



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

Notice of Decision

Decision Date: October 2, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019466

[REDACTED]

Dear [REDACTED]

On September 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 29, 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 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 Date: October 2, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019466

[REDACTED]

Issue

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

Did the NY State of Health (NYSOH) properly determine that your youngest child's eligibility for, and enrollment in, her Child Health Plus (CHP) plan was effective April 1, 2017?

Procedural History

On April 28, 2017, your newborn child was added to your NYSOH account.

On April 29, 2017, NYSOH issued a notice of eligibility determination, based on your April 28, 2017 application, stating that your youngest child was eligible for CHP with a \$30.00 monthly premium, effective April 1, 2017.

Also on April 29, 2017, NYSOH issued a notice of enrollment, based on your plan selection on April 28, 2017, stating that your youngest child was enrolled in a CHP plan with a \$30.00 monthly premium, beginning April 1, 2017.

On June 1, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's CHP coverage, insofar as it began on April 1, 2017, and not June 1, 2017.

On September 5, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open until September 26, 2017 to give you time to provide supporting documentation.

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On September 24, 2017, you faxed documentation to NYSOH's Appeals Unit. 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 youngest child's eligibility and enrollment start date.
- 2) You testified, and your NYSOH account reflects, that your youngest child was born [REDACTED].
- 3) Your NYSOH account reflects that on April 28, 2017, you updated your NYSOH account to include your youngest child, and you were able to select a CHP plan for enrollment for your youngest child that day.
- 4) You testified that your spouse is enrolled in health coverage through her employer, and that your youngest child was covered through your spouse's insurance until May 31, 2017.
- 5) You testified that, when you updated your application and added your child to your NYSOH account on April 28, 2017, you did so with the help of an application counselor.
- 6) You testified that you informed the application counselor that your youngest child had coverage through her mother, and that you did not need her coverage to start until June 1, 2017.
- 7) Your April 28, 2017 application indicated that your spouse needed health insurance coverage. Additionally, in the "Health Coverage Information" tab under her name, next to the statement, "Can Get Coverage through job," your application indicates "No."
- 8) Your April 28, 2017 application also indicates that your youngest child needs health insurance and does not contain any information indicating that she has other health insurance coverage through her mother.
- 9) You testified that you also had problems getting your youngest child's CHP plan insurance card, and that you did not receive a card until June 2, 2017, because there was a problem with the spelling of your child's name.
- 10) Your April 28, 2017 application for financial assistance, which was completed online by your application counselor, has your youngest child's name spelled [REDACTED] instead of [REDACTED]"

- 11) You testified that your application counselor called NYSOH around the end of May 2017 to inform NYSOH that you did not want CHP coverage for your youngest child for the months of April and May 2017.
- 12) You testified that you do not believe you used your youngest child's CHP coverage in the months of April and May 2017, as you believe her medical bills were covered through your spouse's employer-sponsored insurance.
- 13) You testified that you paid your youngest child's \$30.00 CHP premium for April and May 2017, and that you would like to be reimbursed for those premium payments.
- 14) After the hearing, you faxed a six-page document to NYSOH consisting of two separate three-page documents from [REDACTED], entitled "Confirmation Statement – 2017 Benefits Enrollment," dated April 14, 2017 and July 3, 2017. The first statement says that it confirms your spouse's benefits choices and costs, effective April 10, 2017. On the third page of the statement, there is a section entitled "Dependent Information," which lists your youngest child as "Dependent No. 1." Under the coverage information section, in the category "Medical, it says "No" in the column for Dependent No. 1. The second statement, which confirms your spouse's benefits enrollments as of June 27, 2017, also says "No" in the column for "Dependent No. 1," which indicates medical coverage information.

Taken together, these documents are collectively marked and entered into the record as "Appellant's Exhibit One."

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

Applicable Law and Regulations

Child Health Plus

CHP is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

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)).

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“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).

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child’s birth if the parent applied for insurance prior to the child’s birth or within 60 days after the child’s birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your youngest child’s eligibility for, and enrollment in, her CHP plan was effective April 1, 2017.

Your youngest child was born [REDACTED], and on April 28, 2017, your youngest child was added to your NYSOH account. She was found eligible for enrollment in CHP, and a plan was selected on April 28, 2017, with an enrollment start date of April 1, 2017.

In New York State, the date on which a CHP plan can take effect typically depends on the day a person selects the plan for enrollment. If an application for insurance coverage is received through NYSOH by the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, coverage begins the first day of the second following month.

However, section 2511 of the Public Health Law has been amended to provide that CHP coverage shall be retroactive to the first of the month of birth for

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newborns, effective January 1, 2017, provided that the application for coverage on behalf of the child was made prior to, or within sixty days of, the child's birth.

Your application and CHP enrollment selection for your youngest child were received by NYSOH on April 28, 2017, which was within sixty days of her birth. Therefore, NYSOH properly determined that your youngest child's eligibility for, and enrollment in, her CHP coverage began as of April 1, 2017, as that is the first of the month of your child's birth.

You testified that you informed the application counselor that your child had coverage through her mother. Additionally, you testified that you were unable to use your child's CHP coverage because, due to an error that was made in the April 28, 2017 application in the spelling of your child's name, you did not receive her CHP plan insurance card until June 2, 2017. You testified that, for these reasons, your application counselor contacted NYSOH at the end of May 2017 and requesting that your child's enrollment begin on June 1, 2017, instead of May 1, 2017.

However, a review of your NYSOH account and the April 28, 2017 application reveals that no coverage information was provided in the application for either your spouse or your youngest child. Indeed, the application requested health insurance on behalf of your spouse and both of your children. Additionally, the record was kept open after the hearing so that you could provide documentation proving that your youngest child had other health insurance coverage in the months of April and May 2017. However, the documentation you provided indicates that the only person who had coverage through your spouse's employer-sponsored insurance was your spouse. The documentation clearly indicates that, as of April 10, 2017, your youngest child did not have coverage through your spouse's insurance (Appellant's Exhibit One).

Lastly, though you testified that you did not receive your youngest child's insurance card until June 2, 2017, that is irrelevant, as her coverage was active through her CHP plan; therefore, any bills she incurred as of April 1, 2017 were eligible for submission for payment to the health plan.

Therefore, the April 29, 2017 eligibility determination and enrollment confirmation notices, stating that your youngest child's eligibility for, and enrollment in, her CHP plan were effective April 1, 2017, are correct and must be AFFIRMED.

Decision

The April 29, 2017 eligibility determination notice is AFFIRMED.

The April 29, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 2, 2017

How this Decision Affects Your Eligibility

This decision does not change your youngest child's eligibility.

The effective date of your youngest child's coverage in her CHP plan was April 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 to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

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).

If You Have Questions about this Decision (Customer Service Resources):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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- By fax: 1-855-900-5557

Summary

The April 29, 2017 eligibility determination notice is AFFIRMED.

The April 29, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your youngest child's eligibility.

The effective date of your youngest child's coverage in her CHP plan was April 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)

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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 bεtumi ama wo obi a okyerε 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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