



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

Notice of Decision

Decision Date: October 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019947



Dear [REDACTED]

On September 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 23, 2017 enrollment confirmation notice and the July 17, 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).

This page intentionally left blank.



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

Decision

Decision Date: October 6, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019947



Issue

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

Did the NY State of Health properly determine your oldest child's enrollment in his Child Health Plus plan was effective no earlier than September 1, 2017?

Procedural History

On June 22, 2017, NYSOH received your initial application for health insurance for your oldest child. NYSOH prepared a preliminary eligibility determination that day finding your child eligible for Child Health Plus and you selected a plan for enrollment the same day.

Also on June 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your child's Child Health Plus coverage insofar as it did not begin July 1, 2017.

On June 23, 2017, NYSOH issued an eligibility determination notice stating your oldest child was eligible for Child Health Plus with a \$9.00 premium, effective August 1, 2017.

Also on June 23, 2017, NYSOH issued an enrollment notice, based on your June 22, 2017 plan selection, confirming your oldest child was enrolled in a Child Health Plus plan with coverage effective August 1, 2017.

On July 17, 2017, NYSOH issued an enrollment notice, based on your July 16, 2017 plan selection, confirming both your children were enrolled in a Child Health Plus plan, effective September 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 September 21, 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 to allow you to submit supporting documents.

Findings of Fact

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

- 1) You testified you are only appealing your oldest child's coverage start date.
- 2) You testified your oldest child was previously covered by Medicaid through your local county Department of Social Services (LCDSS).
- 3) You testified his prior coverage ended June 1, 2017 and you had previously tried to renew his coverage through your LDSS, but you learned that he was no longer eligible for Medicaid, because your spouse's income was now included in the household income calculation.
- 4) You testified, and your account confirms, you first applied for health insurance for your oldest child through NYSOH on June 22, 2017.
- 5) Your child was determined eligible for Child Health Plus, effective August 1, 2017.
- 6) You testified, and your account confirms, you selected a Child Health Plus plan for your oldest child online the same day. Coverage through that plan became effective August 1, 2017.
- 7) You testified you are seeking to have that coverage backdated to July 1, 2017, because you applied in June, so his coverage should start by July 1, 2017, and he has outstanding medical bills from the month of July 2017.
- 8) According to your account, you submitted an updated application online on July 16, 2017. You testified it was to renew your youngest child's coverage. Your youngest child was determined eligible for Child Health Plus, effective September 1, 2017.
- 9) You testified you selected a Child Health Plus plan for your youngest child the same day.
- 10) According to your account, on July 16, 2017, you deleted the enrollments of you and your children online and submitted new enrollments for everyone the same day.

- 11) The enrollment confirmation notice issued on July 17, 2017 confirms both your children were enrolled in a Child Health Plus plan, effective September 1, 2017.
- 12) There is no record of a notice issued by NYSOH cancelling your oldest child's previous Child Health Plus enrollment.
- 13) You testified that your oldest child did not have coverage through a Child Health Plus plan in August 2017. You testified you were seeking review of his coverage for that month. The issue under appeal was amended to include review of the July 17, 2017 enrollment confirmation notice.
- 14) According to your account, both children were subsequently disenrolled from their Child Health Plus plan, effective September 1, 2017 for non-payment of the premium.
- 15) You testified you began receiving insurance coverage through your job in September 2017 and you are not appealing the September 1, 2017 disenrollment of your children from their Child Health Plus plan.
- 16) You testified you are only seeking review of your oldest child's coverage for the months of July and August 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)).

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 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 your oldest child's enrollment in his Child Health Plus plan was effective no earlier than September 1, 2017

Pursuant to the regulations, the date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment.

Your account confirms that the first application requesting insurance coverage for your oldest child was received on June 22, 2017. You testified, and your account confirms, you selected a Child Health Plus plan for your oldest child online the same day. Coverage through that plan became effective August 1, 2017. You appealed insofar as your child's coverage did not become effective on July 1, 2017.

However, according to the regulations, 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 the evidence establishes that you did not select a Child Health Plus plan for your child until June 22, 2017, after the fifteenth day of the month, coverage through that plan properly became effective on the first day of the second following month; that is, August 1, 2017.

Therefore, the June 22, 2017 enrollment confirmation notice stating your oldest child's enrollment in his Child Health Plus plan was effective August 1, 2017, is correct and must be **AFFIRMED**.

It is noted, you testified you are also seeking review of the July 17, 2017 enrollment notice indicating your oldest child's enrollment in his Child Health Plus plan was effective September 1, 2017 and the issue under review was amended accordingly.

Your account confirms that you submitted an updated application on behalf of your family online on July 16, 2017. You testified it was to renew your youngest

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).

child's coverage for 2017. Your account confirms that you deleted the enrollments of you and both your children online on July 16, 2017 and submitted new plan selections for everyone the same day. As a result, your oldest child was enrolled in a new Child Health Plus plan with your youngest child, both effective September 1, 2017.

However, the record establishes that on July 16, 2017 your oldest child was already enrolled in a Child Health Plus plan to become effective August 1, 2017, pursuant to the plan selection on June 22, 2017. The record further establishes that NYSOH never issued any notice of cancellation indicating your oldest child's prior Child Health Plus enrollment was being terminated. Therefore, it was improper of NYSOH to end your oldest child's original Child Health Plus enrollment without notice, prior to the August 1, 2017 start date of that enrollment.

Accordingly, the July 17, 2017 enrollment confirmation notice is MODIFIED to reflect your oldest child's enrollment in his Child Health Plus plan became effective August 1, 2017.

Your case is RETURNED to NYSOH to reinstate your oldest child in his Child Health Plus plan for the month of August 2017.

Decision

The June 23, 2017 enrollment confirmation notice is AFFIRMED.

The July 17, 2017 enrollment confirmation notice is MODIFIED to reflect your oldest child's enrollment in his Child Health Plus plan became effective August 1, 2017.

Your case is RETURNED to NYSOH to reinstate your oldest child in his Child Health Plus plan for the month of August 2017.

Effective Date of this Decision: October 6, 2017

How this Decision Affects Your Eligibility

The effective date of your oldest child's Child Health Plus plan is August 1, 2017.

Your case is being sent back to NYSOH to correct your oldest child's enrollment for the month of August 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).

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
- By mail at:

NY State of Health Appeals
P.O. Box 11729

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The June 23, 2017 enrollment confirmation notice is AFFIRMED.

The July 17, 2017 enrollment confirmation notice is MODIFIED to reflect your oldest child's enrollment in his Child Health Plus plan became effective August 1, 2017.

Your case is RETURNED to NYSOH to reinstate your oldest child in his Child Health Plus plan for the month of August 2017.

The effective date of your oldest child's Child Health Plus plan is August 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:



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).

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)

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 bɛtumi ama wo obi a okyerɛ 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).

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).