



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

Notice of Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013321

[REDACTED]

Dear [REDACTED]

On February 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 7, 2016 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013321

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your children's enrollment in their Child Health Plus plan was effective November 1, 2016?

Procedural History

On August 17, 2016, NY State of Health (NYSOH) issued an eligibility determination notice, based on your August 16, 2016 application, stating that your children were eligible to enroll in Child Health Plus (CHP) with a \$9.00 monthly premium for each child, effective October 1, 2016.

On October 7, 2016, NYSOH issued an enrollment notice confirming in part that your children were enrolled in a CHP plan, and that their enrollment in the plan would start November 1, 2016.

On November 16, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP plan insofar as it did not begin October 1, 2016.

On February 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open up to March 2, 2017 to give you the opportunity to submit supporting evidence.

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 February 23, 2017, NYSOH Appeals Unit received by secure facsimile your supporting evidence, including: a two-page printout from your NYSOH account showing your household members' plan enrollment. This document was made part of the record as "Appellant's Exhibit # 1" and the record was closed at that time.

Findings of Fact

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

- 1) You testified that you are appealing only your children's enrollment start date of their CHP plan.
- 2) According to your NYSOH account and your testimony, you used the services of a navigator working at a [REDACTED] for setting up your NYSOH account, submitting your application, and making your health plan selections.
- 3) According to your NYSOH account and your testimony, your initial session with the navigator was on August 16, 2016 when you set up the account and submitted the initial application.
- 4) You credibly testified that you received NYSOH's, August 17, 2016 eligibility determination notice. You further testified that you knew from your conversations with the navigator that you needed to make your plan selections prior to September 15, 2016 to have coverage for the children start October 1, 2016 and not have a gap in coverage.
- 5) You credibly testified that you next met with the navigator on September 13, 2016 and made qualified health plan selections for you and your wife and CHP plan selections for your two children. The navigator printed out information from your NYSOH account at that time indicating the health plans for your family would start October 1, 2016.
- 6) On February 23, 2016, you submitted to NYSOH Appeals Unit a two-page document which is the print out of your NYSOH account that the navigator gave you on September 13, 2016. This document shows you made silver-level qualified health plan selection for you and your spouse with October 1, 2016 start date. This document further shows that you made CHP plan selections for your two children with coverage starting October 1, 2016. (see Document [REDACTED]).
- 7) Per your NYSOH account, the navigator made the plan selections for your family on October 6, 2016.

- 8) You testified that in October 2016, both your children needed to go to the doctors and that is when you learned that the children did not have health insurance coverage.
- 9) You credibly testified that you called the navigator to ask what happened with the children's health plan. You testified that the navigator told you she thought she did everything required, but she could have done something wrong.
- 10) You testified that you need your children's CHP plan to begin on October 1, 2016 because both children had visits with the doctor in October 2016 and related medical costs were not covered.
- 11) Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

The "period of eligibility" for CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 issue is whether NYSOH properly determined that your children's enrollment in their CHP plan was effective November 1, 2016.

Generally, 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 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.

You testified that you knew you had to make plan selections prior to September 15, 2016 so your children would have an October 1, 2016 plan start date and not have a gap in coverage. You credibly testified and the documents you submitted indicate that on September 13, 2016, you meet with the navigator and told her what plans to select for you, your spouse and your two children (see Document [REDACTED]). A portion of that document clearly indicates the coverage period of "10/01/2016 – 09/30/2017" with a monthly premium of \$18.00.

However, it does not appear that the navigator submitted those selections to NYSOH until October 6, 2016, which resulted in a November 1, 2016 enrollment start date for their CHP plan. Therefore, it is reasonable to conclude that your children's non-enrollment in their CHP plan was due to the navigator's unintentional, inadvertent or erroneous actions or inaction in not completing their enrollments on September 13, 2016. But for the navigator's actions or inaction on that date, your children's CHP coverage did not start until October 1, 2016.

Therefore, that portion of the October 7, 2016 enrollment confirmation notice stating that your children's enrollment in their CHP plan was effective November 1, 2016, is MODIFIED to reflect an October 1, 2016 enrollment start date for their CHP plan.

Your case is RETURNED to NYSOH to effectuate the above changes in your children's CHP plan and to notify you accordingly.

You will be responsible for your children's monthly premium responsibility for the month of October 2016.

Decision

The October 7, 2016 enrollment confirmation notice is MODIFIED in relevant part to reflect an October 1, 2016 enrollment start date in your children's CHP plan.

Your case is RETURNED to NYSOH to effectuate the above changes in your children's CHP plan and to notify you accordingly.

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).

You will be responsible for your children's monthly premiums for the month of October 2016.

Effective Date of this Decision: April 04, 2017

How this Decision Affects Your Eligibility

The effective date of eligibility for your children's Child Health Plus plan is October 1, 2016.

Your case is being sent back to NYSOH to effectuate the change in their CHP coverage to October 1, 2016. NYSOH will notify once this has been completed.

You will be responsible for each of your children's monthly premium for the month of October 2016.

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.

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).

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 October 7, 2016 enrollment confirmation notice is MODIFIED in relevant part to reflect an October 1, 2016 enrollment start date in your children's CHP plan.

Your case is RETURNED to NYSOH to effectuate the above changes in your children's CHP plan and to notify you accordingly.

You will be responsible for your children's monthly premiums for the month of October 2016.

The effective date of eligibility for your children's Child Health Plus plan is October 1, 2016.

Your case is being sent back to NYSOH to effectuate the change in their CHP coverage to October 1, 2016. NYSOH will notify once this has been completed.

You will be responsible for each of your children's monthly premium for the month of October 2016.

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).

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 bεtumi 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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