



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

## Notice of Decision

Decision Date: April 23, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027636

[REDACTED]

On March 27, 2018, you appeared by telephone at a hearing of your appeal of NY State of Health's April 14, 2017 disenrollment and January 24, 2018 plan 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: April 23, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027636

[REDACTED]

## Issues

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

Was your children's Child Health Plus enrollment properly terminated effective September 1, 2016, because you did not pay the insurance bill by the payment deadline?

Did New York State of Health (NYSOH) properly enroll your children in a Child Health Plus with an enrollment start date of March 1, 2018?

## Procedural History

On April 14, 2017, NYSOH issued a disenrollment notice stating that your children's Child Health Plus coverage would end on September 1, 2016, because you did not pay your insurance bill by the payment deadline.

On September 3, 2017, NYSOH issued a renewal notice stating, in relevant part, that your children qualified for coverage with Child Health Plus for a cost of \$0.00 per month, effective November 1, 2017.

On September 17, 2017, NYSOH issued an enrollment notice instructing you to pick a health plan for your children and their health coverage with Child Health Plus would not begin until a plan was selected.

On January 23, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your children's Child Health Plus coverage.

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).

On January 24, 2018, NYSOH issued an enrollment notice confirming that as of January 23, 2018, your children were enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2018.

On March 27, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until April 10, 2018, to allow you to submit: (1) 2017 Form 1095-A; (2) a February 14, 2018, notice from MVP, and (3) your children's 2017 premium payment history from your MVP account.

No additional documentation was submitted within the allotted time. The record is now complete and closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you do not want your children to have a gap in their Child Health Plus coverage.
- 2) According to your NYSOH account, your children were born on: [REDACTED]; [REDACTED], and [REDACTED].
- 3) According to the enrollment history in your NYSOH account, on April 13, 2017, your children's plan initiated termination of their health insurance coverage.
- 4) According to the enrollment history in your NYSOH account, your children's coverage was cancelled as of September 1, 2016.
- 5) You testified that you were told by a NYSOH representative that your children's coverage ended as of October 31, 2017.
- 6) You testified that on February 4, 2018, MVP issued you a notice stating that your children's health coverage would end as of December 31, 2017.
- 7) You testified that the 2017 Form 1095-A states that your children were enrolled in health insurance coverage for the entire year.
- 8) According to your NYSOH account, on January 23, 2018, your children were enrolled in a Child Health Plus plan with a March 1, 2018 enrollment start date.

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) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) 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 – Effective Date

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 your children's Child Health Plus plan was properly terminated effective September 1, 2016, because you did not pay the insurance bill by the payment deadline

The record reflects that on April 13, 2017, the plan initiated termination of your children's health insurance coverage. On the following day, NYSOH issued a disenrollment notice stating that your children's Child Health Plus coverage would end on September 1, 2016, because you did not pay your insurance bill by the payment deadline (Document [REDACTED]).

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) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the New York State of Health Appeals Unit.

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 children were properly terminated from their Child Health Plus plan for non-payment of premiums. Therefore, the issue of whether your children's health plan was properly terminated as of September 1, 2016, is DISMISSED as a non-appealable issue.

MVP may be able to help you with your request for coverage. If you have not already been assisted with your current coverage issue, please contact 1-888-687-6277.

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>

You testified that you were informed by a NYSOH representative that your children's health insurance coverage ended as of October 31, 2017. However, you received a notice from MVP and a 2017 Form 1095-A indicating that your children were enrolled through December 31, 2017. Your NYSOH account reflects that your children have not been enrolled in health coverage through NYSOH since September 1, 2016.

You have received conflicting information about when your children's coverage had been cancelled. Therefore, your case has been REFERRED to Plan Management to investigate when your children's coverage ended, and you shall be notified of the results of the investigation.

The second issue under review is whether NYSOH properly enrolled your children in a Child Health Plus with an enrollment start date of March 1, 2018.

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The record reflects that you selected a Child Health Plus plan for your children on January 23, 2018, with a March 1, 2018 enrollment start date.

The date on which enrollment in a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the 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 to the end of the month goes into effect on the first day of the second following month.

The record reflects that you selected the Child Health Plus plan on January 23, 2018. Therefore, the plan properly began on the first day of the second month after January 2018; that is March 1, 2018.

The January 24, 2018 plan enrollment notice is AFFIRMED.

## **Decision**

The issue of whether your child's health plan was properly terminated as of September 1, 2016, is DISMISSED as a non-appealable issue.

The January 24, 2018 plan enrollment notice is AFFIRMED.

Your case has been REFERRED to Plan Management to investigate when your children's coverage ended, and you shall be notified of the results of the investigation.

**Effective Date of this Decision:** April 23, 2018

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

This decision does not change your children's eligibility for or enrollment in health insurance coverage through NYSOH.

## **If You Disagree with this Decision (Appeal Rights)**

This 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**

The issue of whether your child's health plan was properly terminated as of September 1, 2016, is **DISMISSED** as a non-appealable issue.

The January 24, 2018 plan enrollment notice is **AFFIRMED**.

Your case has been **REFERRED** to Plan Management to investigate when your children's coverage ended, and you shall be notified of the results of the investigation.

This decision does not change your children's eligibility for or enrollment in health insurance coverage through NYSOH.

## **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&etumi 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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