



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

Notice of Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021698



Dear [REDACTED],

On October 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 2, 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021698



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 child's enrollment in his Child Health Plus plan terminated on May 31, 2017?

Procedural History

On December 5, 2016, NY State of Health (NYSOH) received your application for financial assistance with health insurance.

On December 6, 2016, NYSOH issued an eligibility determination stating that your child was eligible to enroll in a Child Health Plus plan with a \$30.00 monthly premium, effective January 1, 2017.

Also on December 6, 2016, NYSOH issued a plan enrollment notice stating that your child was enrolled in a Child Health Plus plan with a \$30.00 monthly premium, effective January 1, 2017.

On May 1, 2017, NYSOH received your application for non-financial assistance with health insurance.

On May 2, 2017, NYSOH issued an eligibility determination stating that your child was newly eligible to purchase a qualified health plan at full cost through NYSOH. This eligibility was effective June 1, 2017.

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Also on May 2, 2017, NYSOH issued a disenrollment notice stating that your child's Child Health Plus coverage would terminate effective May 31, 2017. This notice further stated that this was because your child was no longer eligible to be enrolled in his Child Health Plus plan.

On August 22, 2017, NYSOH received your application for financial assistance with health insurance. That day a preliminary determination was prepared finding your child eligible to enroll in a Child Health Plus plan with a \$30.00 monthly premium, effective October 1, 2017.

Also on August 22, 2017, you spoke to the NYSOH's Accounts Review Unit and appealed the start date of your child's Child Health Plus plan as there was a gap in coverage for the months of June 2017, July 2017, and August 2017.

On August 23, 2017, NYSOH issued an eligibility determination, based on your August 22, 2017 application, stating that your child was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective October 1, 2017.

Also on August 23, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on August 22, 2017, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start October 1, 2017.

On October 24, 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 your child's disenrollment from his Child Health Plus plan.
- 2) You testified that your child was eligible for a Child Health Plus plan with a \$30.00 monthly premium, effective January 1, 2017.
- 3) You testified that you paid your child's Child Health Plus plan premiums up front for the year in December 2016.
- 4) You testified that on May 1, 2017, you logged on to your NYSOH account to update your address and ensure that your income was listed correctly.
- 5) You testified that you were unaware that you indicated that you would like to run a non-financial application.

- 6) You testified that had you been aware, you would have never run a non-financial application for health insurance.
- 7) You testified that you received your notices from NYSOH by electronic alert, but you changed your preferences after your child was disenrolled without your knowledge.
- 8) You testified that you did not receive any electronic alert regarding any notice in your NYSOH account telling you that your child was newly eligible for a full price qualified health plan, or that your child had been disenrolled from his Child Health Plus coverage. You also testified you did not receive any eligibility determination or plan disenrollment notice in the mail.
- 9) You testified that you did not know that your child was disenrolled from his Child Health Plus plan until you went to your child's [REDACTED] and you were informed that his coverage was no longer valid.
- 10) According to your NYSOH account and your testimony, you submitted an application for financial assistance with health insurance on August 22, 2017.
- 11) According to your NYSOH account and your testimony, you enrolled your child into a Child Health Plus plan with a \$30.00 monthly premium on August 22, 2017.
- 12) You testified that you would like your child's Child Health Plus plan coverage to begin on July 1, 2017, because your child has unpaid medical bills.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

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).

Legal Analysis

The issue under is whether NYSOH properly determined that your child’s enrollment in his Child Health Plus plan with a \$30.00 monthly premium was terminated effective May 31, 2017.

The record reflects that on May 1, 2017, you submitted an application for non-financial assistance with health insurance. Subsequently, on May 2, 2017 NYSOH issued an eligibility determination stating that your child was newly eligible to enroll in a full pay qualified health plan, effective June 1, 2017. NYSOH also issued a plan disenrollment notice stating that your child was no longer enrolled in a Child Health Plus plan with a \$30.00 monthly premium, effective May 31, 2017.

You testified that you logged on to your NYSOH account on May 1, 2017 to update your address and to ensure that your income was listed correctly. You further testified that you were not aware that your application had been changed to a non-financial application and, if you had known, you would have not submitted the application on May 1, 2017.

Ordinarily, when an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month.

However, in this case, you testified that at the time of the May 1, 2017 application, you elected to receive alerts regarding notice from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding a notice that stated that your child was newly eligible for a full pay qualified health plan, or that he was disenrolled from his Child Health Plus plan with a \$30.00 monthly premium. There is also no evidence in your account that any email alert was sent to you regarding a plan disenrollment, that any such electronic notices failed, or that the notices was later sent to you by regular mail. Therefore, it is concluded that NYSOH did not give you the required notice that changes were made to your NYSOH account that effected your child's eligibility.

You further testified that you paid your child's monthly premium payments for the year all at once when you first enrolled your child in December 2016, and that you were unaware that your child's Child Health Plus plan coverage had been terminated until you were informed by [REDACTED] that your child's insurance was not valid on [REDACTED]

Therefore, based on the credible evidence of record, it is reasonable to conclude that you were not aware that you had changed your application to non-financial and as such inadvertently disenrolled your child from his Child Health Plus plan with a \$30.00 monthly premium.

Therefore, the May 2, 2017 eligibility determination and plan disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child in his Child Health Plus plan with a \$30.00 monthly premium, effective June 1, 2017, and to notify you accordingly.

Decision

The May 2, 2017 eligibility determination is RESCINDED.

The May 2, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child in his Child Health Plus plan with a \$30.00 monthly premium, effective June 1, 2017, and to notify you accordingly.

Effective Date of this Decision: November 6, 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).

How this Decision Affects Your Eligibility

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

Your case is being sent back to NYSOH to reinstate your child in his Child Health Plus plan with a \$30.00 monthly premium, effective June 1, 2017. NYSOH will notify you once this has been completed.

You are responsible for any premium payments for the months your child is 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:

- 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 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 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 May 2, 2017 eligibility determination is RESCINDED.

The May 2, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child in his Child Health Plus plan with a \$30.00 monthly premium, effective June 1, 2017, and to notify you accordingly.

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

Your case is being sent back to NYSOH to reinstate your child in his Child Health Plus plan with a \$30.00 monthly premium, effective June 1, 2017. NYSOH will notify you once this has been completed.

You are responsible for any premium payments for the months your child is enrolled into coverage.

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 مجانًا.

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 b&tumi 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.

שׂוֹדֵיִשׁ (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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