



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

Notice of Decision

Decision Date: October 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021056

[REDACTED]

Dear [REDACTED],

On October 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 2, 2017 eligibility determination and 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 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
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Decision

Decision Date: October 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021056



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 newborn child's enrollment in a full pay qualified health plan was effective September 1, 2017?

Procedural History

On July 21, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance, which included your newborn child.

On July 22, 2017, NYSOH issued an eligibility determination notice stating, in part, that your newborn child was eligible to enroll in a Child Health Plus plan with a \$45.00 monthly premium, effective July 1, 2017.

Also on July 22, 2017, NYSOH issued a plan enrollment notice confirming, in part, your newborn child's enrollment in a Child Health Plus plan with a \$45.00 monthly premium, effective July 1, 2017.

On August 1, 2017, NYSOH received your non-financial application for health insurance. That day a preliminary determination was prepared stating that your newborn child was newly eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2017.

Also on August 1, 2017, you spoke to NYSOH's Accounts Review Unit and appealed the preliminary eligibility determination insofar as your newborn child's enrollment in a full cost qualified health plan started as of September 1, 2017, and not as of July 1, 2017.

On August 2, 2017, NYSOH issued an eligibility determination notice stating, in part, that your newborn child was newly eligible to purchase a qualified health plan at full cost. This eligibility was effective September 1, 2017.

On August 2, 2017, NYSOH also issued a plan enrollment notice confirming your newborn child's enrollment in a full cost qualified health family plan with you and your spouse.

Also on August 2, 2017, NYSOH issued a plan disenrollment notice confirming your newborn child's coverage in her Child Health Plus plan would terminate as of August 31, 2017.

On October 6, 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 for the Hearing Officer to listen to NYSOH's Call Center recordings from July 21, 2017.

The Hearing Officer listened to the available recordings from July 21, 2017, after which the record was closed.

Findings of Fact

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

- 1) According to your NYSOH account, you submitted an updated application to NYSOH for financial assistance on July 21, 2017, which included your newborn child.
- 2) According to your NYSOH account, your newborn child was enrolled into a Child Health Plus plan, effective July 1, 2017, on July 21, 2017.
- 3) You testified that, when you called NYSOH on July 21, 2017, you made it clear to the representative that you were looking to have your newborn child added to your and your spouse's health insurance policy.
- 4) You testified that when you called NYSOH on July 21, 2017, you also made it clear to the representative that you were not looking for any financial assistance or subsidy with your newborn child's health insurance coverage.

- 5) NYSOH's Appeals Unit reviewed the telephone calls you made to NYSOH on July 21, 2017 and determined that:
 - a. You placed three calls on July 21, 2017 because two phone calls were disconnected.
 - b. You stated that you would like to add your newborn child to your health insurance, but at no point did you state that you wanted your application to be run as non-financial.
 - c. When your application was completed, the NYSOH representative informed you that you and your spouse were eligible for a subsidy to help you pay for your health insurance premium, and that your newborn child was eligible for a Child Health Plus plan with a \$45.00 monthly premium.
 - d. You asked the NYSOH representative if your newborn child was added to your and your spouse's health insurance, and she informed you that your child was just added to your application.
 - e. She further informed you that you would have to enroll your newborn child into a Child Health Plus plan of your choosing.
 - f. The NYSOH representative asked you if you knew what Child Health Plus plan you would like to enroll your newborn child in, and you responded that you did not.
 - g. The NYSOH representative informed you that you should contact your newborn child's pediatrician before picking a plan for enrollment to ensure that the pediatrician would accept the plan.
 - h. You asked if the NYSOH representative could look up what plans your newborn child's pediatrician accepted, and the NYSOH representative informed you that she would not be able to do that for you and that you would have to reach out to the health plan, or your newborn child's pediatrician to ask what plans they accepted.
 - i. The NYSOH representative assisted you in gaining access to your online NYSOH account, and informed you how to enroll your newborn child into a plan once you confirmed with your newborn child's pediatrician as to what plans they accepted.
- 6) The Events tab in your NYSOH account indicates that on July 21, 2017 at 12:06 P.M., you confirmed your newborn child's enrollment in a Child Health Plus plan.
- 7) You testified that, shortly after you enrolled your newborn child into a Child Health Plus plan, you received a call from your newborn child's pediatrician's office stating that they did not accept your newborn child's health insurance.
- 8) You testified that you were under the impression that you were adding your newborn child to your and your spouse's existing health insurance plan,

and that you did not want any subsidies for your newborn child's health insurance.

- 9) According to your NYSOH account, you updated your application to seeking non-financial assistance on August 1, 2017, and your newborn child was found eligible for a full pay qualified health plan.
- 10) According to your NYSOH account, you selected a full pay qualified health plan for your newborn child's enrollment on August 1, 2017.
- 11) According to your NYSOH account, your newborn child's enrollment in the plan became effective September 1, 2017.
- 12) You testified that you need your newborn child's qualified health plan to begin on July 1, 2017 because you have unpaid medical bills from July 2017 and August 2017.

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

Applicable Law and Regulations

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determine that your newborn child's enrollment in a full pay qualified health plan was effective September 1, 2017.

The record indicates that, on July 21, 2017, you contacted NYSOH and updated your account to include your newborn child, and an application for financial assistance was submitted on your family's behalf. Subsequently, your newborn child was found eligible to enroll in a Child Health Plus plan with a \$45.00 monthly premium. The record indicates that, on July 21, 2017, you enrolled your child into a Child Health Plus plan with a \$45.00 monthly premium, effective July 1, 2017.

You testified that you are seeking to have your newborn child enrolled into a full cost qualified health plan as of July 1, 2017; which you testified is what you wanted when you first contacted NYSOH on July 21, 2017. You further testified that when you called NYSOH on July 21, 2017 to add your newborn child to your NYSOH account, that you informed the NYSOH representative that you were looking to have your newborn child added to your and your spouse's health insurance plan, and that you were not interested in financial assistance.

However, after review of the telephone recording from July 21, 2017, it is determined that the NYSOH representative made it clear that your newborn child was only added to your NYSOH application, and you would have to enroll your newborn child into a Child Health Plus plan with a \$45.00 monthly premium after determining what plan your newborn child's pediatrician accepted. It is further determined that at no time during the application process did you request that your application be run as non-financial nor did you state that you would like your newborn child to be enrolled into your and your spouse's current qualified health plan. Further, the record indicates that on July 21, 2017, you logged on to your NYSOH account and selected a Child Health Plus plan for your newborn child's enrollment.

Therefore, you did not adequately demonstrate that your decision to enroll your newborn child into a Child Health Plus plan was influenced by a material error made by NYSOH because you did not request that your application be run as non-financial, nor did you request that your newborn child be enrolled into your and your spouse's qualified health plan. Additionally, the NYSOH representative informed you that your newborn child had just been added to your NYSOH application, and that you would have to determine what Child Health Plus plan your newborn child's pediatrician accepted by contacting your newborn child's pediatrician prior to enrolling your newborn child into a plan.

Further, the record indicates that, on August 1, 2017, you submitted a non-financial application for your family's health insurance. On August 2, 2017,

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NYSOH issued a plan enrollment notice stating that your newborn child's enrollment in a full pay qualified health plan was effective September 1, 2017.

When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month.

Therefore, NYSOH's August 2, 2017 eligibility determination notice and plan enrollment notice are [REDACTED] because those notices properly began your newborn child's eligibility for and enrollment in a full pay qualified health plan on September 1, 2017.

Decision

The August 2, 2017 eligibility determination notice is [REDACTED].

The August 2, 2017 enrollment confirmation notice is [REDACTED].

Effective Date of this Decision: October 25, 2017

How this Decision Affects Your Eligibility

This decision does not change your newborn child's eligibility.

Your newborn child's enrollment in her full pay qualified health plan began as of September 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.

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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 August 2, 2017 eligibility determination notice is [REDACTED].

The August 2, 2017 enrollment confirmation notice is [REDACTED].

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 decision does not change your newborn child's eligibility.

Your newborn child's enrollment in her full pay qualified health plan began as of September 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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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 b&tumi ama wo obi a okyerE 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.

שׂוֹדִישׁ (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.

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).