



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

Notice of Decision

Decision Date: June 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016876

[REDACTED]

Dear [REDACTED],

On June 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 17, 2017 disenrollment notice and the March 17, 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 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: June 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016876



Issues

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

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review the termination of your child's coverage with her Child Health Plus (CHP) plan for non-payment of premium, effective March 1, 2017?

Did NYSOH properly determine that your child's reenrollment in her CHP plan was effective May 1, 2017?

Procedural History

On January 6, 2017, NYSOH issued a renewal notice, stating that it was time to renew your child's NYSOH coverage. The notice stated that she was still qualified to enroll in CHP with a \$30.00 monthly premium, effective March 1, 2017. The notice also stated that, if you wanted to keep the same plan, you did not need to do anything more, as your child was being re-enrolled in her MVP CHP plan, beginning March 1, 2017.

On January 18, 2017, NYSOH issued a notice of enrollment, stating that your child was enrolled in an MVP CHP plan, and that her enrollment in the plan would start on March 1, 2017.

On March 16, 2017, you contacted NYSOH to re-enroll your child in a CHP plan, as her coverage had been terminated by the plan for nonpayment. That same day, you spoke to NYSOH's Account Review Unit and filed an appeal regarding

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 start date of your child's new enrollment, insofar as she did not have coverage for the months of March and April 2017.

On March 17, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in her CHP plan had ended, effective March 1, 2017, because you did not pay the insurance bill by the payment deadline.

Also on March 17, 2017, NYSOH issued a notice of enrollment, based on your plan selection on March 16, 2017, stating that your child was reenrolled in an MCP CHP plan, and that coverage would start on May 1, 2017.

On June 22, 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 disenrollment from her CHP plan for the months of March and April 2017.
- 2) Your child was automatically re-enrolled into her MVP CHP plan, effective March 1, 2017.
- 3) You testified that you knew your child's coverage had been renewed, and that she had been re-enrolled for 2017.
- 4) You testified that you are not sure if you received the January 6, 2017 renewal notice, but that you did receive the January 18, 2017 re-enrollment notice.
- 5) You testified that you generally paid the CHP premium online, and that you usually paid around the end of the month.
- 6) You testified that you do not really go by what the invoices say, but just go in and pay every month.
- 7) You testified that you received an invoice from MVP dated January 17, 2017 that stated that it was for coverage as of March 1, 2017, and that the total amount due before 2/28/2017 was \$30.00.
- 8) You testified that you made a payment for January 2017 on January 19, 2017 and for February 2017 on February 16, 2017.

- 9) You testified that you contacted MVP on March 16, 2017 and found out that your child's coverage had been discontinued because a payment for March 2017 was not received by March 10, 2017.
- 10) You testified that you think the payment was due by the tenth of the month because it was a new enrollment, but that you never received anything specifically stating that the payment had to be made before the tenth or your child's coverage would end.
- 11) You testified that MVP told you that they could not do anything to reinstate your child's coverage, and that you needed to contact NYSOH to get her reenrolled in coverage.
- 12) According to the March 17, 2017 disenrollment from NYSOH, your child was disenrolled from her CHP plan as of March 1, 2017.
- 13) According to your NYSOH account, you re-enrolled your child in CHP plan coverage on March 16, 2017, and her coverage became effective on May 1, 2017.
- 14) You testified that you have medical bills for your child from March 2017.

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) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) 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

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY Public Health Law § 2511(2)(a)(iii)).

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).

To be eligible for CHP, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

The “period of eligibility” for CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 has the authority to review the termination of your child’s coverage with her CHP plan for non-payment of premium, effective March 1, 2017.

On January 18, 2017, your child was reenrolled in her MVP CHP plan, effective March 1, 2017.

You testified that you always paid your premiums to your child’s CHP plan toward the end of the month. You testified that you were not sure whether these payments were applied to the current or following month, and that you did not really look at the invoices, but just went online and made a payment every month. You testified that you did receive an invoice dated January 17, 2017 from

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).

MVP that stated that the payment for coverage beginning March 1, 2017 was due by February 28, 2017. You testified that you made payments on January 19, 2017 and February 16, 2017, but that your child's coverage was cut off in March 2017. You testified that it is your understanding that this was because you did not make a payment for the month of March by March 10, 2017.

On March 17, 2017, NYSOH issued a notice stating that your child was disenrolled from her CHP plan for non-payment of premiums, effective March 1, 2017.

The 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) a failure 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 child was properly terminated from her CHP plan for non-payment of premiums. Therefore, your appeal of the March 17, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your child's reenrollment in her CHP plan was effective May 1, 2017.

You contacted NYSOH on March 16, 2017 to reenroll your child into her CHP plan.

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 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.

Because you contacted NYSOH to reenroll your child into a CHP plan on March 16, 2017, her reenrollment should have taken effect the first day of the second following month after March; that is, on May 1, 2017.

Therefore, the March 17, 2017 enrollment confirmation notice, stating that your child's reenrollment in her CHP plan was effective May 1, 2017, is AFFIRMED.

Decision

Your appeal of the insurer's termination of your child's enrollment in her CHP plan for non-payment of premiums, effective March 1, 2017, is **DISMISSED** as a non-appealable issue.

The March 17, 2017 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: June 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child's reenrollment in her CHP plan was effective May 1, 2017.

Please be advised that there is nothing that would prevent your plan from voluntarily agreeing to back date your daughter's coverage, although you would then owe additional premiums.

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:

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).

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 of the insurer's termination of your child's enrollment in her CHP plan for non-payment of premiums, effective March 1, 2017, is **DISMISSED** as a non-appealable issue.

The March 17, 2017 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your child's eligibility; your child's reenrollment in her CHP plan was effective May 1, 2017.

Please be advised that there is nothing that would prevent your plan from voluntarily agreeing to back date your daughter's coverage, although you would then owe additional premiums.

Legal Authority

We are issuing this determination in accordance with 45 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).

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.

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).