

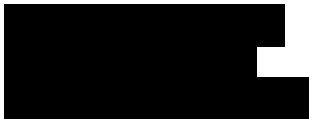


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: February 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013875



Dear [REDACTED],

On January 13, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's May 23, 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 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: February 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013875

[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 [REDACTED] coverage in her Child Health Plus plan ended effective June 1, 2016?

Procedural History

You submitted an application to NY State of Health (NYSOH) for financial assistance on April 28, 2016.

On April 29, 2016, NYSOH issued a notice of eligibility determination, based on your April 28, 2016 application, stating that your [REDACTED] was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective June 1, 2016.

Also on April 29, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on April 28, 2016, stating that your [REDACTED] was enrolled in a Child Health Plus plan, and that enrollment in the plan would start June 1, 2016.

On May 21, 2016, NYSOH redetermined your household eligibility, based on your April 28, 2016 application.

On May 22, 2016 NYSOH issued a notice of eligibility determination stating that your daughter was eligible for the Essential Plan, effective July 1, 2016. The notice stated that your [REDACTED] was no longer eligible for coverage through Child Health Plus. You were also directed to submit income documentation.

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On May 23, 2016, NYSOH issued a notice of cancellation stating that your [REDACTED] coverage in her Child Health Plus plan would end effective June 1, 2016. The notice stated that your [REDACTED] was no longer eligible for Child Health Plus because Child Health Plus is only available to children who are 18 years of age or younger.

Also on May 23, 2016, NYSOH issued an enrollment confirmation notice stating that your [REDACTED] was enrolled in the Essential Plan, and that her enrollment in the plan would start July 1, 2016.

On December 7, 2016 you spoke to NYSOH's Account Review Unit and appealed the end date of your [REDACTED] Child Health Plus plan insofar as her coverage ended effective June 1, 2016.

On January 13, 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 that you are appealing only your [REDACTED] eligibility.
- 2) You submitted an application to NYSOH for financial assistance on April 28, 2016.
- 3) You testified and the record reflects that you enrolled your [REDACTED] into a Child Health Plus plan on April 28, 2016.
- 4) You testified that you paid your [REDACTED] Child Health Plus monthly premium for June 2016.
- 5) You testified that your [REDACTED] date of birth is [REDACTED].
- 6) You testified that you need your [REDACTED] Child Health Plus plan coverage effective as of June 1, 2016 because you have outstanding medical bills for services rendered.

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

Applicable Law and Regulations

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Child Health Plus

A child under the age of nineteen may be eligible for subsidized coverage through Child Health Plus provided (1) he or she lives in a household having a household income at or below 400% of the FPL; (2) is not eligible for medical assistance; (3) is not eligible for coverage under the public employees' state health benefits plan, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-e)).

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, reaches the age of 19 or becomes eligible for Medicaid (NY Public Health Law § 2510(6)). Children who "age out" of Child Health Plus are disenrolled from the health plan on the last day of the month in which they reach 19 years of age (see e.g. State Plan Amendment (SPA) NY-14-005, approved February 3, 2015 and effective January 1, 2014, 42 CFR § 457.350).

Legal Analysis

The issue is whether NYSOH properly determined that your [REDACTED] coverage in her Child Health Plus plan ended June 1, 2016.

On April 29, 2016, NYSOH issued a notice of eligibility determination stating, effective June 1, 2016, your [REDACTED] could enroll through Child Health Plus with a premium of \$9.00 per month. Also, on April 29, 2016, NYSOH issued an enrollment confirmation notice, stating that your daughter was enrolled in a Child Health Plus plan, and that her enrollment in the plan would start June 1, 2016. You testified that you paid your [REDACTED] Child Health Plus monthly premium for June 2016.

Since the period of your daughter's eligibility began on June 1, 2016, it would have continued for twelve months, unless an event occurred to disqualify her from Child Health Plus eligibility. Reaching the age of 19 is a disqualifying event, and when that happens, a child's eligibility for Child Health Plus ends at the end of the month in which they reach the age of 19. The record reflects that your child turned 19 years old on [REDACTED].

Therefore, the May 23, 2016 cancellation notice stating that your [REDACTED] coverage in her Child Health Plus plan ended effective June 1, 2016 because

she was older than the allowable limit, is incorrect and must be MODIFIED to reflect that it ended effective June 30, 2016.

Decision

The May 23, 2016 cancellation notice is MODIFIED to reflect that your [REDACTED] coverage in her Child Health Plus plan ended effective June 30, 2016.

The April 29, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 10, 2017

How this Decision Affects Your Eligibility

Your [REDACTED] should have had active coverage in her Child Health Plus plan in June 2016.

Your case is being sent back to ensure the enrollment stated above.

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):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 23, 2016 cancellation notice is MODIFIED to reflect that your [REDACTED] coverage in her Child Health Plus plan ended effective June 30, 2016.

The April 29, 2016 enrollment confirmation notice is AFFIRMED.

Your [REDACTED] should have had active coverage in her Child Health Plus plan in June 2016.

Your case is RETURNED to NYSOH to ensure that your [REDACTED] [REDACTED] has active coverage in her Child Health Plus plan for June 2016.

Your case is being sent back to ensure the enrollment stated above.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

