



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

## Notice of Decision

Decision Date: August 9, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018234

[REDACTED]

Dear [REDACTED],

On July 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 22, 2017 eligibility determination, February 22, 2017 disenrollment notice, April 5, 2017 eligibility determination, and April 5, 2017 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 (CFR) § 155.545.

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## Decision

Decision Date: August 9, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018234

[REDACTED]

## Issues

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

Did NY State of Health properly determine that your son was no longer eligible for health insurance through NYSOH and disenrolled from his Child Health Plus plan effective April 1, 2017?

Did NY State of Health properly determine that your son's eligibility for and enrollment in his Child Health Plus plan was effective May 1, 2017?

## Procedural History

On February 29, 2016, your household's application for financial assistance was received by NY State of Health (NYSOH).

On March 1, 2016, NYSOH issued a notice of eligibility determination stating that your son was eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2016. This was because federal and state data sources showed that your son was already enrolled in Medicaid, Child Health Plus, or another program, and children already enrolled in Medicaid, Child Health Plus, or another program do not qualify for Child Health Plus through NYSOH.

On January 5, 2017 NYSOH issued a notice that it was time to renew your daughter's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your daughter would qualify for financial help paying for her health coverage, and

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that you needed to update your account by February 15, 2017 or your daughter might lose the financial assistance she was currently receiving.

On February 16, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On February 17, 2017, NYSOH issued a notice of eligibility determination stating that your son was eligible for Child Health Plus, effective March 1, 2017.

On February 21, 2017 an application was submitted on your household's behalf. That day, a preliminary eligibility determination was prepared stating that your son was eligible for Child Health Plus, effective April 1, 2017. A Child Health Plus plan was selected for enrollment for your son that day.

Also on February 21, 2017, a second application was submitted on your household's behalf. At that time, your son was marked as not needing health insurance.

On February 22, 2017, NYSOH issued a notice of eligibility determination stating that your son was no longer eligible for health insurance through NYSOH as he no longer wanted to receive coverage.

Also on February 22, 2017, NYSOH issued a disenrollment notice stating that your son was disenrolled from his Child Health Plus plan through NYSOH as of April 1, 2017.

On April 4, 2017, your household's application for health insurance was updated to indicate that your son was seeking health insurance.

On April 5, 2017, NYSOH issued a notice of eligibility determination, based on your April 4, 2017 application, stating that your son was eligible to enroll in Child Health Plus, effective May 1, 2017.

Also on April 5, 2017, NYSOH issued a notice of enrollment, based on your plan selection on April 4, 2017, stating that your son was enrolled in a Child Health Plus plan, and that his enrollment in the plan would start May 1, 2017.

On April 20, 2017 you spoke to NYSOH's Account Review Unit and appealed the start date of your son's Child Health Plus plan insofar as it did not begin April 1, 2017.

On July 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 supports the following findings of fact:

- 1) You testified that you are appealing only your son's eligibility.
- 2) You testified that your son has been enrolled in Child Health Plus since his birth [REDACTED]. You further explained that your son was previously enrolled directly through his Child Health Plus plan, however, your daughter was enrolled in Child Health Plus through NYSOH.
- 3) You testified, and your account reflects, that you have used a certified application counselor for several years to process your household's application for health insurance.
- 4) You testified that you had received a renewal packet for your son's Child Health Plus coverage directly from his plan and that you sent the completed packet back to your son's plan in late November 2016.
- 5) The applications submitted on October 28, 2013, November 7, 2013, January 18, 2014, March 24, 2015, and February 12, 2016 indicate that your son was seeking coverage through NYSOH.
- 6) Your NYSOH account reflects that your certified application counselor submitted two applications on your household's behalf on February 21, 2017. In the first application that was submitted, your son was listed as seeking coverage through NYSOH. After that first application, your application counselor selected a Child Health Plus plan for enrollment for your son. In the second application that was submitted, your son was marked as not seeking coverage through NYSOH.
- 7) You testified that you are not sure when your son's Child Health Plus directly through his plan ended.
- 8) Your NYSOH account reflects that your certified application counselor submitted an application on your household's behalf on April 4, 2017, wherein your son was marked as seeking coverage through NYSOH.
- 9) The record reflects that you enrolled your son into a Child Health Plus plan on April 4, 2017.
- 10) You testified that you are seeking to have your son's Child Health Plus plan to begin on April 1, 2017 because he has outstanding medical bills for the month of April 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 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 first issue is whether NYSOH properly determined that your son was no longer eligible for health insurance through NYSOH and disenrolled from his Child Health Plus plan effective April 1, 2017.

On February 17, 2017, NYSOH issued a notice of eligibility determination stating that your son was eligible for Child Health Plus, effective March 1, 2017.

No enrollment request was submitted at that time.

On February 21, 2017, your certified application counselor updated your household’s application for health insurance. This resulted in a preliminary eligibility determination wherein your child was found eligible for Child Health

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Plus, effective April 1, 2017. However, later on February 21, 2017, your certified application counselor updated your household's application for health insurance to reflect that your son was not seeking coverage through NYSOH.

This resulted in your son being found ineligible to enroll in health insurance through NYSOH.

It appears from the record that your certified application counselor updated your household's application to reflect that your son was not seeking coverage through NYSOH because your son had previously had his Child Health Plus coverage directly through his plan and your renewals for your son's coverage were processed directly through your son's plan.

As the change to your household's application to reflect that your son was not seeking coverage through NYSOH was not the result of an error by an agent of NYSOH, NYSOH properly determined that your son was ineligible to enroll in health insurance through NYSOH and disenrolled your son from his Child Health Plus plan, effective April 1, 2017.

Therefore, the February 22, 2017 eligibility determination and the February 22, 2017 disenrollment notice are AFFIRMED.

The second issue is whether NYSOH properly determined that your son's eligibility for and enrollment in his Child Health Plus plan was effective May 1, 2017.

Your NYSOH account reflects that your household's application was updated to reflect that your son was seeking coverage through NYSOH on April 4, 2017. Your son was enrolled into his Child Health Plus plan that 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.

As your household's application was updated on April 4, 2017 and a Child Health Plus plan was selected for enrollment for your son on April 4, 2017, his plan properly went into effect on the first day of the first month following April 4, 2017; that is, on May 1, 2017.

Therefore, the April 5, 2017 eligibility determination and the April 5, 2017 enrollment confirmation notice stating that your son's eligibility for and enrollment in his Child Health Plus plan was effective May 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The February 22, 2017 eligibility determination notice is AFFIRMED.

The February 22, 2017 disenrollment notice is AFFIRMED.

The April 5, 2017 eligibility determination notice is AFFIRMED.

The April 5, 2017 disenrollment notice is AFFIRMED.

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

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

This decision does not change your son's eligibility.

The effective date of your son's Child Health Plus plan is May 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

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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 22, 2017 eligibility determination notice is AFFIRMED.

The February 22, 2017 disenrollment notice is AFFIRMED.

The April 5, 2017 eligibility determination notice is AFFIRMED.

The April 5, 2017 disenrollment notice is AFFIRMED.

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

This decision does not change your son's eligibility.

### **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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.

## **שׂוֹדֵיִשׁ (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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