



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

Notice of Decision

Decision Date: July 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016487

[REDACTED]

Dear [REDACTED]

On June 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2017 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 and the 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016487

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your children's enrollment in their Child Health Plus plan ended effective January 31, 2017?

Procedural History

On November 22, 2015, NYSOH issued an eligibility determination notice stating that your two children were eligible to enroll in a full price Child Health Plus (CHP) plan, effective as of January 1, 2016.

On November 25, 2015, NYSOH issued a plan enrollment confirmation notice stating that your children were enrolled in a CHP plan, with a monthly premium of \$370.70, with a plan enrollment start date of February 1, 2014.

On October 20, 2016, NYSOH issued a renewal notice stating your children were re-enrolled in their CHP plan, effective January 1, 2017 and no action was required on your part.

On November 18, 2016, NYSOH issued a plan enrollment notice confirming your children's enrollment in a CHP plan, with a monthly premium of \$370.70 and a plan enrollment start date of January 1, 2017.

On November 24, 2016, NYSOH issued a disenrollment notice indicating your children's coverage in their CHP plan would end December 31, 2016. This was

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because the health plan was being discontinued next year. The notice further stated that no action on your part was needed and that your children were enrolled into a health plan for the upcoming year.

On January 27, 2017, NYSOH issued a disenrollment notice indicating your children's coverage in their CHP plan would end January 31, 2017. This was because you asked to end their coverage on January 26, 2017.

On March 2, 2017, you contacted the NYSOH Account Review Unit and appealed the date your children were disenrolled from their CHP plan, requesting the disenrollment be made effective January 1, 2017.

On June 13, 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) You testified that your children became eligible for insurance through your spouse's employer as of January 1, 2017.
- 2) You testified that sometime on or about December 20, 2016, you contacted your children's CHP plan and asked that they be disenrolled from their coverage at the end of that month.
- 3) You testified that the CHP plan representative told you that would not be a problem and that you would get a refund for the premium you had already paid for January 2017.
- 4) You testified that the CHP plan representative did not tell you that you should contact NYSOH to cancel your children from CHP coverage.
- 5) You testified that you believed your children's CHP plan coverage would end on December 31, 2016, and you enrolled the children in your spouse's employer-sponsored health plan effective January 1, 2017.
- 6) You testified that on/about January 26, 2017 you called the CHP plan inquiring about the premium refund and were told by a representative that there would not be a refund. The plan representative told you to call NYSOH to cancel your children's plan.

- 7) According to your NYSOH account and your testimony, on January 26, 2017, you contacted NYSOH and requested the cancellation of your children's CHP enrollment.
- 8) You testified that the children did have medical care in January 2017 but that it was billed through your spouse's employer-sponsored health plan.
- 9) You testified that the CHP plan did send you a letter saying they had received your request to disenroll the children, but this was after you contacted NYSOH on January 26, 2017. That January 28, 2017 letter from the CHP plan stated that the end date of coverage for your children was February 1, 2017.
- 10) You testified that you are seeking retroactive disenrollment from your children's CHP plan effective January 1, 2017 and a return of the premium you paid for the month of January 2017.

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

Applicable Law and Regulations

Child Health Plus

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)).

Child Health Plus Disenrollment Date

The State plan must include a description of the state's policies governing enrollment and disenrollment (see 42 CFR § 457.305(b)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

If the enrollee requests a disenrollment, the request is effective the first day of the month following the receipt of the enrollee's request or effective on a future date if requested by the enrollee (NYSDOH 2008-2012 Model Contract (Appendix C Section 12.2)).

If the enrollee gains access to a state health benefits plan or becomes enrolled in other health insurance, the enrollee shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance (NYSDOH 2008-2012 Model Contract (Appendix C Section 12.3)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children's enrollment in their CHP plan ended effective January 31, 2017.

Your children were enrolled in a CHP plan effective January 1, 2016.

On October 20, 2016, NYSOH issued a renewal notice stating your children were re-enrolled in their CHP plan, effective January 1, 2017, and no action was required on your part.

You testified, and the record confirms, that you contacted NYSOH and requested that your children be disenrolled from their CHP plan on January 26, 2017. Based on this request, on January 27, 2017, NYSOH issued a disenrollment notice indicating that your children's coverage in their CHP plan would end January 31, 2017.

Enrollees may request disenrollment from their CHP plan at any time. If the enrollee requests a disenrollment, the request is effective the first day of the month following the receipt of the enrollee's request or effective on a future date if requested by the enrollee. If the enrollee gains access to a state health benefits plan or becomes enrolled in other health insurance, the enrollee shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance.

You testified that you contacted the children's CHP plan on or about December 20, 2016, to request cancellation of the plan effective January 1, 2017 because your children would have coverage through your spouse's employer-sponsored health insurance as of January 1, 2017. You testified that the CHP plan representative told you that would not be a problem and that you would receive a refund of the premium you had already paid for January 2017. You were not told that you should contact NYSOH to cancel the children's CHP plan.

You testified that on January 26, 2017, you contacted the CHP plan to inquire about the premium refund and were told at that time that there would not be a refund and that you needed to contact NYSOH to cancel the children's plan. The record reflects that you contacted NYSOH on January 26, 2017 and notified that your children were enrolled in an employer-sponsored health plan that started on January 1, 2017, and you wanted to cancel their CHP coverage as of that date.

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).

Additionally, there is no documentation in your account as evidence of contact with the health plan or that you advised NYSOH that your children had health insurance outside of NYSOH until January 26, 2017. Because you did not notify NYSOH until January 26, 2017, NYSOH properly determined that your children's coverage would end effective January 31, 2017.

Therefore, the January 27, 2017, disenrollment notice is AFFIRMED.

Decision

The January 27, 2017 disenrollment notice is AFFIRMED.

Effective Date of this Decision: July 14, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's CHP plan disenrollment date. Your children's enrollment in their CHP plan properly ended effective January 31, 2017.

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

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).

- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 January 27, 2017 disenrollment notice is AFFIRMED.

This decision does not change your children's CHP plan disenrollment date. Your children's enrollment in their CHP plan properly ended effective January 31, 2017.

Legal Authority

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

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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