



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

Notice of Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020999

[REDACTED]

Dear Mr. [REDACTED]

On October 13, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's August 1, 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: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020999

[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 August 31, 2017?

Procedural History

On April 27, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus, effective June 1, 2017.

On May 11, 2017, NYSOH issued a notice of enrollment confirmation, based on your May 10, 2017 plan selection, stating that your children were enrolled in a Child Health Plus plan with a plan enrollment start date of June 1, 2017.

On July 31, 2017, you contacted NYSOH and requested to end your children's enrollment in their Child Health Plus plan.

Also on July 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the date of your children's disenrollment from their Child Health Plus plan, requesting the disenrollment be made effective July 31, 2017.

On August 1, 2017, NYSOH issued a disenrollment notice confirming your children's disenrollment from their Child Health Plus plan, effective August 31, 2017.

On October 13, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for fourteen days to allow you time to submit proof of your children's enrollment in third-party health insurance as well as a letter you stated you received stating that your children were being disenrolled from their Child Health Plus plan for duplicate coverage.

On October 27, 2017, the Appeals Unit received via fax copies of a certificate of group health plan coverage showing your children's coverage ended on May 1, 2017 and a statement from the [REDACTED] stating that your children were enrolled in coverage as of July 1, 2017.

Findings of Fact

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

- 1) You testified that you applied for your children to have coverage through NYSOH as they were losing coverage because you were changing employers, and would not have coverage through your new employer until July 1, 2017.
- 2) You testified that your children had Child Health Plus coverage through NYSOH beginning on June 1, 2017. You testified that you only made one premium payment to your children's Child Health Plus plan.
- 3) You testified that your children became eligible for health insurance through your new employer as of July 1, 2017.
- 4) You testified that at some point you received a letter stating that your children were being disenrolled from their Child Health Plus plan as your children had duplicate coverage. The Hearing Officer requested that you submit this letter. No copy of this letter was submitted to your NYSOH account or the Appeals Unit.
- 5) You testified that after you learned that your children were being disenrolled for duplicate coverage, you contacted NYSOH.
- 6) Your NYSOH account reflects that you contacted NYSOH on July 31, 2017 to disenroll your children from their Child Health Plus plan.
- 7) You requested that you are seeking for your children's enrollment in their Child Health Plus plan to end on July 31, 2017 and not August 31, 2017.
- 8) You submitted a certificate of group health plan coverage from the Craft Division of Local Union 1049 stating that your children's coverage ended on May 1, 2017.

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9) You submitted a letter dated June 5, 2017 from the [REDACTED] [REDACTED] stating that your children were enrolled in coverage as of July 1, 2017.

10) You testified that your children did not use their Child Health Plus plan in August 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).

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 a child ceases to be eligible for Child Health Plus because the child no longer resides in New York State or gains access to or obtains other health insurance coverage, the period of eligibility ends the last day of the month in which the child ceases to be an eligible child (NY Public Health Law §2510(6)(a)).

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)).

Legal Analysis

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

On April 27, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, effective June 1, 2017. Your children were subsequently enrolled in a Child Health Plus plan with a plan enrollment start date of June 1, 2017.

On July 31, 2017, you contacted NYSOH and requested that your children be disenrolled from their Child Health Plus plan. This was because they had coverage with your employer, effective July 1, 2017. On August 1, 2017, NYSOH issued a notice stating that your children were disenrolled from their plan, effective August 31, 2017.

Enrollees may request disenrollment from their Child Health Plus 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.

Since you requested to terminate your children's enrollment in their Child Health Plus plan on July 31, 2017, their enrollment should have terminated effective the first day of the following month; that is, on August 1, 2017.

Additionally, when a child gains access to or obtains other health insurance coverage, the period of eligibility ends the last day of the month in which the child ceases to be an eligible child.

The record reflects that your children obtained other health insurance coverage and were therefore no longer eligible for Child Health Plus, effective July 1, 2017. Therefore, their enrollment in their Child Health Plus plan should have ended effective the last day of the month in which they obtained other health insurance coverage; that is, on July 31, 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).

Therefore, the August 1, 2017 disenrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan ended effective July 31, 2017.

Your case is RETURNED to NYSOH to disenroll your children from their Child Health Plus plan as of July 31, 2017.

Decision

The August 1, 2017 disenrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan ended effective July 31, 2017.

Your case is RETURNED to NYSOH to disenroll your children from their Child Health Plus plan as of July 31, 2017.

Effective Date of this Decision: November 3, 2017

How this Decision Affects Your Eligibility

Your children's enrollment in their Child Health Plus plan should have ended as of July 31, 2017.

Your case is being sent back to NYSOH to disenroll your children from their Child Health Plus plan as of July 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)).

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

Summary

The August 1, 2017 disenrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan ended effective July 31, 2017.

Your children's enrollment in their Child Health Plus plan should have ended as of July 31, 2017.

Your case is RETURNED to NYSOH to disenroll your children from their Child Health Plus plan as of July 31, 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).

Legal Authority

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

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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)

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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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&btumi 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.

אײַדיש (Yiddish)

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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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