



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

Notice of Decision

Decision Date: April 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013751

[REDACTED]

Dear [REDACTED]

On April 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 19, 2016 enrollment confirmation notice, and November 25, 2016 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 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 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013751

[REDACTED]

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 (CHP) plan ended as of November 30, 2016?

Did NYSOH properly determine that your child's enrollment in his CHP plan was effective January 1, 2017?

Procedural History

On January 26, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible to enroll in CHP with a \$9.00 monthly premium, effective March 1, 2016.

Also on January 26, 2016, NYSOH issued a notice of enrollment confirmation, stating that your child was enrolled in a United Healthcare Community Plan, and that his enrollment in the plan would start March 1, 2016.

On November 19, 2016, NYSOH issued a notice of enrollment confirmation, confirming your child's enrollment in the same United Healthcare Community Plan with a \$9.00 monthly premium, effective January 1, 2017.

On November 25, 2016, NYSOH issued a disenrollment notice stating that your child's enrollment in his United Healthcare Community plan ended as of

November 30, 2016 because, on November 18, 2016, you asked NYSOH to end his coverage.

On December 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his CHP plan insofar as he had a gap in his coverage.

On April 10, 2017, 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 support the following findings of fact:

- 1) You testified that you always paid your child's CHP premium payments at the end of the month, and that these payments were for coverage for the following month.
- 2) You testified that you called United Healthcare to make a payment on October 31, 2016 for his November 2016 coverage.
- 3) You testified that you were told by the person who answered that, due to heavy call volume, they could not take your payment at that time, but that someone would call you back.
- 4) You testified that someone called back later that day, but you missed the call.
- 5) You testified that the person who called left a message stating that you could call the next day (November 1, 2016) to make a payment, and your child would still have coverage for November 2016.
- 6) You testified that you called the next day (November 1, 2016) and made a premium payment.
- 7) You testified that, sometime around mid-November 2016, you received a letter from United Healthcare stating that your child's coverage was terminated due to nonpayment of the premium.
- 8) You testified that you had already taken your child to the doctor that month for a flu shot, and had also filled a prescription.

- 9) You testified that you tried to re-enroll your child in coverage for December 2016, but that you were only able to get a January 1, 2017 start date for his coverage.
- 10) Your NYSOH account does not contain any notices issued by NYSOH stating that your child's enrollment in his CHP plan was discontinued for failure to pay the premium.
- 11) Notes entered by a NYSOH employee on December 2, 2016 in Incident [REDACTED] state "Checked documents - confirmed no termination for non-payment was sent out" and "NYSOH has not received the cancellation/disenrollment notice from the CHP plan."
- 12) You testified that your child has a two-month gap in his CHP coverage for the period of November and December 2016, and you would like his coverage to be reinstated for those two months.

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 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," 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 CHP 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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your child's enrollment in his CHP plan ended November 30, 2016.

Your NYSOH account reflects that your child was enrolled into a United Healthcare CHP plan with a March 1, 2016 plan start date.

With few exceptions, the "period of eligibility" for CHP starts on the first day of the month during which a child is an eligible child and ends on the last day of the twelfth month following that date. One of the exceptions to this twelve months of coverage is when CHP premiums are not timely paid. If a plan determines that coverage is to be terminated for nonpayment, the plan must inform NYSOH, and NYSOH must issue a notice of disenrollment to the enrollee in writing.

You testified that your child's November 2016 CHP premium was not paid until November 1, 2016 due to an issue that you had when you tried to pay on October 31, 2016. You testified that you received a notice from your child's CHP plan in mid-November 2016 stating that his CHP coverage had ended October 31, 2016 due to nonpayment of premiums. As a result, you contacted NYSOH on November 18, 2016 to re-enroll him in a CHP plan; however, he had no coverage for the months of November and December 2016.

The record contains no evidence that NYSOH was informed by your child's CHP plan that his coverage was terminated for nonpayment of premium. Due to this, when you called to re-enroll him into coverage, a disenrollment notice was issued, dated November 25, 2016, stating that you had "requested" to end your child's enrollment in his plan on November 18, 2016. Since NYSOH's system still showed that your child had active coverage when you called on November 18, 2016, NYSOH had to disenroll him from coverage so that he could be re-enrolled into a plan.

As NYSOH did not receive any notice from your child's CHP plan that he had been terminated from his coverage, he should have remained enrolled in coverage for the months of November and December 2016. Therefore, the November 25, 2016 enrollment notice is **RESCINDED**.

The second issue under review is whether NYSOH properly determined that your child's enrollment in his CHP plan began on January 1, 2017.

After your child was disenrolled from his United Healthcare Community Plan coverage, you contacted NYSOH on November 18, 2016 and re-enrolled him into the same CHP plan. His enrollment began on January 1, 2017.

Generally, the date on which a CHP 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.

You re-enrolled your child into his United Healthcare Community plan on November 18, 2016. Therefore, ordinarily, his enrollment would begin on the first day of the second following month: January 1, 2017. However, as discussed above, your child should never have been disenrolled from his United Healthcare Community Plan.

Therefore, the November 19, 2016 enrollment confirmation notice is MODIFIED to stated that your child's enrollment in his United Healthcare Community Plan coverage began November 1, 2016, so that there is no gap in his coverage.

Your case is RETURNED to NYSOH to facilitate your child's re-enrollment into his United Healthcare CHP plan for the months of November and December 2016.

Decision

The November 25, 2016 disenrollment notice is RESCINDED.

The November 19, 2016 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his United Healthcare CHP plan began effective November 1, 2016.

Your case is RETURNED to NYSOH to facilitate your child's re-enrollment in his United Healthcare CHP plan for the months of November and December 2016, so that there is no gap in his coverage.

Effective Date of this Decision: April 21, 2017

How this Decision Affects Your Eligibility

Your child should not have been disenrolled from his CHP plan as of October 31, 2016.

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).

Your child's re-enrollment in his CHP plan is effective November 1, 2016.

Your case is being sent back to NYSOH to re-enroll your child into his United Healthcare CHP plan for the months of November and December 2016.

You will be responsible for any premium payments for the months of November and December 2016.

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 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).

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 25, 2016 disenrollment notice is **RESCINDED**.

The November 19, 2016 enrollment confirmation notice is **MODIFIED** to state that your child's enrollment in his United Healthcare CHP plan began effective November 1, 2016.

Your case is **RETURNED** to NYSOH to facilitate your child's re-enrollment in his United Healthcare CHP plan for the months of November and December 2016, so that there is no gap in his coverage.

Your child should not have been disenrolled from his CHP plan as of October 31, 2016.

Your child's re-enrollment in his CHP plan is effective November 1, 2016.

Your case is being sent back to NYSOH to re-enroll your child into his United Healthcare CHP plan for the months of November and December 2016.

You will be responsible for any premium payments for the months of November and December 2016.

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।

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).

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.

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).