



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

## Notice of Decision

Decision Date: January 4, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023664

[REDACTED]

[REDACTED]

On December 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 2017 disenrollment notice and the October 24, 2017 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: January 4, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023664

[REDACTED]

## Issues

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

Does NY State of Health (NYSOH) Appeals Unit have the authority to review whether your child was properly disenrolled from her Child Health Plus plan, effective October 1, 2017?

Did NYSOH properly determine that your child's reenrollment in her Child Health Plus plan was effective December 1, 2017?

## Procedural History

On August 2, 2017, NYSOH issued a renewal notice stating that your child was eligible to enroll Child Health Plus (CHP) with a monthly premium of \$9.00, effective October 1, 2017.

On August 17, 2017, NYSOH issued an enrollment notice, stating that your child was enrolled in a CHP plan, and that this enrollment in the plan would start October 1, 2017.

On October 20, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in his CHP plan was terminated, effective October 1, 2017, because you did not pay the insurance bill by the payment deadline.

On October 24, 2017, NYSOH issued an enrollment notice, based on your plan selection on October 23, 2017, stating that your child was reenrolled in a CHP plan, effective December 1, 2017.

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Also on October 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as her plan did not begin on October 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 only appealing your child's disenrollment from her CHP plan and seeking for her to be reinstated into her CHP plan as of October 1, 2017.
- 2) Your child was enrolled into a Child Health Plus plan, effective October 1, 2017.
- 3) You testified that after your child's enrollment into her CHP plan, you did not receive a bill or invoice from the insurance carrier.
- 4) You testified that you did not realize that your child had been disenrolled from her CHP plan coverage until you received the October 20, 2017 disenrollment notice.
- 5) You testified that you contacted the insurance carrier to attempt to pay the bill, but were told that you had to file an appeal with NYSOH to get her CHP coverage reinstated as of October 1, 2017.
- 6) On October 20, 2017, NYSOH issued a disenrollment notice advising you that your child was disenrolled from her CHP plan, effective October 1, 2017.
- 7) You testified that you received the October 20, 2017 disenrollment notice.
- 8) The record reflects that on October 23, 2017, you placed a phone call to NYSOH regarding your child's enrollment into a CHP plan.
- 9) On October 23, 2017, NYSOH reenrolled your child in her CHP plan, with such coverage beginning on October 1, 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

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## **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

A child who meets the eligibility requirements for Child Health Plus 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 Child Health Plus, 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 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 Child Health Plus 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 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 has the authority to review whether your child was properly terminated from her Child Health Plus plan for non-payment of premium, effective October 1, 2017.

On August 16, 2017, your child was enrolled in a Child Health Plus plan, effective October 1, 2017.

You testified that after your child's enrollment into her CHP plan, you did not receive a bill or invoice from the insurance carrier. You further testified that you did not realize that your child had been disenrolled from her CHP plan coverage until you received the October 20, 2017 disenrollment notice.

You testified that you contacted the insurance carrier to attempt to pay the bill, but were told that you had to file an appeal with NYSOH to get her CHP coverage reinstated as of October 1, 2017.

On October 20, 2017, NYSOH issued a notice stating that your child was disenrolled from her CHP plan for non-payment of premium, effective October 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 premium, we cannot reach the merits as to whether your child was properly terminated from his Child Health Plus plan for non-payment of premiums. Therefore, your appeal of the May 1, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The second issue is whether NYSOH properly determined that your child's reenrollment in her CHP plan was effective December 1, 2017.

You testified that you received the October 20, 2017 disenrollment notice advising you that your child's CHP plan was terminated as of October 1, 2017 for failure to pay premiums.

Thereafter, you contacted NYSOH on October 23, 2017 regarding your child's enrollment, and selected a CHP plan for your child's reenrollment at that time.

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.

Therefore, the October 24, 2017 enrollment notice stating that your child's enrollment in her CHP plan was effective December 1, 2017, is correct and must be AFFIRMED.

## **Decision**

Your appeal of the insurer's termination of your child's enrollment in her Child Health Plus plan for non-payment of premiums, effective October 1, 2017, is DISMISSED as a non-appealable issue.

The October 24, 2017 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 4, 2018

## **How this Decision Affects Your Eligibility**

Your child's enrollment in her CHP plan began effective December 1, 2017.

Your plan can agree to reinstate coverage if it chooses to do so.

## **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

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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 appeal 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:

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## **Summary**

Your appeal of the insurer's termination of your child's enrollment in her Child Health Plus plan for non-payment of premiums, effective October 1, 2017, is **DISMISSED** as a non-appealable issue.

The October 24, 2017 enrollment notice is **AFFIRMED**.

Your child's enrollment in her CHP plan began effective December 1, 2017.

Your plan can agree to reinstate coverage if it chooses to do so.

## **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 مجانًا.

### **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.