



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

## Notice of Decision

Decision Date: May 12, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014592

[REDACTED]

Dear [REDACTED],

On April 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 23, 2016 disenrollment notice and the January 5, 2017 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.

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## Decision

Decision Date: May 12, 2017

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 properly determined your children's coverage through your family's qualified health plan ended effective January 1, 2016?

Did NY State of Health properly determine your children's eligibility for and enrollment in their Child Health Plus plan was effective no earlier than February 1, 2017?

## Procedural History

On December 8, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating you, your spouse, and your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2016. Your family subsequently enrolled in a qualified health plan, effective January 1, 2016.

On November 16, 2016, NYSOH received your family's application for financial assistance with health insurance.

On November 17, 2016, NYSOH issued an eligibility determination notice stating your children were eligible for Child Health Plus, effective January 1, 2017.

Also on November 17, 2016, NYSOH issued a notice of enrollment confirmation stating you and your spouse were enrolled in a qualified health plan for 2017. The notice further stated that your children's coverage with Child Health Plus

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would not begin until you picked a plan. The notice directed you to pick a health plan for your children.

On November 23, 2016, NYSOH issued a disenrollment notice stating your children's coverage through your family's qualified health plan was terminated, effective January 1, 2016, because they were no longer eligible to enroll in the plan.

On January 4, 2017, you contacted NYSOH to enroll your children in a Child Health Plus plan.

Also on January 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your children's Child Health Plus coverage insofar as it did not begin January 1, 2016.

On January 5, 2017, NYSOH issued a notice of enrollment confirmation stating your children were enrolled in a Child Health Plus plan, effective February 1, 2017.

On March 31, 2017, 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 allow you to submit supporting documents.

On April 7, 2017, NYSOH received the requested documentation and it was incorporated into the record as Appellant's Exhibit #1, the record closed thereafter.

## **Findings of Fact**

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

- 1) You, your spouse, and your children enrolled in a qualified health plan at full cost through NYSOH, effective January 1, 2016.
- 2) You testified you made automatic payments of the premium to the health plan for each month in 2016.
- 3) You testified, and your account confirms, you submitted an application for financial assistance with health insurance to NYSOH on November 16, 2016.
- 4) Your children were determined eligible for Child Health Plus, effective January 1, 2017.

- 5) You testified you selected a Child Health Plus plan for your children and a couple's plan for you and your spouse online on November 16, 2016.
- 6) You testified you believed you had completed your children's enrollment at that time because you received a confirmation screen with all the plan information for 2017.
- 7) On April 7, 2017, you uploaded an undated screenshot of the screen you testified you believed confirmed your children's enrollment in a Child Health Plus plan for 2017 (██████████). The screenshot appears to list you, your spouse, and your children in a section entitled, "Enrollment in Progress," and only you and your spouse in the section entitled, "Submitted Enrollment."
- 8) On November 17, 2016, NYSOH issued a notice of enrollment confirmation stating you and your spouse were enrolled in a qualified health plan for 2017. With regard to your children, the notice stated that their coverage with Child Health Plus would not begin until you picked a plan. The notice directed you to pick a health plan for your children.
- 9) You testified, and your account confirms, you receive all your notices from NYSOH electronically.
- 10) You testified you received an email alert from NYSOH on November 18, 2016, but you did not open it because you believed your family's enrollments had been completed.
- 11) NYSOH issued a disenrollment notice on November 23, 2016, stating your children's coverage through your family's qualified health plan was terminated, effective January 1, 2016, because they were no longer eligible to enroll in the plan.
- 12) You testified you brought your youngest child to the doctor's office in December 2016 and you were advised by his provider that his health insurance was not active. You testified you contacted your health plan and you were advised NYSOH had disenrolled him as of December 31, 2015.
- 13) You testified the health plan advised you that NYSOH was responsible for correcting the effective dates of coverage.
- 14) You testified you contacted NYSOH and you were advised that you would have to file an appeal to correct the effective dates of your child's coverage.

- 15) You testified you believed only your youngest child's coverage was affected and you were advised by NYSOH and your health plan that the other children have a December 31, 2016 coverage end date.
- 16) NYSOH created incident # [REDACTED] on December 5, 2016, in response to your request to have your youngest child reinstated in his qualified health plan for all of 2016. Notes in your account related to this incident include:
  - a. "There is no information to support a 01/01/2016 cancellation for [child]. Child should have been cancelled 12/31/2016 as the rest of the household was. Reviewed information and forwarding to DOH for resolution."
  - b. "Sent data correction request to have the term date for [child] changed to 12/31/16 to mirror the rest of the family's coverage. No time frame indicated."
- 17) You testified you are seeking correction of your youngest child's coverage end date through your family's qualified health plan to December 31, 2016 to mirror the rest of the family. You testified you are also seeking to have your children's coverage through their Child Health Plus plan backdated to January 1, 2016, because you believed you had enrolled them into a plan on November 16, 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

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

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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 determined your children’s coverage through your family’s qualified health plan ended, effective January 1, 2016.

You testified, and your account confirms, you, your spouse, and your children enrolled in a qualified health plan at full cost through NYSOH, effective January 1, 2016. You testified you made automatic payments of the premium to the health plan for each month in 2016.

On November 16, 2016, you updated your account and switched your application to one for financial assistance with health insurance. Your children were determined eligible for Child Health Plus, effective January 1, 2017.

On November 23, 2016, NYSOH issued a notice stating your children’s enrollment in your family’s qualified health plan “ended on January 1, 2016” (*sic*) because they were no longer eligible to enroll in the plan. This notice indicated you were sent a separate notice about your children’s eligibility; however, your account confirms the only eligibility determination notice issued within proximity to the disenrollment notice was the November 17, 2016 eligibility determination notice stating your children were eligible for Child Health Plus, effective January 1, 2017.

It is noted that NYSOH created incident # [REDACTED] on December 5, 2016, in response to your request to have your youngest child reinstated in his qualified health plan for all of 2016. Notes in your account related to this incident indicate NYSOH acknowledged “there is no information to support a 01/01/2016 cancellation for [child].” Further notes in your account indicate NYSOH requested to have the end date of your youngest child’s coverage changed to December 31, 2016 to mirror the rest of the family.

Given NYSOH acknowledgement that the proper coverage end date of your family’s qualified health plan is December 31, 2016 and the lack of any evidence

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in the record supporting an earlier coverage end date for any of your children, it is concluded your children's coverage through your family's qualified health plan should have ended December 31, 2016.

Accordingly, the November 23, 2016 disenrollment notice is MODIFIED to reflect your children's proper coverage end date through your family's qualified health plan was December 31, 2016.

Your case is RETURNED to NYSOH to ensure all your children were enrolled in your family's qualified health plan from January 1, 2016 to December 31, 2016.

The second issue under review is whether NYSOH properly determined your children's eligibility for and enrollment in their Child Health Plus plan was effective no earlier than February 1, 2017.

As discussed above, you submitted an updated application for health insurance on November 16, 2016 and your children were determined eligible for Child Health Plus effective January 1, 2017. You testified you selected a Child Health Plus plan for your children online the same day and you submitted a copy of a screen shot of the screen you testified confirmed your children's enrollment in a Child Health Plus plan for 2017. However, the screenshot does not include your children in the list of family members whose enrollment had been completed.

Moreover, your account confirms that NYSOH issued a notice of enrollment confirmation on November 17, 2016 stating you and your spouse were enrolled in a qualified health plan for 2017, but your children's coverage with Child Health Plus would not begin until you picked a plan. The notice specifically directed you to pick a health plan for your children.

You testified, and your account confirms, you receive all your notices from NYSOH electronically. You admitted you received an email alert from NYSOH on November 18, 2016, but you did not open it because you believed your family's enrollments had been completed. Given this testimony, it is concluded NYSOH properly notified you that the attempted enrollment on November 16, 2016 was not completed and that you needed to pick a plan for your children to be covered by Child Health Plus.

According to your account, completed enrollments for your children were submitted on January 4, 2017.

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 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 your children's enrollments were submitted on January 4, 2016, prior to the



fifteenth day of the month, their coverage properly became effective on the first day of the following month; that is, February 1, 2017.

Therefore, it is concluded that your children's enrollment was not completed until January 4, 2017, and their coverage was effective February 1, 2017, and NYSOH's January 5, 2017 enrollment confirmation notice stating your children's coverage through their Child Health Plus Plan was effective February 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The November 23, 2016 disenrollment notice is MODIFIED to reflect your children's proper coverage end date through your family's qualified health plan was December 31, 2016.

Your case is RETURNED to NYSOH to ensure all your children were enrolled in your family's qualified health plan from January 1, 2016 to December 31, 2016.

The January 5, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** May 12, 2017

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

The end date of your children's coverage through your family's qualified health plan was December 31, 2016.

Your case is being sent back to NYSOH to ensure all your children were properly enrolled in your family's qualified health plan from January 1, 2016 to December 31, 2016.

The effective date of your children's Child Health Plus plan is February 1, 2017.

## **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 23, 2016 disenrollment notice is MODIFIED to reflect your children's proper coverage end date through your family's qualified health plan was December 31, 2016.

Your case is RETURNED to NYSOH to ensure all your children were enrolled in your family's qualified health plan from January 1, 2016 to December 31, 2016.

The January 5, 2017 enrollment confirmation notice is AFFIRMED.

The effective date of your children's Child Health Plus plan is February 1, 2017.

## **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。我们可以为您免费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)

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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.

### **אַײַדיש (Yiddish)**

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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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