



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

Notice of Decision

Decision Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016692

[REDACTED]

Dear [REDACTED],

On June 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 9, 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 § 155.545.

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Decision

Decision Date: July 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016692

[REDACTED]

Issue

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

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

Procedural History

On December 15, 2015, NY State of Health (NYSOH) issued an eligibility determination notice, based on your December 14, 2015 application, stating that your child was eligible for Child Health Plus (CHP), effective January 1, 2016. Your child was subsequently enrolled in a CHP plan.

On October 19, 2016, NYSOH issued a notice stating that it was time to renew your child's health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for [REDACTED] health coverage, and that you needed to update your account by December 15, 2016 or your child might lose the financial assistance [REDACTED] was currently receiving.

No updates were made to your account by December 15, 2016.

On December 19, 2016, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your child/children also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed the

renewal within the required time frame. Your child's eligibility was to end effective January 1, 2017.

Also on December 19, 2016, NYSOH issued a disenrollment notice stating that your child's coverage with [REDACTED] CHP plan would end on December 31, 2016.

On December 20, 2016, NYSOH received your child's updated application for health insurance.

On December 21, 2016, NYSOH issued an eligibility determination notice, based on your December 20, 2016 application, stating that your child was eligible to enroll in CHP with a \$45.00 monthly premium "once you select a plan" and this eligibility was effective as of February 1, 2017. The notice also contains a section on "Health Plan Enrollment" and the next steps you need to take for picking a plan. All of this information is visible on pages one and two of the notice.

On March 9, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on March 8, 2017, stating that your child was enrolled in a CHP plan and that coverage would start on April 1, 2017.

Also on March 9, 2017, NYSOH issued a confirmation notice regarding your March 8, 2017 conversation with NYSOH's Account Review Unit, at which time you appealed the start date of your child's CHP plan insofar as it did not begin February 1, 2017.

On June 20, 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.

Findings of Fact

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

- 1) You testified that you have your health insurance through your employer and it is with the same insurance carrier as your child's CHP plan.
- 2) You testified that in November of 2016, you received a bill from the CHP plan for January 2017 and based on this you assumed your child's plan had been continued for the coverage year 2017.
- 3) You testified that you paid on her own the CHP plan for the full year in the amount of \$540.00 (12 x \$45.00).

- 4) You testified that you are the [REDACTED] for your employer and, on December 20, 2016, you saw a \$540.00 credit on the books for her health insurance. You testified that you contacted the carrier and you learned that your \$540.00 payment for your child's coverage had been applied to your own health plan. You testified that on that date, the carrier transferred the \$540.00 to your child's CHP account.
- 5) According to your NYSOH account and your testimony, also on December 20, 2016, you logged on to your NYSOH account and updated your child's application for health insurance.
- 6) According to your NYSOH account and your testimony, you logged off your account without selecting a CHP plan for your child.
- 7) You testified that you did not believe you needed to select a plan for your child because you had already paid the CHP plan for coverage for all of 2017.
- 8) You testified that your child had [REDACTED] appointment in February 2017. You further testified that you first learned your child did not have coverage when you received a bill, dated February 28, 2017, from the dentist. You testified that after receiving that bill, you contacted the dentist office and were transferred to NYSOH.
- 9) According to your NYSOH account, on March 8, 2017, you selected your child's CHP plan with an April 1, 2017 start date.
- 10) You testified that your child has uncovered [REDACTED] bills for February 2017.
- 11) You testified that you are seeking for your child be enrolled in his CHP plan as of February 1, 2017.

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

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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 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 that your child’s enrollment in his CHP plan was effective April 1, 2017.

According to your NYSOH account and your testimony, you logged on to your NYSOH account on December 20, 2016 and updated your child’s application for financial assistance. Based on that December 20, 2016 application, your child was determined eligible for CHP with a \$45.00 monthly premium effective February 1, 2017. You testified that you did not select a CHP plan at that time because you believed it was not necessary as you had already paid the CHP plan for a full year of coverage for 2017.

You testified that you first learned your child did not have health insurance when you received [REDACTED] bill, dated [REDACTED]. You testified that after receiving that bill, you contacted the dentist office and you were transferred to NYSOH.

According to your NYSOH account and your testimony, you selected your child’s CHP plan on March 8, 2017, with an April 1, 2017 enrollment start date.

Although you testified that you did not believe you needed to select a plan for your child because you had already paid the CHP plan for coverage for all of 2017, the December 21, 2016 eligibility determination notice clearly states on page one that you needed to select a plan for your child for eligibility to take effect and on pages one and two, what the next steps were for picking a plan. Further, there is no mechanism in the law for when an account holder

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misunderstands the need to select a health plan for their child's enrollment to take place. Payment of the full year to a CHP plan does not qualify as plan selection.

The controlling law states that the date on which a CHP 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.

The record reflects that you selected a CHP plan on March 8, 2017, so the coverage and plan enrollment properly went into effect on the first day of the following month; that is, as of April 1, 2017.

Therefore, the March 9, 2017 plan enrollment notice stating that your child's enrollment in his CHP plan was effective April 1, 2017, is correct and must be AFFIRMED.

Decision

The March 9, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 17, 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 April 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.

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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

Summary

The March 9, 2017 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your child's eligibility.

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The effective date of your child's CHP plan is April 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 नि:शुल्क 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 नि:शुल्क 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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