



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: AP000000021777

[REDACTED]

[REDACTED]

On October 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 14, 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

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

Procedural History

On November 22, 2016, NYSOH issued an eligibility determination notice, based on your initial November 21, 2016 application, stating that your oldest child (child) was eligible for CHP with a \$45.00 per month premium, effective January 1, 2017.

Also on November 22, 2016, NYSOH issued a plan enrollment notice confirming your child's enrollment in a CHP plan, effective January 1, 2017.

On June 14, 2017, NYSOH issued an eligibility determination notice, based on your June 13, 2017 updated application, stating that your child was eligible to enroll full price qualified health plan, effective July 1, 2017.

Also on June 14, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in her CHP plan would end effective June 30, 2017, because she was no longer eligible to enroll in health insurance through NYSOH.

On June 28, 2017, NYSOH issued an eligibility determination notice, based on your June 27, 2017 updated application, stating that your child was eligible for CHP with a premium of \$30.00 per month, effective August 1, 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).

Also on June 28, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a CHP plan, effective August 1, 2017.

On August 23, 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 August 1, 2017, and not July 1, 2017.

On October 25, 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 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, you updated your NYSOH account on June 13, 2017 to add your newborn child to your account. While applying, you mistakenly switched your application from a financial assistance application to a non-financial assistance application. This resulted in your child's CHP plan being terminated, effective June 30, 2017.
- 4) You testified that, upon completion of your application on June 13, 2017, you were notified that your child's CHP plan would end effective June 30, 2017. As such, you immediately sent an email to your certified application counselor (CAC) to rectify the situation.
- 5) According to your NYSOH account and your testimony, your CAC re-enrolled your child in a CHP plan on June 27, 2017 with an enrollment start date of August 1, 2017.
- 6) You testified that you are seeking to have your child re-enrolled in her CHP plan as of July 1, 2017, because you have medical bills for 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 enrollment. However, a child’s is ineligible for twelve months of continuous eligibility if certain events occur, as noted above.

The record reflects that, on June 13, 2017, you added your newborn child to your account. Based on that update, your [REDACTED] child's enrollment was terminated because, as you testified, you mistakenly switched your application from requesting financial assistance to not requesting financial assistance.

Your credible testimony supports that you did not intend to voluntarily disenroll your child from her CHP plan when you added your newborn child to your health plan, and that you changed your application to nonfinancial application by mistake. In fact, you further credibly testified that you immediately attempted to rectify the situation by contacting your CAC. The record also reflects that none of the enumerated events noted above occurred to disrupt her eligibility for continuous eligibility in CHP.

Therefore, your child's CHP plan was terminated as a result of an inadvertent and unintentional error on your part such that it is just to RESCIND the June 13, 2017 disenrollment notice.

It follows that the June 13, 2017 eligibility determination notice is RESCINDED in part, too; insofar as it finds your child eligible for a qualified health plan at full cost.

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

Decision

The June 13, 2017 disenrollment notice is RESCINDED.

The June 13, 2017 eligibility determination notice is RESCINDED in part; insofar as it finds your child eligible for a qualified health plan at full cost.

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

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

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

Your child's CHP coverage was terminated, effective June 30, 2017, as a result of an inadvertent and unintentional mistake on your part in changing the type of application you were submitting.

In the interest of justice, your child's case is being sent back to NYSOH to reinstate her CHP plan for July 2017. NYSOH will notify you once this has been done.

You will be responsible for your child's unpaid premiums for the month of July 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 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):

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 13, 2017 disenrollment notice is **RESCINDED**.

The June 13, 2017 eligibility determination notice is **RESCINDED** in part; insofar as it finds your child eligible for a qualified health plan at full cost.

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

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

Your child's CHP coverage was terminated, effective June 30, 2017, as a result of an inadvertent and unintentional mistake on your part in changing the type of application you were submitting.

In the interest of justice, your child's case is being sent back to NYSOH to reinstate her CHP plan for July 2017. NYSOH will notify you once this has been done.

You will be responsible for your child's unpaid premiums for the month of July 2017.

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Legal Authority

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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)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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