

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

Notice of Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020888

[REDACTED]

Dear [REDACTED],

On October 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 18, 2017 eligibility determination notice and June 20, 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 Date: October 17, 2017

NY State of Health Account ID: [REDACTED]
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[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did your children's Child Health Plus plan properly disenroll them from their coverage for non-payment of premiums?

Did NY State of Health properly determine that your child's enrollment in their Child Health Plus plan was effective August 1, 2017?

Procedural History

On June 2, 2017, a certified application counselor updated your household's application for financial assistance. Specifically, you indicated that your children were seeking coverage through NY State of Health (NYSOH).

On June 3, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017. This was because federal and state data sources showed that your children were already enrolled in Medicaid, Child Health Plus, or another program.

On June 5, 2017, a certified application counselor resubmitted your household's application for financial assistance.

On June 6, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017. This was because federal and state data

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sources showed that your children were already enrolled in Medicaid, Child Health Plus, or another program.

On June 6, 2017, a certified application counselor resubmitted your household's application for financial assistance.

On June 7, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017. This was because federal and state data sources showed that your children were already enrolled in Medicaid, Child Health Plus, or another program.

On June 7, 2017, a certified application counselor resubmitted your household's application for financial assistance.

On June 8, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017. This was because federal and state data sources showed that your children were already enrolled in Medicaid, Child Health Plus, or another program.

On June 8, 2017, a certified application counselor resubmitted your household's application for financial assistance.

On June 9, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017. This was because federal and state data sources showed that your children were already enrolled in Medicaid, Child Health Plus, or another program.

On June 9, 2017, a certified application counselor resubmitted your household's application for financial assistance.

On June 10, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017. This was because federal and state data sources showed that your children were already enrolled in Medicaid, Child Health Plus, or another program.

On June 16, 2017, NYSOH redetermined your children's eligibility for financial assistance.

On June 18, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus, effective August 1, 2017.

On June 19, 2017, you spoke to NYSOH's Account Review Unit and requested that your children's Child Health Plus start date be back dated. As a result, incident [REDACTED] was created.

On June 20, 2017, NYSOH issued a notice of enrollment, based on your plan selection on June 19, 2017, stating that your children were enrolled in a Child Health Plus plan, and that this enrollment in the plan would start August 1, 2017.

On July 25, 2017, incident [REDACTED] was marked as resolved as NYSOH and your children's Child Health Plus plan agreed to back date your children's enrollment to July 1, 2017.

On July 26, 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 June 1, 2017.

On October 11, 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 children's eligibility.
- 2) You testified that your children previously had coverage in a Child Health Plus plan outside of NYSOH. You further stated that you are not sure when your children's coverage transferred to NYSOH.
- 3) You testified that your children were disenrolled from their Child Health Plus plan on May 31, 2017 as you had failed to make a premium payment.
- 4) You testified that you learned that your children had been disenrolled from their Child Health Plus plan on June 2, 2017 when you received a notice form their Child Health Plus plan.
- 5) You further testified that on June 2, 2017 you went to a Fidelis enrollment center in order to reenroll your children in a Child Health Plus plan, but were unable to do so because the NYSOH system was still showing that your children had coverage.
- 6) You stated that your children were given an August 1, 2017 start date for their Child Health Plus plan, but that this was back dated to July 1, 2017, so that at present, your children are only without coverage for June 2017.

- 7) You first submitted an application to NYSOH for financial assistance for your children on June 2, 2017.
- 8) Your NYSOH account reflects, that you enrolled your children into a Child Health Plus plan on June 19, 2017.
- 9) You testified that you need your children's Child Health Plus plan to begin on June 1, 2017 because your daughter had to undergo [REDACTED] in June 2017.
- 10) The enrollment tab within your NYSOH account reflects that your children's Child Health Plus enrollment has been back dated to July 1, 2017.
- 11) A July 25, 2017 note within your NYSOH account indicates that your children's Child Health Plus start date was back dated to July 1, 2017.
- 12) The July 25, 2017 note within incident [REDACTED] indicates that NYSOH and the children's Child Health Plus plan have agreed to begin your children's Child Health Plus coverage as of July 1, 2017.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus 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) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

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 Child Health Plus 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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The first issue is whether your children’s Child Health Plus plan properly disenrolled them from their coverage for non-payment of premiums.

You testified that your children were previously enrolled in a Child Health Plus plan outside of NYSOH, but you were not sure when their coverage transferred to NYSOH.

The record reflects that your children were first marked as needing coverage through NYSOH in the June 2, 2017 application. Therefore, the record reflects that any coverage they had prior to this application was outside NYSOH.

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You testified that your children were disenrolled from their previous Child Health Plus plan as of May 31, 2017 as you had missed a premium payment.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

The Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums. Furthermore, this occurred with coverage outside of NYSOH, therefore, NYSOH lacks the jurisdiction to reach the merits as to whether or not your children were properly terminated from their Child Health plus plan for non-payment of premiums. Therefore, your appeal of your children's Child Health Plus plan's disenrollment is DISMISSED.

The second issue is whether NYSOH properly determined that your children's eligibility for and enrollment in their Child Health Plus plan was effective August 1, 2017.

The record reflects that you updated your children's application for health insurance on June 2, 2017. However, your children were found ineligible for Child Health Plus on June 2, 2017 because the system was showing that your children had active coverage outside of NYSOH.

Your children's Child Health Plus plan outside of NYSOH terminated on May 31, 2017, therefore, your children's coverage outside of NYSOH had already ended when you submitted your children's application for health insurance, and therefore, should not have resulted in your children being found ineligible for Child Health Plus through NYSOH.

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 permitted to select a Child Health Plus plan for enrollment for your children on June 2, 2017, your children's enrollment would have taken effect on the first day of the month following June 2017; that is, on July 1, 2017.

Additionally, NYOSH has conceded that your children should have been found eligible for and enrolled in their Child Health Plus plan as of July 1, 2017, as is

evidenced by the enrollment tab in your NYSOH account, the July 25, 2017 note in your NYSOH account, and the July 25, 2017 note in incident [REDACTED].

Therefore, the June 18, 2017 eligibility determination is MODIFIED to reflect that your children were eligible for Child Health Plus effective July 1, 2017. The June 20, 2017 enrollment confirmation notice is MODIFIED to reflect that your children were enrolled in their Child Health Plus plan as of July 1, 2017.

Your case is RETURNED to NYSOH to ensure that your children's enrollment in their Child Health Plus plan is effective as of July 1, 2017.

Decision

The June 18, 2017 eligibility determination is MODIFIED to reflect that your children were eligible for Child Health Plus effective July 1, 2017.

The June 20, 2017 enrollment confirmation notice is MODIFIED to reflect that your children were enrolled in their Child Health Plus plan as of July 1, 2017.

Your case is RETURNED to NYSOH to ensure that your children's enrollment in their Child Health Plus plan is effective as of July 1, 2017.

Effective Date of this Decision: October 17, 2017

How this Decision Affects Your Eligibility

Your children'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 ensure that your children's enrollment in their Child Health Plus plan is effective as of 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.

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).

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

Summary

The June 18, 2017 eligibility determination is MODIFIED to reflect that your children were eligible for Child Health Plus effective 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).

The June 20, 2017 enrollment confirmation notice is MODIFIED to reflect that your children were enrolled in their Child Health Plus plan as of July 1, 2017.

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

Your case is RETURNED to NYSOH to ensure that your children's enrollment in their Child Health Plus plan is effective as of 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.

(Bengali)

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1-855-355-5777

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.

אַײַדיש (Yiddish)

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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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