



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

Notice of Decision

Decision Date: June 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015789

[REDACTED]

Dear [REDACTED],

On June 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 31, 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.

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

Decision

Decision Date: June 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015789



Issue

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

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

Procedural History

On January 31, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your January 30, 2017 application, stating your children were eligible to enroll in Child Health Plus, for a limited time, with a \$9.00 monthly premium each, effective March 1, 2017. The notice directed you to submit documentation of your income by March 31, 2017, to confirm your children's eligibility or they might lose their insurance or receive less help paying for their coverage.

Also on January 31, 2017, NYSOH issued a notice of enrollment, based on your plan selections on January 30, 2017, confirming your children were enrolled in a Child Health Plus plan, with coverage effective March 1, 2017.

On February 13, 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, 2017.

On June 12, 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.

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Findings of Fact

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

- 1) You testified that you are appealing the effective date of your children's coverage only.
- 2) According to your account, the first application requesting coverage through NYSOH for your children was submitted on January 30, 2017.
- 3) Based on the information in the January 30, 2017 application, NYSOH determined your children were conditionally eligible to enroll in Child Health Plus, effective March 1, 2017. That notice directed you to provide proof of your household's income by March 31, 2017 to confirm your children's eligibility.
- 4) According to your account, you selected a health plan for your children on January 30, 2017 and the coverage through this plan became effective March 1, 2017.
- 5) You testified that you are seeking to have your children's health coverage through their Child Health Plus plan back dated to January 1, 2017 because they have outstanding medical bills from January and February 2017.
- 6) You testified your children were previously enrolled in a Child Health Plus plan through NYSOH. You further testified you are unsure of the date your children's previous coverage ended.
- 7) NYSOH Appeals Unit reviewed your account and applicable data sources and was unable to find any evidence that your children were ever enrolled in health coverage through NYSOH prior to the subject enrollment submitted January 30, 2017.
- 8) Your account indicates you and your spouse have been enrolled in coverage through NYSOH on and off since 2014. A review of all applications submitted through your account confirms each application prior to January 30, 2017 indicated your children were not applying for health coverage.
- 9) According to your account, your children were disenrolled from their Child Health Plus plan, effective April 30, 2017, because NYSOH did not receive the requested income information necessary to confirm the children's eligibility by the March 31, 2017 deadline provided in the January 31, 2017 eligibility determination notice.

- 10) You testified you wanted NYSOH's Appeals Unit to also address your children's April 30, 2017 disenrollment from their Child Health Plus coverage. You were advised during the hearing that your children's disenrollment was unrelated to the issue under appeal, which was the effective date of your child's coverage, and you would have to contact NYSOH to request a separate hearing to appeal your children's April 30, 2017 disenrollment.

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 is whether NYSOH properly determined your children's enrollment in their Child Health Plus plan became effective no earlier than March 1, 2017. According to the evidence, you first contacted NYSOH to apply for health insurance for your children on January 30, 2017. Although you testified your

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children were previously enrolled in coverage through NYSOH, there is no evidence your children were ever covered through NYSOH. In fact, all applications for health insurance submitted by you and your spouse prior to January 30, 2017 indicated your children were not applying for health insurance. It is noted that Child Health Plus coverage is offered through local county department of social services as well as through NYSOH. However, according to the records, the first application for health insurance submitted to NYSOH on behalf of your children was on January 30, 2017. Your account confirms you selected a health plan for your children the same day.

Pursuant to the regulations, 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 the evidence establishes you did not select a Child Health Plus plan for your children until January 30, 2017, after the fifteenth day of the month, coverage through that plan properly became effective on the first day of the second following month; that is, March 1, 2017.

Therefore, the January 31, 2017 enrollment confirmation notice stating your children's enrollment in their Child Health Plus plan was effective March 1, 2017, is correct and must be AFFIRMED.

It is noted that according to your account, your children were disenrolled from their Child Health Plus plan on April 30, 2017 because NYSOH did not receive the requested income information necessary to confirm the children's eligibility by the March 31, 2017 deadline provided in the January 31, 2017 eligibility determination notice. You testified you wanted the NYSOH Appeals Unit to address that disenrollment; however, you were advised during the hearing that your children's disenrollment was unrelated to the issue under appeal, which was the effective date of your child's coverage, and you would have to contact NYSOH to request a separate hearing to appeal your children's April 30, 2017 disenrollment. Accordingly, NYSOH Appeals Unit is not addressing the merits of the April 30, 2016 disenrollment of your children from their Child Health Plus plan.

Decision

The January 31, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 30, 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).

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's Child Health Plus plan is March 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 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):

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- 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 31, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's Child Health Plus plan is March 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 مجانًا.

বাংলা (Bengali)

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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. y&b&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.

שׂוֹדֵשׁ (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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