



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

Notice of Decision

Decision Date: October 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020648

[REDACTED]

Dear [REDACTED],

On October 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 21, 2017 eligibility determination and July 4, 2017 plan enrollment 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: October 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020648

[REDACTED]

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 middle child's enrollment in her Child Health Plus plan was effective August 1, 2017?

Procedural History

On May 24, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your May 23, 2017 application, stating that your middle child (child) [REDACTED] was eligible for Child Health Plus (CHP) with a \$9.00 monthly premium, effective July 1, 2017. The notice directed you to pick a health plan for your child.

On June 7, 2017 and June 14, 2017, NYSOH issued eligibility determination notices, based on your June 6, 2017 and June 13, 2017 updated applications, stating that your child was eligible to purchase a qualified health plan at full cost if she qualified for a special enrollment period, effective July 1, 2017. The notice further stated that she did not qualify for CHP because federal and state data sources show that she was already enrolled in CHP.

On June 13, 2017, you uploaded a third-party health insurance (TPHI) termination letter, dated June 12, 2017, stating that your child's Empire CHP plan was ending effective July 1, 2017 (see Document [REDACTED]).

On June 21, 2017, NYSOH issued an eligibility determination notice, based on your June 20, 2017 updated application, stating that your child was eligible for

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CHP with a \$9.00 monthly premium, effective August 1, 2017. The notice directed you to pick a health plan for your child.

On July 4, 2017, NYSOH issued a plan enrollment notice confirming your selection of a CHP plan for your child with an effective start date of August 1, 2017.

On July 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as it did not begin July 1, 2017.

On October 4, 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 one child's eligibility and CHP enrollment start date.
- 2) You submitted applications to NYSOH for financial assistance on behalf of your child on May 23, 2017, June 6, 2017, June 13, 2017, and June 20, 2017.
- 3) According to your NYSOH account and your testimony, you were unable to enroll your child into her CHP plan through NYSOH until July 3, 2017, because she was enrolled in CHP outside of NYSOH until June 30, 2017.
- 4) A review of the telephone call record, dated May 23, 2017, demonstrates that you called NYSOH to apply for health coverage for all your children and to change all your children's CHP plan from Empire to Emblem. You were advised by the NYSOH representative that you had to disenroll your children from their current health plan outside of NYSOH and then to call back on June 1, 2017 so that you can have health coverage for them as of July 1, 2017.
- 5) A review of the telephone call record, dated June 6, 2017, shows that the NYSOH representative advised you that if you submitted a TPHI termination letter before the 16th of June 2017, your child would be covered with her CHP plan through NYSOH as of July 1, 2017.
- 6) According to your NYSOH account, and your testimony, on June 13, 2017, you updated your child's application for health insurance for the third time and submitted a TPHI termination letter, dated June 12, 2017. This letter

shows that your child was covered through Empire CHP outside of NYSOH until June 30, 2017 (see Document [REDACTED]).

- 7) According to your NYSOH account and your testimony, you were first able to enroll your child into a CHP plan on July 3, 2017, with an August 1, 2017 coverage start date.
- 8) You testified that you need your child's CHP plan to begin on July 1, 2017 because you have medical bills for that month.

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 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 child's enrollment in her CHP plan was effective August 1, 2017.

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On June 6, 2017 and June 13, 2017, you updated your child's application and she was found to be ineligible for CHP as of July 1, 2017, because federal and state data sources showed that she was enrolled in CHP outside NYSOH.

You testified, and submitted documentation showing, that at the time of your June 6, 2017 and June 13, 2017 application, your child was covered by CHP through Empire.

Further, the call records and your testimony reflects that you were told by a NYSOH representative that your child would have a July 1, 2017 effective date in her CHP plan through NYSOH if you supplied a copy of her TPHI termination letter before June 16, 2017. The record also reflects that you did supply the TPHI termination letter on June 13, 2017.

Ordinarily, for a child to be eligible for CHP through NYSOH is that he or she must not have other health insurance coverage. When NYSOH determines that a child has active coverage in a health insurance plan outside of NYSOH, he or she will not be eligible to enroll in a CHP plan.

Since your child was enrolled in health coverage outside of NYSOH until June 30, 2017, NYSOH determined you could not enroll her in a CHP plan prior to the termination of that plan on July 1, 2017.

Nevertheless, the record reflects that you provided proof of termination of your child's coverage as of July 1, 2017, such that you should have been allowed to enroll her in a CHP plan as of June 13, 2017.

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.

Had you been allowed to enroll your child as of June 13, 2017, her coverage would properly take effect on July 1, 2017.

Therefore, the June 21, 2017 eligibility determination notice is MODIFIED to state that, effective July 1, 2017, your child is eligible to enroll in CHP with a \$9.00 premium per month, and the July 4, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in her CHP plan is effective July 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's coverage in her CHP plan as of July 1, 2017 and to notify you accordingly.

Decision

The June 21, 2017 eligibility determination notice is MODIFIED to state that, effective July 1, 2017, your child is eligible to enroll in CHP with a \$9.00 premium per month.

The July 4, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in her CHP plan is effective July 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's coverage in her CHP plan as of July 1, 2017 and to notify you accordingly.

Effective Date of this Decision: October 18, 2017

How this Decision Affects Your Eligibility

Your child's eligibility for and enrollment in their Child Health Plus plan should have been effective as of July 1, 2017.

Your case is being sent back to NYSOH to effectuate your child's coverage in her CHP plan as of July 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the Child Health Plus plan your child's premium for the month of July 2017 for coverage to resume.

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:

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).

- 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

Summary

The June 21, 2017 eligibility determination notice is MODIFIED to state that, effective July 1, 2017, your child is eligible to enroll in CHP with a \$9.00 premium per month.

The July 4, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in her CHP plan is effective July 1, 2017.

Your case is RETURNED to NYSOH to effectuate your child's coverage in her CHP plan as of July 1, 2017 and to notify you accordingly.

Your child's eligibility for and enrollment in their Child Health Plus plan should have been effective as of July 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).

Your case is being sent back to NYSOH to effectuate your child's coverage in her CHP plan as of July 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the Child Health Plus plan your child's premium for the month of July 2017 for coverage to resume.

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 مجاناً.

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).

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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 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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