



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

Notice of Decision

Decision Date: January 03, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023292

[REDACTED]

[REDACTED]

On December 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 6, 2017 disenrollment notice and the October 12, 2017 eligibility determination and enrollment confirmation 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.

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023292



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 child's enrollment in her Child Health Plus (CHP) plan was properly terminated for non-payment of premium, effective September 30, 2017?

Did NYSOH properly determine that your child's eligibility for, and reenrollment in, her CHP plan was effective November 1, 2017?

Procedural History

On February 3, 2017, NYSOH issued a notice of renewal stating that your child was still qualified to enroll in CHP with a \$15.00 monthly premium, effective April 1, 2017, and that she would be re-enrolled in her CHP plan, beginning April 1, 2017.

On February 18, 2017, NYSOH issued a notice of enrollment confirmation, confirming your child's enrollment in her CHP plan, beginning April 1, 2017.

On October 6, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in her CHP plan had ended, effective September 30, 2017, because you did not pay your insurance bill by the payment deadline.

On October 11, 2017, you updated your NYSOH account and re-enrolled your child in a CHP plan. That day, NYSOH prepared a preliminary eligibility

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determination stating that your child was eligible to enroll in CHP with a \$15.00 monthly premium, effective November 1, 2017.

Also on October 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP coverage, insofar as she did not have coverage for the month of October 2017.

On October 12, 2017, NYSOH issued a notice of eligibility determination, stating that your child was eligible for CHP with a \$15.00 monthly premium, effective November 1, 2017.

Also on October 12, 2017, NYSOH issued a notice of enrollment confirmation, confirming your child's enrollment in a CHP plan, beginning November 1, 2017.

On December 18, 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 appealing your child's disenrollment from her CHP plan for the month of October 2017.
- 2) Your child was previously re-enrolled into a CHP plan, effective April 1, 2017.
- 3) You testified that you paid your premiums to your child's CHP plan in "chunks," and that you generally paid three months at a time.
- 4) You testified that you moved in January 2017, and did not update your address with your child's CHP plan.
- 5) You testified that you did not notice that you were not receiving bills or invoices from your child's CHP plan because you were proactive about your payments and usually paid in advance, and without referring to any bill or invoice.
- 6) You testified that you tried to take your child to the doctor in early October, and the doctor would not see her because they stated that she did not have coverage.

- 7) You testified that you called your child's CHP plan and were told that your child's coverage ended on September 30, 2017 because her premium payment was not made.
- 8) You testified that you realized at that point that you had not updated your address, and that you had not received any bills or cancellation notices because of this.
- 9) Your NYSOH account reflects that NYSOH sent you disenrollment notice on October 6, 2017, informing you that your child was disenrolled from her CHP plan, effective September 30, 2017.
- 10) Your NYSOH account also reflects that your address with NYSOH was not changed until October 11, 2017.
- 11) You testified that your child's CHP plan told you that they could not do anything to backdate her coverage, and told you to contact NYSOH.
- 12) You testified that you called NYSOH and re-enrolled your daughter into coverage.
- 13) Your NYSOH account reflects that you updated your NYSOH account and selected a plan on behalf of your child on October 11, 2017.
- 14) You testified that you incurred approximately \$700.00 in medical bills for your daughter in the month of October 2017 that are unpaid.

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 child’s enrollment in her CHP plan was properly terminated for non-payment of premium effective September 30, 2017.

On February 17, 2017, your child was re-enrolled in a CHP plan, effective April 1, 2017.

You testified that you paid your premiums to your child's CHP plan a few months at a time. You testified that you did not realize that you were not receiving bills from her plan because you generally paid by phone, and without waiting to receive a bill. You testified that, in October 2017, you found out that you had missed a payment, and you had not received any notice of this because you had not updated your address with your child's CHP plan after you moved in January 2017.

On October 6, 2017, NYSOH issued a notice stating that your child was disenrolled from her CHP plan for non-payment of premiums, effective September 30, 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 your child was properly terminated from her CHP plan for non-payment of premiums. Therefore, your appeal of the October 6, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your child's eligibility for, and reenrollment in, her CHP plan was effective November 1, 2017.

You contacted NYSOH on October 11, 2017 to update your application and reenroll your child into her CHP plan.

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 child into a CHP plan on October 11, 2017, her eligibility and reenrollment should have taken effect the first day of the month after October: that is, on November 1, 2017.

Therefore, the October 12, 2017 eligibility determination and enrollment confirmation notices stating that your child's eligibility for, and reenrollment in, her CHP plan were effective November 1, 2017 are AFFIRMED.

Decision

Your appeal of the insurer's termination of your child's enrollment in her CHP plan for non-payment of premiums, effective September 30, 2017, is DISMISSED as a non-appealable issue.

The October 12, 2017 eligibility determination, insofar as it begins your child's CHP eligibility on November 1, 2017, is AFFIRMED.

The October 12, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 03, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child's eligibility for, and reenrollment in, her CHP plan were effective November 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

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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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

Your appeal of the insurer's termination of your child's enrollment in her CHP plan for non-payment of premiums, effective September 30, 2017, is **DISMISSED** as a non-appealable issue.

The October 12, 2017 eligibility determination, insofar as it begins your child's CHP eligibility on November 1, 2017, is **AFFIRMED**.

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

This decision does not change your child's eligibility.

Your child's eligibility for, and reenrollment in, her CHP plan were effective November 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&btumi 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.