



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

Notice of Decision

Decision Date: September 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020423

[REDACTED]

Dear [REDACTED],

On September 27, 2017, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's June 21, 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 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 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020423



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 August 1, 2017?

Procedural History

On April 4, 2017, NYSOH issued a notice of eligibility determination, based on your April 3, 2017 application, stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective May 1, 2017. The notice further stated that you needed to provide your youngest child's Social Security number by July 2, 2017.

Also on April 4, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on April 3, 2017, stating that your children were enrolled in a CHP plan, and that their enrollment in this plan would start on May 1, 2017.

On June 13, 2017, documentation was uploaded to your NYSOH account.

That same day, NYSOH reran your household's eligibility for financial assistance.

On June 14, 2017, NYSOH issued a discontinuance notice stating that your youngest child was no longer eligible to enroll in health insurance through NYSOH, effective July 1, 2017. This was because, based on what "you" told NYSOH about his health insurance needs, his application was referred to the local Department of Social Services.

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Also on June 14, 2017, NYSOH issued a disenrollment notice, stating that your children were disenrolled from their CHP plan as of June 30, 2017 because your youngest son was no longer eligible to enroll in coverage through NYSOH, and your other children were no longer eligible to remain in their CHP plan.

On June 20, 2017, your NYSOH account was updated.

On June 21, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective August 1, 2017.

That same day, NYSOH issued a notice of enrollment confirmation, confirming that your children were enrolled in a CHP plan, beginning August 1, 2017.

On July 11, 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 on July 1, 2017.

On September 27, 2017, your spouse, [REDACTED], appeared at 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) Your spouse testified that you are appealing on behalf of all of your children.
- 2) Your spouse testified that she has an insurance broker who handles all transactions with NYSOH.
- 3) Your spouse testified that she was aware that NYSOH needed your youngest child's Social Security number, and that she provided the information to her broker.
- 4) Your NYSOH account confirms that, on June 13, 2017, someone with the username [REDACTED] uploaded a copy of your youngest child's Social Security card to your NYSOH account (Document [REDACTED]).
- 5) Your spouse testified that she then received a notice stating that her children were disenrolled from their CHP coverage as of June 30, 2017.
- 6) Your NYSOH account reflects that a disenrollment notice was issued on June 14, 2017 disenrolling your children from CHP coverage.

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- 7) Your spouse testified that, by the time she received the notice, it was too late to reenroll your children into coverage for July 2017.
- 8) Your NYSOH account reflects that, on June 13, 2017, a NYSOH representative updated your NYSOH account after your youngest child's Social Security card was uploaded. That representative indicated that your youngest child was in need of nursing home care in the updated application.
- 9) On June 14, 2017, NYSOH issued a notice stating that, based on your youngest son's health needs, his case was referred to the local Department of Social Services.
- 10) Your spouse testified that your youngest son is not in need of nursing home services, and that she never informed NYSOH or your broker that he needed such services.
- 11) Your spouse testified that she showed the June 14, 2017 discontinuance notice to your insurance broker, and the broker had no idea what the notice was referring to with regard to your youngest child's "health needs."
- 12) Your NYSOH account reflects that your application was updated on June 20, 2017, and your children were re-enrolled in a CHP plan on that day, which went into effect August 1, 2017.
- 13) You testified that you need your children's re-enrollment to begin as of July 1, 2017, as you have medical bills for them from the month of July 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 re-enrollment in their CHP plan was effective August 1, 2017.

Your NYSOH account reflects that your NYSOH account was updated, and a CHP plan was re-selected for your children, on June 20, 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.

You re-selected a CHP plan for your children on June 20, 2017. Ordinarily, then, your children’s CHP coverage would have properly taken effect on the first day of the second month following June: that is, on August 1, 2017.

However, your children were previously enrolled in CHP coverage as of May 1, 2017. NYSOH requested documentation of your youngest child’s Social Security number, which was uploaded to your NYSOH account on June 13, 2017. At this point, there should have been no reason for any disruption to your children’s coverage.

Nevertheless, for reasons that are unclear, after your youngest son’s Social Security card was uploaded, a NYSOH representative updated your entire NYSOH application and indicated in that application that your youngest son needed nursing home services. This caused his eligibility to end as of June 30, 2017, and his disenrollment in turn caused the disenrollment of your other children from their CHP coverage, effective June 30, 2017.

Your spouse credibly testified that she never told anyone that your youngest son needs nursing home services, and that he is not in need of any such services. Moreover, it appears from your NYSOH account that these changes were made by a NYSOH representative without any input from your spouse or your broker. Had the NYSOH representative not erroneously indicated that your youngest son needed nursing home services, his eligibility would not have ended, and your children's enrollment in their CHP plan would not have terminated.

Therefore, the June 14, 2017 discontinuance notice and the June 14, 2017 disenrollment notices are RESCINDED.

The June 21, 2017 eligibility determination is MODIFIED to state that your children are eligible for CHP with a \$9.00 monthly premium each, effective July 1, 2017.

The June 21, 2017 enrollment confirmation notice is MODIFIED to state that your children's enrollment in their CHP plan began as of July 1, 2017.

Your case is RETURNED to NYSOH to backdate your children's CHP coverage accordingly, so that there is no gap in their coverage during the month of July 2017.

Decision

The June 14 ,2017 discontinuance notice is RESCINDED.

The June 14, 2017 disenrollment notice is RESCINDED.

The June 21, 2017 eligibility determination notice is MODIFIED to state that your children were eligible for CHP with a \$9.00 monthly premium each, effective July 1, 2017.

The June 21, 2017 enrollment confirmation notice is MODIFIED to state that your children's enrollment in their CHP plan began on July 1, 2017.

Your case is RETURNED to NYSOH to backdate your children's CHP coverage to July 1, 2017, so that there is no gap in their coverage for the month of July.

Effective Date of this Decision: September 29, 2017

How this Decision Affects Your Eligibility

Your children should not have been disenrolled from their CHP coverage as of June 30, 2017.

Your children were eligible for CHP in the month of July 2017.

Your case is being sent back to NYSOH to backdate your children's CHP coverage to July 1, 2017, so that there is no gap in their coverage.

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):

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 June 14 ,2017 discontinuance notice is RESCINDED.

The June 14, 2017 disenrollment notice is RESCINDED.

The June 21, 2017 eligibility determination notice is MODIFIED to state that your children were eligible for CHP with a \$9.00 monthly premium each, effective July 1, 2017.

The June 21, 2017 enrollment confirmation notice is MODIFIED to state that your children's enrollment in their CHP plan began on July 1, 2017.

Your case is RETURNED to NYSOH to backdate your children's CHP coverage to July 1, 2017, so that there is no gap in their coverage for the month of July.

Your children should not have been disenrolled from their CHP coverage as of June 30, 2017.

Your children were eligible for CHP in the month of July 2017.

Your case is being sent back to NYSOH to backdate your children's CHP coverage to July 1, 2017, so that there is no gap in their coverage.

Legal Authority

We are issuing this determination in accordance with 45 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).

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)

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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 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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