



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

Notice of Decision

Decision Date: August 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017482

[REDACTED]

Dear [REDACTED]

On July 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 15, 2017 disenrollment and February 16, 2017 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 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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NY State of Health Account ID [REDACTED]
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Issues

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

Was your two eldest children's Child Health Plus plan properly terminated effective October 1, 2016, for non-payment of premiums?

Did New York State of Health (NYSOH) properly determine that your children's next Child Health Plus plan should have an enrollment start date of March 1, 2017?

Procedural History

On August 22, 2016, an application for financial assistance was submitted through NYSOH.

On August 23, 2016, NYSOH issued an eligibility determination notice stating in part that your two eldest children (children) were eligible for Child Health Plus with a monthly premium of \$9.00 each, effective as of October 1, 2016.

On August 23, 2016, NYSOH issued a plan enrollment notice confirming that on August 22, 2016, your children were enrolled in a United Healthcare (UHC) Child Health Plus plan with an enrollment start date of October 1, 2016.

On August 25, 2016, NYSOH issued a cancellation notice stating that your children's UHC Child Health Plus coverage was cancelled effective October 1, 2016, because a premium payment had not been received by the health plan.

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On September 15, 2016, NYSOH issued an eligibility determination notice stating in part that your children were eligible for Child Health Plus with a monthly premium of \$9.00 each, effective as of October 1, 2016.

On September 15, 2016, NYSOH issued a plan enrollment notice confirming that on September 14, 2016, your children were enrolled in a UHC Child Health Plus plan with an enrollment start date of October 1, 2016.

On December 7, 2016, your NYSOH account was updated.

On December 8, 2016, NYSOH issued an eligibility determination notice stating in part that your children were eligible for Child Health Plus with a monthly premium of \$9.00 each, effective as of January 1, 2017.

On December 8, 2016, NYSOH issued a plan enrollment notice confirming that on December 7, 2016, your children were enrolled in a UHC Child Health Plus plan with an enrollment start date of October 1, 2016.

On January 26, 2017, your NYSOH account was updated.

On January 27, 2017, NYSOH issued an eligibility determination notice stating in part that your children were eligible for Child Health Plus with a monthly premium of \$9.00 each, effective as of March 1, 2017.

On January 27, 2017, NYSOH issued a plan enrollment notice confirming that on January 26, 2016, your children were enrolled in a UHC Child Health Plus plan with an enrollment start date of October 1, 2016.

On February 15, 2017, NYSOH issued a disenrollment notice stating that your children's UHC Child Health Plus coverage ended on October 1, 2016, because you did not pay your insurance bill by the payment date.

Also on February 15, 2017, your NYSOH account was updated.

On February 16, 2017, NYSOH issued an eligibility determination notice stating in part that your children were eligible for Child Health Plus with a monthly premium of \$9.00 each, effective as of March 1, 2017.

Also on February 16, 2017, NYSOH issued a plan enrollment notice confirming that on February 15, 2016, your children were enrolled in an Excellus Child Health Plus plan with an enrollment start date of March 1, 2017.

On March 29, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your children not having Child Health Plus coverage for the months of January 2017 and February 2017.

On July 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until July 13, 2017, to allow you submit all documentation you wanted NYSOH's Appeals Unit to consider regarding your appeal.

On July 13, 2017, you faxed 12 pages of documentation to NYSOH's Appeals Unit. That documentation was made part of the record as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you want your children to be enrolled in a Child Health Plus for the months of January 2017 and February 2017.
- 2) According to your account, your children's dates of birth are [REDACTED] and [REDACTED] respectively.
- 3) You testified your children incurred approximately \$600.00 in medical bills for the months of January 2017 and February 2017 and you are seeking to have those bills covered by a health plan.
- 4) According to your account, the UHC Child Health Plus plan was the only health plan your children were enrolled in through NYSOH in 2016.
- 5) You testified that your children were enrolled in an Excellus Child Health Plus plan in 2016. However, they experienced a lapse in their coverage for the month of September 2016.
- 6) You testified that you applied for health insurance coverage for your children through NYSOH to secure coverage for the month of September 2016.
- 7) According to your account, on August 22, 2016, your children were enrolled in a UHC Child Health Plus plan through NYSOH with an enrollment start date of October 1, 2016.
- 8) You initially paid UHC \$18.00 toward your children's health insurance premiums, and paid \$36.00 for the months of November 2016 and December 2016. You have not been reimbursed by United for the \$54.00 paid toward your children's premiums (see Appellant Exhibit [REDACTED]).

- 9) You were informed by your children's doctor that their UHC Child Health Plus coverage was not active. You contacted UHC and were informed that their coverage was through Excellus (see Appellant Exhibit [REDACTED]).
- 10) You testified that your children were simultaneously enrolled in Child Health Plus health plans through Excellus and UHC.
- 11) You submitted printouts from the [REDACTED] and Excellus's website regarding your youngest child's enrollment. The printouts state that your youngest child, who is not a subject of this appeal, was enrolled in Excellus CHP from 10/1/2016 – 10/31/2029, and UHC HMO 10/1/2016 (see Appellant Exhibit A, [REDACTED]).
- 12) According to your account, the health plan initiated termination of your coverage on February 14, 2017.
- 13) According to your account, your children were enrolled in an Excellus Child Health Plus on February 15, 2017.
- 14) You testified that Excellus has enrolled your children in coverage and covered the medical bills from September 1, 2016 through December 31, 2016.
- 15) You testified you are working with an Excellus representative to enroll your children in an Excellus plan for the months of January 2017 and February 2017 and have paid premiums for those months.

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) 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)).

Child Health Plus – Enrollment Start Date

“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 e.g. 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 children’s enrollment in their United Child Health Plus plan was properly terminated effective October 1, 2016, because of non-payment of premiums.

The record indicates that UHC was selected as your children’s Child Health Plus plan through NYSOH on August 22, 2016, and the coverage was effective October 1, 2016.

On August 25, 2016, and February 15, 2017, notices were issued stating that your children’s UHC Child Health Plus coverage was cancelled effective October 1, 2016, because a premium payment had not been received by the health plan.

You testified that you initially paid UHC \$18.00 toward your children’s health insurance premiums, and also paid \$36.00 for the months of November 2016 and December 2016. Further, you have not been reimbursed by UHC for the \$54.00 paid toward your children’s premiums (see Appellant Exhibit A p. 12).

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.

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 children were properly terminated from their United Child Health Plus plan for non-payment of premiums. Therefore, your appeal of the October 1, 2016 termination of your children's United Child Health Plus plan is **DISMISSED** as a non-appealable issue.

UHC may be able to help you with your request for coverage and reimbursement of premiums. If you have not already been assisted with your coverage and reimbursement issues, please contact UHC at 800-493-4647.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

The second issue under review is whether NYSOH properly determined that your children's enrollment in their Excellus Child Health Plus plan was effective March 1, 2017.

The record reflects that on February 15, 2017, your children were enrolled in an Excellus Child Health Plus plan.

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 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.

Since your children's health plan was selected on February 15, 2017, it must take effect on the first day of the following month after February 15, 2017; that is, on March 1, 2017.

Therefore, the February 16, 2017 plan enrollment notice properly stated that your children's Excellus Child Health Plus plan would have an enrollment start date of March 1, 2017, and is **AFFIRMED**.

You testified that your children were simultaneously enrolled in Child Health Plus health plans through Excellus and UHC. Furthermore, you provided documentation showing conflicting information regarding your children's Child Health Plus coverage from October 1, 2016 through February 28, 2017. Therefore, your case is **RETURNED** to NYSOH's Plan Management Unit to ascertain what Child Health Plus plan, if any, your children were enrolled in for that period of time.

Further, you testified that Excellus has agreed to enroll your children in health insurance coverage and pay for the medical expenses incurred for the period of September 1, 2016 through December 31, 2016. Also, you testified that you are currently working with Excellus to enroll your children in coverage and pay for the medical expenses incurred for the period of January 1, 2017 through February 28, 2017. The available record reflects that your children's Excellus coverage through NYSOH was not effectuated until March 1, 2017. Therefore, the coverage Excellus has agreed to provide your children prior to March 1, 2017 is not within the jurisdiction of NYSOH's Appeals Unit and shall not be affected by this decision.

Decision

Your appeal of the October 1, 2016 termination of your children's United Child Health Plus plan is **DISMISSED** as a non-appealable issue.

The February 16, 2017 plan enrollment notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH's Plan Management Unit to ascertain what Child Health Plus plan, if any, your children were enrolled in from October 1, 2016 through February 28, 2017, and to notify you of its findings.

Effective Date of this Decision: August 8, 2017

How this Decision Affects Your Eligibility

The enrollment start date of your children's Excellus Child Health Plus plan was March 1, 2017.

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

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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 of the October 1, 2016 termination of your children's United Child Health Plus plan is **DISMISSED** as a non-appealable issue.

The February 16, 2017 plan enrollment notice is **AFFIRMED**.

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 case is RETURNED to NYSOH's Plan Management Unit to ascertain what Child Health Plus plan, if any, your children were enrolled in from October 1, 2016 through February 28, 2017, and to notify you of its findings.

The enrollment start date of your children's Excellus Child Health Plus plan was March 1, 2017.

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 مجاناً.

বাংলা (Bengali)

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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.

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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