



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

Notice of Decision

Decision Date: May 11, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029203



Dear [REDACTED]

On April 24, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 19, 2017 enrollment confirmation notice and February 6, 2018 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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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 properly determine that your child was enrolled in a Child Health Plus plan effective November 1, 2017?

Did NY State of Health properly determine that your child's enrollment in her Child Health Plus plan ended effective January 31, 2018?

Procedural History

On December 19, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your application on December 18, 2017, stating that your child was eligible for Child Health Plus, effective November 1, 2017.

Also on December 19, 2017, NYSOH issued an enrollment confirmation notice stating that your child was enrolled in a Child Health Plus plan, effective November 1, 2017.

On February 5, 2018, you contacted NYSOH and requested to end your child's enrollment in her Child Health Plus plan.

On February 6, 2018, NYSOH issued a disenrollment notice confirming your child's disenrollment from her Child Health Plus plan, effective February 28, 2018.

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On February 13, 2018, NYSOH issued a notice of change to your insurance coverage stating that the last day of your child's coverage with her Child Health Plus plan had been changed to January 31, 2018.

On February 22, 2018, you spoke to NYSOH's Account Review Unit and appealed the date of your child's disenrollment from her Child Health Plus plan, requesting the disenrollment be made effective November 1, 2017.

On April 24, 2018, you had a telephone hearing with a Hearing Officer from the NYSOH Appeals Unit. The record was developed during the hearing and left open until May 8, 2018 to allow you time to submit proof of your child's enrollment in employer sponsored health insurance.

Also on April 24, 2018, NYSOH received via upload to your NYSOH account a copy of a letter from your child's health insurance through your spouse's employer dated April 24, 2018 as well as a copy of your child's health insurance cards. These documents were marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) You testified that your child was born on [REDACTED]
- 2) You testified that you were initially told that your child would not be eligible for health insurance through your spouse's employer, therefore, you contacted NYSOH in order to enroll your child in a Child Health Plus plan.
- 3) Your NYSOH account reflects that on December 18, 2017 you contacted NYSOH and submitted an application for health insurance for your child.
- 4) Your child's Child Health Plus plan enrollment was effective November 1, 2017.
- 5) You testified that you paid premiums to your child's Child Health Plus plan for each month that she was enrolled in coverage.
- 6) You testified that you learned that your child would be eligible for health insurance through your spouse's employer during a phone call in January 2018.
- 7) You testified that you received the welcome packet for your child from your spouse's employer sponsored health insurance at the beginning of February 2018 and you called NYSOH to disenroll your child from her

Child Health Plus plan the day after you received this documentation from the employer sponsored health insurance plan.

- 8) You testified that your child's health insurance through your spouse's employer was backdated to [REDACTED].
- 9) Your NYSOH account reflects that on February 5, 2018 you contacted NYSOH to disenroll your child from her Child Health Plus plan.
- 10) A note within your NYSOH account indicates that on February 12, 2018, NYSOH retroactively disenrolled your child from her Child Health Plus plan for the month of February 2018. A notice was issued advising you that your child's Child Health Plus plan ended January 31, 2018.
- 11) You testified that you believe that your child's Child Health Plus plan charged back all of your child's medical providers and that your child's health insurance through your spouse's employer has paid all of your child's medical bills back to her date of birth.
- 12) You submitted a letter dated April 24, 2018 from your child's health insurance through your spouse's employer which indicates that your child's coverage became effective on [REDACTED] and as of April 24, 2018 was still active.
- 13) You submitted a copy of your child's health insurance cards. The accompanying letter indicates that the cards were processed on February 1, 2018 and mailed on February 5, 2018.

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

Applicable Law and Regulations

Child Health Plus – Newborns

A newborn child who is eligible for Child Health Plus shall be enrolled retroactively to the first day of the month in which the child is born, provided that the applicant submitted a completed application and required information and documentation within sixty days of the child's birth (NY Public Health Law §2511(2)(i)(i), effective January 1, 2017).

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

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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)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

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

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 a child ceases to be eligible for Child Health Plus because the child no longer resides in New York State or gains access to or obtains other health insurance coverage, the period of eligibility ends the last day of the month in which the child ceases to be an eligible child (NY Public Health Law §2510(6)(a)).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your child was enrolled in a Child Health Plus plan effective November 1, 2017.

Your child was born on [REDACTED]. On December 18, 2017, you submitted an application for financial assistance through NYSOH and your child was found eligible for Child Health Plus. You enrolled your child into a Child Health Plus plan that day.

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Child Health Plus eligible newborns are enrolled retroactively to the first day of the month in which the child was born in the plan selected for them, provided that the applicant submitted a complete application and required information and documentation within sixty days of the child's birth.

As you submitted a completed application on December 18, 2017, which was within sixty days of your child's birth and selected a Child Health Plus plan for enrollment that day, NYSOH properly determined that your child was enrolled in her Child Health Plus plan as of the first day of the month in which your child was born; that is, on November 1, 2017.

Therefore, the December 19, 2017 enrollment confirmation notice is AFFIRMED.

The second issue is whether NYSOH properly determined that your child's enrollment in her Child Health plus plan ended effective January 31, 2018.

On February 5, 2018, you contacted NYSOH and requested that your child be disenrolled from her Child Health Plus plan. This was because she had coverage through your spouse's employer, effective [REDACTED]. On February 6, 2018, NYSOH issued a notice stating that your child was disenrolled from her plan, effective February 28, 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 her Child Health Plus plan on February 5, 2018, her enrollment should have terminated effective the first day of the following month; that is, on February 28, 2018.

The record reflects that your child obtained health insurance coverage through your spouse's employer effective [REDACTED]. However, you testified that you were initially advised that your child would not be eligible for health insurance through your spouse's employer, and it was not until January 2018 that you were advised that your child would, in fact, be eligible for coverage through your spouse's employer sponsored health insurance.

Therefore, although your child was granted coverage through your spouse's employer sponsored health insurance retroactively to [REDACTED], your child did not obtain health insurance coverage and become no longer eligible for Child Health Plus until January 2018. Therefore, her enrollment in her Child Health Plus plan should have ended effective the last day of the month in which she obtained other health insurance coverage; that is, on January 31, 2018.

Therefore, the February 6, 2018 disenrollment notice is MODIFIED to state that your child's enrollment in her Child Health Plus plan ended effective January 31, 2018.

As NYSOH has already disenrolled your child from her Child Health Plus plan as of January 31, 2018, there is no need to return your case to NYSOH.

Decision

The December 19, 2017 enrollment confirmation notice is AFFIRMED.

The February 6, 2018 disenrollment notice is MODIFIED to state that your child's enrollment in her Child Health Plus plan ended effective January 31, 2018.

As NYSOH has already disenrolled your child from her Child Health Plus plan as of January 31, 2018, there is no need to return your case to NYSOH.

Effective Date of this Decision: May 11, 2018

How this Decision Affects Your Eligibility

Your child's enrollment in her Child Health Plus plan properly began as of November 1, 2017.

Your child's enrollment in her Child Health Plus plan properly ended as of January 31, 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

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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 December 19, 2017 enrollment confirmation notice is **AFFIRMED**.

The February 6, 2018 disenrollment notice is **MODIFIED** to state that your child's enrollment in her Child Health Plus plan ended effective January 31, 2018.

Your child's enrollment in her Child Health Plus plan properly began as of November 1, 2017.

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As NYSOH has already disenrolled your child from her Child Health Plus plan as of January 31, 2018, there is no need to return your case to NYSOH.

Your child's enrollment in her Child Health Plus plan properly ended as of January 31, 2018.

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 مجانًا.

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. y&b&tumi 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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