



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

## Notice of Decision

Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Numbers: AP000000028221

[REDACTED]

On April 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 14, 2017 eligibility determination and disenrollment notices, and January 19, 2018 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 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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## Decision

Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Numbers: AP000000028221

[REDACTED]

## 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 were no longer eligible for health insurance coverage such that their coverage ended as of December 31, 2017?

Did NYSOH properly determine that your children were next enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2018?

## Procedural History

On November 11, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your children were eligible for Child Health Plus, with a \$9.00 premium per month each, effective December 1, 2017.

Also on November 11, 2017, NYSOH issued a plan enrollment notice confirming that as of November 10, 2017, your children were enrolled in a Child Health Plus plan with an enrollment start date of December 1, 2017.

On December 13, 2017, your NYSOH account was updated.

On December 14, 2017, NYSOH issued an eligibility determination notice stating that your children did not qualify for health insurance coverage, effective January 1, 2018, because you no longer wanted them to receive coverage through NYSOH.

Also on December 14, 2017, NYSOH issued a disenrollment notice stating that your children's health insurance coverage would end as of December 31, 2017, because they were no longer eligible to enroll in health insurance coverage.

On January 18, 2018, your NYSOH account was updated.

On January 19, 2018, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, with a monthly premium of \$30.00 each, effective as of March 1, 2018.

Also on January 19, 2018, NYSOH issued a plan enrollment notice confirming that as of January 18, 2018, your children were enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2018.

On February 1, 2018, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your children were not enrolled in health insurance coverage for the months of January 2018 and February 2018.

On April 5, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was 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, your children were born on [REDACTED]
- 2) According to your NYSOH account, on November 11, 2017, your children were determined eligible for Child Health Plan and enrolled in a health plan.
- 3) You testified that "[REDACTED]" is your username through NYSOH.
- 4) According to your NYSOH account, on December 13, 2017, you changed your children's status from "Applying for Insurance" to "Not Applying" because "Client Requested."
- 5) You testified that you had already completed your children's application and enrolled them in a health plan. You were attempting to update your account for you and your spouse.

- 6) You testified that in January 2018 you found out that your children's coverage was no longer active when at a medical appointment or attempting to fill a prescription.
- 7) According to your NYSOH account, on January 18, 2018, your children were reenrolled in a Child Health Plus plan.
- 8) You testified that you want your children to be enrolled in health insurance coverage for the months of January 2018 and February 2018, to cover any medical costs that were incurred.

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

## **Applicable Law and Regulations**

### Child Health Plus – Continuous Coverage

The “period of eligibility” for CHP 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” (NY Public Health Law § 2510(6)).

However, a child is not eligible for twelve months of continuous eligibility if:

- The child attains the age of 19;
- The child or child's representative requests voluntary disenrollment;
- The child is no longer a resident of the state;
- The agency determines that eligibility was erroneously granted because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative;
- The child dies;
- Failure to pay required premiums or enrollment fees;
- The child becomes Medicaid eligible;
- The child has obtained other health insurance;
- The child has obtained access to a state health benefits plan subsequent to the initial/renewal period;

(see e.g. 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 ended your children's Child Health Plus coverage as of December 31, 2017.

On November 11, 2017, NYSOH issued notices stating that your children were eligible for and enrolled in a Child Health Plus plan with an enrollment start date of December 1, 2017.

Generally, once a child is determined eligible for Child Health Plus, they are guaranteed 12 months of coverage. This twelve-month period commences on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment. However, a child is not eligible for twelve months of continuous eligibility if the child or child's representative requests voluntary disenrollment.

The record reflects that, on December 13, 2017, you accessed your NYSOH account and changed your children's status from "Applying for Insurance" to "Not Applying." Based on that update, your children's coverage was cancelled as of December 31, 2017.

You testified that you had already completed your children's application and enrollment, and you were only attempting to update your and your spouse's information. An applicant's mistake is not a sufficient basis to rescind the cancellation of children's coverage. Therefore, NYSOH properly ended your children's coverage as of December 31, 2017.

The December 14, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your children were enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2018.

The record reflects that on January 18, 2018, you selected a Child Health Plus plan for your children and they were re-enrolled in that plan as of March 1, 2018.

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 health plan and reenrolled your children on January 18, 2018, their Child Health Plus plan should be effective on the first day of the second month following that date, which is March 1, 2018.

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).

Therefore, the January 19, 2018 plan enrollment notice is AFFIRMED.

## **Decision**

The December 14, 2017 eligibility determination notice is AFFIRMED.

The December 14, 2017 disenrollment notice is AFFIRMED.

The January 19, 2018 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** April 23, 2018

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

Your children's Child Health Plus coverage ended as of December 31, 2017.

Your children were reenrolled in Child Health Plus coverage as of March 1, 2018.

## **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

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).

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 December 14, 2017 eligibility determination notice is AFFIRMED.

The December 14, 2017 disenrollment notice is AFFIRMED.

The January 19, 2018 plan enrollment notice is AFFIRMED.

Your children's Child Health Plus coverage ended as of December 31, 2017.

Your children were reenrolled in Child Health Plus coverage as of March 1, 2018.

### **Legal Authority**

We are sending you this notice 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 مجانًا.

### **বাংলা (Bengali)**

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).

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।

### **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 bεtumi ama wo obi a okyerε 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.

### **שׂוֹדֵיט (Yiddish)**

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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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