



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

## Notice of Decision

Decision Date: April 4, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028177



Dear [REDACTED],

On March 29, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2018 disenrollment notice and the January 12, 2018 plan 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: April 4, 2018

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:

Did NY State of Health (NYSOH) properly terminate your child's Child Health Plus plan for non-payment of premium effective, December 31, 2017?

Did NYSOH properly determine that your child's re-enrollment in his Child Health Plus plan was effective February 1, 2018?

## Procedural History

On October 14, 2017, NYSOH issued an eligibility determination notice, based on your October 11, 2017 application, stating that your child was eligible for Child Health Plus with a \$9.00 monthly premium, effective November 1, 2017.

Also on October 14, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan with a \$9.00 monthly premium, effective November 1, 2017.

On January 6, 2018, NYSOH issued a disenrollment notice stating that your child's enrollment in his Child Health Plus plan was terminated, effective December 31, 2017, because the health plan did not receive a premium payment by the deadline.

On January 11, 2018, NYSOH received your child's updated application for health insurance and your selection for plan re-enrollment.

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On January 12, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective February 1, 2018.

Also on January 12, 2018, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan with a \$9.00 monthly premium, beginning February 1, 2018.

On January 31, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as he did not have coverage for the month of January 2018.

On March 29, 2018, 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 his CDPHP Child Health Plus plan and are seeking to reinstate his coverage in that plan for the month of January 2018.
- 2) Your child was enrolled into a Child Health Plus plan with CDPHP, effective November 1, 2017.
- 3) You testified that you missed a premium payment for the month of January 2018.
- 4) According to your NYSOH account, CDPHP initiated termination of your child's enrollment in his CDPHP Child Health Plus plan on January 5, 2018, and your child was disenrolled from his CDPHP Child Health Plus plan as of December 31, 2017.
- 5) According to your NYSOH account and your testimony, a broker from CDPHP assisted you with your January 12, 2018 application and re-enrollment of your child into his Child Health Plus plan that day.
- 6) You testified that you incurred medical bills for your child for the month of January 2018, and want coverage reinstated to cover the expense of those bills.
- 7) Your child was [REDACTED] at the time.

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

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

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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 properly terminated your child’s Child Health Plus plan for non-payment of premium, effective December 31, 2017.

On November 1, 2017, your child was enrolled in a CDPHP Child Health Plus plan with a \$9.00 monthly premium.

You testified that you missed paying the premium payment for the month of January 2018. As a result, on January 5, 2018, CDPHP initiated termination of your child’s enrollment in his CDPHP Child Health Plus plan.

On January 6, 2018, NYSOH issued a notice stating that your child was disenrolled from his CDPHP Child Health Plus plan for non-payment of premiums, effective December 31, 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) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) 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 child was properly terminated from his CDPHP Child Health Plus plan for non-payment of premiums. Therefore, your appeal of the January 18, 2018 plan disenrollment notice is **DISMISSED** as a non-appealable issue.

However, CDPHP may be able to help you with your request for coverage for the months of January 2018. If you have not already been assisted with this issue, please contact CDPHP directly. Your provider may be able to assist you with

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repayment options. If you have not already been assisted with this issue, please contact your provider directly.

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>

The second issue under review is whether NYSOH properly determined that your child's re-enrollment in his Child Health Plus plan was effective February 1, 2018.

You contacted NYSOH on January 11, 2018, to re-enroll your child into his 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.

Since you contacted NYSOH to re-enroll your child into a Child Health Plus plan on January 11, 2018, his re-enrollment would properly take effect the first day of the first month after January 2018; that is, on February 1, 2018.

Therefore, the January 12, 2018 plan enrollment notice stating that your child's re-enrollment in his Child Health Plus plan was effective February 1, 2018, is correct and is AFFIRMED.

## **Decision**

Your appeal of the insurer's termination of your child's enrollment in his Child Health Plus plan for non-payment of premiums, effective December 31, 2017, is DISMISSED as a non-appealable issue.

The January 12, 2018 plan enrollment notice is AFFIRMED.

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

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

This decision does not change your child's eligibility for Child Health Plus or enrollment in a Child Health Plus plan.

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Your child's re-enrollment in his Child Health Plus plan was effective February 1, 2018.

Your child did not have health insurance coverage through Child Health Plus during the month of January 2018.

### **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 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):**

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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- By fax: 1-855-900-5557

## **Summary**

Your appeal of the insurer's termination of your child's enrollment in his Child Health Plus plan for non-payment of premiums, effective December 31, 2017, is **DISMISSED** as a non-appealable issue.

The January 12, 2018 plan enrollment notice is **AFFIRMED**.

This decision does not change your child's eligibility for Child Health Plus or enrollment in a Child Health Plus plan.

Your child's re-enrollment in his Child Health Plus plan was effective February 1, 2018.

Your child did not have health insurance coverage through Child Health Plus during the month of January 2018.

## **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 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. yeb&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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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