



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

Notice of Decision

Decision Date: October 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020776

[REDACTED]

Dear [REDACTED],

On October 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 8, 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: October 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020776



Issue

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

Did New York State of Health (NYSOH) properly terminate your oldest child's Child Health Plus (CHP), effective June 30, 2017?

Procedural History

On November 24, 2016, NYSOH issued an eligibility determination notice, based on your initial November 23, 2016 application, stating that your oldest child (child) was eligible for CHP, effective January 1, 2017. That notice stated that you must pick a health plan.

Also on November 24, 2016, NYSOH issued a plan enrollment notice confirming that your child was enrolled in a CHP plan, effective January 1, 2017.

On June 8, 2017, NYSOH issued an eligibility determination notice, based on your updated June 7, 2017 application, stating that your child was eligible for CHP effective July 1, 2017. That notice stated that you must pick a health plan.

Also on June 8, 2017, NYSOH issued a plan enrollment notice stating that action is required and that coverage with CHP will not begin until you pick a health plan.

Also on June 8, 2017, NYSOH issued a disenrollment notice stating that your child was disenrolled from his CHP plan as of June 30, 2017.

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On July 20, 2017, NYSOH issued a plan enrollment notice, based on your July 19, 2017 plan selection, confirming that your child was enrolled in a CHP plan, effective September 1, 2017.

On July 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as it began your child's CHP plan on September 1, 2017, and not July 1, 2017.

On October 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) According to your NYSOH account, your child was determined eligible for CHP, effective as of January 1, 2017, and was enrolled in a CHP plan as of that date.
- 2) You are seeking insurance for your child, who is [REDACTED].
- 3) According to your NYSOH account and your testimony, on June 6, 2017 and June 7, 2017, you updated your family's residential address from [REDACTED] ([REDACTED], [REDACTED]) to [REDACTED] ([REDACTED], [REDACTED]), because you had recently moved.
- 4) According to your NYSOH account, on June 7, 2017, your child's enrollment was terminated from his CHP plan, effective June 30, 2017.
- 5) You testified that, although you received the June 8, 2017 notices stating that your child was disenrolled from his CHP plan and that you must pick a plan for his coverage to begin, you were told by the NYSOH representative that your child would be disenrolled and then re-enrolled into coverage as of July 1, 2017. Y testified that you believed that meant you did not need to do anything further.
- 6) According to your NYSOH account and your testimony, you re-enrolled your child in a CHP plan on July 19, 2017 with an enrollment start date of September 1, 2017.
- 7) You testified that you would like your child's CHP plan reinstated as of July 1, 2017, because you incurred medical bills in 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

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” (NY Public Health Law § 2510(6)).

However, a child is not eligible for twelve months of continuous eligibility if:

- The child attains the age of 19;
- The child or child’s representative requests voluntary disenrollment;
- The child is no longer a resident of the state;
- The agency determines that eligibility was erroneously granted because of agency error or fraud, abuse, or perjury attributed to the child or the child’s representative;
- The child dies;
- Failure to pay required premiums or enrollment fees;
- The child becomes Medicaid eligible;
- The child has obtained other health insurance;
- The child has obtained access to a state health benefits plan subsequent to the initial/renewal period;

(see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The issue under review is whether NYSOH properly terminated your child’s CHP plan, effective June 30, 2017.

According to your NYSOH account your child was initially determined CHP eligible and enrolled in a CHP plan, effective January 1, 2017, which is not in dispute.

Generally, once a child is determined eligible for CHP, they are guaranteed 12 months of coverage. This twelve-month period commences on the first day of the month during which a child is an eligible child and enrolled or recertified for

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enrollment. However, a child's is ineligible for twelve months of continuous eligibility if certain events, as noted above, occur.

The record reflects that, on June 6, 2017 and June 7, 2017, you updated your family's residential address in your account. Based on that update, your child's enrollment was terminated because your child moved from [REDACTED], [REDACTED] to [REDACTED], New York.

The record reflects that your family, including your child moved from one county in New York State to another county in this state. The record further reflects that your child remained a resident of New York and none of the enumerated events noted above occurred to disrupt his eligibility for continuous eligibility in CHP.

Therefore, your child's CHP plan was incorrectly terminated, and the June 8, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP plan for the months of July 2017 and August 2017, and to notify you accordingly.

Decision

The June 8, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP plan for the months of July 2017 and August 2017, and to notify you accordingly.

This decision does not affect any subsequent determinations or enrollments made by NYSOH.

Effective Date of this Decision: October 16, 2017

How this Decision Affects Your Eligibility

NYSOH improperly terminated your child's CHP coverage effective June 30, 2017.

Your child's case is being sent back to NYSOH to reinstate his CHP plan for July 2017 and August 2017. NYSOH will notify you once this has been done.

You will be responsible for your child's unpaid premiums for the months of July 2017 and August 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
- By mail at:

NY State of Health Appeals

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P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The June 8, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP plan for the months of July 2017 and August 2017, and to notify you accordingly.

This decision does not affect any subsequent determinations or enrollments made by NYSOH.

NYSOH improperly terminated your child's CHP coverage effective June 30, 2017.

Your child's case is being sent back to NYSOH to reinstate his CHP plan for July 2017 and August 2017. NYSOH will notify you once this has been done.

You will be responsible for your child's unpaid premiums for the months of July 2017 and August 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 مجاناً.

বাংলা (Bengali)

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આ અધિકારીઓને સહાયતા આપવા માટે, કૃપયા 1-855-355-5777 ના કોલ કરો. અમે તમારી ભાષામાં સહાયતા આપી શકીએ છીએ.

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. yEbEtumi 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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