



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

Notice of Decision

Decision Date: November 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022645

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

On November 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 20, 2017 disenrollment notice and the September 12, 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).

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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 whether your children's enrollment in their Child Health Plus (CHP) plan was properly terminated for non-payment of premiums?

Did NYSOH properly determine that your children's reenrollment in their CHP plan was effective October 1, 2017?

Procedural History

On May 23, 2017, NYSOH issued a notice of eligibility determination, based on your May 22, 2017 application, stating that your children were eligible for CHP with a \$9.00 monthly premium, effective July 1, 2017.

Also on May 23, 2017, NYSOH issued a notice of enrollment confirmation, stating that your children were enrolled in a CHP plan, and that their enrollment in the plan would start July 1, 2017.

On July 20, 2017, NYSOH issued a disenrollment notice stating that your children's enrollment in their CHP plan was terminated, effective July 1, 2017, because a premium payment had not been received by the health plan.

On September 11, 2017, you re-enrolled your children into a CHP plan.

On September 12, 2017, NYSOH issued a notice of enrollment, based on your plan selection on September 11, 2017, stating that your children were enrolled in a CHP plan, and that coverage would start on October 1, 2017.

On September 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's re-enrollment in their CHP plan, insofar as they did not have coverage for the month of September 2017.

On November 16, 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 CHP plan for the month of September 2017.
- 2) Your children were enrolled into a CHP plan, effective July 1, 2017.
- 3) You testified that your children were enrolled in Healthfirst through Medicaid previously, and that you don't recall enrolling them in their CHP plan.
- 4) You testified that, at some point, you were told that you needed to pay \$18.00 for your children to have coverage, and that you think you were supposed to make this payment for August 2017.
- 5) You testified that you did not receive any bills from Healthfirst until the bill that was sent for your children's October premium.
- 6) Your NYSOH account reflects that your children were disenrolled from their CHP plan, effective July 1, 2017, for nonpayment of the premium.
- 7) You testified that you are not sure when you made your first payment for your children's CHP coverage.
- 8) You testified that you spoke to Healthfirst in September 2017 because one of your children was sick and you wanted to make sure that he would have coverage if you took him to the hospital.
- 9) You testified that you were informed that your children's coverage would not start until October 1, 2017.

- 10) You testified that you do not recall having to re-enroll them in coverage in September 2017.
- 11) Your NYSOH account reflects that a CHP plan was selected on your children's behalf on September 11, 2017.
- 12) You testified that your child was very sick in September 2017, so you had to take him to the hospital even though he did not have coverage.
- 13) You testified that you have an outstanding medical bill from the hospital for the care your child received in September 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; 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)).

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 the Appeals Unit of NYSOH has the authority to review whether your children’s enrollment in their CHP plan was properly terminated for nonpayment of premiums, effective July 1, 2017.

On May 22, 2017, your children were enrolled in a CHP plan, effective July 1, 2017.

You testified that your children were previously enrolled in a Healthfirst Medicaid plan, and that you do not recall when their coverage changed, but you know that you were told at some point that you would need to pay \$18.00 per month. You testified that you do not recall receiving any bills from Healthfirst until the bill for your children’s October 2017 premium.

On July 20, 2017, NYSOH issued a notice stating that your children were disenrolled from their CHP plan for non-payment of premiums, effective July 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

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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 or not your children were properly terminated from their CHP plan for non-payment of premiums. Therefore, your appeal of the July 20, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

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

You contacted NYSOH on September 11, 2017 to reenroll your children into their CHP plan. Though you testified that you do not recall contacting NYSOH to reenroll your children into coverage, your NYSOH account nevertheless reflects that your children were enrolled into a plan on September 11, 2017.

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.

As you contacted NYSOH to reenroll your children into a CHP plan on September 11, 2017, their reenrollment should have taken effect the first day of the month following September 11, 2017; that is, on October 1, 2017.

Therefore, the September 12, 2017 enrollment confirmation notice stating that your children's reenrollment in their CHP plan was effective October 1, 2017, is AFFIRMED.

However: Based on your testimony that you never received an invoice for your children's July 2017 CHP premium, your case is RETURNED to Plan Management to ensure that: 1) you were properly and timely sent an invoice from Healthfirst for your children's July 2017 CHP premium AND 2) you were provided with the proper amount of time in which to make your premium payment prior to the termination of your children's enrollment for nonpayment.

If it is determined that you were not properly sent an invoice, or that your children were prematurely disenrolled from their coverage, NYSOH will contact you to arrange for your children's re-enrollment into their coverage, effective September 1, 2017.

Decision

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

The September 12, 2017 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to Plan Management to ensure that:

- 1) You were properly and timely sent an invoice by Healthfirst for your children's July 2017 CHP premium; **AND**
- 2) You were provided with the appropriate amount of time to make a premium payment, prior to your children's disenrollment from their CHP plan for nonpayment of the premium.

If it is determined that you were not properly and timely billed for the July 2017 premium, or that your children's enrollment was prematurely terminated for nonpayment of the premium, then NYSOH will contact you to arrange for your children's re-enrollment in their CHP plan, effective September 1, 2017.

Effective Date of this Decision: November 29, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

Your children's reenrollment in their CHP plan was effective October 1, 2017.

Your case is being sent back to NYSOH to make sure that you were properly notified by Healthfirst of your CHP premium obligation for July 2017, and to make sure that you were given the proper amount of time to make your July 2017 premium payment, before your children were disenrolled from their coverage for nonpayment.

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

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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 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

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- By fax: 1-855-900-5557

Summary

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

The September 12, 2017 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to Plan Management to ensure that:

- 1) You were properly and timely sent an invoice by Healthfirst for your children's July 2017 CHP premium; **AND**
- 2) You were provided with the appropriate amount of time to make a premium payment, prior to your children's disenrollment from their CHP plan for nonpayment of the premium.

If it is determined that you were not properly and timely billed for the July 2017 premium, or that your children's enrollment was prematurely terminated for nonpayment of the premium, then NYSOH will contact you to arranged for your children's re-enrollment in their CHP plan, effective September 1, 2017.

This decision does not change your children's eligibility.

Your children's reenrollment in their CHP plan was effective October 1, 2017.

Your case is being sent back to NYSOH to make sure that you were properly notified by Healthfirst of your CHP premium obligation for July 2017, and to make sure that you were given the proper amount of time to make your July 2017 premium payment, before your children were disenrolled from their coverage for nonpayment.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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. y&b&tumi 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.

אײִדיש (Yiddish)

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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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