



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

Notice of Decision

Decision Date: December 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008127

[REDACTED]

Dear [REDACTED],

On November 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 2016 cancellation 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: December 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008127

[REDACTED]

Issue

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

Did New York State of Health (NYSOH) properly cancel your child's Child Health Plus coverage effective March 1, 2016?

Procedural History

On January 20, 2016 and January 28, 2016, NYSOH issued eligibility determination notices, in relevant part, stating that your child was eligible to enroll in a full price Child Health Plus plan or Child-Only qualified health plan effective as of March 1, 2016.

Also on January 28, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your child was enrolled in the Child Health Plus plan, MVP Health Plan, Inc., with a plan enrollment start date of March 1, 2016.

On January 29, 2016, your NYSOH account was updated.

On January 30, 2016, NYSOH issued a cancellation notice stating that your child's MVP Health Plan, Inc. would end March 1, 2016.

On March 15, 2016, your NYSOH account was updated.

On March 16, 2016, NYSOH issued an eligibility determination notice, in relevant part, that your child was eligible to enroll in a full price Child Health Plus plan or Child-Only qualified health plan effective as of April 1, 2016.

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On March 21, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your child's Child Health Plus coverage being cancelled March 1, 2016.

On April 7, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your child was enrolled in the Child Health Plus plan, MVP Health Plan, Inc., with a plan enrollment start date of May 1, 2016.

On August 19, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for September 15, 2016.

On September 15, 2016, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to NYSOH. However, you did not answer.

On September 20, 2016, NYSOH Appeals Unit issued you a Notice of Dismissal for failing to appear for your scheduled telephone hearing.

On October 20, 2016, you faxed a letter to NYSOH requesting to vacate your dismissal. Your request to vacate the dismissal was granted by NYSOH Appeals Unit ([REDACTED]).

On November 15, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and the record was left open until November 16, 2016, to allow you to submit additional documentation to NYSOH Appeals Unit.

On November 16, 2016, you faxed four-pages of documents to NYSOH Appeals Unit. That fax has been marked as "Appellant Exhibit A" and has been incorporated into the record. The record is now complete and closed.

Findings of Fact

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

- 1) You testified you are appealing the cancellation of your child's Child Health Plus coverage effective March 1, 2016.
- 2) You testified that your child was born on [REDACTED].
- 3) According to your NYSOH account, on January 27, 2016, you enrolled your child in a Child Health Plus health plan, with a plan enrollment start date of March 1, 2016.

- 4) According to your NYSOH account, on January 29, 2016, your residential address was changed to [REDACTED] by [REDACTED].
- 5) According to your NYSOH account, on January 29, 2016, your child's enrollment was deleted by [REDACTED].
- 6) You testified that you were not aware that you had terminated your child's coverage when updating your residential address in your NYSOH account.
- 7) According to your NYSOH account, on January 30, 2016, NYSOH issued a cancellation notice to [REDACTED]. The notice stated that your child's coverage would end March 1, 2016 [REDACTED].
- 8) On [REDACTED], your child went to the emergency room at Catskill Regional Medical Center ([REDACTED]).
- 9) You have outstanding medical bills due to the medical services that your child received on [REDACTED] ([REDACTED]).

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)).

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" (NY Public Health Law § 2510(6)).

However, a child is not eligible for twelve months of continuous eligibility if:

- The child attains the age of 19;
- The child or child's representative requests voluntary disenrollment;
- The child is no longer a resident of the state;
- The agency determines that eligibility was erroneously granted because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative;

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- The child dies;
- Failure to pay required premiums or enrollment fees;
- The child becomes Medicaid eligible;
- The child has obtained other health insurance;
- The child has obtained access to a state health benefits plan subsequent to the initial/renewal period;

(see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

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

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 relative 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)).

Legal Analysis

The issue is whether NYSOH properly cancelled your children's Child Health Plus plan effective March 1, 2016.

On January 27, 2016, NYSOH issued notices stating that your child was eligible to enroll in a CHP plan and that they were enrolled in the Child Health Plus plan, MVP Health Plan, Inc., with a plan enrollment start date of March 1, 2016.

Generally, once a child is determined eligible for Child Health Plus, they are guaranteed 12 months of coverage. This twelve-month period commences on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment. However, a child is not eligible for twelve months of continuous eligibility if the child or child's representative requests voluntary disenrollment.

The record reflects that on January 29, 2016, you updated your NYSOH account. You updated your residential address to [REDACTED] and, your child's enrollment was deleted.

If a child's eligibility is suspended or terminated, the State must also provide sufficient notice to enable the child's parent or caretaker relative to take any appropriate actions that may be required to allow coverage to continue without interruption.

You testified that you were not aware that you had cancelled your child's coverage when updating your residential address in your NYSOH account. However, the record reflects that on January 30, 2016, NYSOH issued you a cancellation notice to your current address, stating that your child's coverage would end March 1, 2016. NYSOH properly notified you that your child's

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coverage would be cancelled. Therefore, NYSOH properly cancelled your child's coverage effective March 1, 2016.

Decision

The January 30, 2016, cancellation notice is AFFIRMED.

Effective Date of this Decision: December 7, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's enrollment.

NYSOH properly cancelled your child's Child Health Plus coverage March 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 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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- By mail at:
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Summary

The January 30, 2016, cancellation notice is AFFIRMED.

This decision does not change your child's enrollment.

NYSOH properly cancelled your child's Child Health Plus coverage March 1, 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:

