



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

Notice of Decision

Decision Date: January 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023842

[REDACTED]

[REDACTED]

On December 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 24, 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 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: January 18, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023842

[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 children's enrollment in their Child Health plus plan ended effective October 31, 2017?

Procedural History

On July 17, 2017, you submitted an application for financial assistance with health insurance for your children.

On July 18, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus for a limited time, effective September 1, 2017. This notice directed you to submit proof of your household's income by September 15, 2017 in order to confirm your children's eligibility for financial assistance.

On July 19, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a plan enrollment start date of September 1, 2017.

On August 16, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus, effective September 1, 2017.

On October 23, 2017, you contacted NYSOH and requested to end your children's enrollment in their Child Health Plus plan.

On October 24, 2017, NYSOH issued a disenrollment notice confirming your children's disenrollment from their Child Health Plus plan, effective October 31, 2017.

On October 30, 2017, you spoke to NYSOH's Account Review Unit and appealed the date of your children's disenrollment from their Child Health Plus plan, requesting the disenrollment be made effective September 1, 2017.

On December 21, 2017, you had a telephone hearing with Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until January 11, 2018 to allow you time to submit proof of your children's enrollment in third-party health insurance.

Also on December 21, 2017, the Appeals Unit received via fax a copy of a certificate of coverage stating that your children were enrolled in coverage through your union as of September 1, 2017. This document was marked as appellant's exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) You testified that you applied for coverage in July 2017 and enrolled your children in a Child Health Plus plan with a plan enrollment start date of September 1, 2017.
- 2) The record reflects that you applied for coverage for your children through NYSOH on July 17, 2017, and selected a Child Health Plus plan for enrollment on July 18, 2017.
- 3) You testified that sometime in mid to late October 2017, you received a letter from your union advising you that your children were enrolled in medical coverage, and that this coverage began on September 1, 2017.
- 4) You testified that your spouse contacted NYSOH a few days after receiving the letter from your union in order to cancel your children's coverage through NYSOH as you were aware that they were not allowed to carry two separate coverages.
- 5) You testified that you paid premiums to your children's Child Health Plus plan for September 2017 and October 2017.

- 6) You further testified that your children did not use their Child Health Plus plan coverage in September 2017 or October 2017.
- 7) Your NYSOH account reflects that you requested that NYSOH disenroll your children from their Child Health Plus plan on October 23, 2017.
- 8) You submitted a copy of a certificate of coverage, dated December 21, 2017, from your union, indicating that your children were enrolled in coverage 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

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 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 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 a child ceases to be eligible for Child Health Plus because the child no longer resides in New York State or gains access to or obtains other health insurance coverage, the period of eligibility ends the last day of the month in which the child ceases to be an eligible child (NY Public Health Law §2510(6)(a)).

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 children's enrollment in their Child Health Plus plan ended effective October 31, 2017.

On July 18, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, effective September 1, 2017. Your children were subsequently enrolled in a Child Health Plus plan with a plan enrollment start date of September 1, 2017.

On October 23, 2017, you contacted NYSOH and requested that your children be disenrolled from their Child Health Plus plan. This was because they had coverage through your union, effective September 1, 2017. On October 24, 2017, NYSOH issued a notice stating that your children were disenrolled from their plan, effective October 31, 2017.

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 you requested to terminate your children's enrollment in their Child Health Plus plan on October 23, 2017, their enrollment should have terminated effective the first day of the following month; that is, on October 1, 2017.

However, when a child gains access to or obtains other health insurance coverage, the period of eligibility ends the last day of the month in which the child ceases to be an eligible child.

The record reflects that your children obtained health insurance coverage and were therefore no longer eligible for Child Health Plus, effective September 1, 2017. Therefore, their enrollment in their Child Health Plus plan should have ended effective the last day of the month in which they obtained other health insurance coverage; that is, on September 30, 2017.

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Therefore, the October 24, 2017 disenrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan ended effective September 30, 2017.

Your case is RETURNED to NYSOH to disenroll your children from their Child Health Plus plan as of September 30, 2017.

Decision

The October 24, 2017 disenrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan ended effective September 30, 2017.

Your case is RETURNED to NYSOH to disenroll your children from their Child Health Plus plan as of September 30, 2017.

Effective Date of this Decision: January 18, 2018

How this Decision Affects Your Eligibility

Your children's enrollment in their Child Health Plus plan should have ended as of September 30, 2017.

Your case is being sent back to NYSOH to disenroll your children from their Child Health Plus plan as of 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

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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):

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- 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 October 24, 2017 disenrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan ended effective September 30, 2017.

Your children's enrollment in their Child Health Plus plan should have ended as of September 30, 2017.

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Your case is RETURNED to NYSOH to disenroll your children from their Child Health Plus plan as of 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 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.

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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