



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

Notice of Decision

Decision Date: June 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014935

[REDACTED]

Dear [REDACTED],

On May 4, 2017, you appeared by telephone at an adjourned hearing on your appeal of NY State of Health's February 18, 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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: June 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014935

[REDACTED]

Issue

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

Was your appeal of NY State of Health's (NYSOH) February 18, 2016 disenrollment notice timely?

Procedural History

On May 17, 2015, NYSOH issued an enrollment notice confirming your children's enrollment in a Child Health Plus plan since June 1, 2014.

On January 13, 2016, NYSOH issued a notice stating it was time to renew your children's health coverage. The notice indicated that there was not enough information from state and federal data sources to determine whether your children qualified for financial help paying for health coverage. The notice directed you to update your account by February 15, 2016 or the financial assistance your children were receiving might end.

No updates were made to your NYSOH account by February 15, 2016.

On February 17, 2016, NYSOH issued an eligibility determination notice, based on a February 16, 2016 systematic redetermination, stating your children were newly eligible to purchase a qualified health plan at full cost, effective March 1, 2016. The notice indicated that your children were not eligible to receive financial assistance because you did not respond to the renewal notice and did not complete the renewal within the required timeframe.

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).

On February 18, 2016, NYSOH issued a disenrollment notice stating your children's Child health Plus coverage was terminated, effective February 29, 2016, because they were no longer eligible to remain enrolled in the plan.

On January 9, 2017, NYSOH received your updated application for financial assistance with health insurance for your children.

On January 10, 2017, NYSOH issued a notice of eligibility determination stating your children were eligible for Child Health Plus with a \$9.00 monthly premium each, effective February 1, 2017.

Also on January 10, 2017, NYSOH issued an enrollment notice, based on your January 9, 2017 plan selection, confirming your children's enrollment in a Child Health Plus plan with coverage effective February 1, 2017.

On January 19, 2017, you spoke with NYSOH's Account Review Unit and appealed, insofar as your children were disenrolled from their Child Health Plus plan on February 29, 2016 causing a gap in coverage.

On April 20, 2017, you were scheduled to have a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. That day, a Hearing Officer called you, but you were unsure if you wanted to proceed and you requested an adjournment to seek outside counsel, and an adjournment was granted.

On May 4, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. While under oath, you waived your right to written notice of the adjourned hearing. 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) According to your account, your children enrolled in a Child Health Plus plan, effective June 1, 2014.
- 2) NYSOH issued a renewal notice on January 13, 2016 directing you to update your account by February 15, 2016 to renew your children's health coverage. The notice indicated that your children might lose their financial assistance if you did not complete the renewal in time.
- 3) You testified you did not receive the renewal notice.

- 4) According to your account, no updates were received by NYSOH by the February 15, 2016 deadline, and your children were disenrolled from their Child Health Plus plan, effective February 29, 2016.
- 5) You testified you contacted your children's health plan in June 2016 to inquire why you had not yet received paperwork to renew their health coverage. You testified the health plan advised you that the children's coverage had been terminated, but that it was probably a glitch or a processing problem and they would investigate it. You testified the health plan advised you that your children's coverage should be reinstated.
- 6) You testified a broker from your children's health plan contacted you in November 2016 to advise you the health plan had received notice that your children's coverage had been terminated. You testified the health plan agreed to investigate the issue.
- 7) You testified you took your children to the doctor in December 2016 and a claim for that treatment was submitted to the health plan. You testified the health plan refused to pay the claim and you filed an appeal with the health plan at that time regarding their refusal to pay the claim. You testified you believe that issue has since been resolved because the doctor's office withdrew its claim.
- 8) Your account confirms an updated application was submitted on January 9, 2017 and plan selections were submitted the same day. Your children's coverage through this plan became effective February 1, 2017.
- 9) You testified you are only appealing your children's February 29, 2016 disenrollment from their Child Health Plus plan. You testified you are not disputing the February 1, 2017 effective date of their reenrollment.
- 10) You testified you did not contact NYSOH sooner to reenroll your children into coverage, because you believed the health plan was "taking care of it."
- 11) According to your account, you first contacted NYSOH on January 18, 2017 to dispute your children's February 28, 2016 disenrollment from their Child Health Plus plan and a formal appeal was filed on your behalf the same day.
- 12) You testified you paid the monthly premium to your children's Child Health Plus plan for all of 2016. You testified you are seeking reinstatement of your children in their Child Health Plus plan, effective March 1, 2016, because you did not receive notice that you had to renew their coverage at that time, and because you do not want to be subject to a tax penalty for your children not having health insurance in 2016.

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

Applicable Law and Regulations

Valid Appeal Requests

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; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

Legal Analysis

The only issue under review is whether your appeal of NYSOH's February 18, 2016 disenrollment notice was timely.

According to your account, NYSOH issued a renewal notice on January 13, 2016 directing you to update your account by February 15, 2016 to renew your children's health coverage. The notice indicated that your children might lose their financial assistance if you did not complete the renewal in time. You testified you did not receive the renewal notice. Because no updates were made to your account by the deadline, NYSOH issued a disenrollment notice dated February 18, 2016 stating your children's Child Health Plus coverage was terminated, effective February 29, 2016, because they were no longer eligible to remain enrolled in the plan. You have appealed this disenrollment.

Pursuant to the above cited regulations, individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your children's February 29, 2016 disenrollment from their Child Health Plus plan, as indicated in the February 18, 2016 disenrollment notice, an appeal should have been filed by April 18, 2016. According to your account, a formal appeal was not filed in this matter until

January 18, 2017, nearly a year from the date of the February 18, 2016 disenrollment notice at issue.

Although you credibly testified that you contacted the health plan several times in 2016 to inquire about the status of your children's coverage, there is no evidence in your account that you, or anyone acting on your behalf, contacted NYSOH to dispute the February 28, 2016 disenrollment, despite your admission that you were advised by the health plan as early as June 2016 that your children's coverage had been terminated. It is noted that inquiries to the health plan regarding the status of your children's coverage do not constitute an appeal of the February 28, 2016 disenrollment, nor does appealing to the health plan in December 2016 (long past the 60-day period in which to appeal the subject disenrollment), regarding a refusal to pay a claim from December 2016.

Therefore, given the facts of the case, there has been no timely appeal of the February 18, 2016 disenrollment notice, and your appeal on the issue of your children's February 29, 2016 disenrollment from their Child Health Plus plan is **DISMISSED**.

Decision

Your appeal on the issue of your children's February 29, 2016 disenrollment notice is untimely and is **DISMISSED**.

Effective Date of this Decision: June 07, 2017

How this Decision Affects Your Eligibility

Your children's Child Health Plus coverage ended February 29, 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.

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).

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 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

Your appeal on the issue of your children's February 29, 2016 disenrollment notice is untimely and is DISMISSED.

Your children's Child Health Plus coverage ended February 29, 2016.

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Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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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。我们可以为您免费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).

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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&tumi 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.

שׂוּדִישׁ (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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