



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

Notice of Decision

Decision Date: March 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013737

[REDACTED]

Dear [REDACTED],

On March 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 29, 2016 eligibility redetermination and October 31, 2016, disenrollment notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

Legal Authority

We are sending you this notice in accordance with 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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Appeal Identification Number: AP000000013737

[REDACTED]

Issues

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

Did New York State of Health (NYSOH) properly determine that your children were not eligible for Child Health Plus and their coverage ended effective November 30, 2016?

Procedural History

On December 6, 2015, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in Child Health Plus for a cost of \$9.00 per month each, effective as of January 1, 2016.

Also on December 6, 2015, NYSOH issued an enrollment notice confirming that as of December 2, 2015, your children were enrolled in a Child Health Plus plan with an enrollment start date of January 1, 2016.

On October 12, 2016, NYSOH issued a disenrollment notice stating that your children's coverage was terminated effective September 30, 2016, because premium payments had not been received by the health plan.

On October 28, 2016, your children's eligibility was systematically redetermined.

On October 29, 2016, NYSOH issued an enrollment notice stating that your children's coverage had been restored and they were able to access plan

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benefits. The notice stated that your children were enrolled with an enrollment start date of January 1, 2016.

Also on October 29, 2016, NYSOH issued an eligibility redetermination notice stating that your children were newly eligible to purchase a qualified health plan at full cost effective December 1, 2016. The notice stated, in relevant part, that your children were not eligible for Child Health Plus because they were enrolled in or had access to coverage through the New York State Health Insurance Program.

On October 31, 2016, NYSOH issued a disenrollment notice stating that your children's health plan would end effective November 30, 2016.

On November 30, 2016, your NYSOH account was updated.

On December 1, 2016, NYSOH issued an eligibility redetermination notice stating that your children were eligible for Child Health Plus, each with a premium of \$9.00 per month, effective as of January 1, 2017.

On December 2, 2016, NYSOH issued an enrollment notice confirming that as of December 1, 2016, your children were enrolled in a Child Health Plus plan with an enrollment start date of January 1, 2017.

On December 3, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your children were disenrolled from their Child Health Plus plan effective November 30, 2016.

On March 9, 2017 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 proceeding.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you are applying for health insurance through NYSOH for your two children, ages six and eleven.
- 2) According to your NYSOH account, your children were enrolled in a Child Health Plus plan effective January 1, 2016.
- 3) You testified that you are an employee of [REDACTED] and currently enrolled in the New York State Health Insurance Program (NYSHIP).

- 4) You testified that your children are not enrolled in NYSHIP.
- 5) You testified that your children are eligible to enroll in NYSHIP, but the family option is not affordable.
- 6) According to your December 1, 2016 NYSOH application, it was indicated that you were not a public employee and ineligible to get family coverage through a state health benefits plan.
- 7) You testified that you did not submit any medical claims in December 2016.

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 under the age of nineteen may be eligible for subsidized coverage through Child Health Plus (CHP) provided that (1) they reside in a household having a household income at or below 400% of the FPL; (2) is not eligible for medical assistance; (3) does not have health care coverage under insurance, as defined by the commissioner, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-c, e)).

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 § 2510(6)).

The State of New York does not provide children who have obtained access to a state health benefits plan subsequent to the initial or renewal period with continuous Child Health Plus eligibility (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The issue under review is whether NYSOH properly disenrolled your children from their Child Health Plus plan effective November 30, 2016.

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Once a child is determined fully eligible for Child Health Plus, they are entitled to a 12-month eligibility period, unless an event occurs to disqualify them from eligibility.

On December 6, 2015 NYSOH issued notices confirming that your children were eligible for Child Health Plus and enrolled in health plan effective January 1, 2016. Since your children were enrolled in Child Health Plus plan effective January 1, 2016, a twelve-month eligibility period would have ended effective December 31, 2016.

However, children who have access to or enrolled in health insurance coverage through a state benefits health insurance plan are not eligible for Child Health Plus.

You testified that you are an employee of [REDACTED] and currently enrolled in NYSHIP. Furthermore, you testified that your children are eligible to enroll in NYSHIP, but the family option is not affordable. Since the record supports that your children have access to a state benefits health insurance plan, NYSOH properly disenrolled your children from their Child Health Plus coverage effective November 30, 2016.

Therefore, the October 29, 2016 eligibility redetermination and October 31, 2016 disenrollment notices are AFFIRMED.

The record reflects that your NYSOH account was updated on December 1, 2016, to reflect that you were not a public employee and ineligible to get family coverage through a state health benefits plan. However, you testified you are currently an employee of [REDACTED], and have access to the family option through NYSHIP. Therefore, your case is RETURNED to NYSOH to redetermine your children's eligibility on the basis that you are a [REDACTED] eligible to get family coverage through a state health benefits plan.

Decision

The October 29, 2016 eligibility redetermination and October 31, 2016 disenrollment notices are AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your children's eligibility on the basis that you are a [REDACTED] eligible to get family coverage through a state health benefits plan.

Effective Date of this Decision: March 14, 2017

How this Decision Affects Your Eligibility

NYSOH properly determined your children ineligible for Child Health Plus effective November 30, 2016.

NYSOH properly disenrolled your children from Child Health Plus effective November 30, 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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Summary

The October 29, 2016 eligibility redetermination and October 31, 2016 disenrollment notices are AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your children's eligibility on the basis that you are a [REDACTED] eligible to get family coverage through a state health benefits plan.

NYSOH properly determined your children ineligible for Child Health Plus effective November 30, 2016.

NYSOH properly disenrolled your children from Child Health Plus effective November 30, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

