



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

Notice of Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021415

[REDACTED]

[REDACTED]

On October 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 15, 2017 plan enrollment 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021415



Issue

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

Did NY State of Health properly determine that your children's enrollment in their Child Health Plus plan was effective September 1, 2017?

Procedural History

On April 6, 2017, NY State of Health (NYSOH) issued a renewal stating that it was time to renew your family's health insurance coverage through NYSOH. This notice stated that your children were eligible to enroll in Child Health Plus plans with a \$9.00 monthly premium, effective June 1, 2017.

On April 17, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in Child Health Plus plans with \$9.00 monthly premiums, effective June 1, 2017.

On June 13, 2017, NYSOH received your updated application for financial assistance with health insurance.

On June 14, 2017, NYSOH issued an eligibility determination stating that your children were eligible to enroll in Child Health Plus plans with \$9.00 monthly premiums, effective July 1, 2017.

Also on June 14, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in Child Health Plus plans with \$9.00 monthly premiums, effective June 1, 2017.

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On August 15, 2017, NYSOH issued a plan disenrollment notice stating that your children's Child Health Plus plans coverage was terminated, effective August 31, 2017. This notice further stated that this was because you asked NYSOH to end coverage.

On August 15, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in their Child Health Plus plans with \$9.00 monthly premiums, effective September 1, 2017.

Also on August 15, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plans insofar as it did not begin June 1, 2017.

On October 20, 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 support the following findings of fact:

- 1) According to your NYSOH account, on April 6, 2017, NYSOH issued a renewal notice stating that your children were found eligible for Child Health Plus plans with \$9.00 monthly premiums, effective June 1, 2017.
- 2) According to your NYSOH account, your children were enrolled into Child Health Plus plans with \$9.00 monthly premiums, effective June 1, 2017.
- 3) You testified that you were informed by your children's Child Health Plus plans that your children were disenrolled for non-payment of premium, effective June 1, 2017.
- 4) There is no evidence in the record that there was a gap in your children's Child Health Plus plan coverage, nor is there any indication that your children's Child Health Plus plan ever initiated termination of your children's Child Health Plus plan coverage at any time after June 1, 2017.
- 5) You testified that your children's Child Health Plus plan informed you that their system indicated that your children were disenrolled from coverage for the months of June 2017 through August 2017 and that the start date was September 1, 2017.
- 6) You testified that NYSOH spoke with your children's Child Health Plus plan and informed them that NYSOH was showing that there were no gaps in coverage for the months in question.

- 7) You testified that NYSOH was finally able to re-enroll your children into their Child Health Plus plans, effective September 1, 2017, by disenrolling them from coverage and re-enrolling them into coverage all in the same day.
- 8) You testified that you need your children's Child Health Plus plan to begin on June 1, 2017 because your children have unpaid medical bills.

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

When a Child Health Plus plan disenrolls an enrollee from coverage, the Child Health Plus plan must provide a final notice of disenrollment to the enrollee's family. This notice "must be provided no earlier than 15 days prior to the effective date of disenrollment", and "must include the reason why the enrollee will be

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terminated". (Child Health Plus Agreement (Appendix C § 12.5, effective 1/1/2008-12/31/2012)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan was effective September 1, 2017.

The record indicates that on April 6, 2017, NYSOH issued a renewal notice stating that your children were eligible to enroll in Child Health Plus plans with \$9.00 monthly premiums, effective June 1, 2017. Subsequently, on April 17, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in Child Health Plus plans with a \$9.00 monthly premium, effective June 1, 2017.

You testified that your children's Child Health Plus plan is informing you that your children were disenrolled from coverage as of June 1, 2017 for non-payment of premium. You further testified that your children's Child Health Plus plan stated that your children were re-enrolled as of September 1, 2017.

When a Child Health Plus plan terminates an enrollee's coverage, the Child Health Plus plan must send a final notice of disenrollment to the enrollee's family. This notice of disenrollment must be provided at least 15 days prior to the effective date of disenrollment, and must provide the reason as to why the enrollee was disenrolled; including non-payment of the monthly premium.

However, after review of the record, there is no indication that your children had a gap in coverage between June 2017 to present. There is also no indication in the record that your children's Child Health Plus plan contacted NYSOH to initiate termination of your children's coverage at any time during the time in question; nor an explanation as to why they did not.

As a result, the August 15, 2017 plan enrollment notice stating that your children's enrollment in their Child Health Plus plan was effective September 1, 2017, is incorrect and must be MODIFIED to state that your children's enrollment in their Child Health Plus plan was effective June 1, 2017.

Your case is being RETURNED to Plan Management to perform outreach to your children's Child Health Plus plan to ensure that your children's coverage in their Child Health Plus plans was effective as of June 1, 2017, and to notify you accordingly.

Decision

The August 15, 2017 plan enrollment notice is MODIFIED to state that your children's Child Health Plus plan was effective June 1, 2017.

Your case is being RETURNED to Plan Management to perform outreach to your children's Child Health Plus plan to ensure that your children's coverage in their Child Health Plus plans was effective as of June 1, 2017, and to notify you accordingly.

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

This decision does not change your current child's eligibility.

The effective date of your children's Child Health Plus plan is June 1, 2017, which change will be effectuated with their Child Health Plus plans. You will be notified once this has been done.

You will be responsible for any premium payments for all months your children are enrolled into coverage.

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:

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 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 mail at:
NY State of Health Appeals
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- By fax: 1-855-900-5557

Summary

The August 15, 2017 plan enrollment notice is MODIFIED to state that your children's Child Health Plus plan was effective June 1, 2017.

Your case is being RETURNED to Plan Management to perform outreach to your children's Child Health Plus plan to ensure that your children's coverage in their Child Health Plus plans was effective as of June 1, 2017, and to notify you accordingly.

This decision does not change your current child's eligibility.

The effective date of your children's Child Health Plus plan is June 1, 2017, which change will be effectuated with their Child Health Plus plans. You will be notified 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 for any premium payments for all months your children are enrolled into coverage.

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&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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