



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

Notice of Decision

Decision Date: September 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019218

[REDACTED]

Dear [REDACTED],

On August 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 21, 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 (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: September 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019218

[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 her Child Health Plus plan was effective June 1, 2017?

Procedural History

On January 7, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your updated January 6, 2017 application, that stated in relevant part, that your oldest child (child) (Marketplace ID: [REDACTED]) was eligible to enroll in a qualified health plan (QHP) at full cost, effective February 1, 2017. The notice stated that your child did not qualify for Child Health Plus because federal and state data sources showed she was already enrolled in Medicaid and children enrolled in Medicaid, Child Health Plus or another program do not qualify for Child Health Plus.

Also on January 7, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on January 6, 2017, stating in part that your child was enrolled in a bronze-level QHP for a monthly premium of \$138.97 and that this enrollment in the plan would start February 1, 2017.

Also on January 7, 2017, NYSOH issued a disenrollment notice confirming your January 6, 2017 request to terminate your child's bronze-level QHP. The notice stated that her plan would end on February 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).

On April 19, 2017, NYSOH issued an eligibility determination notice, based on your updated April 18, 2017 application, stating in part that your child was eligible to enroll in a Child Health Plus plan for a limited time, effective June 1, 2017. The notice stated that you needed to provide proof of your household income by June 17, 2017, to confirm your child's eligibility.

Also on April 19, 2017, your proof of income was uploaded to your NYSOH account and was verified on April 20, 2017. At that time, your application was updated and the system redetermined your family's eligibility.

On April 21, 2017, NYSOH issued an eligibility determination notice, based on the updated April 20, 2017 application, stating in part that your child was eligible to enroll in a Child Health Plus with a \$30.00 monthly premium, effective June 1, 2017.

Also on April 21, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on April 18, 2017, confirming in part that your child was enrolled in a Child Health Plus plan with a monthly premium of \$30.00 and an enrollment start date of June 1, 2017.

On May 23, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus 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 held open until September 13, 2017, for you to submit supporting documentation.

On August 30, 2017, the Appeals Unit received via secure facsimile your 15-page submission, which was a copy of the Broome County Department of Social Services Notice of Decision, dated April 8, 2017. This document was made part of the record as Appellant's Exhibit # 1. The record is now closed.

Findings of Fact

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

- 1) You testified that you are appealing only your one child's eligibility.
- 2) You submitted an updated application to NYSOH for financial assistance on January 6, 2017. At that time, your child was determined eligible to purchase a QHP at full cost because state and federal data sources showed that [REDACTED] was already enrolled in Medicaid.

- 3) According to your NYSOH account, on January 6, 2017, you enrolled your child in a bronze-level QHP at full cost with an enrollment start date of February 1, 2017 and, later that same day, you requested to end her bronze-level QHP, which was made effective February 1, 2017.
- 4) You submitted as Appellant's Exhibit # 1, a copy of the Broome County Department of Social Service's Notice of Decision, dated April 8, 2017, which you received around April 13, 2017. That notice stated that your child's Medicaid coverage would be discontinued effective May 1, 2017.
- 5) You testified that you were aware that your child's Medicaid coverage would end April 30, 2017, and after receiving the Notice of Decision, you contacted NYSOH to apply for coverage for your child.
- 6) You testified that you were not able to get in to see a navigator until April 17, 2017.
- 7) According to your NYSOH account, the navigator submitted your updated application on April 18, 2017, and your child was determined eligible for Child Health Plus on a limited basis, pending proof of your household income.
- 8) According to your NSYOH account, you enrolled your child into a Child Health Plus plan on April 18, 2017, with an enrollment start date of June 1, 2017.
- 9) You testified that you need your child's Child Health Plus plan to begin on May 1, 2017, because [REDACTED] incurred approximately \$900.00 in medical bills that month and these bills are uncovered by health insurance.

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 enrollment in ■■■ Child Health Plus plan was effective June 1, 2017.

The record reflects that your child was enrolled in Medicaid through Broome County Department of Social Services until April 30, 2017. The record further reflects that you initially applied for coverage for your child through NYSOH on January 6, 2017, and ■■■ was determined eligible for only a QHP at full cost, effective February 1, 2017. This was because ■■■ had active coverage through Medicaid at the time. Further, on January 6, 2017, you requested NYSOH to terminate your child’s enrollment in bronze-level QHP, which took effect the date it was to begin on February 1, 2017.

You testified that you received the Broome County Department of Social Services Notice of Decision, dated April 8, 2017, around April 13, 2017, which notice informed you that your child’s Medicaid would end April 30, 2017. You testified that you were aware of the 15th of the month rule and you tried getting an appointment with a navigator between April 13, 2017 and April 15, 2017, but could not get an appointment until April 17, 2017.

However, the record is devoid of any information to explain why you did not submit an application directly to NYSOH via online or by telephone on or before April 15, 2017, knowing there was a deadline for coverage to being the first day of the next month. Therefore, it is reasonable to conclude that there was no error or inaction on the part of NYSOH, its agents, or instrumentalities relative to the date you enrolled your child in a Child health Plus plan.

The record reflects that, on April 18, 2017, a navigator submitted an application on behalf of your family and your child was determined eligible for Child Health

Plus at that time. That same day, you selected your child's Child Health Plus plan with a plan start date of June 1, 2017.

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.

Since you selected your child's Child Health Plus plan on April 18, 2017, it properly took effect the first day of the second month following April 2017; that is, on June 1, 2017.

Therefore, the April 19, 2017 and April 21, 2017 enrollment confirmation notices stating that your child's enrollment in [REDACTED] Child Health Plus plan was effective June 1, 2017, are correct and must be AFFIRMED.

Decision

The April 21, 2017 plan enrollment notice stating that your child's enrollment in [REDACTED] Child Health Plus plan was effective June 1, 2017, is correct and must be AFFIRMED.

Effective Date of this Decision: September 27, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus 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.

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).

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 April 21, 2017 plan enrollment notice stating that your child's enrollment in ████ Child Health Plus plan was effective June 1, 2017, is correct and must be **AFFIRMED**.

This decision does not change your child's eligibility.

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 effective date of your child's Child Health Plus 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)

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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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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