STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: January 4, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023599

[redacted]

[redacted]

On December 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 19, 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
  PO 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(b).

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: January 4, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023599

[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 your child's CHP plan coverage ended effective November 30, 2017?

Procedural History

On August 2, 2017, NYSOH issued a renewal notice stating that your child still qualified for coverage with Child Health Plus (CHP) with a $30.00 monthly premium, effective October 1, 2017. The notice further stated that your child was reenrolled in his current health plan, and you did not need to take any further action.

On August 17, 2017, NYSOH issued an enrollment notice stating that your child's CHP plan coverage began effective October 1, 2017.

On August 31, 2017, your NYSOH account reflects that NYSOH received a request for a change of residential and mailing addresses from [redacted]."

On September 1, 2017, NYSOH issued a notice confirming your change in mailing address, but sent this notice to your prior mailing and residential address [redacted]

On October 18, 2017, NYSOH received an update to your application for health insurance, reflecting that you were no longer seeking coverage for your child through NYSOH.

On October 19, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible for health insurance through NYSOH because you no longer wanted your child to receive coverage. This eligibility determination was effective December 1, 2017.

Also on October 19, 2017, NYSOH issued a disenrollment notice stating that your child's CHP plan coverage would end effective November 30, 2017.

On October 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the date that your child was disenrolled from his CHP plan, requesting the disenrollment be made effective September 30, 2017.

On December 14, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and remained open for the sole purpose of providing you an opportunity to submit as additional evidence: receipt of documentation from [redacted] reflecting your attempts to cancel child's coverage effective September 30, 2017. The record was to be closed on December 22, 2017, or upon the receipt of the above referenced documents, whichever occurred earlier.

On December 18, 2017, you provided to NYSOH Appeals Unit through your NYSOH account a letter issued by you stating your efforts to obtain a CHP disenrollment date of September 30, 2017.

Accordingly, the record was closed on December 18, 2017.

Findings of Fact

A review of the record support the following findings of fact:

1) On August 1, 2017, your child's eligibility was redetermined for CHP coverage, beginning effective October 1, 2017.

2) Your NYSOH account reflects that on August 31, 2017, your application was updated to reflect that your address had been changed from [redacted] " However, on September 1, 2017, a letter acknowledging this address change was sent to your old address, and did not reference the new address.

3) You testified that you believe you first contacted CHP plan issuer on September 7, 2017 to inform them of your move out of state. You then

testified that you told you would have to request the disenrollment because of your move from NYSOH.

4) You testified that you received an additional billing statement for October 2017, and requested that your child be removed from the CHP plan.

5) The records reflect that your account was updated on October 18, 2017 to reflect that you were no longer seeking insurance through NYSOH.

6) You testified that you were requesting that your child's coverage end on September 30, 2017, since you had already acquired coverage for your child through [redacted] health insurance marketplace beginning October 1, 2017.

7) You testified that you were concerned about the effects of having overlapping coverage for a period of two months between the two state exchanges.

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)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in his CHP plan ended effective November 30, 2017.

On August 2, 2017, NYSOH issued a renewal notice stating that your child still qualified for coverage with CHP with a $30.00 monthly premium, effective October 1, 2017. You were subsequently sent an enrollment notice confirming your child's reenrollment in his CHP plan beginning October 31, 2017.

You credibly testified that on September 7, 2017, you spoke with both the CHP plan issued and NYSOH to request that your child be disenrolled from his CHP plan. It appears, however, that no application was processed regarding this request.

You further testified, and your NYSOH account reflects, that you contacted NYSOH to notify them of your mailing and residence address change from [redacted]" which was apparently effective as of August 31, 2017. A notice was sent by NYSOH on September 1, 2017 confirming this address change, but no corresponding eligibility determination was issued.

You testified that you are seeking retroactive disenrollment for your child from his full CHP issued through NSYOH, September 30, 2017 because you ultimately enrolled him in coverage Connecticut's health insurance marketplace beginning October 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.

The record reflects that you spoke to CDPHP on August 31, 2017, and again on September 7, 2017.

Accordingly, since the credible evidence of record reflects that you requested on August 31, 2017 and September 7, 2017 that your child's CHP plan coverage end on September 30, 2017, the October 19, 2017 eligibility determination and disenrollment notices are MODIFIED to reflect that your child's CHP plan coverage ended effective September 30, 2107.

Decision

The October 19, 2017 eligibility determination and disenrollment notices are MODIFIED to reflect that your child's CHP plan coverage ended effective September 30, 2017.

Effective Date of this Decision: January 4, 2018

How this Decision Affects Your Eligibility

Your child's CHP plan coverage through NYSOH ended effective September 30, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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
  PO Box 11729
  Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 19, 2017 eligibility determination and disenrollment notices are MODIFIED to reflect that your child's CHP plan coverage ended effective September 30, 2017.

Your child's CHP plan coverage through NYSOH ended effective 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:

[redacted]

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).

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)

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।

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).

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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