



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

Notice of Decision

Decision Date: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014110

[REDACTED]

Dear [REDACTED]

On March 21, 2017, you and your domestic partner, Kari Battisti, appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 2015 and May 13, 2016 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 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.

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Decision

Decision Date: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014110

[REDACTED]

Issue

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

Did New York State of Health properly determine that your child's enrollment in their Child Health Plus plan should be effective June 1, 2016?

Procedural History

On November 23, 2015, you submitted an initial application for your youngest child through New York State of Health (NYSOH).

On November 24, 2016, NYSOH issued a notice of eligibility determination, in relevant part, stating that your youngest child was conditionally eligible to enroll in Child Health Plus with a \$45.00 monthly premium, effective January 1, 2016. The notice directed you to submit proof of your child's citizenship status and Social Security number by February 21, 2016 in order to confirm their eligibility.

Also on November 24, 2015, NYSOH issued an enrollment notice confirming, in relevant part, that your youngest child was enrolled in a Child Health Plan with an enrollment start date of August 1, 2015.

On January 6, 2016, your NYSOH account was updated.

On January 7, 2016, NYSOH issued a notice of eligibility determination, in relevant part, that your youngest child was eligible to enroll in Child Health Plus with a \$45.00 monthly premium, effective February 1, 2016.

Also on January 7, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your youngest child was enrolled in a Child Health Plus plan with an enrollment start date of August 1, 2015.

On May 13, 2016, NYSOH issued a disenrollment notice stating, in relevant part, that you requested to end your child's Child Health Plus plan on May 12, 2016, and your child would no longer have coverage effective May 31, 2016.

Also on May 13, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your youngest child was enrolled in a Child Health Plus plan with an enrollment start date of June 1, 2016.

On June 9, 2016, your NYSOH account was updated.

On June 10, 2016, NYSOH issued three notices:

- (1) An eligibility determination notice stating, in relevant part, that your youngest child was eligible for Child Health Plus with a monthly premium of \$45.00, effective as of July 1, 2016;
- (2) A disenrollment notice stating, in relevant part, that your youngest child's Child Health Plus plan was terminated June 30, 2016;
- (3) An enrollment notice confirming, in relevant part, that your youngest child was enrolled in a Child Health Plus with an enrollment start date of July 1, 2016.

On August 26, 2016, your NYSOH account was updated.

On August 27, 2016, NYSOH issued a notice of eligibility determination, in relevant part, that your youngest child was eligible to enroll in Child Health Plus with a \$45.00 monthly premium, effective October 1, 2016.

Also on August 27, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your youngest child was enrolled in a Child Health Plus plan with an enrollment start date of July 1, 2016.

On December 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment start date of your youngest child's Child Health Plus plan.

On March 21, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until March 21, 2017 to allow you to submit letters that you have received from your youngest child's health plan.

On March 21, 2017, you faxed a three-page fax to NYSOH Appeals Unit. That fax will be collectively referred to as "Appellant Exhibit A," and has been incorporated into the record. The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you are appealing the plan enrollment start date of your youngest child's Child Health Plus plan.
- 2) According to your NYSOH account and testimony, your child was born on [REDACTED].
- 3) According to your NYSOH account and testimony, your youngest child was added to your account on November 23, 2015, and a financial assistance application was filed on their behalf.
- 4) On November 24, 2015, NYSOH issued you an enrollment notice confirming that your youngest child was enrolled in a Child Health Plus plan as of November 23, 2015 [REDACTED].
- 5) You testified that it was discovered that your youngest child was not enrolled in a Child Health Plus when they were hospitalized in May 2016.
- 6) According to the enrollment history in your NYSOH account, your youngest child was originally enrolled in a Child Health Plus plan from December 1, 2015 through February 29, 2016, and was then re-enrolled in a health plan effective June 1, 2016.
- 7) According to the enrollment history in your NYSOH account, your youngest child's Child Health Plus coverage was modified to include the enrollment period of March 1, 2016 through May 31, 2016.
- 8) On March 2, 2017, NYSOH uploaded an Evidence Packet, in anticipation of your scheduled telephone hearing, to your NYSOH account [REDACTED]. The Appeal Summary indicates that on May 24, 2016, you filed a complaint with NYSOH requesting that your youngest child's Child Health Plus plan be effective January 1, 2016 [REDACTED].
- 9) You testified that you are seeking to have your child enrolled in a Child Health Plus plan from January 1, 2016 through May 31, 2016.
- 10) You testified that you have outstanding medical bills for your youngest child from January 1, 2016 through May 31, 2016.

11) On May 24, 2016, your child's health plan, CDPHP, issued you a letter that states that your youngest child's coverage was effective June 1, 2016

12) On December 13, 2016, CDPHP issued you a letter, in response to complaint you registered with CDPHP, stating that your youngest child's coverage was effective June 1, 2016

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

"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).

Child Health Plus

A child who meets the eligibility requirements for CHP 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) (New York Public Health Law (NY PHL) § 2511(2)(a)(iii)).

To be eligible for CHP, 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 PHL § 2511(2)(a)-(e)).

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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 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 [PHL] § 2510(6)).

Legal Analysis

The issue is whether NYSOH properly determined that your child’s Child Health Plus plan enrollment start date should be June 1, 2016.

The record reflects that you initially contacted NYSOH on November 23, 2015, applied for and enrolled your youngest child in health insurance coverage.

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 selected your child’s Child Health Plus plan on November 23, 2015, it should have taken effect on the first day of the second month following November 23, 2015; that is, on January 1, 2016.

On November 24, 2015, NYSOH issued you an enrollment notice confirming that your youngest child was enrolled in a Child Health Plus plan as of November 23, 2015, with an enrollment start date of August 1, 2015 [REDACTED]. However, your NYSOH account reflects that your child was enrolled in the health plan from December 1, 2015 through February 29, 2016.

Since the record contains conflicting enrollment start dates for your youngest child’s Child Health Plus plan, the November 23, 2015 enrollment notice is MODIFIED to state that the coverage was effective January 1, 2016.

Generally, children remain eligible for Child Health Plus for 12 continuous months unless they become ineligible because they are no longer a state resident or premiums are not timely paid or gains access to or obtains other health insurance coverage, or become eligible for Medicaid. This twelve-month period starts on the effective date of the individual’s eligibility.

You credibly testified that you discovered that your youngest child was not enrolled in a health plan when they were hospitalized in May 2016. The record reflects that you re-enrolled your child in the same Child Health Plus plan on May

12, 2016, and submitted a complaint in May 2016 with NYSOH to have your child's coverage backdated to January 1, 2016.

There is no evidence in the record to conclude that your child's coverage should have ended before the conclusion of their twelve-month eligibility period. Therefore, the March 13, 2016, enrollment notice confirming that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of June 1, 2016, is MODIFIED to state that the coverage was effective January 1, 2016.

Your case is RETURNED to NYSOH to effectuate your youngest child's coverage from January 1, 2016 through May 31, 2016.

Decision

The November 23, 2015 and May 13, 2016, enrollment notices are MODIFIED to state that your youngest child's Child Health Plus plan was effective January 1, 2016.

Your case is RETURNED to NYSOH to effectuate your youngest child's coverage from January 1, 2016 through May 31, 2016.

Effective Date of this Decision: April 20, 2017

How this Decision Affects Your Eligibility

Your youngest child's Child Health Plus enrollment start date was January 1, 2016.

You will be responsible to pay any health insurance premiums for the period of January 1, 2016 through May 31, 2016 in order to effectuate this 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

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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

Summary

The November 23, 2015 and May 13, 2016, enrollment notices are MODIFIED to state that your youngest child's Child Health Plus plan was effective January 1, 2016.

Your case is RETURNED to NYSOH to effectuate your youngest child's coverage from January 1, 2016 through May 31, 2016.

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Your youngest child's Child Health Plus enrollment start date was January 1, 2016.

You will be responsible to pay any health insurance premiums for the period of January 1, 2016 through May 31, 2016 in order to effectuate this 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 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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