



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

Notice of Decision

Decision Date: December 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021871

[REDACTED]

[REDACTED]

On October 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 24, 2017 disenrollment notice and August 8, 2017 eligibility determination and 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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Decision

Decision Date: December 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021871

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly terminate your children from their Child Health Plus plan for non-payment of premium, effective May 1, 2017?

Did the NYSOH properly determine that your children's enrollment in their Child Health Plus plan was effective September 1, 2017?

Procedural History

On May 1, 2017, NYSOH received your application for health insurance.

On May 2, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, effective June 1, 2017.

Also on May 2, 2017, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan, effective June 1, 2017.

On May 11, 2017, NYSOH issued an enrollment confirmation notice, stating that your children were enrolled in a Child Health Plus plan, effective May 1, 2017.

On May 24, 2017, NYSOH issued a disenrollment notice, stating that your children's Child Health Plus coverage would end on May 1, 2017, because you did not pay your insurance bill by the payment deadline.

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On August 7, 2017, NYSOH received your updated application for financial assistance with health insurance.

On August 8, 2017, NYSOH issued a notice of eligibility determination, stating that your children were eligible to enroll in Child Health Plus plan, effective September 1, 2017.

Also on August 8, 2017, NYSOH issued a notice of enrollment, stating that your children were enrolled in a Child Health Plus plan, and that this enrollment in the plan would start September 1, 2017.

On August 28, 2017, an appeal was filed on your behalf, in response to a letter received by NYSOH on August 18, 2017, regarding the start date of your children's Child Health Plus plan insofar as it did not begin June 1, 2017.

On October 31, 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) Your children were enrolled in a Child Health Plus plan, effective June 1, 2017. This enrollment was subsequently backdated to begin on May 1, 2017, by your request.
- 2) The record reflects that your children were disenrolled from their Child Health Plus plan, effective May 1, 2017. The May 24, 2017 disenrollment notice states that you children were disenrolled because you did not pay your insurance bill by the payment deadline.
- 3) You testified that you paid the premiums to your children's Child Health Plus plan as soon as you received the May 2, 2017 notice.
- 4) You testified that you made all premium payments, and submitted the following documentation to support your testimony:
 - a. a copy of a check dated May 8, 2017, made out to [REDACTED]
 - b. a bank statement showing that the May 8, 2017 check cleared on May 12, 2017
 - c. email confirmations showing payments made on May 30, 2017, June 28, 2017, July 24, 2017, August 22, 2017, and September 19, 2017.

- 5) You testified that you were not aware that your children had been disenrolled from their Child Health Plus plan until you spoke with NYSOH in August 2017 regarding an unrelated matter.
- 6) The record reflects, that you reenrolled your children into a Child Health Plus plan on August 7, 2017.
- 7) You testified that your children were without health insurance from May 1, 2017 through August 31, 2017.
- 8) You testified that you are seeking Child Health Plus coverage for your children as of June 1, 2017, because you do not want to pay a tax penalty.

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

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)).

"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 NYSOH properly terminated your children’s Child Health Plus plan for non-payment of premium, effective May 1, 2017.

On May 1, 2017, your children were enrolled in a Child Health Plus plan, effective June 1, 2017. Their start date was subsequently backdated at your request, with an effective date of May 1, 2017.

You testified, and provided documentation, that you paid the premiums to the Child Health Plus plan as soon as you received the May 2, 2017 notice, and that you paid premiums timely through September 2017. However, on May 24, 2017, NYSOH issued a notice stating that your children were disenrolled from their Child Health Plus plan for non-payment of the premium, effective May 1, 2017.

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 you were properly terminated from your health plan for non-payment of premiums. Therefore, your appeal of the May 24, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The second issue is whether NYSOH properly determined that your children’s enrollment in their Child Health Plus plan was effective September 1, 2017.

The record reflects that you contacted NYSOH on August 7, 2017 and enrolled your children into a 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 you reenrolled your children into a plan on August 7, 2017, that plan would properly begin on the first day of the next following month after August, that is on September 1, 2017.

Therefore, the August 8, 2017 eligibility determination and enrollment confirmation notices stating that your children's enrollment in their Child Health Plus plan was effective September 1, 2017, is correct and must be AFFIRMED.

Since you testified that you made all premium payments, and submitted the following documentation to support your testimony: a copy of a check dated May 8, 2017 made out to [REDACTED], a bank statement showing that the May 8, 2017 check cleared on May 12, 2017 [REDACTED], and email confirmations showing payments made on May 30, 2017, June 28, 2017, [REDACTED] [REDACTED]), your case is RETURNED to NYSOH to investigate whether or not your children's Child Health Plus plan continued to receive payments from you and cover your children despite notifying NYSOH that your children had been disenrolled for non-payment.

Decision

Your appeal of the May 24, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The August 8, 2017 eligibility determination and enrollment confirmation notices is AFFIRMED.

Your case is RETURNED to NYSOH to investigate whether or not your children's Child Health Plus plan continued to receive payments from you [REDACTED] [REDACTED] and cover your children despite notifying NYSOH that your children had been disenrolled for non-payment.

Effective Date of this Decision: December 12, 2017

How this Decision Affects Your Eligibility

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 decision does not change your children's eligibility.

The effective date of your child's Child Health Plus plan is September 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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
- By fax: 1-877-369-0129

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).

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 May 24, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The August 8, 2017 eligibility determination and enrollment confirmation notices is **AFFIRMED**.

The effective date of your child's Child Health Plus plan is September 1, 2017.

Your case is **RETURNED** to NYSOH to investigate whether or not your children's Child Health Plus plan continued to receive payments from you ([REDACTED]), and cover your children despite notifying NYSOH that your children had been disenrolled for non-payment.

This decision does not change your children's eligibility.

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&btumi 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).