



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

Notice of Decision

Decision Date: May 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029788



Dear [REDACTED]

On May 17, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 9, 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 NY State of Health 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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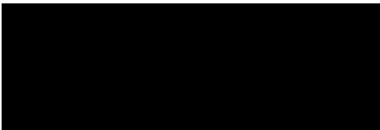


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029788



Issues

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

Did NY State of Health properly terminate your children from their Child Health Plus plan, effective December 31, 2017, because of non-payment of premiums?

Did NY State of Health properly determine that your children's re-enrollment in their Child Health Plus plan was next effective March 1, 2018?

Procedural History

On August 3, 2017, NY State of Health (NYSOH) issued a renewal notice stating that your children were eligible to enroll in Child Health Plus (CHP) with a total monthly premium of \$9.00 each, effective October 1, 2017.

On August 18, 2017, a plan enrollment notice was issued confirming your children's enrollment in a CHP plan with a monthly premium of \$9.00 each, effective October 1, 2017. That notice stated you must pay the monthly premium to start and keep their coverage.

On January 9, 2018, NYSOH issued an eligibility determination notice, based on your children's January 8, 2018 updated application, stating that your children were eligible to enroll in CHP with a monthly premium of \$9.00 each, effective February 1, 2018.

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Also on January 9, 2018, a plan enrollment notice was issued confirming your children's re-enrollment in a CHP plan with a monthly premium of \$9.00 each, effective October 1, 2017. That notice stated you must pay the monthly premium to start and keep their coverage.

On January 10, 2018, NYSOH issued a disenrollment notice confirming that your children's coverage in their CHP plan ended effective December 31, 2017. This was because a premium payment had not been received by their health plan.

On February 9, 2018, a plan enrollment notice was issued, based on your February 8, 2018 updated application, confirming your children's re-enrollment in a CHP plan with a monthly premium of \$9.00 each, effective March 1, 2018.

On March 5, 2018, you spoke to NYSOH's Account Review Unit and requested that your children's CHP plan be backdated to February 1, 2018.

On April 26, 2018, you submitted a receipt for premium payment to [REDACTED] in the amount of \$18.00 dated January 15, 2018 (see Document [REDACTED]).

On May 17, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to June 1, 2018, to allow you time to submit supporting documentation.

On May 23, 2018, you submitted an undated letter of self-attestation and a copy of four letters from [REDACTED] all dated May 18, 2018. These documents were made part of the record as "Appellant's Exhibit A," and the record closed that day.

Findings of Fact

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

- 1) According to your NYSOH account, your children were automatically re-enrolled into their CHP plan on October 1, 2017.
- 2) You testified and submitted documentation to show that you did not pay your children's CHP premium for December 2017, and that because of this, your children's coverage in their CHP plan ended effective December 31, 2017.
- 3) You testified and provided documentation to show that, when you attempted to pay that premium in the beginning of January 2018 the health plan refused to take the payment (see [REDACTED]).

- 4) According to your NYSOH account and testimony, you initially updated your children's application for health insurance on January 8, 2018, and your children were re-enrolled in their CHP plan as of February 1, 2018.
- 5) Two days later, NYSOH issued a disenrollment notice indicating that your children's CHP coverage was terminated effective December 31, 2017, for non-payment of premium.
- 6) You testified and submitted documentation to show that you made a payment to your children's health plan in the amount of \$18.00 on January 15, 2018. You believed this payment would be applied to your children's February 2018 premium. Instead your health plan gave you a credit for the month of March 2018 (see Document [REDACTED]).
- 7) You updated your children's account on February 8, 2018, and re-enrolled them into a CHP plan with an effective date of March 1, 2018.
- 8) You testified that, when you contacted the health plan, they denied your children's reinstatement in their CHP plan and advised you to contact NYSOH.
- 9) You testified you feel that you did not receive proper notice of your children's disenrollment from their CHP plan. You believed that once you updated your children's application in January 2018, your children should have been covered as of February 1, 2018.
- 10) You testified that you wanted your children's enrollment in a CHP plan to begin on February 1, 2018, because you have outstanding medical bills.

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 the Appeals Unit of NYSOH: (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, and (4) a failure by NYSOH to provide timely notice of an eligibility determination (45 CFR § 155.505).

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)).

The State of New York has provided that a children’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 children from their CHP plan, effective December 31, 2017, because of non-payment of premiums.

The record indicates your children were enrolled in a CHP Plan with a monthly premium of \$9.00 each, effective October 1, 2017, as stated in the August 18, 2017 plan enrollment notice issued by NYSOH. That notice also stated you must pay the monthly premium to start and keep their coverage.

Your submitted documentation to show and your testimony reflects that you did not pay your children’s CHP premium for December 2017. Because of this, two days after you initially updated your children’s application for health insurance on January 8, 2018, your children’s CHP plan was terminated for non-payment of premium effective December 31, 2017.

Further, you testified that, when you contacted the health plan, they denied your children’s reinstatement in their CHP plan and advised you to contact NYSOH.

The New York State of Health 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, and (4) a failure by the Exchange to provide timely notice of an eligibility determination.

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).

Since the Appeals Unit is not given the authority to review start date issues due to non-payment of premiums, we cannot reach the merits as to whether your children were properly terminated from their CHP plan for non-payment of premiums.

Therefore, your appeal of your children's CHP Plan termination date is **DISMISSED** as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your children's re-enrollment in their CHP Plan was effective March 1, 2018.

According to your NYSOH account, you next updated your children's eligibility for financial assistance through NYSOH on February 8, 2018, and selected and enrolled them into a CHP plan that same day with a March 1, 2018 start date.

The date on which a CHP 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 between 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 selected a CHP plan for your children on February 8, 2018, their coverage must take effect on the first day of the month following February 2018; that is, on March 1, 2018.

Therefore, NYSOH's February 9, 2018 plan enrollment notice is **AFFIRMED** because it properly began your children's re-enrollment in CHP on March 1, 2018.

Lastly, the Appeals Unit does not have jurisdiction over your concern regarding your application of your children's premium payments to their health plan, which is contractual in nature between you and the health plan. However, you may contact your children's health plan directly regarding this matter or for other health care coverage questions. To file a complaint against the insurance company, you can contact the Consumer Assistance Unit at the NYS Department of Financial Services 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>.

Decision

Your appeal of the December 31, 2017 termination date of your children's coverage in their CHP plan is **DISMISSED** as a non-appealable issue.

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).

The February 9, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: May 30, 2018

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

Your children's coverage in their CHP plan ended December 31, 2017 for non-payment of premiums.

The effective date of your children's re-enrollment in their CHP plan remains March 1, 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 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 December 31, 2017 termination date of your children's coverage in their CHP plan is **DISMISSED** as a non-appealable issue.

The February 9, 2018 plan enrollment notice is **AFFIRMED**.

This decision does not change your children's eligibility.

Your children's coverage in their CHP plan ended December 31, 2017 for non-payment of premiums.

The effective date of your children's re-enrollment in their CHP plan remains March 1, 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 مجاناً.

বাংলা (Bengali)

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).

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।

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. 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.

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).

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.