



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

Notice of Decision

Decision Date: March 09, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025258



Dear [REDACTED]

On February 7, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 11, 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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Decision Date: March 09, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025258



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 enrollment in his Child Health Plus plan ended effective December 1, 2017?

Procedural History

On September 8, 2017, NYSOH issued an eligibility determination notice stating in part, that your oldest child (Marketplace ID: [REDACTED]), hereinafter referred to as "child," was eligible for Child Health Plus (CHP) with a \$45.00 monthly premium for a limited time, effective October 1, 2017.

Also on September 8, 2017, NYSOH issued an enrollment notice confirming in part, your child's enrollment in a CHP plan with a plan enrollment start date of October 1, 2017.

On November 10, 2017, NYSOH received an update to your application reflecting that you were no longer seeking health insurance for your child through NYSOH.

On November 11, 2017, NYSOH issued an eligibility determination notice stating in part, that your child was no longer eligible for coverage through NYSOH because you no longer wanted him to receive coverage. This determination was effective December 1, 2017.

Also on November 11, 2017, NYSOH issued a disenrollment notice stating that your child's CHP plan coverage would end on November 30, 2017 because he was no longer eligible to enroll in health insurance through NYSOH.

On December 4, 2017, you contacted the NYSOH Account Review Unit and appealed the date your child was disenrolled from his CHP plan, requesting the disenrollment be made effective October 31, 2017.

On February 7, 2017, 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 proceeding.

Findings of Fact

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

- 1) You testified that your spouse took new employment and that you were waiting to hear from her if your oldest child would be eligible for coverage under her employee sponsored health insurance (ESI).
- 2) According to your NYSOH account and your testimony, on September 7, 2017 you updated your family's application for financial assistance and health insurance using the services of a certified application counselor. You testified that you elected to request health insurance for your oldest child at that time.
- 3) According to your NYSOH account and your testimony, your child was determined eligible for CHP with a \$45.00 monthly premium and was subsequently enrolled in a plan effective October 1, 2017.
- 4) You testified that after enrolling your child in CHP with an October 1, 2017 start date, you learned from your spouse that your child was eligible for and enrolled in her ESI health insurance that started October 1, 2017.
- 5) You testified that on numerous occasions, you attempted to contact the certified application counselor to request the termination of your child's CHP plan. You testified that you left multiple voice messages, but she never got back to you.
- 6) You testified that you called the CHP plan and told them that you didn't need health insurance for your child. The record is devoid of any evidence as to when this phone call to the CHP plan took place. You further testified that the plan representative said you didn't need to pay any further premiums.

- 7) You testified that shortly after speaking to the CHP plan that you received a call back from them advising that you needed to pay the monthly premium. The plan representative further stated that you needed to contact NYSOH to cancel your child's plan.
- 8) According to your NYSOH account and your testimony, on November 10, 2017 you contacted NYSOH to disenroll your child from his CHP plan.
- 9) On November 11, 2017, NYSOH issued a disenrollment notice stating that your child's CHP plan would all end on November 30, 2017.
- 10) You testified that your child did not use his CHP plan in the month of November 2017.
- 11) You testified that you are seeking retroactive disenrollment of your child for the month of November 2017 and a return of the \$45.00 premium you paid for that month's coverage.

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)).

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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 his CHP plan ended effective December 1, 2017.

On September 8, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for CHP with a \$45.00 monthly premium effective October 1, 2017. Your child was subsequently enrolled into a CHP plan with an October 1, 2017 plan enrollment start date.

You testified, and the record confirms, that you contacted NYSOH and requested that your child be disenrolled from his CHP plan on November 10, 2017. Based on this request, on November 11, 2017, NYSOH issued a disenrollment notice stating in part that your child's coverage in his CHP plan would end November 30, 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 when you learned from your spouse that your child was eligible for and enrolled in ESI health insurance that started October 1, 2017 you attempted to contact the certified application counselor to request the termination of your child's CHP plan. You testified that you left multiple voice messages for the counselor, but she never got back to you. You testified that you called the CHP plan and told them that you didn't need health insurance for your child. The record is devoid of any evidence as to when this phone call to the CHP plan took place. You further testified that the plan representative said you didn't need to pay any further premiums. However, shortly after speaking to the CHP plan representative, you received a call from them advising that you needed to pay the monthly premium. The plan representative further stated that you needed to contact NYSOH to cancel your child's plan.

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 ([REDACTED] [REDACTED]).

The record reflects that on November 10, 2017 you contacted NYSOH and requested that your child be disenrolled from his CHP plan as you no longer wanted him to remain enrolled because he was eligible for and was enrolled in health insurance through your spouse's new employer as of October 1, 2017. Therefore, your child's eligibility for CHP plan coverage should have ended the first day of the month following the November 10, 2017 request, which would be December 1, 2017.

As such, the November 11, 2017 eligibility determination notice that states your child was no longer eligible for health insurance through NYSOH effective December 1, 2017 is AFFIRMED.

The November 11, 2017 disenrollment notice stating that your child's CHP plan would end November 30, 2017 is AFFIRMED.

Decision

The November 11, 2017 eligibility determination notice that states your child was no longer eligible for health insurance through NYSOH effective December 1, 2017 is AFFIRMED.

The November 11, 2017 disenrollment notice stating that your child's CHP plan would end November 30, 2017 is AFFIRMED.

Effective Date of this Decision: March 09, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's disenrollment date from his CHP plan.

Your child's enrollment in his CHP plan ended as of November 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

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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 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

Summary

The November 11, 2017 eligibility determination notice that states your child was no longer eligible for health insurance through NYSOH effective December 1, 2017 is AFFIRMED.

The November 11, 2017 disenrollment notice stating that your child's CHP plan would end November 30, 2017 is AFFIRMED.

This decision does not change your child's disenrollment date from his CHP plan.

Your child's enrollment in his CHP plan ended as of November 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 okyer& 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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