



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

Notice of Decision

Decision Date: October 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019788

[REDACTED]

Dear [REDACTED]

On September 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 15, 2017 enrollment confirmation 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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Decision

Decision Date: October 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019788



Issue

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

Was your children's coverage in their Child Health Plus plans properly terminated, effective May 1, 2017?

Procedural History

On November 18, 2016, NY State of Health (NYSOH) issued an enrollment confirmation notice stating that your children were eligible for Child Health Plus, with a monthly premium of \$45.00 each, effective January 1, 2017.

NYSOH records reflect that your insurance carrier terminated your children's Child Health Plus coverage, effective April 1, 2017; this was not formalized through NYSOH.

On April 12, 2017, you updated your NYSOH account.

On April 15, 2017, NYSOH issued a notice of eligibility determination, stating that your children remain eligible to enroll in a Child Health Plus plan, with a monthly premium of \$45.00 each, effective January 1, 2017.

Also on April 15, 2017, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan, effective May 1, 2017.

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On April 16, 2017, NYSOH issued a disenrollment notice stating that you requested to have your children's coverage in their Child Health Plus plan terminated on April 14, 2017 and that their coverage was ending April 30, 2017.

On May 3, 2017, you updated your NYSOH account.

On May 4, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus plan, effective May 1, 2017.

Also, on May 4, 2017, NYSOH issued a notice of enrollment stating that your children were enrolled in a Child Health Plus plan, effective May 1, 2017.

On June 15, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your children's Child Health Plus plan, without notice, effective April 1, 2017.

On September 11, 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) Your children were enrolled in a Child Health Plus plan with a monthly premium of \$45.00 each, effective January 1, 2017.
- 2) You testified that you thought you had paid your premium, but that apparently you had not paid your children's Child Health Plus premium for April 2017.
- 3) You testified that you learned that your children had been disenrolled from their Child Health Plus plan on [REDACTED] when you brought one of them to a doctor.
- 4) You testified, and your account confirms, that you did not receive any notice from NYSOH stating that your children were disenrolled from their Child Health Plus plan effective March 31, 2017.
- 5) You testified that you called NYSOH and a representative advised you that according to NYSOH records your children were currently enrolled in their Child Health Plus plans.
- 6) You testified that you contacted your insurance carrier who advised you that your children were disenrolled from their Child Health Plus plan, effective April 1, 2017 for non-payment of a premium.

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- 7) You testified that you were required by NYSOH to request that your children be “disenrolled” from their Child Health Plus plan, so that NYSOH could re-enroll them into a Child Health Plus plan for May 1, 2017.
- 8) You testified, and NYSOH records reflect, that your children did not have Child Health Plus coverage during April 2017.
- 9) Your children’s Child Health Plus plan start date was May 1, 2017.
- 10) You testified that you are seeking Child Health Plus plan coverage for your children for the month of April 2017 due to medical bills you incurred during April 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)).

“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).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee’s Child Health Plus eligibility (42 CFR §

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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 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

The issue under review is whether your children's coverage in their Child Health Plus plans properly terminated, effective May 1, 2017.

You testified, and your account confirms, that your children were found eligible for and enrolled in a Child Health Plus plan, effective January 1, 2017.

You testified that you learned that your children had been disenrolled from their Child Health Plus plan on [REDACTED] when you brought one of them to a doctor.

You testified, and NYSOH records reflect, that you did not receive any notice from NYSOH stating that your children were disenrolled from their Child Health Plus plan, effective March 31, 2017.

You testified that you called NYSOH and a representative advised you that according to NYSOH records your children were currently enrolled in their Child Health Plus plans.

You testified that you were required by NYSOH to request that your children be disenrolled from their Child Health Plus plan, for them to be re-enrolled into a Child Health Plus plan for May 1, 2017.

When NYSOH denies, terminates, or suspends a child's CHP 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.

In the present case, your insurance carrier did not follow protocol and did not advise NYSOH of a termination in your children's Child Health Plus coverage. As such, NYSOH's records indicated that your children were currently enrolled in their Child Health Plus plans. Due to the carrier's failure, NYSOH had you "disenroll" your children from coverage through NYSOH, so that they could be reenrolled for May 1, 2017 coverage.

NYSOH and/or your plan failed to provide you with notice that would have allowed you to take action in order to prevent a gap in Child Health Plus coverage for your children for the month of April 2017. Therefore, the April 15, 2017 enrollment confirmation notice is MODIFIED to reflect that your children

were eligible for enrollment in their Child Health Plus plan for the month of April 2017.

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

Decision

The April 15, 2017 enrollment confirmation notice is MODIFIED to reflect that your children were eligible for enrollment in their Child Health Plus plan for the month of April 2017.

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

Effective Date of this Decision: October 6, 2017

How this Decision Affects Your Eligibility

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

NYSOH failed to provide you with notice of your children's disenrollment from their Child Health Plus plan.

You may owe additional premiums.

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

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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 Have Questions about this Decision (Customer Service Resources):

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- 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 April 15, 2017 enrollment confirmation notice is MODIFIED to reflect that your children were eligible for enrollment in their Child Health Plus plan for the month of April 2017.

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

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NYSOH failed to provide you with notice of your children's disenrollment from their Child Health Plus plan.

You may owe additional premiums.

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)

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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 bεtumi ama wo obi a okyerε 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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