your son was enrolled in a Child Health Plus plan with MVP Health Plan, Inc. as of January 1, 2016.

On February 17, 2016, NYSOH issued a notice that in part stated your request for help with paying for your son's medical bills for December 1, 2015 through January 31, 2016 was denied, because the Child Health Plus program he was eligible for cannot pay for any care received in the past.

In a February 18, 2016 enrollment notice, your son's coverage in a Child Health Plus plan with MVP Health Plan, Inc. was confirmed as beginning on January 1, 2016.

On February 18, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your request to backdate your son's Child Health Plus coverage to December 1, 2015 was denied.

On February 18, 2016, NYSOH issued an acknowledgement letter regarding your request for a telephone hearing to review the denial of your backdate request.

On July 19, 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.

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## Findings of Fact

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

- 1) You testified that you are only appealing your son's gap in coverage during December 2015.
- 2) According to your NYSOH account, your son was enrolled in a Child Health Plus plan with Hudson Health Plan, effective November 1, 2015.
- 3) You testified that, in response to a renewal notice, you spoke with a Navigator on November 30, 2015, who assisted you with updating your NYSOH account for renewal of your household's coverage in 2016. You testified that you selected for your son a Child Health Plus plan with MVP Health Plan, Inc., that same day.
- 4) You testified that you were told by the Navigator that your account was all set for 2016 and your son's coverage in his current Child Health Plus plan would end December 31, 2015 and his coverage with MVP Health Plan, Inc., would begin January 1, 2016.
- 5) You testified that you timely paid the December 2015 monthly premium to Hudson Health Plan for your son.
- 6) According to your NYSOH account, your son's Child Health Plus enrollment was systematically cancelled during your 2016 plan selection because Child Health Plus through Hudson Health Plan, Inc. was no longer being offered in December 2015.
- 7) According to MVP Health Plan, Inc.'s website, Hudson Health Plan, Inc. merged with MVP Health Plan, Inc. and is known as MVP Health Plan, Inc.
- 8) You testified that you were not aware that there was any problem with your son's coverage with Hudson Health Plan in December 2015, and only learned he had been disenrolled as of November 30, 2015, when a claim for a doctor's visit he had in December 2015 costing \$315.00 was denied by Hudson Health Plan in January 2016.
- 9) According to your NYSOH account and testimony at hearing, your son's disenrollment from Hudson Health Plan, Inc., effective November 30, 2015, resulted in a gap in his coverage for the month of December 2015.

10) You testified that you learned that your request to have your son's Child Health Plus coverage with MVP Health Plan, Inc., backdated to December 1, 2015, was denied when you received NYSOH's February 18, 2016 appeal acknowledgement letter.

11) You testified that you were not reimbursed the December 2015 monthly premium you had paid, but that MVP Health Plan, Inc. credited that payment and applied it toward the 2016 monthly premiums for your son's Child Health Plus coverage.

12) At all relevant times, your son resided with you, his father, and his sibling in Orange County, New York.

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 is whether NYSOH properly determined that your son's enrollment in his Child Health Plus plan with Hudson Health Plan ended effective November 30, 2015.

On October 14, 2015, NYSOH issued a notice of eligibility determination for an application submitted for your son on October 13, 2015. It stated that, effective November 1, 2015, your son could enroll in Child Health Plus with a \$60.00 monthly premium. There was no condition placed on his eligibility. That eligibility determination has not been appealed and is not under review here.

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).

Since the period of your son's Child Health Plus eligibility began on November 1, 2015, it continues until October 31, 2016, unless an event occurs to disqualify him from Child Health Plus eligibility. The record does not indicate that any Child Health Plus premiums were not timely paid, that your son has gained access to or obtained other health insurance, or that your son has become eligible for Medicaid. The record does confirm that he still resides in New York State.

When additional determinations were made after October 14, 2016, the twelve-month period of Child Health Plus eligibility that began on November 1, 2015 had not expired, and no event had occurred to end that eligibility. It appears from the record that by either system error and/or human error, your son was disenrolled as of November 30, 2015 from his Child Health Plus plan. According to the credible evidence of record, however, your child's coverage should not have ended effective November 30, 2015, regardless of whether or not Child Health Plus through Hudson Health Plan was not being offered in December 2015 and, if it was not and had merged with MVP Health Plan, Inc., it should have continued through MVP Health Plan, Inc.

To bring NYSOH's determinations into line with the record as currently developed, the following decisions and/or changes are made:

The October 14, 2015 eligibility redetermination notice that in part stated your son was eligible to enroll in Child Health Plus for a cost of \$60.00 per month, effective November 1, 2015 is **AFFIRMED**.

The October 14, 2015 enrollment notice confirming in part that your son was enrolled in a Child Health Plus plan with Hudson Health Plan, effective November 1, 2015 is **AFFIRMED**.

The December 5, 2015 disenrollment notice stating that your son's Child Health Plus coverage would end effective November 30, 2015 is **RESCINDED** as it relates to only him.

The December 5, 2015 eligibility redetermination notice that in part stated your son was eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective January 1, **REMAINS IN EFFECT**.

The February 17, 2016 notice that in part stated your request for help with paying for your son's medical bills for December 1, 2015 through January 31, 2016 was denied is **RESCINDED** as it relates to only him.

Your case is **RETURNED** to NYSOH to facilitate and ensure that your son's Child Health Plus coverage is restored effective December 1, 2015, with Hudson Health Plan or MVP Health Plan, Inc., whichever is this appropriate entity through which Child Health Plus was being offered in December 2015.

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## **Decision**

The October 14, 2015 eligibility redetermination notice that in part stated your son was eligible to enroll in Child Health Plus for a cost of \$60.00 per month, effective November 1, 2015 is **AFFIRMED**.

The October 14, 2015 enrollment notice confirming in part that your son was enrolled in a Child Health Plus plan with Hudson Health Plan, effective November 1, 2015 is **AFFIRMED**.

The December 5, 2015 disenrollment notice stating that your son's Child Health Plus coverage would end effective November 30, 2015 is **RESCINDED** as it relates to only him.

The December 5, 2015 eligibility redetermination notice that in part stated your son was eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective January 1, **REMAINS IN EFFECT**.

The February 17, 2016 notice that in part stated your request for help with paying for your son's medical bills for December 1, 2015 through January 31, 2016 was denied is **RESCINDED** as it relates to only him.

Your case is **RETURNED** to NYSOH to facilitate and ensure that your son's Child Health Plus coverage is restored effective December 1, 2015, with Hudson Health Plan or MVP Health Plan, Inc., whichever is this appropriate entity through which Child Health Plus was being offered in December 2015.

**Effective Date of this Decision:** July 25, 2016

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

The effective date of your son's Child Health Plus plan is November 1, 2015. This coverage will continue until October 31, 2016 unless one of the events mentioned above occurs.

Your case is being returned to NYSOH to facilitate and ensure that your son's coverage in Child Health Plus is restored, effective December 1, 2015, with the appropriate insurance entity. NYSOH will notify you accordingly.

You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month in which your son experienced a gap in coverage.

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).



## **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
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The October 14, 2015 eligibility redetermination notice that in part stated your son was eligible to enroll in Child Health Plus for a cost of \$60.00 per month, effective November 1, 2015 is **AFFIRMED**.

The October 14, 2015 enrollment notice confirming in part that your son was enrolled in a Child Health Plus plan with Hudson Health Plan, effective November 1, 2015 is AFFIRMED.

The December 5, 2015 disenrollment notice stating that your son's Child Health Plus coverage would end effective November 30, 2015 is RESCINDED as it relates to only him.

The December 5, 2015 eligibility redetermination notice that in part stated your son was eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective January 1, REMAINS IN EFFECT.

The February 17, 2016 notice that in part stated your request for help with paying for your son's medical bills for December 1, 2015 through January 31, 2016 was denied is RESCINDED as it relates to only him.

Your case is RETURNED to NYSOH to facilitate and ensure that your son's Child Health Plus coverage is restored effective December 1, 2015, with Hudson Health Plan or MVP Health Plan, Inc., whichever is this appropriate entity through which Child Health Plus was being offered in December 2015.

The effective date of your son's Child Health Plus plan is November 1, 2015. This coverage will continue until October 31, 2016 unless one of the events mentioned above occurs.

Your case is being returned to NYSOH to facilitate and ensure that your son's coverage in Child Health Plus is restored, effective December 1, 2015, with the appropriate insurance entity. NYSOH will notify you accordingly.

You are responsible for paying the insurance carrier any Child Health Plus premiums that are owed for the month in which your son experienced a gap in coverage.

## **Legal Authority**

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

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



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