



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

Notice of Decision

Decision Date: September 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019486

[REDACTED]

Dear [REDACTED],

On August 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 2, 2017 eligibility determination notice and June 3, 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019486



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 oldest child's enrollment in his Child Health Plus plan was effective July 1, 2017?

Procedural History

On June 2, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your June 1, 2017 application, stating that your oldest child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective July 1, 2017.

Also on June 2, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your oldest child's Child Health Plus plan insofar as it did not begin June 1, 2017.

On June 3, 2017, NYSOH issued a notice of enrollment stating that your oldest child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start July 1, 2017.

On August 30, 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 oldest child's eligibility.
- 2) You testified that your oldest child previously had coverage through the New York City Human Resources Administration (HRA).
- 3) You testified that you received a letter from HRA advising you that your oldest child's coverage through HRA would end as of May 9, 2017. You contacted HRA and were told to call back on May 9, 2017. On May 9, 2017 you contacted HRA and were told that your oldest child's coverage had been extended to May 31, 2017.
- 4) You testified that an HRA representative advised you that you would have to wait until June 1, 2017 to apply for coverage for your oldest child through NYSOH because if you applied prior to June 1, 2017, your application would be kicked out.
- 5) You testified that on the evening of May 31, 2017 you accessed your NYSOH account on-line and updated your account to reflect that your oldest child is seeking coverage through NYSOH. You stated that although you were able to fill-out the entire application and believe you also selected a Child Health Plus plan for enrollment for your oldest child that evening, you ran into a technical issue and your application would not finalize.
- 6) You also testified that on June 1, 2017 you contacted NYSOH and were advised by an NYSOH representative that your application had gone through and that your oldest child was eligible for Child Health Plus as of July 1, 2017.
- 7) You testified that the first time you spoke with an NYSOH representative regarding enrolling your oldest child in coverage through NYSOH was on June 1, 2017. You confirmed that the statements which caused you to delay enrolling your oldest child in coverage through NYSOH were made by representatives of HRA and not representatives of NYSOH.
- 8) Your NYSOH account reflects that your application was received by NYSOH on June 1, 2017 and that your enrollment request was received on June 2, 2017.
- 9) You testified that you are seeking to have your oldest child's Child Health Plus plan to begin on June 1, 2017 because you do not want your child to have a gap in his coverage.

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 oldest child’s enrollment in his Child Health Plus plan was effective July 1, 2017.

You testified that you logged on to your NYSOH account on the evening of May 31, 2017 to apply for coverage for your oldest child through NYSOH and to enroll your oldest child into a plan. You testified that you experienced technical difficulties that day, and you were unable to complete the application and enrollment.

Your NYSOH account reflects that your application was received by NYSOH on June 1, 2017 and that your enrollment request was received on June 2, 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).

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.

In the present instance, you testified that you were aware as early as May 9, 2017 that your oldest child's coverage through HRA was ending as of May 31, 2017, however, you relied on statements by HRA representatives that you could not apply for coverage for your oldest child until June 1, 2017 or your application would be kicked out of the system. You further testified that you did not contact NYSOH to speak with a representative until June 1, 2017 and that the statements which caused you to delay applying for coverage for your oldest child were made by HRA representatives, not NYSOH representatives.

You also testified that you experienced technical difficulties when you attempted to enroll your oldest child in coverage through NYSOH on May 31, 2017.

Had you been able to complete your application for your oldest child and select a plan for enrollment on May 31, 2017, your child's eligibility for and enrollment in a Child Health Plus plan would have been effective as of the first day of the second month following after May 2017; that is, on July 1, 2017.

Although you were provided misinformation by HRA representatives, HRA representatives are not agents of NYSOH. As there is no indication in the record that any statements made by NYSOH representatives resulted in a delay in your applying for and enrolling your oldest child in coverage through NYSOH, the June 2, 2017 eligibility determination and the June 3, 2017 enrollment confirmation notice are correct and must be AFFIRMED.

Decision

The June 2, 2017 eligibility determination notice is AFFIRMED.

The June 3, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 05, 2017

How this Decision Affects Your Eligibility

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 July 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 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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 2, 2017 eligibility determination notice is AFFIRMED.

The June 3, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is July 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 مجاناً.

বাংলা (Bengali)

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।

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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. ye&etumi 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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