



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: AP000000015432

[REDACTED]

Dear [REDACTED]

On May 2, 2017, you appeared by telephone at a hearing on your appeal regarding the New York State of Health's August 23, 2016 disenrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

Legal Authority

We are sending you this notice in accordance with 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: June 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015432

[REDACTED]

Issues

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

Did New York State of Health (NYSOH) properly terminate your children's Child Health Plus plan effective September 30, 2016?

Whether NYSOH's Appeals Unit can consider your request for reimbursement of your children's health insurance premiums?

Procedural History

On July 6, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your children were eligible for Child Health Plus, each with a monthly premium of \$30.00, effective as of August 1, 2016.

Also July 6, 2016, NYSOH issued a plan enrollment notice confirming, in relevant part, that your children were enrolled in a Child Health Plus plan with an enrollment start date of August 1, 2016.

On August 23, 2016, NYSOH issued a disenrollment notice stating, in relevant part, that your children's Child Health Plus plan would terminate effective September 30, 2016, because they were no longer eligible to enroll in health insurance through NYSOH.

On February 1, 2017, you spoke to NYSOH's Account Review Unit, and you requested an appeal relative to the effective date that your children's plan was

terminated and your request to be reimbursed for the September 2016 health insurance premium.

On May 2, 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 proceeding.

Findings of Fact

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

- 1) According to your NYSOH account, your two children were enrolled in a Child Health Plus plan effective August 1, 2016.
- 2) According to your NYSOH account and testimony, you contacted NYSOH on August 22, 2016, and terminated their coverage.
- 3) You testified that your children were enrolled in their father's employer-sponsored health insurance, and that insurance was effective September 1, 2016.
- 4) You testified that you want your child's health plan to be terminated effective August 31, 2016.
- 5) You testified that you want to be reimbursed the \$60.00 in premiums that were paid to your children's Child Health Plus plan.
- 6) According to the Appeal Summary, you submitted a complaint to NYSOH on August 24, 2016 (see Document [REDACTED]; upload 04/06/2017). Your complaint requested that your children's coverage be terminated effective August 31, 2016 (# [REDACTED]).

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

Applicable Law and Regulations

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)).

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

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date if requested by the enrollee (NYSDOH 2008-2012 Model Contract Appendix C § 12.2).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly terminated your children's Child Health Plus coverage effective September 30, 2016.

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.

The record reflects that your two children were enrolled in a Child Health Plus plan effective August 1, 2016. Furthermore, you contacted NYSOH on August 22, 2016, and terminated their coverage because they were enrolled in their father's employer-sponsored health insurance, with an effective date of September 1, 2016.

Since you terminated your children's coverage on August 22, 2016, their coverage should have been terminated effective the first day of the following month; that is September 1, 2016.

Therefore, the August 23, 2016, disenrollment notice is MODIFIED to state that your children's coverage would be terminated effective August 31, 2016.

Your case is RETURNED to NYSOH to effectuate the change in this end date and to notify you accordingly.

The second issue under review is whether NYSOH's Appeals Unit can consider your appeal to seek reimbursement of your children's health insurance premiums.

You testified that you are seeking reimbursement of the \$60.00 in health insurance premiums you paid to your children's health plan for the month of September 2016.

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.

The Appeals Unit does not have the authority to review whether an individual should be reimbursed for premiums paid to a health plan. We cannot reach the merits as to whether you are entitled to be reimbursed for those payments. Therefore, your request for reimbursement for the amount paid to your children's health for the month of September 2016 is **DISMISSED** as a non-appealable issue.

However, your case is **RETURNED** to NYSOH's Plan Management Unit to facilitate the possible reimbursement for the \$60.00 paid to your children's health plan for the September 2016 health insurance premiums.

Decision

The August 23, 2016 disenrollment notice is **MODIFIED** to state that your children's coverage terminated effective August 31, 2016.

Your case is **RETURNED** to NYSOH to effectuate the change in this end date and to notify you accordingly.

Your request for reimbursement for the amount paid to your children's health plan for the month of September 2016 is **DISMISSED** as a non-appealable issue.

Your case is **RETURNED** to NYSOH's Plan Management Unit to facilitate the possible reimbursement for the \$60.00 paid to your children's health plan for the September 2016 health insurance premiums.

Effective Date of this Decision: June 07, 2017

How this Decision Affects Eligibility

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 children's Child Health Plus coverage should have been terminated effective August 31, 2016.

Your case is being sent back to NYSOH to change the end date. NYSOH will notify you once this has been done.

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 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 August 23, 2016 disenrollment notice is MODIFIED to state that your children's coverage would be terminated effective August 31, 2016.

Your case is RETURNED to NYSOH to effectuate the change in this end date and to notify you accordingly.

Your request for reimbursement for the amount paid to your children's health plan for the month of September 2016 is DISMISSED as a non-appealable issue.

Your case is RETURNED to NYSOH's Plan Management Unit to facilitate the possible reimbursement for the \$60.00 paid to your children's health plan for the September 2016 health insurance premiums.

Your children's Child Health Plus coverage should have been terminated effective August 31, 2016.

Your case is being sent back to NYSOH to change the end date. NYSOH will notify you once this has been done.

Legal Authority

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

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)

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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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