



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

## Notice of Decision

Decision Date: September 12, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007633

[REDACTED]

Dear [REDACTED],

On August 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 17, 2016 eligibility redetermination and February 18, 2016 disenrollment notice.

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 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: September 12, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007633

[REDACTED]

## 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 child's coverage through Child Health Plus ended on February 29, 2016?

## Procedural History

On March 11, 2015, the NY State of Health (NYSOH) received your household's application for health insurance.

On March 12, 2015, the NYSOH issued an eligibility determination notice stating that your eldest child was eligible to enroll in Child Health Plus at no cost effective April 1, 2015.

Also on March 12, 2015, an enrollment confirmation notice was issued stating your eldest child had been enrolled in a Child Health Plus plan starting April 1, 2015.

On January 15, 2016, the NYSOH issued a renewal notice stating, in part, that it did not have enough information from state and federal data sources to determine whether your child would qualify for financial assistance. It directed you to update the information in your account by February 15, 2016, so that a decision could be made. If you did not respond to the notice, the financial assistance you were currently receiving could end.

No updates were made to your NYSOH account by February 15, 2016.

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On February 17, 2016, an eligibility redetermination notice was issued stating you did not respond to the renewal notice and did not complete your renewal within the required timeframe. As a result your eldest child no longer qualified for financial assistance effective February 29, 2016.

On February 18, 2016, NYSOH issued a disenrollment notice stating that your eldest child's Child Health Plus plan would end effective February 29, 2016.

On March 2, 2016, an eligibility determination notice was issued finding your eldest child eligible to enroll in Child Health Plus for a cost of \$9.00 per month starting April 1, 2016.

On March 3, 2016, an enrollment confirmation notice was issued confirming your eldest child's enrollment in a Child Health Plus plan effective April 1, 2016.

On March 3, 2016, you spoke to the NYSOH's Account Review Unit and appealed the gap in coverage your eldest child experienced due to being disenrolled for the month of March 2016 for failure to respond to NYSOH's renewal notice.

On August 18, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

## **Findings of Fact**

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

- 1) You testified, and the record reflects, that you are appealing only your eldest child's eligibility.
- 2) The record reflects that on March 11, 2015 you enrolled your eldest child in a Child Health Plus plan through the NYSOH effective April 1, 2015.
- 3) You testified that you have consistently paid all of your child's premiums on time, as well as a March, 2016 premium.
- 4) You testified you did not receive any notice stating your eldest child had been disenrolled from his Child Health Plus plan effective February 29, 2016.
- 5) You testified you receive your notices from NYSOH via regular U.S. Mail.

- 6) The record reflects that your eldest child was enrolled in a Child Health Plus plan on March 2, 2016.
- 7) You testified that as a result of the date your enrolled your child back into a Child Health Plus plan with the help of an application counselor, he experienced a gap in his coverage for the month of March 2016.
- 8) You testified that although you did not have medical costs for the month of March 2016, you were concerned with possible tax consequences for 2016.
- 9) The record reflects, and your testimony supports you still reside in Rensselaer County, NY.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Child Health Plus Continuous Coverage

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 eldest child’s enrollment in his Child Health Plus (CHP) ended effective February 29, 2016.

Your eldest child was originally found eligible to enroll in a CHP plan with NYSOH on March 11, 2015. The next day, NYSOH issued an eligibility determination notice stating that your eldest child was eligible to enroll in Child

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Health Plus at no cost effective April 1, 2015. Subsequently, your child was enrolled in a Child Health Plus plan starting April 1, 2015

In New York State, the period of eligibility and enrollment with CHP plans 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. This period is known as “continuous coverage.”

Since the period of your eldest child’s CHP eligibility began on April 1, 2015, it would continue until March 31, 2016, unless an event occurs to disqualify them from CHP eligibility. The record does not indicate that any CHP premiums were not received timely, that your eldest child has gained access to or obtained other health insurance, or that your eldest child had become eligible for Medicaid. The record does confirm that he still resides in New York State.

NYSOH issued a renewal notice on January 15, 2016, that stated there was not enough information from state and federal data sources to determine whether your child would still qualify for financial assistance. You were asked to update the information in your account by February 15, 2016. If you did not respond to the notice, the financial assistance you were currently receiving could end.

No updates were made to your NYSOH account by February 15, 2016. As a result your child was disenrolled effective February 29, 2016 through notices dated February 17 and February 18, 2016.

However, when these additional determinations were made, the twelve-month period of CHP eligibility for your eldest child that began on April 1, 2015 had not expired yet, and no event had occurred to end that period of continuous coverage.

Therefore the February 17, 2016, eligibility redetermination, and February 18, 2016 disenrollment notices terminating your eldest child’s Child Health Plus plan effective February 29, 2016 are RESCINDED.

Your case is RETURNED to the NYSOH to ensure that your eldest child’s Child Health Plus coverage is restored effective March 1, 2016 through March 31, 2016.

## **Decision**

The February 17, 2016 eligibility redetermination and February 18, 2016 disenrollment notices terminating your eldest child's Child Health Plus plan effective February 29, 2016 are **RESCINDED**.

Your case is **RETURNED** to the NYSOH to ensure that your eldest child's Child Health Plus coverage is restored effective March 1, 2016 through March 31, 2016.

**Effective Date of this Decision:** September 12, 2016

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

Your eldest child should have had coverage through Child Health Plus for the month of March 2016. Your case has been sent back to NYSOH to reinstate him for coverage for that month.

You are responsible for paying the insurance carrier any Child Health Plus premiums that may be owed for the month of March, 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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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## **Summary**

The February 17, 2016, eligibility redetermination, and February 18, 2016 disenrollment notices terminating your eldest child's Child Health Plus plan effective February 29, 2016 are **RESCINDED**.

Your case is **RETURNED** to the NYSOH to ensure that your eldest child's Child Health Plus coverage is restored effective March 1, 2016 through March 31, 2016.

Your eldest child should have had coverage through Child Health Plus for the month of March 2016. Your case has been sent back to NYSOH to reinstate him for coverage for that month.

You are responsible for paying the insurance carrier any Child Health Plus premiums that may be owed for the month of March, 2016.

## **Legal Authority**

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



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

