



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

Notice of Decision

Decision Date: March 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014401

[REDACTED]

Dear [REDACTED],

On March 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 20, 2016 disenrollment notice and December 29, 2016 enrollment confirmation 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).

This page intentionally left blank.



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

Decision

Decision Date: March 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014401



Issues

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

Did NY State of Health (NYSOH) properly terminate your child's enrollment in her Child Health Plus plan, effective December 1, 2016, because of non-payment of premiums?

Did the NYSOH properly determine that your child's reenrollment in her Child Health Plus plan was effective February 1, 2017?

Procedural History

On October 19, 2016, NYSOH issued a notice that it was time to renew your child's health insurance. That notice stated, that based on information from federal and state sources, NYSOH could not make a decision about whether your children would qualify for financial help paying for her health coverage, and that you needed to update your account between October 16, 2016 and November 15, 2016 to complete the renewal.

On October 29, 2016, you updated your application for financial assistance.

On October 30, 2016, NYSOH issued a notice of eligibility determination, based on your October 29, 2016 application, stating that your child was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective December 1, 2016.

Also on October 30, 2016, NYSOH issued a notice of enrollment, based on your plan selection on October 29, 2016, stating that your child was enrolled in a Child Health Plus plan with a \$30.00 monthly premium, effective December 1, 2016.

On December 20, 2016, NYSOH issued a notice of disenrollment advising that your child's coverage under her Child Health Plus plan was terminated, effective December 1, 2016, because premium payments had not been received by her plan.

On December 28, 2016, you contacted NYSOH to reenroll your child in a Child Health Plus plan. That day you were able to reenroll your child in a Child Health Plus plan with a \$30.00 monthly premium, effective February 1, 2017.

Also on December 28, 2016, you spoke to NYSOH's Account Review Unit and appealed the February 1, 2017 start date of your child's Child Health Plus plan.

On December 29, 2016, NYSOH issued an enrollment notice, based on your plan selection on December 28, 2016, confirming that your child was enrolled in a Child Health Plus plan, effective February 1, 2017.

On March 7, 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 supports the following findings of fact:

- 1) You testified that you are appealing your child's Child Health Plus enrollment start date. You further testified that you are seeking to have your child's reenrollment in her Child Health Plus plan effective as of December 1, 2016.
- 2) You testified that your child has outstanding medical bills for the month of December 2016.
- 3) You testified that you did not receive any billing statements from your child's Child Health Plus plan for the month of December 2016. You further testified that after the NYSOH representative informed you of the premium amount for your child's Child Health Plus plan on October 29, 2016 that you immediately wrote a check, but never mailed the check to the Child Health Plus plan because you never received a billing statement.

- 4) You testified that you did not contact your child's Child Health Plus plan after you enrolled your child on October 28, 2016 because you assumed you would just receive a billing statement in the mail.
- 5) You testified that you received the December 20, 2016 disenrollment notice from NYSOH on December 24, 2016 and immediately called your child's Child Health Plus plan directly. You further testified that you were only able to get ahold of an after hour's service line due to the holiday.
- 6) You testified that you had made multiple other phone calls to Child Health Plus, your child's Child Health Plus plan, and NYSOH between December 24, 2016 and December 28, 2016.
- 7) You testified that your child's Child Health Plus plan stated that they were in charge of the billing, however they were not in receipt of your child's file from Child Health Plus and informed you that you should call NYSOH and ask for an appeal.
- 8) You testified, and the record reflects, that you had no problems when reenrolling your child on a Child Health Plus plan on December 28, 2016. You further testified that you have had no further problems receiving billing statements from your child's Child Health Plus plan and are currently up to date with the premium payments.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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

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).

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).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your child’s enrollment in her Child Health Plus plan, effective December 1, 2016, because of non-payment of premiums.

The record indicates that your child was enrolled into her Child Health Plus plan effective December 1, 2016. You testified that you did not receive any premium billing statements from your child’s Child Health Plus plan and that you did not make any payments to your child’s Child Health Plus plan for December 2016 because you were waiting for the billing statement.

On December 20, 2016, NYSOH issued cancellation notices stating that your child’s coverage with her Child Health Plus plan had been cancelled effective December 1, 2016 because premium payments were not received by the payment deadline.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

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).

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not your child was properly terminated from her Child Health Plus plan for non-payment of premiums. Therefore, your appeal of the December 20, 2016 cancellation notice is DISMISSED as a non-appealable issue.

However, we will RETURN your case to NYSOH to investigate whether or not your child's Child Health Plus plan properly issued a timely bill to you for December 2016 coverage.

The second issue is whether NYSOH properly determined that your child's reenrollment in her Child Health Plus plan was effective February 1, 2017.

The record reflects that you first contacted NYSOH on December 28, 2016 to reenroll your child into her Child Health Plus plan. You testified that you did not have any problems when reenrolling your child in her Child Health Plus plan.

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.

As you contacted NYSOH to reenroll your child into a Child Health Plus plan on December 28, 2016, her reenrollment should have taken effect the first day of the second following month after December; that is, on February 1, 2017.

Therefore, the December 29, 2016 enrollment confirmation notice stating that your child's reenrollment in her Child Health Plus plan was effective February 1, 2017 is AFFIRMED.

Decision

Your appeal of the insurer's termination of your child's enrollment in her Child Health Plus plan for non-payment of premiums, effective December 1, 2016, is DISMISSED as a non-appealable issue.

Your case is RETURNED to NYSOH to investigate whether or not your child's Child Health Plus plan properly issued a timely bill to you for December 2016 coverage.

The December 29, 2016 enrollment confirmation notice, stating that your child was enrolled in a Child Health Plus plan effective February 1, 2017, was correct and is AFFIRMED.

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).

Effective Date of this Decision: March 14, 2017

How this Decision Affects Your Eligibility

This does not change your child's eligibility.

Your child's reenrollment in her Child Health Plus plan was effective February 1, 2017,

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

Your appeal of the insurer's termination of your child's enrollment in her Child Health Plus plan for non-payment of premiums, effective December 1, 2016, is **DISMISSED** as a non-appealable issue.

Your case is **RETURNED** to NYSOH to investigate whether or not your child's Child Health Plus plan properly issued a timely bill to you for December 2016 coverage.

The December 29, 2016 enrollment confirmation notice, stating that your child was enrolled in a Child Health Plus plan effective February 1, 2017, was correct and is **AFFIRMED**.

This decision does not change your child's eligibility.

Your child's reenrollment in her Child Health Plus plan was effective February 1, 2017,

Legal Authority

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

A Copy of this Decision Has Been Provided To:

