



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: AP000000021378

[REDACTED]

Dear [REDACTED],

On October 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 25, 2017 eligibility determination and disenrollment 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 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 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021378

[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 the enrollment of your daughter in her Child Health Plus plan ended effective July 1, 2017?

## Procedural History

On May 25, 2016, NYSOH issued an eligibility determination notice stating that your daughter was eligible for Child Health Plus (CHP) with a \$60.00 monthly premium, effective July 1, 2016.

Also on May 25, 2016, NYSOH issued an enrollment notice confirming your daughter's enrollment in a CHP plan as of May 24, 2016.

On May 24, 2017, NYSOH received an update to your application reflecting that you were no longer seeking health insurance for your family through NYSOH.

On May 25, 2017, NYSOH issued an eligibility determination stating that your child was no longer eligible for hearing coverage through NYSOH because you no longer wanted her to receive coverage. This determination was effective July 2, 2017.

Also on May 25, 2017, NYSOH issued a disenrollment notice stating that your child's CHP plan coverage would end effective July 1, 2017 because she was no longer eligible to enroll in health insurance through NYSOH.

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On August 11, 2017, you contacted the NYSOH Account Review Unit and appealed the date your child was disenrolled from her CHP plan, requesting the disenrollment be made effective May 31, 2017.

On October 17, 2017, NYSOH received a screenshot of your child's eligibility for coverage through your spouse's employer-sponsored coverage through Excellus, effective June 1, 2017.

On October 18, 2017, you had a telephone hearing with a Hearing Officer from the 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 support the following findings of fact:

- 1) You testified that your child became eligible for insurance through your spouse's employer as of June 1, 2017.
- 2) You testified that on April 28, 2017, you contacted NYSOH to request to disenroll your child from her CHP plan, but were advised not to if you wanted to retain coverage for her during the month of May 2017. You further testified that you were advised by the NYSOH representative to call back the following month, but that the representative was not specific about what date during the May 2017 you should contact NYSOH to disenroll your child.
- 3) You testified, and your NYSOH account reflects, that you contacted NYSOH on May 24, 2017 and spoke with a representative to disenroll your child as of May 31, 2017. You further testified that the NYSOH representative stated that this would not be a problem.
- 4) You testified that you later discovered that your child's CHP policy was cancelled effective July 1, 2017, and that your child effectively had overlapping health insurance coverage with your spouse's employer-sponsored health plan.
- 5) On October 17, 2017, you provided to NYSOH a screenshot of your child's eligibility through Excellus reflecting that she was enrolled in your spouse's employer-sponsored plan effective June 1, 2017.
- 6) You testified that you are seeking retroactive disenrollment from your children's CHP plan through NYSOH, effective May 31, 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

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## **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)).

### 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 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)).

If the enrollee gains access to a state health benefits plan or becomes enrolled in other health insurance, the enrollee shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance (NYSDOH 2008-2012 Model Contract (Appendix C Section 12.3)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your child’s enrollment in her CHP plan ended effective July 1, 2017.

Your child was enrolled in a CHP plan at least as early as July 1, 2016.

You testified, and the record confirms, that you contacted NYSOH and requested that your child be disenrolled from her CHP plan on May 24, 2017. Based on this request, on May 25, 2017, NYSOH issued a disenrollment notice indicating that your child’s coverage in her CHP plan would end July 1, 2017.

Enrollees may request disenrollment from their CHP 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. If the enrollee gains access to a state health benefits

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plan or becomes enrolled in other health insurance, the enrollee shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance.

You testified that on April 28, 2017, you contacted NYSOH to request to disenroll your child from her CHP plan, but were advised not to if you wanted to retain coverage for her during the month of May 2017. You further testified that you were advised by the NYSOH representative to call back the following month, but that the representative was not specific about what date during the May 2017 you should contact NYSOH to disenroll your child.

You testified, and your NYSOH account reflects, that you contacted NYSOH on May 24, 2017 and spoke with a representative to disenroll your child as of May 31, 2017. You further testified that the NYSOH representative stated that this would not be a problem.

Furthermore, the record reflects that on October 17, 2017 you provided documentation confirming that your child's enrollment through your spouse's employer-sponsored coverage with Excellus began effective June 1, 2017.

Accordingly, we find there to be sufficient evidence that your child's CHP coverage should have ended as of May 31, 2017, rather than July 1, 2017.

Therefore, the May 25, 2017 eligibility determination and disenrollment notices are MODIFIED to state that your child was no longer eligible for her CHP plan coverage effective May 31, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your child.

## **Decision**

The May 25, 2017 eligibility determination and disenrollment notices are MODIFIED to state that your child was no longer eligible for her CHP plan coverage effective May 31, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your child.

**Effective Date of this Decision:** November 3, 2017

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

Your child's CHP coverage through NYSOH ended effective May 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).

## **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):**

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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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The May 25, 2017 eligibility determination and disenrollment notices are MODIFIED to state that your child was no longer eligible for her CHP plan coverage effective May 31, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your child.

Your child's CHP coverage through NYSOH ended effective May 31, 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।

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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.

## **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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