



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

Notice of Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021681

[REDACTED]

[REDACTED]

On October 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 22, 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021681

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly and timely determine that your child's eligibility for and enrollment in his Child Health Plus plan was effective October 1, 2017?

Procedural History

On August 21, 2017, NY State of Health (NYSOH) received your updated application for financial assistance, which indicated that your child needed health insurance coverage through NYSOH. That day a preliminary eligibility determination was prepared stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective October 1, 2017.

Also on August 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin on September 1, 2017.

On August 22, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for a Child Health Plus plan with a \$9.00 monthly premium, effective October 1, 2017.

Also on August 22, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in his Child Health Plus plan with a \$9.00 monthly premium, effective October 1, 2017.

On October 30, 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 child's eligibility.
- 2) You testified that your child has had coverage through Child Health Plus for many years.
- 3) You testified that you always renewed your child's Child Health Plus coverage through his plan.
- 4) You testified that you received a packet from your child's Child Health Plus plan in June 2017.
- 5) You testified that you completed the packet and sent it into your child's Child Health Plus plan.
- 6) You testified that you received confirmation that your child's Child Health Plus plan received the packet.
- 7) You testified that you were under the impression that your child's Child Health Plus coverage had been renewed for another year.
- 8) You testified that you were informed by emergency room staff that your child's Child Health Plus coverage was going to terminate on August 31, 2017, and you immediately called your child's Child Health Plus plan to see what had happened.
- 9) You testified that you were informed by your child's Child Health Plus plan that they do not renew by using any type of packet anymore, and that you would have to renew your child's coverage through NYSOH.
- 10) You testified that you never had to renew your child's Child Health Plus coverage through NYSOH until this year.
- 11) You testified that you did not receive anything from NYSOH informing you that you had to renew your child's coverage through NYSOH this year, nor did you hear anything from your child's Child Health Plus plan.

- 12) According to your NYSOH account, there is no notice from NYSOH indicating that your child's coverage had been transferred to NYSOH, nor was there any notice informing you of the need to renew his Child Health Plus coverage through NYSOH.
- 13) You testified that your child's Child Health Plus coverage terminated as of August 31, 2017.
- 14) You submitted an application to NYSOH for financial assistance with your child's health insurance on August 21, 2017.
- 15) According to your NYSOH account and your testimony, you enrolled your child into a Child Health Plus plan on August 21, 2017.
- 16) You testified that you need your child's Child Health Plus coverage to begin as of September 1, 2017 because he has unpaid medical bills from that month.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

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 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 issue under review is whether NYSOH properly determined that your child’s eligibility for and enrollment in his Child Health Plus plan was effective October 1, 2017.

You testified that your child has had coverage through Child Health Plus for many years. You further testified that in June 2017 you received a packet in the mail from your child’s Child Health Plus plan informing you that it was time to renew your child’s coverage. You testified that you returned the completed packet to your child’s Child Health plan, like you have many times in the past, and you received confirmation from your child’s Child Health Plus plan that the packet was received.

You testified that you thought that your child’s coverage had been renewed until you were informed that your child’s insurance was terminating on August 31, 2017 [REDACTED]. You testified that you contacted your child’s Child Health Plus plan and were informed that you had to renew your child’s coverage through NYSOH because the paper packets were no longer being accepted.

NYSOH is required to ensure a redetermination of Child Health Plus eligibility is effective on the first day of the coverage year.

There is no indication in the record that NYSOH issued a notice informing you that your child's coverage through Child Health Plus was being transferred to NYSOH, nor is there any indication in the record that you were informed you would need to renew your child's Child Health Plus coverage through NYSOH for the upcoming year; that is, as of September 1, 2017.

Therefore, it is concluded that NYSOH did not give you the proper or timely notice that your child was being transferred to NYSOH and that you needed to update your NYSOH account on your child's behalf in order to renew his Child Health Plus coverage for the upcoming year to continue without interruption.

You testified, and the record indicates, that you updated your NYSOH account on August 21, 2017 to indicate that your child needed health insurance coverage through NYSOH, and you enrolled your child into a plan that day. Therefore, we must assume that this is the information that would have been provided had you been timely informed of the need to renew your child's Child Health Plus coverage through NYSOH.

Therefore, the August 22, 2017 eligibility determination and plan enrollment notices are MODIFIED to state that your child is eligible for and enrolled in his Child Health Plus plan with a \$9.00 monthly premium, effective September 1, 2017.

Your case is being RETURNED to NYSOH to enroll your child in his Child Health Plus plan with a September 1, 2017 start date, and to notify you accordingly.

Decision

The August 22, 2017 eligibility determination is MODIFIED to state that your child is eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective September 1, 2017.

The August 22, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan was effective September 1, 2017.

Your case is being RETURNED to NYSOH to enroll your child in his Child Health Plus plan with a September 1, 2017 start date, and to notify you accordingly.

Effective Date of this Decision: November 13, 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 September 1, 2017.

Your case is being sent back to NYSOH to enroll your child into his Child Health Plus plan as of September 1, 2017. NYSOH will notify you once this is done.

You will be responsible for any premium payments for the months your child is enrolled into 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

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).

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 22, 2017 eligibility determination is MODIFIED to state that your child is eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium, effective September 1, 2017.

The August 22, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan was effective September 1, 2017.

Your case is being RETURNED to NYSOH to enroll your child in his Child Health Plus plan with a September 1, 2017 start date, and to notify you accordingly.

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

Your case is being sent back to NYSOH to enroll your child into his Child Health Plus plan as of September 1, 2017. NYSOH will notify you once this is done.

You will be responsible for any premium payments for the months your child is enrolled into 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:



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)

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. y&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.

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