



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

Notice of Decision

Decision Date: December 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018857

[REDACTED]

[REDACTED]

On August 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s May 5, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: December 4, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018857

[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 children's enrollment in a Child Health Plus plan terminated effective April 30, 2017?

Procedural History

On January 25, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that your children were eligible for Child Health Plus for a cost of \$9.00 per month each for a limited time, effective March 1, 2017.

On January 25, 2017, NYSOH issued a notice of enrollment confirming your children's enrollment in a Child Health Plus plan, with a plan enrollment start date of March 1, 2017.

On May 5, 2017, NYSOH issued an eligibility determination notice stating your two children were newly eligible to purchase a qualified health plan at full cost, effective May 1, 2017. The notice stated your two children were not eligible for Child Health Plus because state data sources show they were enrolled in coverage through the New York State Insurance Program (NYSHIP). Children with state health benefits are not eligible for Child Health Plus and can only enroll in a full pay qualified health plan at NYSOH.

On May 5, 2017, NYSOH issued a disenrollment notice stating your two children's coverage with their Child Health Plus plan would end on April 30, 2017.

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).

The notice stated this was because records show they had coverage with NYSHIP.

On May 10, 2017, you spoke to NYSOH's Account Review Unit and appealed the disenrollment date of your children's Child Health Plus plan.

On August 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open up to August 31, 2017, to allow you time to submit supporting documents.

On August 25, 2017, you uploaded a copy of your supporting documentation of proof of the start date of your children's NYSHIP coverage [REDACTED]. The record was then closed on this date.

Findings of Fact

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

- 1) You testified, and your account confirms, that your two children were determined eligible for and enrolled in Child Health Plus effective March 1, 2017.
- 2) You testified, and your account confirms, that effective April 30, 2017, your children were disenrolled from their Child Health Plus plan because records showed they had coverage with NYSHIP.
- 3) You testified that your husband had started a new job in mid-April 2017 which offered NYSHIP health insurance to its employees after one month of employment.
- 4) You testified your children were found eligible to enroll in NYSHIP with an effective date of May 22, 2017.
- 5) On August 25, 2017, you uploaded a copy of your NYBEAS History and employee information page stating your two children had medical coverage effective May 22, 2017 [REDACTED].
- 6) You testified you had already paid your children's May premium responsibility to their health plan before being made aware they were disenrolled.
- 7) You testified you took your two children to a doctor in the month of May 2017 which you now are responsible for outstanding medical bills for that month.

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 who meets the eligibility requirements for Child Health Plus 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 Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(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 [PHL] § 2510(6)).

Another such exclusion to the twelve-month period of continuous eligibility for Child Health Plus insurance is if the child has access to the New York State health insurance program (NYSHIP) (See CHPlus ADM 50 effective August 1, 2005).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee’s Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

Legal Analysis

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The issue for review is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan terminated effective April 30, 2017.

You testified, and your account confirms, that your two children were determined eligible for and enrolled in Child Health Plus effective March 1, 2017.

On May 5, 2017, NYSOH issued a disenrollment notice advising you that your children's coverage in their Child Health Plus plan would be terminated as of April 30, 2017, because it had been determined from state data sources that they were enrolled in coverage through NYSHIP. However, you testified that your children's coverage under your their NYSHIP insurance did not begin until May 22, 2017.

When NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to provide sufficient notice so that a child's parent is able to take action to prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice. The May 5, 2017, notice of disenrollment was the only indication from NYSOH that your children's enrollment would be terminated effective April 30, 2017.

It is therefore determined NYSOH did not provide you adequate notice of the termination of your children's Child Health Plus plan so that you could take appropriate actions in order to allow their coverage to continue without interruption.

Accordingly, the May 5, 2017, disenrollment notice terminating your children's coverage under their Child Health Plus plan is MODIFIED to reflect your children's enrollment in their Child Health Plus plan terminated, effective May 31, 2017.

Your case is RETURNED to NYSOH to reinstate your two children into their Child Health Plus plan, for the month of May 2017.

Decision

The May 5, 2017, disenrollment notice is MODIFIED to reflect your children's enrollment in their Child Health Plus plan was terminated effective May 31, 2017.

Your case is RETURNED to NYSOH to reinstate your two children into their Child Health Plus plan for the month of May 2017.

Effective Date of this Decision: December 4, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled your two children from their Child Health Plus plan.

Your case is being sent back to reinstate your two children into their Child Health Plus plan for the month of May 2017. You will be responsible for any premium payment required by the health plan.

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

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 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).

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 May 5, 2017, disenrollment notice is MODIFIED to reflect your children's enrollment in their Child Health Plus plan was terminated effective May 31, 2017.

Your case is RETURNED to NYSOH to reinstate your two children into their Child Health Plus plan for the month of May 2017.

NYSOH improperly disenrolled your two children from their Child Health Plus plan.

Your case is being sent back to reinstate your two children into their Child Health Plus plan for the month of May 2017. You will be responsible for any premium payment required by the health plan.

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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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