



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

### Notice of Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020495

[REDACTED]

Dear [REDACTED],

On September 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 7, 2017 eligibility determination notice and 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.

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## Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000020495



## 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 four oldest children's enrollments in their Child Health Plus plan were effective August 1, 2017?

## Procedural History

On July 6, 2017, NYSOH received your four oldest children's initial application for financial assistance with their health insurance.

On July 7, 2017, NYSOH issued an eligibility determination notice based on the last application stating your four oldest children were eligible for Child Health Plus for a cost of \$0.00 per month, effective August 1, 2017.

On July 7, 2017, NYSOH issued an enrollment notice confirming your four oldest children's enrollment in a Child Health Plus plan effective August 1, 2017.

On July 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan insofar as it did not begin July 1, 2017.

On September 28, 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 15 days for you to provide supporting documentation.

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On October 10, 2017, NYSOH's Appeals Unit received your supporting documentation in the form of two-page fax and was incorporated into the record as Appellant's Exhibit 1. The record was closed that day.

## **Findings of Fact**

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

- 1) You testified that you are appealing only your four oldest children's eligibility.
- 2) The record reflects the first time an application was submitted to NYSOH for financial assistance with health insurance for your four oldest children was on July 6, 2017.
- 3) You testified you were not sure when you first applied for your four oldest children, you believed it had been transferred from your Local Department of Social Services to NYSOH in March, from what you were told by a NYSOH representative.
- 4) An application was submitted on April 11, 2017 for you, your husband, and your two youngest sons but not your four oldest children. You testified you did not apply at that time for them.
- 5) You testified you were unaware your children's prior coverage in Medicaid had ended May 31, 2017. You explained you do not believe the Local Department of Social Services of Oswego County sent a letter stating your children's coverage was going to be ending with Medicaid.
- 6) You testified, and the record supports you enrolled your children into a Child Health Plus plan on July 6, 2017.
- 7) You testified you first realized your children were not covered after you were to [REDACTED] for your child in July 2017.
- 8) You testified that you need your children's Child Health Plus plan to begin on June 1, 2017 as you had medical bills not covered by for that month.
- 9) You testified you contacted your Local Department of Social Services and were told your case had been transferred from the county to NYSOH in April 2017.
- 10) You testified you were told by your Navigator that they believed the children had been enrolled starting June 2017, and that she had been

provided a printed paper showing your four oldest children were enrolled with Child Health Plus were covered.

- 11) You testified your Navigator personally called NYSOH and printed off a paper on your account stating they were covered for June.
- 12) You provided a copy of a two-page screen shot of your account with NYSOH under Manage Plans showing your four oldest children enrolled with Child Health Plus for \$0.00 per month, starting April 1, 2017 through July 31, 2017.
- 13) You reside in Oswego County, NY.

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

## **Applicable Law and Regulations**

### Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

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

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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 four oldest children's enrollment in their Child Health Plus plan were effective August 1, 2017.

You testified and the record supports you first applied for financial assistance with your four oldest children's health insurance on July 6, 2017.

As a result of that application your children were determined eligible for Child Health Plus for a cost of \$0.00 per month starting August 1, 2017. You enrolled your children in a plan that day.

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 your oldest children's application was completed on July 6, 2017, and enrollment was submitted on that day, their Child Health Plus plan would take effect on the first day of the month following July, which is August 1, 2017.

You provided documentation which you testified had led you and your Navigator to believe your children were enrolled in a Child Health Plus plan starting April 1, 2017 through July 31, 2017. The document you provided NYSOH shows a Manage Plans screen of your account showing your four oldest children enrolled in a Child Health Plus plan from April 1, 2017 through July 31, 2017.

There is no indication in the record that your Navigator relied on this document when determining whether or not to submit an application for them in April 2017. There is further no date on the documentation to show when this page was provided to your Navigator. Therefore, based on your testimony and the record you only first realized that your four oldest children were no longer covered in July 2017.

Since there are insufficient facts that would support your Navigator relied on information presented to them before the July 6, 2017 application for health insurance and there is no indication of an application being provided for your four

oldest children prior to that date, the July 7, 2017 eligibility determination notice and enrollment confirmation notices are AFFIRMED.

You testified that you had not realized your children's enrollment in Medicaid with the Oswego County Department of Social Services had ended May 31, 2017, until you had tried to [REDACTED] for your child in July 2017. You explained that you believe you had not been provided a letter from that agency that your children's enrollment was going to be ending and that you were told by a NYSOH representative it had been transferred starting in March 2017.

Although the record supports your two youngest children were added to your application on April 11, 2017, there was no submission made for your four oldest children at that time. You testified you were filing the appeal because you were never provided paperwork from your Local Department of Social Services regarding the end date of their coverage and their transfer to NYSOH.

It is not within the authority of the NYSOH Appeals Unit to review notices or the proper issuance of notices from local agencies administering benefits under Non-MAGI based Medicaid. It cannot be determined whether proper notice was provided to you of the end date of your children's Medicaid coverage.

## **Decision**

The July 7, 2017, eligibility determination notice is AFFIRMED.

The July 7, 2017, enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** November 3, 2017

## **How this Decision Affects Your Eligibility**

The effective date of your four oldest children's Child Health Plus plan is August 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

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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  
Albany, NY 12211
- By fax: 1-855-900-5557

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## **Summary**

The July 7, 2017, eligibility determination notice is AFFIRMED.

The July 7, 2017, enrollment confirmation notice is AFFIRMED.

The effective date of your four oldest children'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:**



## 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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