



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

## Notice of Decision

Decision Date: June 5, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015284

[REDACTED]

Dear [REDACTED]

On April 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2017 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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DEPARTMENT OF HEALTH  
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Albany, NY 12211

## Decision

Decision Date: June 5, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015284

[REDACTED]

## Issue

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

Did the NY State of Health properly determine that your child's enrollment in his Child Health Plus plan was effective February 1, 2017?

## Procedural History

Initially, it is noted that there are two different NYSOH accounts under your name that were active during the applicable timeframes involved in this matter. The first account is [REDACTED] and the second account is [REDACTED].

On September 15, 2016, NY State of Health (NYSOH) issued an eligibility determination notice on account [REDACTED], based on your September 14, 2016 updated application, stating that your child was eligible to enroll in Child Health Plus (CHP) with a \$30.00 monthly premium, effective October 1, 2016.

Also on September 15, 2016, NYSOH issued a plan enrollment notice, based on your plan selection on September 14, 2016, stating that your child was enrolled in a CHP plan with a start date of October 1, 2016.

On December 5, 2016, NYSOH issued an eligibility determination notice on account [REDACTED], based on changes made in your account by NYSOH on December 4, 2016, stating in relevant part that your child was eligible to enroll in CHP with a \$30.00 monthly premium, effective January 1, 2017.

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On January 6, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on January 5, 2017, stating that your child was enrolled in a CHP plan, and that his enrollment in the plan would start February 1, 2017.

On January 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as it did not begin January 1, 2017.

On April 26, 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 until May 11, 2017 to allow you to submit supporting documentation.

On May 12, 2017, the Appeals Unit received via secure facsimile a copy of NYSOH eligibility determination notice issued on account [REDACTED]. This document was made part of the record as Appellant's Exhibit # 1. The record is now closed.

## **Findings of Fact**

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

- 1) You testified that you are appealing only your child's eligibility.
- 2) According to NYSOH account [REDACTED], you submitted an application to NYSOH for financial assistance for your child on September 14, 2016 and he was enrolled into a CHP plan on September 14, 2016 with a plan start date of October 1, 2016.
- 3) You testified that you paid the monthly premiums ahead of time and were paid up through the end of January 2017.
- 4) You testified that, on December 2, 2016, you intended to submit your child's birth certificate and social security number, but when you tried to log on to your NYSOH account you received a log on error message. You testified that you called NYSOH on December 3, 2016 and the customer service representative told you that there were multiple accounts under your name. You testified that the customer service representative told you that she would delete the inactive accounts.
- 5) According to your NYSOH account, on December 3, 2016, there were multiple changes made by NYSOH in account [REDACTED], including your child's enrollment in his CHP plan being deleted, effective December 31, 2016. There was no disenrollment notice issued to indicate your child's CHP plan was terminated.

- 6) According to your NYSOH account and your testimony, you received the December 5, 2016 eligibility determination notice issued on account [REDACTED], that stated your child was eligible for CHP effective January 1, 2017. That notice stated that you needed to pick a CHP plan for your child.
- 7) You testified that you did not pick a plan at that time because you assumed that his previous CHP plan was in place as you had already paid the CHP premium for January 2017 and had not received any notice stating that his plan had been terminated.
- 8) You testified that you received a call from your child's doctor's office on January 5, 2017 and were told your child had no health insurance.
- 9) According to account [REDACTED] on January 5, 2017, a CHP plan was selected for your child and he was enrolled with a plan start date of February 1, 2017.
- 10) You testified that you need your child's CHP plan to begin on January 1, 2017 because he had doctor's visits and shots in that month which are unpaid.
- 11) At all times relevant, your child resided in New York State, and did not gain access to or obtain other health insurance coverage, or become eligible for Medicaid.

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)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your child’s enrollment in his CHP plan was effective February 1, 2017.

You testified that you contacted NYSOH on September 14, 2016 and enrolled your child into a CHP plan with a plan start date of October 1, 2016. This enrollment was under account [REDACTED]. On December 3, 2016, when you tried to log into your account to submit your child’s birth certificate and social security number you received a log on error. You then called NYSOH and spoke to a customer service representative. The representative told you that you had multiple accounts under your name and that she would delete the inactive accounts.

According to the record, which consists of both accounts [REDACTED] and [REDACTED], your child’s CHP plan enrollment under account [REDACTED] was deleted by NYSOH on December 3, 2016 with a plan end date of December 31, 2016. However, no disenrollment or plan termination notice was issued to reflect that your child’s CHP plan would end on December 31, 2016.

On December 5, 2016, NYSOH issued an eligibility determination notice on account [REDACTED] stating that your child was eligible for CHP effective January 1, 2017 and that you needed to select a plan for him. You stated you received this notice but assumed that your child was continued in his previous plan because you had not been notified that plan was terminated and because you had already paid the premium for January 2017. It was not until you learned from the doctor’s office on January 5, 2017 that your child did not have health insurance for the month of January 2017. You then contacted NYSOH on January 5, 2017 and selected a CHP plan with a February 1, 2017 enrollment start date.

However, the record reflects that NYSOH improperly deleted your child’s CHP plan under account [REDACTED] effective December 31, 2016, when his coverage should have continued uninterrupted for twelve months as none of the reasons to permit an earlier cancellation applied. Therefore, it is concluded that NYSOH erred in disenrolling your child from his CHP plan when the duplicate account in which he had CHP coverage was deactivated on December 4, 2016.

As such, that portion of the January 6, 2017 plan enrollment notice, located in [REDACTED], that states your child’s enrollment in his CHP plan started February 1, 2017 is MODIFIED to state that he was enrolled in a CHP plan with a \$30.00 monthly premium and a plan start date of January 1, 2017.

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).

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

## **Decision**

The January 6, 2017 plan enrollment notice insofar as it states that your child's enrollment in his CHP plan started February 1, 2017 is MODIFIED to state that he is enrolled in a CHP plan with a \$30.00 monthly premium and a plan start date of January 1, 2017.

Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

**Effective Date of this Decision:** June 5, 2017

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

This decision does not change your child's eligibility.

The effective date of your child's CHP plan is being made effective January 1, 2017.

Your case is being sent back to NYSOH to change the start date of your child's enrollment in his CHP plan to January 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the January 2017 premium to the health plan directly for coverage to take effect that month.

## **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

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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

### **Summary**

The January 6, 2017 plan enrollment notice insofar as it states that your child's enrollment in his CHP plan started February 1, 2017 is MODIFIED to state that he is enrolled in a CHP plan with a \$30.00 monthly premium and a plan start date of January 1, 2017.

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).



Your case is RETURNED to NYSOH to effectuate this change and to notify you accordingly.

This decision does not change your child's eligibility.

The effective date of your child's CHP plan is being made effective January 1, 2017.

Your case is being sent back to NYSOH to change the start date of your child's enrollment in his CHP plan to January 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the January 2017 premium to the health plan directly for coverage to take effect that month.

### **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. ye&tumi 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.

### **שׂוּדִישׁ (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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