



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

## Notice of Decision

Decision Date: November 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020318

[REDACTED]

Dear [REDACTED],

On September 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 23, 2017 eligibility determination and May 25, 2017 enrollment confirmation notices.

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: November 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020318

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly disenroll your three oldest children from their Child Health Plus (CHP) plan effective January 31, 2017?

## Procedural History

On December 19, 2016, NYSOH issued an eligibility determination notice, based on the system updated application of December 18, 2016, stating in part, that your three oldest children ([REDACTED], [REDACTED] and [REDACTED]; hereinafter referred to as "children") were eligible to enroll in CHP with a \$9.00 monthly premium each, effective January 1, 2017. The notice stated that their current coverage would end on October 31, 2017.

Also on December 19, 2016, NYSOH issued an enrollment notice, stating that your children were enrolled in a CHP plan, with a \$27.00 monthly premium, and that this enrollment in the plan would start January 1, 2017.

On December 29, 2016, NYSOH issued an eligibility determination notice stating that your infant child ([REDACTED]) was no longer eligible for Medicaid; however, her Medicaid coverage would continue until September 30, 2017. This was because certain individuals who qualify for Medicaid get coverage for twelve continuous months from the date they were last determined eligible. This notice was effective December 1, 2016.

Also on December 29, 2016, NYSOH issued a disenrollment notice stating in part, that your children's coverage in their CHP plan would end on January 31, 2017. The notice stated this was because they were no longer eligible to enroll in that health plan.

On May 23, 2017, NYSOH issued an eligibility determination notice stating in part that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective July 1, 2017.

On May 25, 2017, NYSOH issued a plan enrollment notice confirming in part that your children were enrolled in a CHP plan, with a \$9.00 monthly premium each, with an enrollment start date of July 1, 2017.

On July 7, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP plan insofar as it did not begin February 1, 2017.

On September 29, 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 three oldest children's CHP eligibility and enrollment.
- 2) According to your NYSOH account, on December 18, 2016, your three oldest children were systematically determined eligible for CHP effective January 1, 2017 with a monthly premium of \$9.00 each. This eligibility was effective January 1, 2017, and was without condition.
- 3) According to your NYSOH account, your children were enrolled in a CHP plan with a \$27.00 total monthly premium, with a plan start date of January 1, 2017.
- 4) According to your NYSOH account, on December 28, 2016 you updated your account.
- 5) According to your NYSOH account, based on the December 28, 2016 update, your three oldest children's eligibility was redetermined and they were disenrolled from their CHP plans, effective January 31, 2017.

- 6) You testified that over the next several months you repeatedly submitted updated income documents and updated your account in an attempt to get your children's CHP plan re-instated.
- 7) According to your NYSOH account, on May 23, 2017, your children were determined eligible for CHP with a \$9.00 monthly premium each, effective July 1, 2017.
- 8) According to your NYSOH account and your testimony, you enrolled your children into a CHP plan on May 24, 2017, with a July 1, 2017 enrollment start date.
- 9) You testified that you need your children's CHP plan to begin at least by April 1, 2017 because the children had [REDACTED] in that month and subsequent months and were without health insurance.

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).

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).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your children were disenrolled from their CHP plan, effective January 31, 2017, and were not re-enrolled until July 1, 2017, resulting in a gap for the months of February 2017, March 2017, April 2017, May 2017 and June 2017.

On December 18, 2016, as a result of a systemic update, NYSOH determined your children's eligibility and they were found eligible for CHP with a \$9.00 monthly premium each, effective January 1, 2017. They were enrolled in a CHP plan with a \$27.00 monthly premium, effective January 1, 2017.

On December 28, 2016, you updated your account. As a result of the December 28, 2016 update, your infant child was determined no longer eligible for Medicaid effective December 1, 2016. However, his Medicaid coverage would continue until September 30, 2017. This was because certain individuals who qualify for Medicaid get coverage for twelve continuous months from the date they were last determined eligible.

As a result of the December 28, 2016 determination made on your infant child, NYSOH placed your three older children in a pending Medicaid status and disenrolled them from their CHP plans, effective January 31, 2017.

On December 29, 2016, NYSOH issued a disenrollment notice stating that your children's coverage in their CHP plan would end on January 31, 2017.

However, by the December 19, 2016 eligibility determination notice, your three older children had already been determined eligible for CHP effective January 1, 2017, without any conditions. On December 19, 2016, NYSOH issued an enrollment notice confirming your children were enrolled in a CHP plan with a \$27.00 total monthly premium and an enrollment start date of January 1, 2017. As such, their 12-month period of eligibility for CHP that began on January 1, 2017, should have continued for 12 months until December 31, 2017, barring any disqualifying event occurring.

There is no indication in the record that any such disqualifying event occurred.

Therefore, that portion of the December 29, 2016 disenrollment notice that states your children's coverage with their CHP plan would end on January 31, 2017, because they were no longer eligible to remain enrolled in CHP, is **RESCINDED**.

The May 23, 2017 eligibility determination notice is **MODIFIED** to state that your children remained eligible for CHP at a \$9.00 monthly premium each, effective February 1, 2017.

The May 25, 2017 plan enrollment notice is MODIFIED to state that your children remained enrolled in their CHP plan at \$27.00 total monthly premium, effective February 1, 2017.

Your case is RETURNED to NYSOH to reinstate your children in their CHP plan for the months of February 2017, March 2017, April 2017, May 2017 and June 2017 and for the remainder of the 12-month period, until December 31, 2017, provided they do not experience a disqualifying event during that period. You will be responsible for any CHP premiums due as a result of this reinstatement of coverage.

## **Decision**

That portion of the December 29, 2016 disenrollment notice that states your children's coverage with their CHP plan would end on January 31, 2017, because they were no longer eligible to remain enrolled in CHP, is RESCINDED.

The May 23, 2017 eligibility determination notice is MODIFIED to state that your children remained eligible for CHP at a \$9.00 monthly premium each, effective February 1, 2017.

The May 25, 2017 plan enrollment notice is MODIFIED to state that your children remained enrolled in their CHP plan at \$27.00 per month, effective February 1, 2017.

Your case is RETURNED to NYSOH to reinstate your children in their CHP plan for the months of February 2017, March 2017, April 2017, May 2017 and June 2017 and for the remainder of the 12-month period, until December 31, 2017, provided they do not experience a disqualifying event during that period. You will be responsible for any CHP premiums due as a result of this reinstatement of coverage.

**Effective Date of this Decision:** November 7, 2017

## **How this Decision Affects Your Eligibility**

The effective date of your children's CHP eligibility and plan enrollment is January 1, 2017, and remains effective thru December 31, 2017, barring any disqualifying event occurring in the future.

Your case is being sent back to NYSOH to reinstate your children in their CHP plan for the months of February 2017, March 2017, April 2017, May 2017 and June 2017. NYSOH will notify you once this has been done.

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).

You will be responsible to pay directly to the CHP plan any premium that is due for coverage to resume as of February 1, 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
- 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

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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

That portion of the December 29, 2016 disenrollment notice that states your children's coverage with their CHP plan would end on January 31, 2017, because they were no longer eligible to remain enrolled in CHP, is **RESCINDED**.

The May 23, 2017 eligibility determination notice is **MODIFIED** to state that your children remained eligible for CHP at a \$9.00 monthly premium each, effective February 1, 2017.

The May 25, 2017 plan enrollment notice is **MODIFIED** to state that your children remained enrolled in their CHP plan at \$27.00 per month, effective February 1, 2017.

Your case is **RETURNED** to NYSOH to reinstate your children in their CHP plan for the months of February 2017, March 2017, April 2017, May 2017 and June 2017 and for the remainder of the 12-month period, until December 31, 2017, provided they do not experience a disqualifying event during that period. You will be responsible for any CHP premiums due as a result of this reinstatement of coverage.

The effective date of your children's CHP eligibility and plan enrollment is January 1, 2017, and remains effective thru December 31, 2017, barring any disqualifying event occurring in the future.

Your case is being sent back to NYSOH to reinstate your children in their CHP plan for the months of February 2017, March 2017, April 2017, May 2017 and June 2017. NYSOH will notify you once this has been done.

You will be responsible to pay directly to the CHP plan any premium that is due for coverage to resume as of February 1, 2017.

## **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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।

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).

## **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 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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