



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

## Notice of Decision

Decision Date: May 1, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013757



Dear [REDACTED],

On March 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 3, 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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## Decision

Decision Date: May 1, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013757



## Issue

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

Did NY State of Health (NYSOH) properly disenroll your middle child from his Child Health Plus (CHP) plan effective November 30, 2016, and re-enrolled him effective January 1, 2017, resulting in a gap in coverage during the month of December 2016?

## Procedural History

On September 21, 2016, NYSOH issued an eligibility determination notice, based on your September 20, 2016 updated application for financial assistance, stating that your middle child was eligible to enroll in CHP with a \$30.00 monthly premium, effective November 1, 2016. That same notice stated your newborn child was eligible to enroll in CHP, for a limited time, with a \$30.00 monthly premium, effective November 1, 2016. The notice stated that you needed to provide proof of citizenship status and Social Security number for your newborn child by November 20, 2016.

Also on September 21, 2016, NYSOH issued an enrollment notice, based on your plan selection on September 20, 2016, stating that your children were enrolled in a CHP plan with a start date of November 1, 2016.

On November 26, 2016, NYSOH redetermined your children's eligibility for financial assistance.

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On November 27, 2016, NYSOH issued an eligibility redetermination notice stating that that, effective December 1, 2016, your newborn child was no longer eligible for Medicaid, CHP, the Essential Plan, or to receive premium tax credits or cost sharing reductions and did not qualify to purchase a qualified health plan through NYSOH. The reason stated was because you did not provide proof of citizenship status or Social Security number for your newborn child within the required time frame.

Also on November 27, 2016, NYSOH issued an eligibility redetermination notice, based on updated information NYSOH recently received, stating that your middle child was eligible for CHP at a monthly premium of \$30.00, effective January 1, 2017.

On November 28, 2016, NYSOH issued a disenrollment notice stating that your middle child's and your newborn child's coverage with their CHP plan would end on November 30, 2016. The notice stated that your middle child was no longer eligible to enroll in his CHP plan. The notice further stated that your newborn child was no longer eligible to enroll in health insurance through NYSOH. The notice stated you needed to pick a plan for your middle child.

On December 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your middle child's CHP plan insofar as it did not begin until January 1, 2017 resulting in a gap in health insurance coverage for the month of December 2016.

On March 16, 2017, 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 only your middle child's eligibility.
- 2) You testified that you knew you had to supply your newborn child's Social Security number to NYSOH, but had trouble uploading it to your account.
- 3) You testified that you were not aware your children did not have health insurance until you took your middle child to the doctor on [REDACTED]. [REDACTED] The doctor's business office informed you that your children did not have CHP coverage.

- 4) According to your NYSOH account and your testimony, you contacted NYSOH on December 2, 2016 and selected a CHP plan for your middle child.
- 5) You testified that your newborn child now has health insurance through an employer-sponsored health plan.
- 6) You testified that you need your middle child's CHP plan to begin on December 1, 2016 because you have an unpaid doctor bill for that month.

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 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 issue under review is whether NYSOH properly determined that your middle child was disenrolled from his CHP plan effective November 30, 2016 and was not re-enrolled until January 1, 2017, resulting in a gap in coverage during the month of December 2016.

On September 21, 2016, your middle child was found eligible for CHP and enrolled in a CHP plan effective November 1, 2016. At that same time, your newborn child was found conditionally eligible for CHP and enrolled in a plan effective November 1, 2016. Your newborn child's eligibility was conditional on your providing proof of citizenship and Social Security number by November 20, 2016.

On November 27, 2016, NYSOH issued a notice stating that your newborn child no longer qualified to purchase a health plan or financial assistance programs, including CHP, because you had not provided proof of citizenship or Social Security number within the required timeframe. Your newborn child's eligibility ended November 30, 2016.

On November 28, 2016, NYSOH issued a disenrollment notice stating that both your middle child's and your newborn child's coverage in their CHP plan would end on November 30, 2016.

However, your middle child's eligibility for CHP was not conditional and his 12-month eligibility which began on November 1, 2016 should have run continuously for 12 months until October 31, 2017, barring any disqualifying event occurring.

There is no indication in the record of any such disqualifying event.

Therefore, the November 27, 2016, eligibility redetermination is MODIFIED to state that your middle child remained eligible for CHP at a \$30.00 a month premium effective December 1, 2016.

That portion of the November 28, 2016 disenrollment notice that states your middle child's coverage with his CHP plan would end on November 30, 2016, because he was no longer eligible to remain enrolled in CHP is RESCINDED.

The December 3, 2016, enrollment confirmation notice is MODIFIED to state that your middle child remained enrolled in his CHP plan at \$30.00 per month effective November 1, 2016.

Your case is RETURNED to NYSOH to reinstate your middle child in his CHP plan for the month of December 2016 and for the remainder of the 12-month period, provided he does not experience a disqualifying event during that period.

## **Decision**

The November 27, 2016, eligibility redetermination is MODIFIED to state that your middle child remained eligible for CHP at a \$30.00 a month premium effective December 1, 2016.

That portion of the November 28, 2016 disenrollment notice that states your middle child's coverage with his CHP plan would end on November 30, 2016, because he was no longer eligible to remain enrolled in CHP is RESCINDED.

The December 3, 2016, enrollment confirmation notice is MODIFIED to state that your middle child remained enrolled in his CHP plan at \$30.00 per month effective November 1, 2016.

Your case is RETURNED to NYSOH to reinstate your middle child in his CHP plan for the month of December 2016 and for the remainder of the 12-month period, provided he does not experience a disqualifying event during that period.

**Effective Date of this Decision:** May 1, 2017

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

The effective date of your middle child's CHP eligibility and plan enrollment is November 1, 2016, and remained effective as of December 1, 2016.

Your case is being sent back to NYSOH to reinstate your middle child in his CHP plan for the month of December 2016. NYSOH will notify you once this has been done.

If applicable, you will be responsible to pay directly to the health plan any premium that is due for coverage to resume in December 2016.

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

## **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 November 27, 2016, eligibility redetermination is MODIFIED to state that your middle child remained eligible for CHP at a \$30.00 a month premium effective December 1, 2016.

That portion of the November 28, 2016 disenrollment notice that states your middle child's coverage with his CHP plan would end on November 30, 2016, because he was no longer eligible to remain enrolled in CHP is RESCINDED.

The December 3, 2016, enrollment confirmation notice is MODIFIED to state that your middle child remained enrolled in his CHP plan at \$30.00 per month effective November 1, 2016.

Your case is RETURNED to NYSOH to reinstate your middle child in his CHP plan for the month of December 2016 and for the remainder of the 12-month period, provided he does not experience a disqualifying event during that period.

The effective date of your middle child's CHP eligibility and plan enrollment is November 1, 2016, and should have remained in effect as of December 1, 2016.

Your case is being sent back to NYSOH to reinstate your middle child in his CHP plan for the month of December 2016. NYSOH will notify you once this has been done.

If applicable, you will be responsible to pay directly to the health plan any premium that is due for coverage to resume in December 2016.

## **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 okyerE 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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