



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

Notice of Decision

Decision Date: March 14, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025350

[REDACTED]

Dear [REDACTED],

On February 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 13, 2017 disenrollment notice and November 30, 2017 plan enrollment 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 NY State of Health 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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NY State of Health Account ID: [REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your children's enrollment in Child Health Plus terminated effective October 31, 2017?

Did the NYSOH properly determine that your children's enrollment in their Child Health Plus plan was next effective January 1, 2018?

Procedural History

On October 12, 2017, NYSOH issued an eligibility determination notice, based on your October 11, 2017 application, stating that your children were eligible to enroll in Child Health Plus for a limited time, effective November 1, 2017. You were directed to provide proof of income for your children by December 10, 2017. The notice also directed you to pick a health plan for your children.

Also on October 12, 2017, NYSOH issued a notice stating that your mailing address had changed.

On October 14, 2017, NYSOH issued a disenrollment notice, stating that your children's coverage would end on October 31, 2017, because you had moved to another county. The notice directed you to log in to your account to pick a plan.

On November 30, 2017, NYSOH issued a plan enrollment notice stating that your children were enrolled in Child Health Plus, effective January 1, 2018.

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On December 1, 2017, NYSOH issued an eligibility determination notice, based on your November 30, 2017 application, stating that your children were eligible to enroll in Child Health Plus, effective January 1, 2018.

Also on December 1, 2017, NYSOH issued a plan enrollment notice stating that your children were enrolled in a Child Health Plus plan, effective January 1, 2018.

On December 5, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan insofar as they did not have coverage in November 2017 or December 2017.

On February 6, 2018, you had a telephone hearing with a Hearing Officer from 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 you are appealing your children's enrollment in a Child Health Plus plan insofar as they did not have coverage in November 2017 or December 2017.
- 2) You submitted an application to NYSOH for financial assistance on October 11, 2017, and updated your address on your NYSOH account.
- 3) According to your NYSOH account, your children were disenrolled from their Child Health Plus plan, effective October 31, 2017, because you moved to a new county.
- 4) You testified that you received the October 12, 2017 and the October 14, 2017 notices and submitted all requested documentation, but did not know that you were required to pick a plan for your children.
- 5) You testified that you were first aware that your children did not have coverage when you received a bill for medical services from their doctor.
- 6) According to your NYSOH account and your testimony, you re-enrolled your children into a Child Health Plus plan on November 29, 2017.
- 7) You testified that you need your children's Child Health Plus plan to be effective in November 2017 and December 2017, because you have outstanding bills for medical services rendered.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(N.Y. Pub. Health Law. § 2511(2)(a)-(e)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)).

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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your children's enrollment in Child Health Plus terminated effective October 31, 2017.

The record indicates that you submitted an updated application on October 11, 2017. On October 12, 2017, NYSOH issued an eligibility determination notice,

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based on your October 11, 2017 application, stating that your children eligible to enroll in Child Health Plus, effective November 1, 2017. Also on October 12, 2017, NYSOH issued a notice stating that your mailing address had changed.

On October 14, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective October 31, 2017, because you moved to another county. The notice directed to you select a plan for your children in order for their coverage to begin.

When NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to provide sufficient notice so that a child's parent is able to take action to prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice. In this case, the notice formally disenrolling your children from their Child Health Plus plan was dated October 14, 2017. Therefore, the notice terminating your child's enrollment would be considered received as of October 19, 2017.

When changes are made to an individual's application after the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next following month. Since you would have received NYSOH's notice terminating your child's Child Health Plus eligibility after the 15th of the month, any changes you would have made to your account would not have been effective until December 1, 2017, which would result in a gap in coverage, not prevent it.

Therefore, NYSOH failed to provide you with sufficient notice that would have allowed you to take action in order to prevent a gap in Child Health Plus coverage for your children for the month of November 2017, such that the October 14, 2017 disenrollment notice is MODIFIED to state that your children's Child Health Plus coverage would end November 30, 2017. Your case is RETURNED to NYSOH to reinstate your children into their Child Health Plus plan for the month of November 2017.

The second issue under review is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan was effective January 1, 2018.

The record reflects that your children were re-enrolled into Child Health Plus on November 29, 2017. Although you testified that you were not aware that you were required to select a new plan for your children, you confirmed that you received the October 12, 2017 and the October 14, 2017 notices. Both of those notices directed you to pick a plan for your children. Therefore, NYSOH properly notified you that you were required to pick a new plan for your children for their coverage to continue.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since you selected a new plan for your children on November 29, 2017, NYSOH properly determined that their coverage was effective the first day of the second following month after November 2017; that is, as of January 1, 2018.

Therefore, the November 30, 2017 plan enrollment notice stating that your children's enrollment in their Child Health Plus plan was effective January 1, 2018, is correct and must be AFFIRMED.

Decision

The October 14, 2017 disenrollment notice is MODIFIED to state that your children's Child Health Plus coverage would end November 30, 2017.

Your case is RETURNED to NYSOH to reinstate your children into their Child Health Plus plan for the month of November 2017.

The November 30, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 14, 2018

How this Decision Affects Your Eligibility

Your children should not have been disenrolled from their Child Health Plus plan until November 30, 2017.

Your case is being sent back to reinstate your children's Child Health Plus plan for November 2017. NYSOH will notify you once this is done.

You will be responsible to pay the monthly premium directly to your children's Child Health Plus plan for coverage to resume that month.

The next effective date of your children's re-enrollment in a Child Health Plus plan is January 1, 2018. Therefore, your children did not have health insurance coverage during December 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 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
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- By fax: 1-855-900-5557

Summary

The October 14, 2017 disenrollment notice is MODIFIED to state that your children's Child Health Plus coverage would end November 30, 2017.

Your case is RETURNED to NYSOH to reinstate your children into their Child Health Plus plan for the month of November 2017.

The November 30, 2017 plan enrollment notice is AFFIRMED.

Your children should not have been disenrolled from their Child Health Plus plan until November 30, 2017.

Your case is being sent back to reinstate your children's Child Health Plus plan for November 2017. NYSOH will notify you once this is done.

You will be responsible to pay the monthly premium directly to your children's Child Health Plus plan for coverage to resume that month.

The next effective date of your children's re-enrollment in a Child Health Plus plan is January 1, 2018. Therefore, your children did not have health insurance coverage during December 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&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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