



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

## Notice of Decision

Decision Date: February 8, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024329

[REDACTED]

[REDACTED],

On January 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's September 21, 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 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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## Decision

Decision Date: February 8, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024329



## 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 November 1, 2017?

## Procedural History

On September 10, 2016, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus (CHP) at full cost, effective October 1, 2016.

On November 19, 2016, NYSOH issued an enrollment notice confirming in part, your children's enrollment in a CHP plan as of January 1, 2017.

On September 20, 2017, NYSOH received an update to your application reflecting that you were no longer seeking health insurance for your family through NYSOH.

On September 21, 2017, NYSOH issued an eligibility determination notice stating in part, that your children were no longer eligible for coverage through NYSOH because you no longer wanted them to receive coverage. This determination was effective November 1, 2017.

Also on September 21, 2017, NYSOH issued a disenrollment notice stating that your children's CHP plan coverage would end on October 31, 2017 because they were no longer eligible to enroll in health insurance through NYSOH.

On November 14, 2017, you contacted the NYSOH Account Review Unit and appealed the date your children were disenrolled from their CHP plan, requesting the disenrollment be made effective September 30, 2017.

On January 9, 2018, you had a telephone hearing with a Hearing Officer from the 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 your spouse started new employment in September 2017 and the family became eligible for health insurance through his employer as of October 1, 2017.
- 2) According to your NYSOH account and your testimony, on September 20, 2017, you contacted NYSOH to disenroll you and your spouse from your qualified health plan and your children from their CHP plan.
- 3) You testified that on the September 20, 2017 call with NYSOH representative, you stated that the employer sponsored health insurance for your family would start October 1, 2017 and that you wanted your family's plans through NYSOH to end on September 30, 2017. You testified that the customer service representative told you that would not be a problem.
- 4) On September 21, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's qualified health plan and the children's CHP plan would all end on October 31, 2017.
- 5) You testified that you had been paying your family's health insurance premiums by automatic payment via a credit card. You testified you paid the October 2017 CHP plan premium via automatic payment via your credit card well in advance of the month of coverage.
- 6) According to your NYSOH account, on September 25, 2017 NYSOH adjusted the end date of your and your spouse's qualified health plan from October 31, 2017 to September 30, 2017.

- 7) You testified that when you did not receive a refund for the children's CHP plan for October 2017, you contacted NYSOH and were told that the children's CHP end date could not be backdated and you would have to file an appeal.
- 8) You testified that your children did not have medical treatment during the month of October 2017.
- 9) You testified that you are seeking retroactive disenrollment from your children's CHP plan through NYSOH, effective September 30, 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)).

### 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)).

If the enrollee gains access to a state health benefits plan or becomes enrolled in other health insurance, the enrollee shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance (NYSDOH 2008-2012 Model Contract (Appendix C Section 12.3)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your children's enrollment in their CHP plan ended effective November 1, 2017.

Your children were enrolled in a CHP plan at least as early as January 1, 2017.

You testified, and the record confirms, that you contacted NYSOH and requested that your children be disenrolled from their CHP plan on September 20, 2017. Based on this request, on September 21, 2017, NYSOH issued a disenrollment notice stating in part that your children's coverage in their CHP plan would end October 31, 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. If the enrollee gains access to a state health benefits plan or becomes enrolled in other health insurance, the enrollee shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance.

You testified that your children became eligible for health insurance coverage through your spouse's new employer as of October 1, 2017. According to your NYSOH account and your testimony, on September 20, 2017 you called and spoke with a customer service representative at NYSOH and requested that your children's coverage in their CHP plan terminate at the end of September 2017. You testified that you were paying the CHP monthly premiums via automatic payments on your credit card. You testified that you paid for the month of October 2017 in advance via the credit card. You also testified and the record reflects that you also canceled the qualified health plan that you and your spouse were on because you were eligible for employer sponsored health insurance as of October 1, 2017. The record reflects that NYSOH adjusted the date of the end of coverage for your and your spouse's qualified health plan to September 30, 2017. You testified that when you did not receive a refund for the children's CHP premium for the month of October 2017 you filed an appeal.

You testified and your NYSOH account reflects that on September 20, 2017, you contacted NYSOH and requested that your children be disenrolled from their CHP plan as you no longer wanted them to remain enrolled because they were eligible for and would be enrolled in health insurance through your spouse's new employer as of October 1, 2017. Therefore, your children's eligibility for CHP plan coverage should have ended the first day of the month following the September 20, 2017 request, which would be October 1, 2017.

Therefore, the September 21, 2017 eligibility determination notice is MODIFIED to state that your children were no longer eligible for CHP plan coverage, effective October 1, 2017.

Accordingly, the September 21, 2017 disenrollment notice is MODIFIED to state that your children's coverage in their CHP plan ended as of September 30, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in the CHP coverage termination date for your children.

## **Decision**

The September 21, 2017 eligibility determination notice is MODIFIED to state that your children were no longer eligible for CHP plan coverage, effective October 1, 2017.

The September 21, 2017 disenrollment notice is MODIFIED to state that your children's coverage in their CHP plan ended as of September 30, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your children.

**Effective Date of this Decision:** February 8, 2018

## **How this Decision Affects Your Eligibility**

Your children's CHP 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 appeal 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 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

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).



## **Summary**

The September 21, 2017 eligibility determination notice is MODIFIED to state that your children were no longer eligible for CHP plan coverage, effective October 1, 2017.

The September 21, 2017 disenrollment notice is MODIFIED to state that your children's coverage in their CHP plan ended as of September 30, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your children.

Your children's CHP 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:**



## 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।

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 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&etumi 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.

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).