



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

Notice of Decision

Decision Date: July 11, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000017215

[REDACTED]

Dear [REDACTED]

On July 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 26, 2017 eligibility determination and enrollment confirmation notices.

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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Decision

Decision Date: July 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017215



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 eligibility for and enrollment in his Child Health Plus plan was effective April 1, 2017?

Procedural History

On February 16, 2017, NY State of Health (NYSOH) received your application for financial assistance with health insurance.

On February 17, 2017, NYSOH issued a notice of eligibility determination, based on your February 15, 2017 application, stating that your child was eligible to enroll in full price qualified health plan, effective April 1, 2017. This notice stated that this was because your child was qualified for coverage on another NYSOH account.

On February 25, 2017, NYSOH received your updated application for financial assistance with health insurance.

On February 26, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible to enroll in a Child Health Plus plan with a monthly premium of \$9.00, effective April 1, 2017.

Also on February 26, 2017, NYSOH issued a notice of enrollment, based on your plan selection on February 25, 2017, stating that your child was enrolled in a

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Child Health Plus plan, and that this enrollment in the plan would start April 1, 2017.

On March 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan enrollment start date insofar as it did not begin on March 1, 2017.

On July 5, 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 the Hearing Officer to listen to the NYSOH's Call Center recordings from February 15, 2017, February 16, 2017, and February 25, 2017.

The Hearing Officer listened to the phone recordings from February 15, 2017, February 16, 2017 and February 25, 2017, after which the record was closed.

Findings of Fact

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

- 1) You testified that you are appealing the start date of your child's Child Health Plus plan.
- 2) You testified, and the record reflects, that you were transferred to NYSOH from your local Department of Social Services.
- 3) You testified that you attempted to apply for financial assistance with health insurance for your child on February 15, 2017, but that the NYSOH representative created an account in your child's name and did not include you on his account.
- 4) You testified that on February 15, 2017, you called NYSOH again to set up an account in your name and submit a new application. However, you were unable to finish the application on your NYSOH account because there were technical difficulties, and the representative told you to call back in 24 hours.
- 5) You testified that once an application was submitted on your account on February 16, 2017, you were told that your [REDACTED] was ineligible for financial assistance with [REDACTED] health insurance.
- 6) You testified that you kept calling NYSOH to try and resolve the problem, and the problem was resolved on February 25, 2017 when a NYSOH representative inactivated the account that was created under your child's name and reran [REDACTED] eligibility through the account that was created in your name; which included your child.

- 7) NYSOH Appeal's Unit reviewed the phone call you made to NYSOH on February 15, 2017, and determined that:
- a. The reason for your call was to renew your child's health insurance. You stated that you were on the phone with a representative trying to complete your child's application, and the phone cut out.
 - b. The NYSOH representative attempted to pull up your child's application, but was unable to do so with your information. Therefore, the NYSOH representative created a new account under your name, and proceeded to input the information into a new application.
 - c. Before completing the application, the NYSOH stated that she ran into some technical difficulties and placed you on hold in order to attempt to fix the problem.
 - d. When the NYSOH representative came back on the line, she stated that NYSOH was experiencing technical difficulties that day and everyone was being told to call back in 24 hours.
- 8) NYSOH Appeal's Unit reviewed the first phone call you made to NYSOH on February 16, 2017, and determined that:
- a. The reason you were calling was to complete the renewal of your child's health insurance. You stated that you attempted to do this yesterday, but was told that you were unable to complete the application.
 - b. The NYSOH representative completed two application for you on your account.
 - c. The first application was completed, and a preliminary eligibility determination was prepared stating that your [REDACTED] was not eligible for any financial assistance with [REDACTED] health insurance.
 - d. The NYSOH representative stated that she would submit another application, and you added your Mother to your account because she recently started living with you.
 - e. After the second application was completed, the same preliminary eligibility determination was prepared stating that your child was not eligible for any financial assistance with [REDACTED] health insurance.
 - f. You did not enroll your child into a plan at that time.
- 9) NYSOH Appeal's Unit reviewed the second phone call you made to NYSOH on February 16, 2017, and determined that:
- a. The representative was in the process of assisting you, and placed you on hold. However, the phone call was dropped before the NYSOH representative came back on the line.

- 10) NYSOH Appeal's Unit reviewed the third phone call you made to NYSOH on February 16, 2017, and determined that:
- a. You contacted NYSOH to inquire why your child was not eligible for any financial assistance with health insurance.
 - b. The NYSOH representative informed you that this was because your child had health insurance coverage through his local Department of Social Services.
 - c. You stated that you received a letter that the coverage was ending, and that you needed to enroll your child through NYSOH in order to ensure [REDACTED] health insurance coverage continued.
 - d. The NYSOH representative stated that [REDACTED] would not be eligible for any financial assistance until [REDACTED] coverage with the Local Department of Social Services ended.
 - e. The NYSOH representative informed you that you would need to call back the day before your child's coverage ended with your local Department of Social Services in order to apply for [REDACTED] health insurance coverage through NYSOH.
- 11) NYSOH Appeal's Unit reviewed the phone call you made to NYSOH on February 25, 2017, and determined that:
- a. The reason you were calling was because you had just returned from your Local Department of Social Services office. You stated that you had brought all the paperwork from NYSOH, and you were informed by the representative that was helping you that it looked like you child had [REDACTED] own NYSOH account; which was why [REDACTED] was not eligible for financial assistance on your account.
 - b. The NYSOH representative placed you on a brief hold, and then asked to speak to your [REDACTED] in order to inactivate [REDACTED] account.
 - c. Once your [REDACTED] account was inactivated, the NYSOH representative reran your child's application on your account.
 - d. You child was then found eligible for Child Health Plus with a \$9.00 monthly premium. You enrolled [REDACTED] in a plan that day.
- 12) You testified, and the record reflects, that you enrolled your child into a Child Health Plus plan on February 25, 2017.
- 13) You testified that you need your child's Child Health Plus plan to begin on March 1, 2017 because you do not want your child to have a gap in [REDACTED] health insurance coverage.

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 that your child’s eligibility for and enrollment in his Child Health Plus plan was effective April 1, 2017.

You testified that your child was receiving health insurance through your Local Department of Social Services, but you received a packet in the mail this year which told you to apply for health insurance for your child through NYSOH. You testified that you contacted NYSOH on February 15, 2017 to apply for your child’s health insurance coverage. However, you testified that when you first attempted to submit an application, the NYSOH representative had created your child’s own account and did not include your income information. You further testified that when you called back to attempt to correct this problem that your application would not go through due to technical difficulties, and the NYSOH representative informed you that you needed to call back in 24 hours. A review of the phone call from February 15, 2017 confirms this testimony.

You further testified that you called back on February 16, 2017 to attempt to submit an application for your child's health insurance. During these phone calls, you submitted two applications and a NYSOH representative stated that your child was not eligible for financial assistance with health insurance through NYSOH because [REDACTED] was already receiving health insurance through the local Department of Social Services. She stated that you should call back the day before your child's coverage ends through the local Department of Social Services in order to enroll [REDACTED] into coverage through NYSOH.

You called NYSOH on February 25, 2017 to correct the problem you were having with your child's eligibility. Subsequently, your child was determined eligible for a Child Health Plus plan with a \$9.00 monthly premium, and you enrolled [REDACTED] in a Child Health Plus plan that same day.

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.

Based on the credible evidence of record, it is reasonable to infer that, but for the technical difficulties and error made by NYSOH, that you would have submitted an application for financial assistance with health insurance on February 15, 2017. If you submitted an application on February 15, 2017, your child would have been found eligible for Child Health Plus with a \$9.00 monthly premium on February 15, 2017, and you would have been able to select a plan for [REDACTED] enrollment that day. Had you been able to select a Child Health Plus plan on February 15, 2017, your child's Child Health Plus plan would have taken effect on the first day following February 2017; that is, March 1, 2017.

Therefore, the February 26, 2017 eligibility determination and enrollment confirmation notices stating that your child's eligibility for and enrollment in [REDACTED] Child Health Plus plan with a \$9.00 monthly premium was effective April 1, 2017, are MODIFIED to state that your child's eligibility for and enrollment in [REDACTED] Child Health Plus plan with a \$9.00 monthly premium was effective March 1, 2017.

Your case is RETURNED to NYSOH to enroll your child in [REDACTED] Child Health Plus plan with a \$9.00 monthly premium as of March 1, 2017, and to notify you accordingly.

Decision

The February 26, 2017 eligibility determination notice is MODIFIED to state that your child's eligibility for his Child Health Plus plan with a \$9.00 monthly premium was effective 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).

The February 26, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in ■ Child Health Plus plan with a \$9.00 monthly premium was effective March 1, 2017.

Your case is RETURNED to enroll your child in ■ Child Health Plus plan with a \$9.00 monthly premium as of March 1, 2017, and to notify you accordingly.

You will be responsible for the premium payments for the months your child is enrolled into coverage.

Effective Date of this Decision: July 11, 2017

How this Decision Affects Your Eligibility

Your child's eligibility for ■ Child Health Plus plan should have been effective as of March 1, 2017.

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

Your case is being sent back to NYSOH to change the start date of your child's Child Health Plus plan with a \$9.00 monthly premium from April 1, 2017 to March 1, 2017. NYSOH will notify you once this change has been completed.

You will be responsible for the premium payments for the months your child is enrolled into coverage.

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)).

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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 February 26, 2017 eligibility determination notice is MODIFIED to state that your child's eligibility for ■ Child Health Plus plan was effective March 1, 2017.

The February 26, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in ■ Child Health Plus plan was effective March 1, 2017.

Your case is RETURNED to enroll your child in ■ Child Health Plus plan, effective March 1, 2017, and to notify you accordingly.

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 child's eligibility for ■ Child Health Plus plan should have been effective as of March 1, 2017.

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

You will be responsible for the premium payments for the months your child is enrolled into coverage.

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)

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।

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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. 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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