



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

## Notice of Decision

Decision Date: November 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009082

[REDACTED]

Dear [REDACTED],

On November 3, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 23, 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 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: November 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009082

[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 terminate your children's Child Health Plus coverage effective March 31, 2016?

## Procedural History

On August 10, 2015, NYSOH issued an eligibility determination notice, in relevant part, that your children were eligible to enroll in a full price Child Health Plus plan or Child-Only qualified health plan effective as of September 1, 2015.

Also on August 10, 2015, NYSOH issued an enrollment notice confirming, in relevant part, that your children were enrolled in the Child Health Plus plan, UnitedHealthcare Community Plan, with a plan enrollment start date of September 1, 2015.

On February 22, 2016, your NYSOH account was updated.

On February 23, 2016, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in Child Health Plus with a \$60.00 monthly premium each, effective April 1, 2016.

Also on February 23, 2016, NYSOH issued a disenrollment notice stating that your children's Child Health Plus coverage would be terminated effective March 31, 2016, because they were no longer eligible to remain enrolled in their current health insurance.

On April 9, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your children were enrolled in the Child Health Plus plan, UnitedHealthcare Community Plan, with a plan enrollment start date of May 1, 2016.

On April 21, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your children's Child Health Plus coverage being terminated effective March 31, 2016.

On November 3, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified you are appealing the discontinuance of your children's Child Health Plus coverage.
- 2) According to your NYSOH account, on August 9, 2015, NYSOH your children were enrolled in the Child Health Plus plan, UnitedHealthcare Community Plan, with a plan enrollment start date of September 1, 2015.
- 3) According to your NYSOH account, your children's Child Health Plus coverage was discontinued effective March 31, 2016.
- 4) You testified that you were not aware that your children's health insurance had been terminated until April 2016, when you took your children to the doctor.
- 5) According to your NYSOH account, your children were re-enrolled in UnitedHealthcare Community Plan with a plan enrollment start date of May 1, 2016, which created a gap in coverage for April 2016.
- 6) You testified that you were responsible for paying \$400.00 in medical expenses because your children's gap in health insurance.

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

## **Applicable Law and Regulations**

### Child Health Plus

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).

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 the 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 § 2510(6)).

## **Legal Analysis**

The issue is whether NYSOH properly terminated your children’s CHP plan effective March 31, 2016.

On August 10, 2015, NYSOH issued notices stating that your children were eligible to enroll in a CHP plan and that they were enrolled in the CHP, UnitedHealthcare Community Plan, with an effective date of September 1, 2015.

Since the period of your child’s CHP eligibility began on September 1, 2015, it continues until August 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 child had gained access to or obtained other health insurance; that your children had become eligible for Medicaid, or they were no longer New York State residents.

When your children’s coverage terminated on March 31, 2016, the twelve-month period of CHP eligibility that began on September 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 March 31, 2016.

The February 23, 2016 disenrollment notice stating that your children’s Child Health Plus coverage would end effective March 31, 2016 is **RESCINDED**.

Your case is **RETURNED** to reinstate your children’s coverage for the month of April 2016.

## **Decision**

The February 23, 2016, disenrollment notice stating that your children's Child Health Plus coverage would end effective March 31, 2016 is **RESCINDED**.

Your case is **RETURNED** to reinstate your children's coverage for the month of April 2016.

**Effective Date of this Decision:** November 30, 2016

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

The case is returned to NYSOH to reinstate your children's Child Health Plus coverage for the month of April 2016.

You may be responsible for paying the insurance carrier for additional health insurance premiums in order to effectuate the coverage.

## **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):**

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## **Summary**

The February 23, 2016, disenrollment notice stating that your children's Child Health Plus coverage would end effective March 31, 2016 is **RESCINDED**.

Your case is **RETURNED** to reinstate your children's coverage for the month of April 2016.

The case is returned to NYSOH to reinstate your children's Child Health Plus coverage for the month of April 2016.

You may be responsible for paying the insurance carrier for additional health insurance premiums in order to effectuate the coverage.

## **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:**

