



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

Notice of Decision

Decision Date: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019502

[REDACTED]

Dear [REDACTED],

On September 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 19, 2017 disenrollment notice and the April 25, 2017 plan enrollment 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).

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Decision

Decision Date: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019502



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly terminate your children's Child Health Plus (CHP) plan for non-payment of premium effective, February 28, 2017 and re-enroll them thereafter, effective June 1, 2017?

Procedural History

On March 15, 2016, NYSOH issued an eligibility determination notice stating that your children were eligible for CHP with a \$45.00 monthly premium each, effective April 1, 2016.

Also on March 15, 2016, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan with UnitedHealthcare, effective April 1, 2016.

On July 20, 2016, NYSOH issued an eligibility determination notice, based on your updated application of July 19, 2016 stating that your children were eligible for CHP with a \$45.00 monthly premium each, effective September 1, 2016.

Also on July 20, 2016, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan, with UnitedHealthcare, with a \$90.00 monthly premium, effective April 1, 2016.

On April 19, 2017, NYSOH issued a plan disenrollment notice stating that your children's enrollment in their CHP plan was terminated, effective February 28, 2017, because you did not pay your insurance bill by the payment deadline.

On April 25, 2017, NYSOH issued a plan enrollment notice, based on your CHP plan selection for your children on April 24, 2017, confirming that they were enrolled in a CHP plan with UnitedHealthcare and that coverage would start on June 1, 2017.

On June 2, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan insofar as they did not have coverage for the months of March 2017, April 2017, and May 2017.

On September 8, 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 only appealing your children's disenrollment from their Child Health Plus plan for the months of March 2017, April 2017, and May 2017.
- 2) Your children were enrolled into a Child Health Plus plan, effective April 1, 2016.
- 3) You testified that you missed the payment deadline for the premiums to your children's Child Health Plus plan due for February 2017.
- 4) You testified that one of your children was scheduled for [REDACTED], and that in the beginning of March 2017 the hospital called and told you the children did not have any health insurance.
- 5) You testified that, on March 2nd and 3rd 2017, you had numerous telephone conversations with the CHP plan and with NYSOH in an attempt to rectify CHP coverage.
- 6) Your NYSOH account indicates that, on March 2, 2017, your children's CHP enrollment was updated. There was no corresponding enrollment notice issued as a result of that plan update.
- 7) You testified that either the CHP plan or NYSOH told you on March 3, 2017 that your children had active coverage.

- 8) You testified that your child had [REDACTED] on [REDACTED], and that you now have approximately \$10,000.00 in uncovered medical bills.
- 9) According to your NYSOH account, the CHP plan did not send a request to terminate your children's plan for non-payment of premium until April 18, 2017.
- 10) You testified that you received the April 19, 2017 disenrollment notice stating your children's CHP coverage was cancelled effective February 28, 2017.
- 11) You testified that after receiving the April 19, 2017 disenrollment notice, you contacted NYSOH on April 24, 2017 to re-enroll your children in their CHP plan with UnitedHealthcare. Their plan start date was made effective June 1, 2017.
- 12) You testified that you need to have your children's CHP plan reinstated from March 1, 2017 through May 31, 2017, because your children had medical treatment including [REDACTED] and [REDACTED] during this time frame that is uncovered by health insurance.

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)).

Notice – Terminating Enrollment

NYSOH may initiate termination of an enrollee's enrollment in a health plan through NYSOH and must permit a health plan issuer to terminate such coverage or enrollment when the enrollee is no longer eligible for coverage in a health plan through NYSOH with appropriate notice to the enrollee (45 CFR § 155.430(b)(2)(i), (d)).

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).

For NYSOH initiated terminations where the enrollee is no longer eligible for coverage in a health plan through NYSOH, the last day of enrollment is the last day of eligibility, as described in 45 CFR § 155.330(f) (45 CFR § 155.430(d)(3)).

Notice of the effective dates for termination of coverage or enrollment must be reasonable, which is defined as at least fourteen days before the requested date of termination (45 CFR § 155.430(d)(1)(i)-(ii)).

Effective dates of termination of coverage or enrollment must be implemented by NYSOH as follows:

- 1) When resulting from a redetermination, the termination date is the first day of the month following the date of the written notice, which must be at least fourteen days before the requested date of termination to be considered timely; or
- 2) When resulting from an appeal decision, on the date specified in the appeal decision; or
- 3) When affecting enrollment or premiums only, on the first day of the month following the date on which NYSOH is notified on the change.

(45 CFR § 155.330(f)(1)(i)-(iii)).

Legal Analysis

The issue under review is whether NYSOH properly notified you of the termination of your children's CHP plan for non-payment of premium, effective February 28, 2017. Thereafter, your children's re-enrollment in the same CHP plan starting June 1, 2017.

NYSOH must provide enrollees with 14 days' written notice that their coverage with a health plan, including CHP, will be terminated. If NYSOH cannot provide 14 days' written notice, the effective date of termination is the last day of the month after 14 days' written notice has been provided.

The record reflects that NYSOH sent you a disenrollment notice, dated April 19, 2017, which stated your children's CHP plan had ended on February 28, 2017, because you did not pay the monthly insurance premium by the payment deadline. Ordinarily, cancellation of health plan coverage due to nonpayment of premium is not an appealable issue over which the Appeals Unit has jurisdiction. However, the circumstances in your case suggest you did not receive timely or adequate notice from either the CHP plan or NYSOH that your children's coverage was being terminated as of February 28, 2017.

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The record reflects that your children's CHP plan first sent notice to NYSOH that they were requesting your children's coverage be terminated for non-payment of premium on April 18, 2017, and NYSOH issued the corresponding disenrollment notice on April 19, 2017. Fourteen days written notice of termination of coverage is required, which means notice should have been sent no later than February 14, 2017 for a February 28, 2017 termination date. Since NYSOH's April 19, 2017 disenrollment notice was not timely issued, you did not receive proper notice of termination of your children's coverage.

Further, the record is devoid of any explanation as to the CHP plan's delay in terminating your children's CHP coverage and it is unclear why NYSOH was not notified by the health plan in a timely manner that your children's CHP coverage was being cancelled as of February 28, 2017. You testified that the first you learned that your children did not have coverage was on [REDACTED] when you were so advised by the hospital where your child was scheduled for [REDACTED]. You testified that you contacted both the plan and NYSOH on March 2, 2017 and March 3, 2017 in an attempt to rectify the lack of CHP coverage for your children.

You further testified that either the CHP plan or NYSOH told you on March 3, 2017, that your children had active coverage. Your testimony in this regard is credible because it was not until April 18, 2017 that the CHP plan sent a request to NYSOH to cancel your children's CHP coverage, effective February 28, 2017, for non-payment of the February 2017 premium. Also, the record reflects that, on March 2, 2017, your children's CHP enrollment was updated in your NYSOH account, but there was no corresponding plan enrollment notice issued as a result of that plan update.

Therefore, based on the record, you were not provided with reasonable notice by the health plan or NYSOH of the termination of your children's CHP plan such that their coverage was improperly terminated effective February 28, 2017. In accordance with the rules of notice of termination, the earliest your children could be terminated would be the first of the month following the date on which NYSOH is notified of the change. Combined with the 14-day reasonable notice rule that date is June 1, 2017.

To correct this error, NYSOH's April 19, 2017 plan disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to facilitate re-instatement of your children's CHP plan as of March 1, 2017 through May 31, 2017. Thereafter, your children's enrollment in their CHP plan, as stated in the April 25, 2017 enrollment notice, remains in effect as of June 1, 2017.

You will be responsible for paying the monthly premiums to your children's CHP plan for their coverage to resume for the months of March 2017, April 2017, and May 2017.

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).

Decision

NYSOH's April 19, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to facilitate re-instatement of your children in their CHP plan as of March 1, 2017 through May 31, 2017, and to notify you accordingly.

The April 25, 2017 enrollment notice confirming your children's enrollment in their CHP plan as of June 1, 2017 remains in effect.

This decision does not affect any eligibility determination notices issued subsequent to April 25, 2017.

Effective Date of this Decision: October 13, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

Your children's enrollment in their CHP plan was effective April 1, 2016.

NYSOH will facilitate re-instatement of your children's CHP plan from March 1, 2017 through May 31, 2017. NYSOH will notify you once this has been done.

You will be responsible for paying the monthly premiums due to your children's CHP plan for their coverage to resume for the months of March 2017, April 2017, and May 2017.

Thereafter, your children's enrollment in the same CHP plan became effective June 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.

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).

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

NYSOH's April 19, 2017 plan disenrollment notice is RESCINDED.

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 to facilitate re-instatement of your children in their CHP plan as of March 1, 2017 through May 31, 2017, and to notify you accordingly.

The April 25, 2017 enrollment notice confirming your children's enrollment in their CHP plan as of June 1, 2017 remains in effect.

This decision does not affect any eligibility determination notices issued subsequent to April 25, 2017.

This decision does not change your children's eligibility.

Your children's enrollment in their CHP plan was effective April 1, 2016.

NYSOH will facilitate re-instatement of your children's CHP plan from March 1, 2017 through May 31, 2017. NYSOH will notify you once this has been done.

You will be responsible for paying the monthly premiums due to your children's CHP plan for their coverage to resume for the months of March 2017, April 2017, and May 2017.

Thereafter, your children's enrollment in the same CHP plan became effective June 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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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 bεtumi ama wo obi a okyerε 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).

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