



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

Notice of Decision

Decision Date: February 01, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023713

[REDACTED]

On December 19, 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 26, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: February 01, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023713

[REDACTED]

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 NYSOH properly terminated your children's enrollment in their Child Health Plus (CHP) plan for non-payment of premium, effective October 1, 2017?

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

Procedural History

On June 29, 2017, NYSOH issued an eligibility determination notice, based on your June 28, 2017 application, stating in part that your two children were eligible for Child Health Plus effective August 1, 2017.

Also on June 29, 2017, NYSOH issued an enrollment notice, stating in part, that your children were enrolled in a Child Health Plus plan with a monthly premium of \$30.00 each, and that their enrollment in the plan would start August 1, 2017. The notice informed you that you must pay the monthly premium to start and keep your children's coverage.

On September 3, 2017, you updated your account and added your newborn child to your account and submitted an updated application for financial assistance for your family.

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On September 4, 2017, NYSOH issued an eligibility determination notice stating in part that your two oldest children were eligible for Child Health Plus effective October 1, 2017 and that your newborn child was eligible for Child Health Plus effective September 1, 2017, with a \$30.00 monthly premium for each child.

Also on September 4, 2017, NYSOH issued an enrollment notice, stating in part that your two oldest children were enrolled in a Child Health Plus plan with a monthly premium of \$30.00 each with an enrollment start date of August 1, 2017 and your newborn child was enrolled in a Child Health Plus plan with a \$30.00 monthly premium, with a plan enrollment start date of September 1, 2017. The notice informed you that you must pay the monthly premium to start and keep your children's coverage.

On October 6, 2017, NYSOH issued a disenrollment notice stating that your children's enrollment in their Child Health Plus plan was terminated, effective September 30, 2017, because you did not pay your insurance bill by the payment deadline.

On October 17, 2017, NYSOH issued an enrollment notice, stating in part that your two older children were enrolled in a Child Health Plus plan with an enrollment start date of December 1, 2017 and the newborn child was enrolled with a plan effective date of October 1, 2017, each with \$30.00 monthly premium. The notice informed you that you must pay the monthly premium to start and keep your children's coverage.

On October 24, 2017, NYSOH issued a disenrollment notice, stating in part, that your two oldest children's enrollment in their Child Health Plus plan was terminated, effective December 1, 2017, because you did not pay your insurance bill by the payment deadline.

On October 25, 2017, NYSOH received your children's updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that your children were eligible for Child Health Plus and you reenrolled your children into a Child Health Plus plan.

Also on October 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your two oldest children's Child Health Plus plan insofar as they did not have coverage for the months of October 2017 and November 2017.

On October 26, 2017, NYSOH issued an eligibility determination notice, stating in part, that your two oldest children were eligible for Child Health Plus effective December 1, 2017, each with a \$30.00 monthly premium.

Also on October 26, 2017, NYSOH issued an enrollment notice, based on your plan selection on October 25, 2017, stating in part, that your two oldest children

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were enrolled in a Child Health Plus plan with an enrollment start date of December 1, 2017, each with a \$30.00 monthly premium.

On December 19, 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 two oldest children's disenrollment from their Child Health Plus plan for the months of October 2017 and November 2017.
- 2) Your two oldest children were enrolled into a Child Health Plus plan, effective August 1, 2017, each with a \$30.00 monthly premium.
- 3) You testified that you paid the premiums to your children's Child Health Plus plan for when you received the bills from the health plan.
- 4) According to your NYSOH account, on October 5, 2017 the health plan initiated disenrollment because it had not received a premium payment for your children by the due date.
- 5) The notice regarding your children's September 30, 2017 coverage disenrollment was issued on October 6, 2017.
- 6) You testified that during this time frame there was a religious holiday period and you could not contact the plan or NYSOH.
- 7) According to your NYSOH account, on October 16, 2017 you contacted NYSOH and updated the account and reenrolled the children in their Child Health Plus plan with plan start dates of December 1, 2017 for the two oldest children.
- 8) According to your NYSOH account, on October 23, 2017 the health plan initiated disenrollment because it had not received a premium payment for your children by the due date.
- 9) On October 24, 2017, NYSOH issued a disenrollment notice stating that your two oldest children were disenrolled from their Child Health plus plan, effective December 1, 2017.

- 10) You testified that on [REDACTED] when you became aware that your children had been disenrolled, you contacted NYSOH to update your account and reenrolled them in their Child Health Plus plan.
- 11) According to your NYSOH account, on October 25, 2017, your two oldest children were reenrolled in their Child Health Plus plan with a plan enrollment start date of December 1, 2017.
- 12) You testified that the two oldest children have [REDACTED] and [REDACTED] bills for the period of October 2017 and November 2017 during the period they did not have health insurance.

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

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 the Appeals Unit of NYSOH has the authority to review whether NYSOH properly terminated your children's enrollment in their 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 premiums, we cannot reach the merits as to whether or not your two oldest children were properly terminated from their Child Health Plus plan effective October 1, 2017 for non-payment of premiums. Therefore, your appeal of the October 6, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue. It necessarily follows that the October 24, 2017 disenrollment notice stating in part, that your oldest children's Child Health Plan enrollment ended December 1, 2017 for non-payment of premium is also **DISMISSED** as a non-appealable issue.

Your children's health plan may be able to help you with your request for coverage for your children as of October 1, 2017. If you have not already been assisted with your current coverage issue, please contact your children's health plan.

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>.

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The second issue is whether NYSOH properly determined that your older children's reenrollment in their Child Health Plus plan was effective December 1, 2017.

You are seeking to have the older children's Child Health Plus plan coverage made effective October 1, 2017, to cover expenses you incurred related to the children's medical treatment and care during the months of October 2017 and November 2017.

On October 25, 2017 you contacted NYSOH to reenroll your children into their 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.

As you contacted NYSOH to reenroll your children into a Child Health Plus plan on October 25, 2017, their reenrollment should have taken effect the first day of the second following month after October 2017; that is, on December 1, 2017.

Therefore, the October 26, 2017 enrollment confirmation notice stating that your two oldest children's reenrollment in their Child Health Plus plan was effective December 1, 2017 is **AFFIRMED**.

Decision

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

The October 26, 2017 enrollment confirmation notice stating that your two oldest children were enrolled in their Child Health Plus plan effective December 1, 2017 is **AFFIRMED**.

Effective Date of this Decision: February 01, 2018

How this Decision Affects Your Eligibility

This decision does not change your children's 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).

Your two oldest children's reenrollment in their Child Health Plus plan was effective December 1, 2017.

Your two oldest children did not have health insurance through NYSOH for the months of October 2017 and November 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 insurer's termination of your two oldest children's enrollment in their Child Health Plus plan for non-payment of premiums, effective October 1, 2017, is DISMISSED as a non-appealable issue.

The October 26, 2017 enrollment confirmation notice stating that your two oldest children were enrolled in their Child Health Plus plan effective December 1, 2017 is AFFIRMED.

This decision does not change your children's eligibility.

Your two oldest children's reenrollment in their Child Health Plus plan was effective December 1, 2017.

Your two oldest children did not have health insurance through NYSOH for the months of October 2017 and November 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 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.

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