



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

## Notice of Decision

Decision Date: March 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012848

[REDACTED]

Dear [REDACTED],

On February 10, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's October 15, 2016 eligibility determination and disenrollment notices, as well as the October 22, 2016 eligibility determination 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 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.

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: March 29, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012848

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the NY State of Health (NYSOH) properly terminate your four-year old child's (child) coverage in his Child Health Plus plan, effective October 31, 2016?

Did NYSOH properly determine your child was not eligible to reenroll in a Child Health Plus plan until December 1, 2016?

## Procedural History

On September 18, 2015, NYSOH issued a notice of eligibility determination stating your child was eligible to enroll in a Child Health Plus plan, effective November 1, 2015.

Also on September 18, 2015, NYSOH issued a notice of enrollment confirming your child's enrollment in a Child Health Plus plan with a November 1, 2015 coverage start date.

On October 14, 2016, your child's eligibility was redetermined.

On October 15, 2016, NYSOH issued an eligibility determination notice stating your child was newly eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2016. The notice further stated your child did not qualify for Child Health Plus because federal and state data sources

showed he was already enrolled in Medicaid, Child Health Plus, or another program.

Also on October 15, 2016, NYSOH issued a disenrollment notice stating your child's Child Health Plus plan was terminated, effective October 31, 2016, because he was no longer eligible to remain enrolled in the plan.

On October 22, 2016, NYSOH issued an eligibility determination notice, based on your October 21, 2016 updated application, stating your child was eligible to enroll in Child Health Plus, effective December 1, 2016.

Also on October 22, 2016, NYSOH issued an enrollment notice, based on your October 21, 2016 plan selection, confirming your child's enrollment in a Child Health Plus plan.

On October 26, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin on November 1, 2016.

On February 10, 2017, you had a telephone hearing with a Hearing Officer from 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 supports the following findings of fact:

- 1) You testified you are appealing only your four-year old child's enrollment start date.
- 2) Your account confirms your child was enrolled in a Child Health Plus plan through NYSOH as of November 1, 2015.
- 3) You testified you applied in September 2016 for Medicaid benefits for your child through your local department of social services because you were advised your child was eligible to receive additional benefits due to his disability.
- 4) You testified your child's Medicaid coverage began October 1, 2016.
- 5) You and your spouse testified you were unaware your child's enrollment in Medicaid through the local department of social services would affect his eligibility for Child Health Plus through NYSOH.

- 6) You and your spouse testified you learned at the beginning of October 2016, prior to receipt of the October 15, 2016 disenrollment notice, that your child's Child Health Plus plan was being terminated because he was concurrently enrolled in Medicaid.
- 7) Your spouse testified she faxed your local county department of social services a request to terminate your child's Medicaid coverage between October 10, 2016 and October 12, 2016, because you did not want to lose your child's Child Health Plus coverage.
- 8) According to your NYSOH account, state and federal data sources indicate your son's Medicaid coverage ended October 31, 2016.
- 9) You testified, and your account confirms, you accessed your account online on October 14, 2016 to update the application and reapply for health insurance for your child. You testified you also called NYSOH on this date to reenroll your child into a Child Health Plus plan for November 2016.
- 10) Your account indicates a new enrollment was not submitted for your child until October 21, 2016 resulting in an enrollment start date of December 1, 2016.
- 11) Your account indicates your child was without health coverage through NYSOH for the month of November 2016. You testified your child incurred medical bills during this time.
- 12) You and your spouse testified that provider claims from October 2016 are also being denied by your child's Child Health Plus plan. You testified the treatment by this provider was previously covered by your child's health plan.
- 13) You testified you are seeking reinstatement in your son's Child Health Plus plan for the month of November 2016. In addition, you are seeking confirmation your child was covered under his Child Health Plus plan for the month of October 2016.
- 14) There is no evidence your child's monthly premium payments were not paid timely.

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

## **Applicable Law and Regulations**

### Child Health Plus - Eligibility

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for 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) (NY 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 PHL § 2511(2)(b)).

### Child Health Plus – Effective Dates of Coverage

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 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)).

“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 avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## Legal Analysis

The first issue is whether NYSOH properly terminated your child's Child Health Plus plan, effective October 31, 2016.

You testified that in September 2016 you applied for Medicaid benefits for your child through your local department of social services because you were advised your child was eligible to receive additional benefits due to his disability. You testified your child's Medicaid coverage began October 1, 2016.

Your account confirms your child's eligibility for health insurance through NYSOH was redetermined on October 14, 2016. At this time, state and federal data sources indicated your child was currently enrolled in Medicaid. As a result, NYSOH determined your child no longer qualified for Child Health Plus and a disenrollment notice was issued October 15, 2016. This notice stated your child's Child Health Plus plan was terminated, effective October 31, 2016.

In accordance with the above regulations, a child receiving Medicaid is not eligible to enroll in Child Health Plus through NYSOH. Accordingly, as a result of your child's Medicaid enrollment, he was not eligible to remain enrolled in his Child Health Plus plan.

Therefore, the October 15, 2016 disenrollment notice stating your child's Child Health Plus plan was terminated, effective October 31, 2016, because he was no longer eligible to remain enrolled in the plan, is correct and is AFFIRMED.

It is noted you testified your child's health plan is not covering provider claims from October 2016. In accordance with this decision, NYSOH records indicate your child was covered by his Child Health Plus plan from November 1, 2015 to October 31, 2016. Accordingly, your case is referred to Plan Management to assist you in claims resolution for October 2016.

The second issue is whether NYSOH properly determined your child was not eligible to reenroll in a Child Health Plus plan until December 1, 2016.

As discussed above, your child's Child Health Plus plan was properly terminated, as of October 31, 2016, because he was receiving Medicaid. However, you testified that in October 2016 you requested your child's Medicaid coverage through the local county department of social services be terminated. Your account confirms state and federal data sources indicate your child's Medicaid coverage was terminated as of October 31, 2016.

Although your account indicates a new enrollment was not submitted for your child until October 21, 2016, you testified you accessed your account online on October 14, 2016 to reapply for health insurance for your child. You testified you also called NYSOH on this date to reenroll your child into a Child Health Plus

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plan for November 2016. Your account corroborates this testimony. However, you were unable to reenroll your child into a Child Health Plus plan on October 14, 2016 because state and federal data sources were showing he had active Medicaid coverage at the time.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

The competent evidence of record establishes that on October 14, 2016, you attempted to reenroll your child into a Child Health Plus plan. As discussed above, your child's Medicaid coverage ended October 31, 2016, therefore, your child should have been eligible to reenroll in a Child Health Plus plan beginning November 1, 2016.

Since you should have been allowed to reenroll your child on October 14, 2016, the plan should have become effective on the first day of the following month; that is November 1, 2016.

Therefore, the October 22, 2016 eligibility determination notice stating your child was eligible to enroll in Child Health Plus, effective December 1, 2016 is MODIFIED to reflect your child was eligible to enroll as of November 1, 2016.

Your case is RETURNED to NYSOH to reinstate your child's Child Health Plus plan for the month of November 2016.

## **Decision**

The October 15, 2016 disenrollment notice stating your child's Child Health Plus plan was terminated, effective October 31, 2016, is correct and is AFFIRMED.

Your case is referred to Plan Management to assist you in claims resolution for October 2016.

The October 22, 2016 eligibility determination notice stating your child was eligible to enroll in Child Health Plus, effective December 1, 2016 is MODIFIED to reflect your child was eligible to enroll as of November 1, 2016.

Your case is RETURNED to NYSOH to reinstate your child's Child Health Plus plan for the month of November 2016.

**Effective Date of this Decision:** March 29, 2017

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

Your child was properly disenrolled from his Child Health Plus plan, effective October 31, 2016.

Your case is referred to Plan Management to assist you in claims resolution for October 2016.

Your child should have been eligible to reenroll in a Child Health Plus plan as of November 1, 2016.

Your case is being sent back to NYSOH to reinstate your child's Child Health Plus plan for the month of November 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

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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 15, 2016 disenrollment notice stating your child's Child Health Plus plan was terminated, effective October 31, 2016, is correct and is **AFFIRMED**.

Your case is referred to Plan Management to assist you in claims resolution for October 2016.

The October 22, 2016 eligibility determination notice stating your child was eligible to enroll in Child Health Plus, effective December 1, 2016 is **MODIFIED** to reflect your child was eligible to enroll as of November 1, 2016.

Your case is **RETURNED** to NYSOH to reinstate your child's Child Health Plus plan for the month of November 2016.

Your child was properly disenrolled from his Child Health Plus plan, effective October 31, 2016.

Your child should have been eligible to reenroll in a Child Health Plus plan as of November 1, 2016.

Your case is being sent back to NYSOH to reinstate your child's Child Health Plus plan for the month of November 2016.

## **Legal Authority**

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

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



## Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### 中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### 中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### 한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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## **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

## **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

## **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

## **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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