

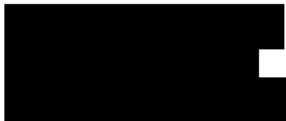


STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: June 9, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015807



Dear [REDACTED],

On May 26, 2017, you appeared by telephone at an adjourned hearing on your appeal of NY State of Health's January 28, 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 9, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015807



## 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 child's enrollment in his Child Health Plus plan became effective no earlier than March 1, 2017?

## Procedural History

On January 27, 2017, NY State of Health (NYSOH) received your application for financial assistance with health insurance for your child.

On January 28, 2017, NYSOH issued a notice of eligibility determination stating your child was eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective March 1, 2017.

Also on January 28, 2017, NYSOH issued a notice of enrollment, based on your plan selection on January 27, 2017, stating your child was 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 start date of your child's Child Health Plus plan, insofar as it did not begin February 1, 2017.

On May 17, 2017, you were scheduled to have a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. That day a Hearing Officer called you but you were unable to go forward with your scheduled hearing. You requested an adjournment and it was granted.

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On May 26, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. While under oath, you waived your right to written notice of the adjourned hearing. 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) Your account confirms you submitted an application to NYSOH for financial assistance with health insurance for your child on January 27, 2017.
- 2) You testified, and your account confirms, you selected a health plan for your child over the phone on the same day.
- 3) According to your account, your child's coverage through his Child Health Plus plan became effective March 1, 2017. You testified you were made aware of the effective date of your child's coverage at the time you selected the plan.
- 4) You testified your child was previously covered by a Medicaid plan through your local county Department of Social Services (LDSS). You testified your child's coverage through this plan ended on January 31, 2017.
- 5) You testified your child did not have health coverage in February 2017.
- 6) You testified that in February 2017 your child required medical treatment, and you contacted NYSOH at that time to request your child's coverage be backdated to February 1, 2017 to cover this treatment.
- 7) Your account confirms incident # [REDACTED] was created on February 10, 2017 regarding your request to backdate your child's Child Health Plus coverage to February 1, 2017.
- 8) You testified you were initially informed by a NYSOH representative that your child's coverage could be backdated to prevent a gap in coverage because you applied prior to the end of his coverage through your LDSS. You testified you were later informed this policy only applied to Medicaid Managed Care plans and not Child Health Plus.
- 9) According to notes in your account, your request to backdate your child's Child Health Plus coverage was denied on February 13, 2017, on the grounds a Child Health Plus plan does not qualify for backdating to prevent a gap when transferring from coverage through LDSS.

- 10) You testified you are seeking to have your child's coverage through his Child Health Plus plan backdated to February 1, 2017, because he has outstanding medical bills from that month, and you need financial relief.

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 your child's enrollment in his Child Health Plus plan became effective no earlier than March 1, 2017.

You testified, and your account confirms, that you contacted NYSOH on January 27, 2017 and enrolled your child into a Child Health Plus plan.

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 selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan 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.

Pursuant to the above cited regulations, since you selected your child's Child Health Plus plan on January 27, 2017, after the fifteenth day of the month, the coverage through this plan properly became effective on the first day of the second following month; that is, March 1, 2017. Given the facts of the case, there is no authority under the applicable regulations to impose an earlier coverage start date for your child's Child Health Plus plan.

Therefore, the January 28, 2017 enrollment confirmation notice stating your child's enrollment in his Child Health Plus plan became effective March 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The January 28, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** June 9, 2017

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

This decision does not change your child's eligibility.

The effective date of your child'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

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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 28, 2017 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is March 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).

## **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.

### **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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