



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: AP000000025085

[REDACTED]

[REDACTED]

On February 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 1, 2017 plan disenrollment and eligibility determination 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: AP000000025085

[REDACTED]

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 enrollment in her Child Health Plus plan ended effective December 31, 2017?

Procedural History

On August 26, 2017, NY State of Health (NYSOH) received your child's updated application for financial assistance and health insurance.

On August 27, 2017, NYSOH issued an eligibility determination stating your child was eligible for Child Health Plus at full price, effective October 1, 2017.

Also on August 27, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan at \$152.03 per month, effective October 1, 2017.

On November 30, 2017, NYSOH received your child's updated application, which stated she was no longer applying for health insurance through NYSOH.

On November 30, 2017, you contacted NYSOH's Account Review Unit and appealed the date your child was disenrolled from her Child Health Plus plan, requesting her disenrollment be made effective December 1, 2017.

On December 1, 2017, NYSOH issued a notice stating your child's eligibility was redetermined on November 30, 2017. The notice stated she no longer qualified

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for health coverage through NYSOH, effective January 1, 2018, because she no longer wanted to receive coverage.

On December 1, 2017, NYSOH issued a disenrollment notice canceling your child's enrollment in her Child Health Plus plan effective December 31, 2017.

On February 2, 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) According to your NYSOH account and your testimony, on August 26, 2017, your child was found eligible for and enrolled in a full price Child Health Plus plan, effective October 1, 2017.
- 2) You testified that you contacted NYSOH on November 30, 2017, to disenroll your child from her coverage.
- 3) You testified that you attempted to contact your child's Child Health Plus plan in early November 2017, and you were told you had to contact NYSOH but no number for NYSOH was provided to complete the request with her plan.
- 4) You testified that your child was enrolled in your employer-sponsored insurance effective December 1, 2017.
- 5) You testified that you did not pay a premium to your child's Child Health Plus plan for December 2017, and did not use the insurance for that month.
- 6) You testified that you are seeking to have your child's Child Health Plus plan end as of December 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 Child Health Plus 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 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 child’s enrollment in her Child Health Plus plan ended effective December 31, 2017.

Your child was determined eligible for and enrolled in a Child Health Plus plan, effective October 1, 2017. On December 1, 2017, NYSOH issued a plan disenrollment notice stating that your child’s Child Health Plus plan coverage would end January 1, 2018.

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. Further, if an enrollee gains access to a state

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health benefits plan or becomes enrolled in other health insurance, the enrollee is no longer eligible to be enrolled in Child Health Plus and shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance

You testified and the record supports that, on November 30, 2017, you contacted NYSOH and requested your child's enrollment in her Child Health Plus plan be ended as she was no longer seeking insurance through NYSOH. You testified she became eligible for and enrolled in private insurance through your employer as of December 1, 2017. You further testified that you did not use her Child Health Plus plan for the month of December 2017, and did not make a premium payment to her health plan.

The credible evidence of record indicates that you contacted NYSOH on November 30, 2017, to request that your child be disenrolled from her Child Health Plus plan because she had employer-sponsored insurance as of December 1, 2017. Therefore, your child's eligibility for and enrollment in her Child Health Plus plan should have ended the first day of the month following the November 30, 2017 request, which date is December 1, 2017.

The December 1, 2017 disenrollment and eligibility determination notices stating that you child's Child Health Plus plan and eligibility would end as of January 1, 2018 are MODIFIED to state her disenrollment from her Child Health Plus plan and ineligibility for Child Health Plus ended as of December 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's disenrollment and ineligibility to December 1, 2017.

Decision

The December 1, 2017 disenrollment and eligibility determination notices stating that you child's Child Health Plus plan and eligibility would end as of January 1, 2018 are MODIFIED to state her disenrollment from her Child Health Plus plan and ineligibility for Child Health Plus ended as of December 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's disenrollment from her Child Health Plus plan and ineligibility for Child Health Plus to December 1, 2017, and to notify you accordingly.

Effective Date of this Decision: February 8, 2018

How this Decision Affects Your Eligibility

Your child's eligibility for and enrollment in her Child Health Plus plan ended December 1, 2017.

Your child's case has been sent back to NYSOH to change the end date of both her Child Health Plus eligibility and enrollment to December 1, 2017, and to notify you once these changes have been made.

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.

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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
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- By fax: 1-855-900-5557

Summary

The December 1, 2017 disenrollment and eligibility determination notices stating that you child's Child Health Plus plan and eligibility would end as of January 1, 2018 are MODIFIED to state her disenrollment from her Child Health Plus plan and ineligibility for Child Health Plus ended as of December 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's disenrollment from her Child Health Plus plan and ineligibility for Child Health Plus to December 1, 2017, and to notify you accordingly.

Your child's eligibility for and enrollment in her Child Health Plus plan ended December 1, 2017.

Your child's case has been sent back to NYSOH to change the end date of both her Child Health Plus eligibility and enrollment to December 1, 2017, and to notify you once these changes have been made.

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&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.

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