



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

## Notice of Decision

Decision Date: September 18, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019735

[REDACTED]

Dear [REDACTED],

On September 11, 2017, you appeared by telephone at a hearing on your appeal regarding New York State of Health's May 23, 2017 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: September 18, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019735



## Issues

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

Did New York State of Health (NYSOH) properly end your children's Child Health Plus coverage, effective June 30, 2017?

Whether you are eligible to be reimbursed for the June 2017 health insurance premium that was paid to the health insurance company?

## Procedural History

On December 13, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your children were eligible to enroll in a full price Child Health Plus or a Child-Only qualified health plan, effective January 1, 2017.

On December 13, 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 January 1, 2017.

On May 22, 2017, your NYSOH account was updated.

On May 23, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your children were no longer eligible for health insurance because you no longer wanted to receive coverage, effective July 1, 2017.

Also on May 23, 2017, NYSOH issued a disenrollment notice stating, in relevant part, that your children's Child Health Plus coverage would end on June 30, 2017.

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On July 14, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal relative to the end date of your children's Child Health Plus coverage.

On September 11, 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 finding of fact:

- 1) According to your NYSOH account, your children's dates of birth are [REDACTED] and [REDACTED].
- 2) According to your NYSOH account and testimony, your children were enrolled in a Child Health Plus plan through Fidelis Care, with a start date of January 1, 2017.
- 3) You testified that you found out that your family was eligible for employer-sponsored health insurance in the middle of May 2017; however, you did not immediately cancel their insurance through NYSOH because you did not know if the employer-sponsored insurance would take effect by June 1, 2017.
- 4) According to your NYSOH account and testimony, you cancelled your children's health insurance coverage through NYSOH on May 22, 2017.
- 5) According to your NYSOH account and testimony, your children's health insurance was cancelled effective June 30, 2017.
- 6) You testified that you paid Fidelis Care \$419.14 for your children's June 2017 coverage.
- 7) You testified that your children were enrolled health insurance coverage, through your employer, effective June 1, 2017.
- 8) You testified that you want your children's coverage to end May 31, 2017, and you want to be reimbursed for the June 2017 premium.

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)).

Enrollees may request disenrollment for any reason at any time. 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 (Child Health Plus Agreement (Appendix C §§ 12.1, 12.2, effective 1/1/2008 – 12/31/2012)). NYSOH currently follows this established practice.

### 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 ended your children's Child Health Plus coverage, effective June 30, 2017.

The record reflects that your children were enrolled in Child Health Plus coverage effective January 1, 2017.

An enrollee may request to end their coverage for any reason at any time. 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.

According to the record, you contacted NYSOH on May 22, 2017, to end your children's Child Health Plus coverage. Based on your request to cancel your children's health insurance, their coverage ended June 30, 2017.

The record reflects that you wanted your children's coverage to end May 31, 2017, because they were enrolled in your employer-sponsored insurance effective as of June 1, 2017. Since an enrollee's coverage ends on the first day

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of the month after the request is made, unless otherwise specified, your children's coverage should have ended May 31, 2017.

Therefore, the May 23, 2017 disenrollment notice is MODIFIED to state that your children's Child Health Plus coverage ended May 31, 2017.

Your case is RETURNED to NYSOH to facilitate the change in your children's Child Health Plus coverage end date from June 30, 2017 to May 31, 2017, and to notify you accordingly.

The second issue under review is whether you are eligible to be reimbursed for the June 2017 health insurance premium that was paid to the health insurance company.

You testified that you paid Fidelis Care \$419.14 for your children's June 2017 coverage and want to be reimbursed for that payment.

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 a premium paid to a health plan. We cannot reach the merits as to whether you are entitled to be reimbursed for that payment. Therefore, your request for reimbursement for the amount paid to the health insurance company for your children's coverage during the month of June 2017 is DISMISSED as a non-appealable issue.

Fidelis Care may be able to help you with your request for reimbursement. If you have not already been assisted by them, please contact them directly at 1-888-343-3547.

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>

## **Decision**

The May 23, 2017, disenrollment notice is MODIFIED to state that your children's Child Health Plus coverage would end May 31, 2017.

Your case is RETURNED to NYSOH to facilitate the change in your children's Child Health Plus coverage end date from June 30, 2017 to May 31, 2017, and to notify you accordingly.

Your appeal regarding whether you are eligible to be reimbursed for the June 2017 health insurance premium that was paid to the health insurance company is DIMISSED for lack of jurisdiction.

**Effective Date of this Decision:** September 18, 2017

## **How this Decision Affects Eligibility**

Your children's Child Health Plus coverage should have ended May 31, 2017.

Your case is being sent back to NYSOH to facilitate the change and end date to May 31, 2017. 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

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 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 May 23, 2017, disenrollment notice is MODIFIED to state that your children's Child Health Plus coverage would end May 31, 2017.

Your case is RETURNED to NYSOH to facilitate the change in your children's Child Health Plus coverage end date from June 30, 2017 to May 31, 2017, and to notify you accordingly.

Your appeal regarding whether you are eligible to be reimbursed for the June 2017 health insurance premium that was paid to the health insurance company is DIMISSED for lack of jurisdiction.

Your children's Child Health Plus coverage should have ended May 31, 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).



Your case is being sent back to NYSOH to facilitate the change and end date to May 31, 2017. 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।

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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&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.

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