



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

Notice of Decision

Decision Date: May 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027823



Dear [REDACTED]

On April 24, 2018, you appeared by telephone at a hearing of your appeal of NY State of Health's February 17, 2017 disenrollment and January 26, 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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NY State of Health Account ID: [REDACTED]
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Issues

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

Was your child's Child Health Plus enrollment properly terminated effective February 1, 2017, because you did not pay the insurance bill by the payment deadline?

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

Procedural History

On December 20, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible to enroll in a full-price Child Health Plus plan or a Child-Only qualified health plan, effective February 1, 2017.

Also on December 20, 2017, NYSOH issued a plan enrollment notice confirming that as of December 19, 2017, your child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2017.

On February 17, 2017, NYSOH issued a disenrollment notice stating that your child's Child Health Plus coverage would end on February 1, 2017, because you did not pay your insurance bill by the payment deadline.

On January 25, 2018, your NYSOH account was updated.

Also on January 25, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your child's Child Health Plus coverage.

On January 26, 2018, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible to enroll in a full-price Child Health Plus plan or a Child-Only qualified health plan, effective March 1, 2018.

Also on January 26, 2018, NYSOH issued a plan enrollment notice confirming that as of January 25, 2018, your child was enrolled in a Child Health Plus plan with an enrollment start date of March 1, 2018.

On April 23, 2018, you uploaded additional documentation to your NYSOH account (see Documents [REDACTED] [REDACTED] [REDACTED])

On April 24, 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 closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account, your child was born on [REDACTED] [REDACTED] [REDACTED]
- 2) According your NYSOH account, on December 19, 2016, your child was enrolled in a Child Health Plus, through Healthfirst, with an enrollment start date of February 1, 2017.
- 3) According to the enrollment history in your NYSOH account, on February 16, 2017, the plan initiated termination of your child's enrollment, and the coverage was cancelled as of February 1, 2017.
- 4) You testified that you received the February 16, 2017 disenrollment notice from NYSOH.
- 5) You testified that you contacted Healthfirst, and your child's coverage was reinstated as of February 1, 2017.
- 6) You testified that you have been paying the monthly health insurance premiums to Healthfirst since your child was enrolled in coverage.
- 7) According to your NYSOH account, on January 25, 2018, you reenrolled in a Child Health Plus plan with an enrollment start date of March 1, 2018.

- 8) On February 2, 2018, you requested a Proof of Health Insurance Coverage certificate from Healthfirst. Healthfirst issued you a certificate stating that your child has been continuously enrolled in Child Health Plus since their coverage began on February 1, 2017 (see Document [REDACTED] uploaded 4/23/2018).
- 9) On April 23, 2018, you uploaded a corrected 2017 Health Coverage Form 1095-B. The form states that your child was covered for all 12 months during 2017 (see Document [REDACTED]).
- 10) According to your NYSOH account, your child was not enrolled in health insurance coverage from February 1, 2017 through February 28, 2018.
- 11) You testified that you want the information that Healthfirst has regarding your child's health insurance coverage to align with the information that is reflected in your NYSOH account.

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) 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

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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 child’s Child Health Plus plan was properly terminated effective February 1, 2017, because you did not pay the insurance bill by the payment deadline

The record reflects that on February 16, 2017, the plan initiated termination of your child’s health insurance coverage. On the following day, NYSOH issued a disenrollment notice stating that your child’s Child Health Plus coverage would end on February 1, 2017, because you did not pay your insurance bill by the payment deadline (see 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 child was properly terminated from their Child Health Plus plan for non-payment of premiums. Therefore, the issue of whether your child’s health plan was properly terminated as of February 1, 2017, is DISMISSED as a non-appealable issue.

Healthfirst 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 1-866-463-6743.

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 contacted Healthfirst, and your child's coverage was reinstated as of February 1, 2017. Further, you have been paying the monthly health insurance premium to Healthfirst since your child was enrolled in coverage.

On April 23, 2018, you submitted a Proof of Health Insurance Coverage certificate from Healthfirst. The certificate states that your child has been continuous enrolled in Child Health Plus since their coverage began on February 1, 2017 (see Document [REDACTED]). Further, you uploaded a corrected 2017 Health Coverage Form 1095-B stating that your child was covered for all 12 months during 2017 (see Document [REDACTED]).

Your NYSOH account reflects that your child was not enrolled in health insurance coverage, through NYSOH, from February 1, 2017 until February 28, 2018. You testified that you want the information that is reflected in your NYSOH account to align with the information Healthfirst has regarding your child's health insurance coverage being continuously in place.

The record reflects that 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 and/or if your child's coverage ended, and you shall be notified of the results of the investigation. The results of this investigation shall provide assurance of your child's enrollment from February 1, 2017 through February 28, 2018.

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

The record reflects that your child was reenrolled in a Child Health Plus on January 25, 2018.

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 25, 2018. Therefore, the plan properly began on the first day of the second following month; that is, as of March 1, 2018.

Therefore, the January 26, 2018 plan enrollment notice is AFFIRMED.

Decision

The issue of whether your child's health plan was properly terminated as of February 1, 2017, is DISMISSED as a non-appealable issue.

The January 26, 2018 plan enrollment notice is AFFIRMED.

Your case has been REFERRED to Plan Management to investigate when and/or your child's coverage ended, and you shall be notified of the results of the investigation. The results of this investigation shall provide assurance of your child's enrollment from February 1, 2017 through February 28, 2018.

Effective Date of this Decision: May 1, 2018

How this Decision Affects Your Eligibility

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

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 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 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 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

Summary

The issue of whether your child's health plan was properly terminated as of February 1, 2017, is **DISMISSED** as a non-appealable issue.

The January 26, 2018 plan enrollment notice is **AFFIRMED**.

Your case has been **REFERRED** to Plan Management to investigate when and/or your child's coverage ended, and you shall be notified of the results of the investigation. The results of this investigation shall provide assurance of your child's enrollment from February 1, 2017 through February 28, 2018.

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).

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

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 मदद 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 okyer& 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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