



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

Notice of Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015155

[REDACTED]

Dear [REDACTED],

On April 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 12, 2016 and July 13, 2016 eligibility determination notices, November 5, 2016 disenrollment notice, December 13, 2016 enrollment confirmation notice, January 14, 2017 disenrollment notice, and the January 26, 2017 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.

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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015155



Issues

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

Is your appeal of the July 12, 2016 and July 13, 2016 eligibility determination notices timely?

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review the disenrollment of your daughter from her Child Health Plus plan for non-payment of premium effective, October 31, 2016?

Did NYSOH properly determined your daughter's reenrollment in a Child Health Plus plan with Fidelis Care became effective no earlier than January 1, 2017?

Did NYSOH properly disenroll your daughter from her Child Health Plus plan with Fidelis Care for non-payment of premium effective, January 1, 2017?

Did NYSOH properly determine your daughter's enrollment in a Child Health Plus plan with Blue Cross Blue Shield was effective no earlier than March 1, 2017?

Procedural History

On May 7, 2016, NYSOH issued a notice of eligibility determination, based on your May 6, 2016 application, stating your daughter was eligible for Child Health Plus, for a limited time, with a \$15.00 monthly premium, effective June 1, 2016. The notice directed you to provide documentation of your household's income, by

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July 5, 2016, or your daughter might be found ineligible for health insurance or receive less help paying for coverage. You subsequently enrolled your daughter in a Child Health Plus plan.

On July 12, 2016 and July 13, 2016, NYSOH issued eligibility determination notices, based on systematic eligibility redeterminations, stating your daughter was eligible for Child Health Plus with a \$60.00 monthly premium, effective August 1, 2016. The notices indicated your daughter's eligibility for financial assistance was based on information received from data sources, because you did not submit documentation to confirm the income information listed in your application.

NYSOH also issued enrollment notices on July 12, 2016 and July 13, 2016, based on systematic enrollment updates, confirming your daughter's enrollment in a Child Health Plus plan with a \$60.00 monthly premium.

On August 12, 2016, NYSOH received your updated application for financial assistance with your children's health coverage.

On August 13, 2016, NYSOH issued an eligibility determination notice stating your daughter was eligible for Child Health Plus with a \$15.00 monthly premium, effective September 1, 2016.

Also on August 13, 2016, NYSOH issued an enrollment notice confirming your daughter's enrollment in a Child Health Plus plan with a \$15.00 monthly premium.

On November 5, 2016, NYSOH issued a disenrollment notice stating your daughter's enrollment in her Child Health Plus plan was terminated, effective October 31, 2016, because premium payment(s) had not been received by the health plan.

On November 11, 2016, NYSOH issued an eligibility determination notice, based on your November 10, 2016 updated application, stating your daughter was eligible for Child Health Plus with a \$15.00 monthly premium, effective December 1, 2016.

Also on November 11, 2016, NYSOH issued an enrollment notice confirming your two sons were enrolled in a Medicaid Managed Care plan with Fidelis Care since June 1, 2016. The notice indicated your daughter's coverage with Child Health Plus would not begin until you picked a plan.

On December 13, 2016, NYSOH issued an enrollment notice, based on your December 12, 2016 plan selection, confirming your daughter was enrolled in a Child Health Plus plan with Fidelis Care, effective January 1, 2017.

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On January 14, 2017, NYSOH issued a disenrollment notice stating your daughter's enrollment in her Child Health Plus plan was terminated, effective January 1, 2016, because you did not pay your insurance bill by the deadline.

On January 25, 2017, NYSOH received your updated application for financial assistance with your children's health coverage and a preliminary determination was prepared that day stating your daughter was eligible for Child Health Plus, for a limited time, with a \$15.00 monthly premium, effective March 1, 2017. You selected a plan for enrollment the same day with coverage effective March 1, 2017.

Also on January 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your daughter's Child Health Plus coverage insofar as it was not effective earlier than March 1, 2017.

On January 26, 2017, NYSOH issued an eligibility determination notice stating your daughter was eligible for Child Health Plus, for a limited time, with a \$15.00 monthly premium, effective March 1, 2017. The notice directed you to provide proof of your household's income to confirm the income information listed in the application by March 26, 2017 or your daughter might lose her insurance or receive less help paying for her coverage.

Also on January 26, 2017, NYSOH issued an enrollment notice, based on your January 25, 2017 plan selection, stating your daughter was enrolled in a Child Health Plus plan with Blue Cross Blue Shield, effective March 1, 2017.

On April 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documents.

On April 20, 2017, NYSOH received the requested documentation and it was incorporated into the record as Appellant's Exhibit #1. The record closed thereafter.

Findings of Fact

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

- 1) Your daughter was determined conditionally eligible for Child Health Plus with a \$15.00, effective June 1, 2016, pending confirmation of your household's income. You testified you received the eligibility determination notice from NYSOH directing you to submit proof of your household's income by July 5, 2016 to confirm the information in your application.

- 2) According to your account, a copy of a form 1040 from the 2015 tax return of you and your spouse was uploaded to your account on July 7, 2016. The identification number assigned to the document ([REDACTED]) indicates it was faxed, but aside from a handwritten notice on the first page stating "By 7/5/16", there is no indication on the document of the date it was faxed.
- 3) On April 20, 2017, you submitted a copy of a receipt from Office Max dated July 1, 2016. The receipt contains information pertaining to payment for 2 separate transactions for "Faxsend." You testified the receipt is proof that you faxed the requested income documentation to NYSOH on July 1, 2016.
- 4) On July 11, 2017, NYSOH systematically redetermined your daughter's eligibility for financial assistance, based on information from data sources, because sufficient documentation confirming the income information listed in your application had not been received. Your daughter's monthly Child Health Plus premium was increased to \$60.00, effective August 1, 2016. NYSOH issued eligibility determination notices and enrollment confirmation notices on July 12, 2016 and July 13, 2016 advising you of the premium increase.
- 5) You submitted an updated application on August 12, 2016 listing the same income information as the previous application. Your daughter was determined fully eligible for Child Health Plus with a \$15.00 monthly premium, effective September 1, 2016.
- 6) According to your account, on November 4, 2016, your daughter's health plan initiated termination of her coverage for non-payment of premiums.
- 7) You testified you were advised by your daughter's health plan that her premium had been increased by mistake. You testified you paid an increased premium amount of \$45.00 to the health plan for July, August, and September 2016 and the health plan told you that your daughter's account would be credited until December 2016.
- 8) You testified you did not receive the November 5, 2016 disenrollment notice from NYSOH and you first learned your daughter was disenrolled from her plan when you sought medical treatment for her in November 2016.
- 9) You testified you contacted NYSOH immediately to reenroll your daughter into a health plan. You testified you picked a Fidelis Care plan for all your children that day over the phone.

- 10) NYSOH Appeals Unit reviewed the recording of the telephone call you made to NYSOH on November 10, 2016 and confirmed the following:
 - a. You stated you were calling because your daughter had been disenrolled from her Fidelis Care plan and you needed to reenroll her. The representative updated the account for all three of your children, advised you that your daughter was eligible for Child Health Plus, and asked if you wanted to choose a health plan that day; you said yes. The representative indicated your daughter's Child Health Plus plan would start on December 1, 2016 and that everyone was "taken care of." The representative confirmed your two sons' coverage with their Fidelis Care plan was renewed and again confirmed your daughter's Child Health Plus coverage would start on December 1, 2016.
- 11) According to your account, you two son's enrollment in a Medicaid Managed Care plan with Fidelis Care, as of June 1, 2016, was confirmed; however, no plan selection was submitted for your daughter on November 10, 2016.
- 12) According to your account, a new plan selection for your daughter was not submitted until December 12, 2016. Her coverage through this new enrollment was not effective until January 1, 2017.
- 13) You testified you were advised by your daughter's health plan to make your daughter's January 2017 premium payment online to the new account until issues pertaining to the credits owed to you on the old account could be resolved. You testified you made the payment online on December 30, 2016.
- 14) According to your account, on January 13, 2017, your daughter's health plan initiated termination of her coverage because the health plan alleged you did not pay the insurance premium by the deadline. Your daughter's coverage was retroactively terminated back to January 1, 2017.
- 15) You testified the health plan advised you that it applied the January 2017 premium payment to outstanding payments allegedly owed on the old account and, therefore, the health plan determined you did not make the January 2017 premium payment.
- 16) Your account confirms, you contacted NYSOH on January 25, 2017 and selected a Child Health Plus plan for your daughter with Blue Cross Blue Shield. The coverage through this plan became effective March 1, 2017.

- 17) You testified, and your account confirms, your daughter was without health coverage for the months of November 2016, December 2016, January 2017, and February 2017.
- 18) You testified you are seeking reinstatement in your daughter's health plan with Fidelis Care from November 1, 2016 to February 28, 2017.
- 19) You testified you are seeking review of the July 12, 2016 and July 13, 2016 eligibility determinations finding your daughter eligible for a higher premium amount, as well as the November 5, 2016 and January 14, 2017 notices disenrolling your daughter from her Child Health Plus plans.
- 20) You testified you are not contesting the March 1, 2017 enrollment start date of your daughter's Child Health Plus plan with Blue Cross Blue Shield.
- 21) The issue(s) under appeal were amended accordingly.
- 22) You testified this appeal only concerns your daughter's coverage and you are not seeking review of your other children's eligibility and/ or effective dates of coverage.

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) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) 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)).

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 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 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 your appeal of the July 12, 2016 and July 13, 2016 eligibility determination notices was timely.

On May 7, 2016, NYSOH issued a notice of eligibility determination stating your daughter was eligible for Child Health Plus, for a limited time, with a \$15.00 monthly premium, effective June 1, 2016. The notice directed you to provide documentation of your household’s income by July 5, 2016, or your daughter might be found ineligible for health insurance or receive less help paying for coverage. On July 12, 2016 and July 13, 2016, NYSOH issued eligibility determination notices stating your daughter was eligible for Child Health Plus with a \$60.00 monthly premium, effective August 1, 2016. The notices indicated your daughter’s eligibility for financial assistance was based on information received from data sources because you had not submitted documentation to confirm the income information listed in your application.

At the hearing, you testified you were seeking review of the July 12, 2016 and July 13, 2016 eligibility determination notices finding your daughter eligible for an increased premium amount, effective August 1, 2016. You contended you

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provided the requested income documentation by the deadline provided and, therefore, your daughter was improperly determined eligible for an increased premium amount.

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 daughter's eligibility for an increased premium amount in August 2016, as stated in the July 12, 2016 and July 13, 2016 eligibility determination notices, an appeal should have been filed by September 10, 2016 or September 11, 2016, respectively. According to your account, a formal appeal was not filed in this matter until January 25, 2017, long after the 60-day period in which to appeal.

Although you testified, credibly, that you contacted the health plan several times in 2016 to inquire about the change in your daughter's premium payments, there is no evidence in your account that you or anyone on your behalf contacted NYSOH to dispute your daughter's eligibility for the higher premium amount within 60 days of the date of the subject eligibility determinations. It is noted that inquiries to the health plan do not constitute an appeal to NYSOH of the eligibility determinations finding your daughter eligible for a higher premium amount in August 2016.

Therefore, given the facts of the case, there has been no timely appeal of the July 12, 2016 and July 13, 2016 eligibility determination notices, and your appeal on the issue of your daughter's eligibility for an increased premium amount in August 2016 is DISMISSED.

Although your appeal on this point is dismissed, you submitted evidence alleged to prove that you provided NYSOH with sufficient income documentation by the July 5, 2016 deadline. However, it is noted that the receipt you provided merely shows that on July 1, 2016 you paid to send two separate faxes. This documentation does not establish what documentation was sent, what number it was sent to, or that the documentation was properly labeled with the necessary account information to ensure it could be properly processed. Accordingly, even if your appeal on this issue had been timely, the evidence submitted was insufficient to establish you provided sufficient income documentation by the deadline to confirm your daughter's eligibility.

The second issue under review is whether the Appeals Unit of NYSOH has the authority to review the disenrollment of your daughter from her Child Health Plus plan for non-payment of premium effective, October 31, 2016.

Pursuant to the regulations, the New York State of Health 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) a failure by the Exchange to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

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 your daughter was properly terminated from her health plan for non-payment of premiums. Therefore, your appeal of the November 5, 2016 disenrollment notice is DISMISSED as a non-appealable issue.

The third issue under review is whether NYSOH properly determined your daughter's reenrollment in a Child Health Plus plan with Fidelis Care became effective no earlier than January 1, 2017.

According to your account, you contacted NYSOH on November 10, 2016 and an updated application was submitted on behalf of your children. You testified you selected a Fidelis Care Child Health Plus plan for your daughter during that phone call. However, the enrollment confirmation notice issued by NYSOH on November 11, 2016 indicates your two sons' enrollment in a Medicaid Managed Care plan with Fidelis Care was confirmed, but no plan was selected for your daughter.

NYSOH Appeals Unit reviewed the recording of the telephone call you made to NYSOH on November 10, 2016 and confirmed you updated your application and you were advised by a NYSOH representative that your daughter was eligible for Child Health Plus. You indicated you wanted to select a health plan for your daughter. The representative did not specifically ask you which plan you wanted to select for your daughter; however, the representative indicated your daughter's health coverage would start on December 1, 2016 and that she was "taken care of." Based on this conversation it was reasonable for you to have assumed your daughter had been properly enrolled in a Child Health Plus plan with Fidelis Care, her prior health plan. It is further concluded it was an error on the part of the NYSOH representative to not properly complete your daughter's enrollment on November 10, 2016.

Pursuant to the above cited regulations, 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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

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Had your daughter's enrollment been properly completed on November 10, 2016, pursuant to the above regulations, your daughter's coverage with her Child Health Plus plan through Fidelis Care would have become effective on the first day of the next following month; that is, on December 1, 2016.

Accordingly, the December 13, 2016 enrollment confirmation notice stating your daughter was enrolled in a Child Health Plus plan with Fidelis Care, effective January 1, 2017, is MODIFIED to reflect your daughter was enrolled in this plan effective December 1, 2016.

The fourth issue under review is whether NYSOH properly disenrolled your daughter from her Child Health Plus plan with Fidelis Care for non-payment of premium effective, January 1, 2017.

Your daughter's second enrollment in a Child Health Plus plan with Fidelis Care became effective January 1, 2017; however, as discussed above, the effective date of that plan is modified by this decision to December 1, 2016. You testified you made the January 2017 premium payment for this enrollment online on December 30, 2016. However, your account confirms the health plan initiated termination of this enrollment on January 13, 2017, because the health plan alleged you did not pay the insurance premium by the deadline. Your daughter's coverage was retroactively terminated back to January 1, 2017.

You testified you are appealing this disenrollment, because you paid the January 2017 premium on time and you were advised by the health plan that it applied the January 2017 premium payment to outstanding payments allegedly owed on the old account and, therefore, the health plan determined you did not make the January 2017 premium payment.

As discussed above, according to the regulations, the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums. Accordingly, we cannot reach the merits as to whether your child was properly terminated from her health plan for non-payment of premiums, effective January 1, 2017. Therefore, your appeal of the January 14, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

However, given your testimony that you made the January 2017 premium payment and the health plan applied that payment to an old account and then terminated your child's coverage for non-payment of the January 2017 premium, your case is referred to Plan Management to investigate whether your daughter's health plan properly initiated termination of her coverage due to non-payment of the January 2017 premium.

The fifth issue under review is whether NYSOH properly determined your daughter's enrollment in a Child Health Plus plan with Blue Cross Blue Shield was effective no earlier than March 1, 2017.

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Pursuant to the regulations, 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 between 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 testified, and your account confirms, you selected a Child Health Plus plan with Blue Cross Blue Shield for your daughter on January 25, 2017. Since that plan was selected after the fifteenth day of the month, it properly became effective the first day of the second following month; that is, on March 1, 2017.

Therefore, the January 26, 2017 enrollment confirmation notice stating your daughter was enrolled in a Child health Plus plan with Blue Cross Blue Shield, effective March 1, 2017, it is correct and is AFFIRMED.

Decision

Your appeal on the issue of your daughter's eligibility for an increased monthly premium for August 2016 is untimely and is DISMISSED.

Your appeals of the November 5, 2016 and January 14, 2017 disenrollment notices are DISMISSED as a non-appealable issues.

The December 13, 2016 enrollment confirmation notice is MODIFIED to reflect your daughter was enrolled in a Child Health Plus plan with Fidelis Care, effective December 1, 2016.

Your case is RETURNED to NYSOH to reinstate your daughter in her Child Health Plus plan with Fidelis Care for the month of December 2016.

The January 26, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 20, 2017

How this Decision Affects Your Eligibility

Your daughter's second enrollment in a Child Health Plus plan with Fidelis Care should have become effective December 1, 2016.

Your case is being sent back to NYSOH to ensure your daughter is enrolled in a Child Health Plus plan with Fidelis Care for the month of December 2016; you may owe an additional premium to cover this period.

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The effective date of your daughter's Child Health Plus plan with Blue Cross Blue Shield is March 1, 2017.

Your case is referred to Plan Management to investigate whether your daughter's health plan properly initiated termination of her coverage due to non-payment of the January 2017 premium. If that is not successful, be aware you may have other sources for recourse such as the Department of Financial Services.

It is noted that nothing in this decision is to be construed as to prevent your daughter's health plan(s) from backdating and/ or reinstating her Child Health Plus coverage in accordance with the health plan's policies and procedures.

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

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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 daughter's eligibility for an increased monthly premium for August 2016 is untimely and is **DISMISSED**.

Your appeals of the November 5, 2016 and January 14, 2017 disenrollment notices are **DISMISSED** as a non-appealable issues.

The December 13, 2016 enrollment confirmation notice is **MODIFIED** to reflect your daughter was enrolled in a Child Health Plus plan with Fidelis Care, effective December 1, 2016; you may owe an additional premium for this period.

Your case is **RETURNED** to NYSOH to reinstate your daughter in her Child Health Plus plan with Fidelis Care for the month of December 2016.

The January 26, 2017 enrollment confirmation notice is **AFFIRMED**.

Your daughter's second enrollment in a Child Health Plus plan with Fidelis Care should have become effective December 1, 2016.

Your case is being sent back to NYSOH to ensure your daughter is enrolled in a Child Health Plus plan with Fidelis Care for the month of December 2016.

The effective date of your daughter's Child Health Plus plan with Blue Cross Blue Shield is March 1, 2017.

Your case is referred to Plan Management to investigate whether your daughter's health plan properly initiated termination of her coverage due to non-payment of

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the January 2017 premium. If that is not successful, be aware you may have other sources for recourse such as the Department of Financial Services.

It is noted that nothing in this decision is to be construed as to prevent your daughter's health plan(s) from backdating and/ or reinstating her Child Health Plus coverage in accordance with the health plan's policies and procedures.

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.

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