



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

Notice of Decision

Decision Date: August 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017581

[REDACTED]

Dear [REDACTED],

On July 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 1, 2017 eligibility determination and plan enrollment 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 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017581

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your [REDACTED] [REDACTED] was disenrolled from her Child Health Plus plan, effective January 31, 2017?

Did NY State of Health properly determine that your child was eligible for and enrolled in an Essential Plan as of May, 2017?

Procedural History

On December 15, 2016, NYSOH issued notices of eligibility and enrollment that stated your two children were eligible for Child Health Plus (CHP) with a \$9.00 monthly premium each, effective January 1, 2017, and they were enrolled in a CHP plan with a January 1, 2016 start date.

On December 22, 2016, NYSOH issued an eligibility determination notice that stated your oldest child (hereinafter referred to as "your child") who turned [REDACTED] [REDACTED] on January 7, 2017, was newly eligible to receive advance payments of the premium tax credit and eligible for cost sharing reductions, effective February 1, 2017. The notice stated that she no longer qualified for CHP as of January 31, 2017.

Also on December 22, 2016, NYSOH issued a disenrollment notice confirming that your child's CHP coverage would end effective January 31, 2017, because

coverage in this plan is only available to individuals who are 18 years of age or younger.

Also on December 22, 2016, NYSOH issued a plan enrollment notice confirming in part that your child's coverage in a qualified health plan would not start until you picked a plan.

On March 31, 2017, NYSOH received your updated application for health insurance. That day, a preliminary eligibility was prepared finding in part that your child was eligible to enroll in the Essential Plan, with a \$20.00 monthly premium effective May 1, 2017.

Also on March 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Essential Plan insofar as she did not have coverage for the months of February 2017, March 2017 and April 2017.

On April 1, 2017, NYSOH issued an eligibility determination notice, based on your March 31, 2017 updated application, stating in part that your child was eligible to enroll in the Essential Plan, with a \$20.00 monthly premium effective May 1, 2017.

Also on April 1, 2017, NYSOH issued a plan enrollment notice confirming your selection of an Essential Plan Plus Vision and Dental for your child at a monthly premium of \$47.60 and with an enrollment start date of May 1, 2017.

On July 18, 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 supports the following findings of fact:

- 1) You testified that you did not realize NYSOH was emailing you alerts about information in your NYSOH account. You further testified that you were completely unaware of email alerts from NYSOH and did not know you had an online account, so you never logged on to your NYSOH account. You stated you have always conducted your business with NYSOH by telephone.
- 2) You testified that you recently changed to regular mail notices because of this issue.
- 3) You testified that you learned your child did not have health insurance in late March 2017 from your child's [REDACTED], who sent invoices for services

rendered indicating your child did not have coverage as of February 1, 2017.

- 4) You testified that, upon learning that your child's CHP coverage had ended, you called the plan and were told to call NYSOH.
- 5) According to your NYSOH account, your child was [REDACTED] when she was re-enrolled in a CHP plan, effective January 1, 2017, with a \$9.00 monthly premium.
- 6) According to your NYSOH account, your child turned [REDACTED] on [REDACTED].
- 7) According to your NYSOH account, on December 21, 2016, your child's upcoming [REDACTED] birthday triggered NYSOH to redetermine her eligibility for financial assistance and insurance affordability programs through NYSOH.
- 8) The December 22, 2016 eligibility determination notice stated your child was eligible to receive APTC and cost sharing reductions, effective February 1, 2017, and you needed to pick a plan for coverage to start.
- 9) The December 22, 2016 disenrollment notice stated your child's enrollment in her CHP plan would end effective January 31, 2017.
- 10) According to the Enrollment Details in your NYSOH account, your child's termination from her CHP plan was processed on December 22, 2016, for a January 31, 2017 end date.
- 11) You testified that you continued to pay the \$18.00 monthly CHP premium for your two children and the insurance company applied the extra \$9.00 to your youngest child's account.
- 12) According to your NYSOH account, on March 31, 2017, you updated your family's application for health insurance and your child was determined eligible for the Essential Plan effective May 1, 2017 and she was enrolled in Essential Plan 1 with an enrollment start date of May 1, 2017.
- 13) You testified that your child has [REDACTED] and [REDACTED] bills for the months of February 2017, March 2017 and April 2017, and she needs to have health insurance to cover the costs incurred in those months.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

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Child Health Plus

A child under the age of nineteen may be eligible for subsidized coverage through Child Health Plus provided (1) he or she lives in a household having a household income at or below 400% of the FPL; (2) is not eligible for medical assistance; (3) is not eligible for coverage under the public employees' state health benefits plan, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-e)).

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 premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, reaches the age of 19 or becomes eligible for Medicaid (NY Public Health Law § 2510(6)). Children who “age out” of Child Health Plus are disenrolled from the health plan on the last day of the month in which they reach 19 years of age (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014, 42 CFR § 457.350).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue under review is whether your [REDACTED] child’s CHP plan properly ended as of January 31, 2017.

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The record reflects that your child was enrolled in a CHP plan as of January 1, 2017, at which time she was [REDACTED].

Since the period of your child's CHP eligibility began on January 1, 2017, ordinarily it would continue for 12 months after that date unless an event occurred to disqualify her from CHP eligibility. Reaching the age of [REDACTED] is one such disqualifying event and a child's eligibility for CHP ends as of the end of the month in which they reach [REDACTED].

The record reflects that your child turned [REDACTED] on [REDACTED]. Children who "age out" of Child Health Plus are disenrolled from the health plan on the last day of the month in which they reach [REDACTED]. Therefore, your child was no longer eligible for CHP as of the end of that month, which was January 31, 2017.

On December 22, 2016, NYSOH issued an eligibility determination notice stating in part that your child was eligible for an advance premium tax credit of \$535.00 per month and cost sharing reductions effective February 1, 2017. The notice further stated that your child was no longer qualified for CHP as of January 31, 2017. Also, NYSOH's December 22, 2016 disenrollment notice stated that your child's coverage in her CHP plan was ending as of January 31, 2017, because this plan is only available to individuals who are 18 years of age or younger.

Although you testified that you did not realize you had an online account and were not aware of any email alerts, you have had an account with NYSOH since December 6, 2013 and your lack of knowledge as to the method of receiving information about notices cannot be attributed to NYSOH. Therefore, the record reflects that notices were properly issued by NYSOH.

Since the credible evidence of the record supports a finding that your child turned [REDACTED] on [REDACTED] the December 22, 2016 eligibility determination notice stating that she was no longer eligible for CHP as of January 31, 2017, and the December 22, 2016 disenrollment notice stating her coverage in her CHP plan would end January 31, 2017, because she was older than the allowable age limit, are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's eligibility for and enrollment in her Essential Plan was effective May 1, 2017.

You updated your family's application for financial assistance through NYSOH on March 31, 2017 and your child was determined eligible for the Essential Plan, effective May 1, 2017. Also on March 31, 2017 you selected for your child an Essential Plan 1 Plus Vision and Dental, with a \$47.60 per month premium and a plan enrollment start date of May 1, 2017.

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The date on which an Essential 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 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.

Since you selected your child's Essential Plan on March 31, 2017, it properly took effect the first day of the second month following March 2017; that is, on May 1, 2017.

Therefore, NYSOH's April 1, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your child's eligibility for and enrollment in the Essential Plan on May 1, 2017.

Decision

The December 22, 2016 eligibility determination and disenrollment notices stating that your child was no longer eligible for CHP and was disenrolled from CHP as of January 31, 2017 are AFFIRMED.

The April 1, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your child's eligibility for and enrollment in the Essential Plan on May 1, 2017.

Effective Date of this Decision: August 24, 2017

How this Decision Affects Your Eligibility

Your child's eligible for and enrollment in CHP ended effective January 31, 2017.

Your child's eligibility for and enrollment in the Essential Plan properly started as of May 1, 2017.

Your child did not have health insurance coverage through NYSOH during the months of February 2017, March 2017, and April 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.

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).

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):

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

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Summary

The December 22, 2016 eligibility determination and disenrollment notices stating that your child was no longer eligible for CHP and was disenrolled from CHP as of January 31, 2017 are AFFIRMED.

The April 1, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your child's eligibility for and enrollment in the Essential Plan on May 1, 2017.

Your child's eligible for and enrollment in CHP ended effective January 31, 2017.

Your child's eligibility for and enrollment in the Essential Plan properly started as of May 1, 2017.

Your child did not have health insurance coverage through NYSOH during the months of February 2017, March 2017, and April 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 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&btumi 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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