



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

Notice of Decision

Decision Date: September 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019190

[REDACTED]

Dear [REDACTED],

On August 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 6, 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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Decision

Decision Date: September 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019190

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your children's enrollment in their Child Health Plus (CHP) plan was effective June 1, 2017?

Procedural History

On March 17, 2017, you updated your NYSOH account and added your children, [REDACTED], to your NYSOH application.

On March 18, 2017, NYSOH issued a notice of eligibility determination, based on your March 17, 2017 application, stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium, effective May 1, 2017. The notice further directed you to select a CHP plan for enrollment for your sons [REDACTED] and [REDACTED].

Also on March 18, 2017, NYSOH issued a notice of enrollment confirmation, confirming your spouse's enrollment in an Essential Plan, and your children [REDACTED] and [REDACTED] enrollment in a CHP plan. The notice further stated that your children, [REDACTED] and [REDACTED], were not enrolled in a plan, and that their CHP coverage would not begin until you picked a plan.

On May 5, 2017, you selected a plan for enrollment on behalf of [REDACTED] and [REDACTED].

On May 6, 2017, NYSOH issued a notice of enrollment confirmation, confirming [REDACTED] and [REDACTED] enrollment in a CHP plan through Empire Blue Cross/Blue Shield, beginning June 1, 2017.

On May 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP plan, insofar as it did not begin May 1, 2017.

On August 29, 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 are appealing on behalf of your sons, [REDACTED] and [REDACTED], only.
- 2) You added your sons to your NYSOH application on March 17, 2017.
- 3) You testified that, prior to this, your sons were enrolled in CHP directly through Empire Blue Cross/Blue Shield, but that this coverage was scheduled to end as of April 30, 2017.
- 4) You testified that you wanted to have your sons on the same account as you were on, so you added them to your NYSOH application.
- 5) You testified that you believe you selected a plan for your children when you added them to your application on March 17, 2017.
- 6) You testified that you believe you received the notice from NYSOH stating that your children were eligible for CHP as of May 1, 2017, and that you needed to select a plan.
- 7) You testified that you receive notices from NYSOH by regular mail
- 8) You testified that you called NYSOH on April 19, 2017 and were told that your children's enrollment was all set, and that they would have coverage for May 1, 2017.
- 9) You testified that, when you did not receive any cards from the insurance company for your sons, you called NYSOH and were told that there was a system error. You testified that this was on May 5 or May 6, 2017.

- 10) You testified that another person you spoke with from NYSOH told you that the lapse in coverage was due to the fact that your children had been transferred from one system to another.
- 11) You testified that you need your children's CHP plan to begin on May 1, 2017 because you have an outstanding medical bill for [REDACTED] from the month of May 2017.
- 12) After the hearing, the hearing officer listened to a recording of your telephone call with NYSOH's Customer Service Unit on April 19, 2017. During the call, the NYSOH representative stated that your children were enrolled in CHP coverage with Empire Blue Cross/Blue Shield, and that their coverage would begin on May 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 CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 that your children's enrollment in their CHP plan was effective June 1, 2017.

You testified that you contacted NYSOH in March 2017 to add your sons, [REDACTED] and [REDACTED], to your NYSOH application. The record reflects that, on March 17, 2017, your account was updated and [REDACTED] and [REDACTED] were found eligible for CHP with a \$9.00 monthly premium each, effective May 1, 2017. You were sent a notice of eligibility determination on March 18, 2017 informing you of their eligibility and advising you to select a CHP plan on their behalf.

You testified that you believe you received this notice, but that you thought that you had enrolled them in a plan when you updated your application. You testified that you contacted NYSOH on April 19, 2017 to verify that they were enrolled for May 1, 2017, and that you were informed that their coverage with Empire Blue Cross/Blue Shield would begin on May 1, 2017. You also testified that, when you did not receive member ID cards for [REDACTED] and [REDACTED], you called NYSOH and discovered that they were not enrolled. The record reflects that [REDACTED] and [REDACTED] were enrolled into their Empire Blue Cross/Blue Shield CHP plan on May 5, 2017.

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.

Though the NYSOH representative you spoke with on April 19, 2017 did incorrectly inform you that your children were enrolled in their CHP plan with a coverage start date of May 1, 2017, this does not change the outcome in this case. Even if the NYSOH representative had correctly informed you that they were not enrolled in a plan, and then assisted you with enrolling them in a plan on April 19, 2017, their enrollment in their CHP plan would not have started until June 1, 2017, as the plan would not have been selected in time for a May 1, 2017 start date.

Therefore, the May 6, 2017 enrollment confirmation notice stating that your children, Dovid and Jacob, were enrolled in their CHP plan beginning June 1, 2017, is correct and must be AFFIRMED.

Decision

The May 6, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 13, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of [REDACTED] and [REDACTED] enrollment in their CHP plan is June 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
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

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).

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
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- By fax: 1-855-900-5557

Summary

The May 6, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of [REDACTED] and [REDACTED] enrollment in their CHP plan is June 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)

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).

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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