



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

Notice of Decision

Decision Date: April 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027959

[REDACTED]

[REDACTED]

On March 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 1, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: April 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027959



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determined that your child's disenrollment from his Child Health Plus plan ended January 1, 2018?

Procedural History

On October 6, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in a full cost Child Health Plus plan, effective November 1, 2017.

Also on October 6, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan, effective November 1, 2017.

On December 1, 2017, NYSOH issued a disenrollment notice indicating that coverage in your child's Child Health Plus plan would end effective January 1, 2018.

On January 29, 2018, you contacted NYSOH's Account Review Unit and appealed the date your child was disenrolled from his Child Health Plus plan, requesting the disenrollment be made effective November 30, 2017.

On March 26, 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 proceeding.

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Findings of Fact

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

- 1) You testified that your child became eligible for insurance through your spouse's employer as of December 1, 2017.
- 2) According to your NYSOH account and your testimony, on November 30, 2017, you contacted NYSOH to disenroll your child from Child Health Plus.
- 3) You testified that you paid a premium to your child's Child Health Plus plan for the month of December 2017.
- 4) You testified that your child did not use his Child Health Plus plan for the month of December 2017.
- 5) You testified that you are seeking retroactive disenrollment for your child from his Child Health Plus plan, effective November 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 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 (Child Health Plus Agreement (Appendix C §§ 12.1, 12.2, effective 1/1/2008 – 12/31/2012)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's disenrollment from his Child Health Plus plan ended January 1, 2018.

On October 6, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in a full cost Child Health Plus plan, effective

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November 1, 2017. Your child was subsequently enrolled into a Child Health Plus plan with a plan enrollment start date of November 1, 2017.

On November 30, 2017, you contacted NYSOH and requested that your child be disenrolled from his Child Health Plus plan. On December 1, 2017, NYSOH issued a notice stating that your child was disenrolled from his plan, effective 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.

Since you requested to terminate your child's enrollment in his Child Health Plus plan on November 30, 2017, his enrollment should have been terminated effective the first day of the following month; that is, on December 1, 2017.

Therefore, the December 1, 2017 disenrollment notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan ended on November 30, 2017.

Your case is RETURNED to NYSOH to disenroll your child from his Child Health Plus plan as of November 30, 2017, and to notify you accordingly; and to Plan Management to ensure that the Child Health Plus plan records reflect that your child's enrollment ended effective November 30, 2017.

Decision

The December 1, 2017 disenrollment notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan ended on November 30, 2017.

Your case is RETURNED to NYSOH to disenroll your child from his Child Health Plus plan as of November 30, 2017, and to notify you accordingly; and to Plan Management to ensure that the Child Health Plus plan records reflect that your child's enrollment ended effective November 30, 2017.

Effective Date of this Decision: April 2, 2018

How this Decision Affects Your Eligibility

The effective date of your child's disenrollment from his Child Health Plus plan is November 30, 2017.

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Your case is being sent back to NYSOH to disenroll your child from his Child Health Plus plan as of November 30, 2017, and to notify you accordingly.

Your case is also being sent back to Plan Management to conduct outreach to your child's Child Health Plus plan to ensure his end date is changed to November 30, 2017.

You will need to arrange with the health plan directly regarding the credit or reimbursement of the December 2017 premium payment.

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 calling the Customer Service Center at 1-855-355-5777
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NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 1, 2017 disenrollment notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan ended on November 30, 2017.

Your case is RETURNED to NYSOH to disenroll your child from his Child Health Plus plan as of November 30, 2017, and to notify you accordingly; and to Plan Management to ensure that the Child Health Plus plan records reflect that your child's enrollment ended effective November 30, 2017.

The effective date of your child's disenrollment from his Child Health Plus plan is November 30, 2017.

Your case is being sent back to NYSOH to disenroll your child from his Child Health Plus plan as of November 30, 2017, and to notify you accordingly.

Your case is also being sent back to Plan Management to conduct outreach to your child's Child Health Plus plan to ensure his end date is changed to November 30, 2017.

You will need to arrange with the health plan directly regarding the credit or reimbursement of the December 2017 premium payment.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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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