



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

### Notice of Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015755

[REDACTED]

Dear [REDACTED],

On May 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 13, 2016 eligibility determination notice and plan enrollment notices.

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: May 30, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000015755

[REDACTED]

## Issues

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

Did NY State of Health properly terminate your children from their Child Health Plus plan, effective September 30, 2016, because of non-payment of premiums?

Did NYSOH properly determine that your children's eligibility for and enrollment in their Child Health Plus plan was next effective November 1, 2016?

## Procedural History

On April 14, 2016, NY State of Health (NYSOH) issued an enrollment notice stating that your children were enrolled in a Child Health Plus (CHP) with a total monthly premium of \$45.00, effective May 1, 2016. That notice further stated you must pay the monthly premium to start and keep their coverage.

On October 8, 2016, NYSOH issued a disenrollment notice confirming that your children's coverage in their CHP plan ended effective September 30, 2016. This was because a premium payment had not been received by their health plan.

On October 13, 2016, NYSOH issued an eligibility determination notice, based upon your October 12, 2016 updated application, stating that your children were eligible to enroll in CHP, effective November 1, 2016.

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Also on October 13, 2016, NYSOH issued a plan enrollment notice confirming your children's enrollment in a CHP plan with a total monthly premium of \$45.00, effective November 1, 2016.

Also on October 13, 2016 and on January 13, 2017, you spoke to NYSOH's Account Review Unit and requested that your children's CHP plan be backdated to October 1, 2016.

On February 10, 2017, you again spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP plan insofar as it did not begin October 1, 2016.

On May 15, 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 did not pay your children's CHP premium for September 2016. You thought your spouse had paid and your spouse thought you had paid.
- 2) Your children's coverage in their CHP plan ended effective September 30, 2016 because a premium payment had not been received by their health plan.
- 3) You updated your children's account on October 12, 2016 and were able to re-enroll them into their CHP plan with an effective date of November 1, 2016.
- 4) You testified that you called the health plan and they denied reinstatement of your children's coverage as of October 1, 2016, and advised you to contact NYSOH.
- 5) You testified that you wanted your children's enrollment in a CHP plan to begin on October 1, 2016 because you have outstanding medical bills.

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 the Appeals Unit of NYSOH: (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, and (4) a failure by NYSOH to provide timely notice of an eligibility determination (45 CFR § 155.505).

### Child Health Plus Effective Date

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)).

The State of New York has provided that a children’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 NYSOH properly terminated your children from their CHP plan, effective September 30, 2016, because of non-payment of premiums.

The record indicates your children were enrolled in a CHP Plan with a monthly premium of \$45.00, effective May 1, 2016, as stated in the April 14, 2016 enrollment notice issued by NYSOH. That notice also stated you must pay the monthly premium to start and keep their coverage.

You testified that you did not pay your children’s CHP premium for September 2016 because you and your spouse each thought the other had paid the monthly premium to your children’s CHP plan for that month. Further, you testified that,

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when you contacted the health plan, they denied your children's reinstatement in their CHP plan and advised you to contact NYSOH.

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) an eligibility determination for an exemption, and (4) a failure by the Exchange to provide timely notice of an eligibility determination.

Since the Appeals Unit is not given the authority to review start date issues due to non-payment of premiums, we cannot reach the merits as to whether your children were properly terminated from their CHP plan for non-payment of premiums.

Therefore, your appeal of your children's CHP Plan termination date is **DISMISSED** as a non-appealable issue.

The remaining issue under review is whether NYSOH properly determined that your children's enrollment in their CHP Plan was effective November 1, 2016.

According to your NYSOH account, you updated your children's eligibility for financial assistance through NYSOH on October 12, 2016, and selected and enrolled them into a CHP plan that day with a November 1, 2016 start date.

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 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.

Since you selected a CHP plan for your children on October 12, 2016, it must take effect on the first day of the month following October 2016; that is November 1, 2016.

Therefore, NYSOH's October 13, 2016 eligibility determination and enrollment notices are **AFFIRMED** because they properly began your children's eligibility for and enrollment in CHP on November 1, 2016.

## **Decision**

Your appeal of the September 30, 2016 termination date of your children's coverage in their CHP plan is **DISMISSED** as a non-appealable issue.

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).

The October 13, 2016 eligibility determination and enrollment notices are AFFIRMED.

**Effective Date of this Decision:** May 30, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change your children's eligibility.

Your children's coverage in their CHP plan ended September 30, 2016 for non-payment of premiums.

The effective date of your children's eligibility for CHP and enrollment in their CHP plan remains as November 1, 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

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).

- 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 of the September 30, 2016 termination date of your children's coverage in their CHP plan is DISMISSED as a non-appealable issue.

The October 13, 2016 eligibility determination and enrollment notices are AFFIRMED.

This decision does not change your children's eligibility.

Your children's coverage in their CHP plan ended September 30, 2016 for non-payment of premiums.

The effective date of your children's eligibility for CHP and enrollment in their CHP plan remains as November 1, 2016.

### **Legal Authority**

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

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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.

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## **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।

## **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.

## **Twí (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi 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)**

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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.