



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

Notice of Decision

Decision Date: December 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022777

[REDACTED]

Dear [REDACTED],

On November 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 26, 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 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: December 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022777



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 disenrollment from his Child Health Plus plan was effective November 1, 2017?

Procedural History

On November 16, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your child was eligible to enroll in Child Health Plus with a \$60.00 monthly premium, effective December 1, 2016.

On January 7, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment on January 6, 2017 in a Child Health Plus plan, effective February 1, 2017.

On September 25, 2017, a request to change your child to not applying for health insurance was submitted for an end date of November 1, 2017.

On September 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the end date of your child's Child Health Plus plan insofar as it did not end September 30, 2017.

On September 26, 2017, NYSOH issued a notice stating your child was no longer eligible for health insurance through NYSOH because you no longer wanted to receive coverage.

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On September 26, 2017, NYSOH issued a disenrollment notice stating your child's coverage in his Child Health Plus plan was ending on October 31, 2017.

On November 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you amended your appeal to request an end date of coverage for your child's Child Health Plus plan to September 1, 2017.

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 only your child's Child Health Plus disenrollment date.
- 2) You enrolled your child in a Child Health Plus plan for a start date of February 1, 2017.
- 3) According to your NYSOH account, you submitted a request to terminate your child's enrollment on September 25, 2017.
- 4) You testified that you called NYSOH in August 2017, and requested a disenrollment for your child from his health plan. You further testified that a NYSOH representative explained to you that there were technical issues with your request and that the disenrollment could not be submitted at that time.
- 5) According to your NYSOH account, your child's Child Health Plus plan ended on October 31, 2017.
- 6) An incident was filed with NYSOH on September 25, 2017, in which a NYSOH representative acknowledges that you did contact NYSOH on August 31, 2017 to cancel your child's coverage. Notes left in your account from that day states that a "We Are Sorry" message appeared, but no ticket to correct the error message was filed at that time.
- 7) According to this filed incident, as a result of this technical issue, your child's disenrollment could not be processed on August 31, 2017, such that you were requesting an end date effective September 30, 2017.
- 8) In Incident [REDACTED], filed with NYSOH on September 25, 2017, a NYSOH representative acknowledged that, as a policy for Child Health

Plus, requests for disenrollments are not eligible for retroactive disenrollment. Further, that per subscriber agreements or the member handbook, you have to provide at least one months' notice before terminating your plan.

- 9) At hearing, you amended your request to state you are seeking an end date of your child's Child Health Plus plan as of September 1, 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 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 (Child Health Plus Agreement (Appendix C §§ 12.1, 12.2, effective 1/1/2008 – 12/31/2012)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's disenrollment from his Child Health Plus plan was effective November 1, 2017.

On November 16, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your child was eligible to enroll in Child Health Plus with a \$60.00 monthly premium, effective December 1, 2016. Your child was subsequently enrolled in a Child Health Plus plan with a plan enrollment start date of February 1, 2017.

You testified that you contacted NYSOH in August 2017 to request your child's Child Health Plus plan be terminated. You further testified that when you contacted NYSOH in August 2017, you encountered technical issues with your account and your request could not be processed at that time.

The record reflects that Incident [REDACTED] was filed with NYSOH on September 25, 2017, and a representative indicated in notes that you did contact NYSOH on August 31, 2017 to cancel coverage. Notes left in your account from

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that day states that a “We Are Sorry” message appeared but no ticket was filed at that time.

The record further reflects that your request to disenroll your child from Child Health Plus was processed by NYSOH on September 25, 2017, and your child was disenrolled from his health plan with an effective date of October 31, 2017. A notice was issued on September 26, 2017, confirming the October 31, 2017 disenrollment date.

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 it has been determined that, on August 31, 2017, you requested your child’s disenrollment from his Child Health Plus plan be made effective on September 30, 2017, your request should have been processed for a termination date of September 30, 2017. But for the technical difficulty and failure on NYSOH’s part to file an incident on August 31, 2017, your request was not processed until September 25, 2017.

This remains true notwithstanding your request at hearing to amend your request to have your child’s disenrollment take effect as of September 1, 2017. Since, on August 31, 2017, your request was to have your child’s disenrollment take effect on a future date; that is, on September 30, 2017, that is the request that can be honored under the law and by contract and policy.

Therefore, the September 26, 2017 disenrollment notice is MODIFIED to state your child’s Child Health Plus plan ended on September 30, 2017.

Your case is RETURNED to NYSOH to make the above changes to your account and notify you once this is completed.

Decision

The September 26, 2017 disenrollment notice is MODIFIED to state your child’s Child Health Plus plan ended on September 30, 2017.

Your case is RETURNED to NYSOH to make the above changes to your NYSOH account and notify you once this is completed.

Effective Date of this Decision: December 27, 2017

How this Decision Affects Your Eligibility

The effective date of your child's disenrollment from his Child Health Plus plan is September 30, 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 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):

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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- By fax: 1-855-900-5557

Summary

The September 26, 2017 disenrollment notice is MODIFIED to state your child's Child Health Plus plan ended on September 30, 2017.

Your case is RETURNED to NYSOH to make the above changes to your NYSOH account and notify you once this is completed.

The effective date of your child's disenrollment from his Child Health Plus plan is September 30, 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 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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