



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

Notice of Decision

Decision Date: November 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022035

[REDACTED]

Dear [REDACTED],

On November 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 25, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022035

[REDACTED]

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 children's enrollment in their Child Health Plus plan and your enrollment in your Essential Plan were effective, October 1, 2017?

Procedural History

On July 20, 2017, you updated your NYSOH account.

On July 21, 2017, NYSOH issued a notice of eligibility determination, based on your July 20, 2017 application, stating that your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium each, effective September 1, 2017. The notice also stated that you were eligible for a full cost qualified health plan, effective September 1, 2017.

Also on July 21, 2017, NYSOH issued a notice of enrollment, based on your plan selection on July 20, 2017, stating that your children were enrolled in a Child Health Plus plan with a start date of September 1, 2017. The notice also advised you to select a qualified health plan.

On August 10, 2017, you updated your NYSOH account listing your household income as \$18,000.00.

NYSOH records reflect that on August 10, 2017, you and your children were placed in a pending Medicaid status.

On August 11, 2017, NYSOH issued a notice stating that the income in your application did not match what NYSOH had received from state and federal sources. You were directed to provide proof of income by August 25, 2017.

Also on August 11, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan was ending effective August 31, 2017 because your children were no longer eligible for Child Health Plus.

On August 14, 2017, you updated your NYSOH application and uploaded proof of income.

Also on August 14, 2017, NYSOH invalidated your proof of income.

On August 15, 2017, NYSOH issued a notice stating that the income in your application did not match what NYSOH had received from state and federal sources. You were directed to provide proof of income by August 25, 2017.

Also on August 15, 2017, NYSOH issued a notice stating that the documentation that you provided did not confirm the information in your application. You were directed to provide proof of income by August 25, 2017.

On August 22, 2017, you updated your NYSOH application listing your household income as \$38,400.00.

On August 23, 2017, NYSOH issued a notice of eligibility determination, based on your August 22, 2017 application, stating that your children were eligible for a Child Health Plus plan with a \$0.00 monthly premium and that you were conditionally eligible for the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

On August 25, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan and you were enrolled in an Essential Plan, effective October 1, 2017.

On August 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan and the start date of your Essential Plan insofar as they did not begin on September 1, 2017.

On November 8, 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 your children's enrollment start date in their Child Health Plus plan (October 1, 2017) and the start date of your Essential Plan (October 1, 2017).
- 2) You submitted an application to NYSOH for financial assistance on July 20, 2017.
- 3) On July 21, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium each and that you were eligible for a full cost qualified health plan, effective September 1, 2017.
- 4) On July 21, 2017, NYSOH issued a notice of enrollment, stating that your children were enrolled in a Child Health Plus plan, with a start date of September 1, 2017.
- 5) NYSOH records reflect that you did not select a qualified health plan.
- 6) On August 10, 2017, you updated your NYSOH account listing your household income as \$18,000.00.
- 7) NYSOH records reflect that on August 10, 2017, you and your children were placed in a pending Medicaid status.
- 8) By notice dated August 11, 2017, NYSOH disenrolled your children from their Child Health Plus plan, effective August 31, 2017. The notice stated that your children were no longer eligible for Child Health Plus.
- 9) On August 22, 2017, you updated your NYSOH application listing your household income as \$38,400.00.
- 10) Also on August 22, 2017 a Child Health Plus plan was selected for your children and an Essential Plan was selected for yourself.
- 11) You testified, and the record reflects, that your children's Child Health Plus plan enrollment start date and your Essential Plan start date were October 1, 2017.
- 12) You testified that you want your children's Child Health Plus plan and your Essential Plan to begin on September 1, 2017.

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

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential 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); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last

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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 is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan and your enrollment in your Essential Plan were effective, October 1, 2017.

On August 22, 2017, your NYSOH application was updated reflecting a household income of \$38,400.00.

Also on August 22, 2017, NYSOH determined that your children were eligible for a Child Health Plus plan with a \$0.00 monthly premium and that you were conditionally eligible for the Essential Plan with a \$20.00 monthly premium, effective October 1, 2017.

You testified that your children were enrolled in a Child Health Plus plan and you were enrolled in an Essential Plan on August 22, 2017.

The date on which a Child Health Plus or an Essential 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.

On August 22, 2017, a Child Health Plus plan was selected for your children and an Essential Plan was selected for you, so you and your children's enrollment properly took effect on the first day of the second following month; that is, on October 1, 2017.

Therefore, the August 25, 2017 enrollment confirmation notice stating that your children's Child Health Plus plan and your Essential Plan was effective October 1, 2017, is correct and must be AFFIRMED.

Decision

The August 25, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 20, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's Child Health Plus plan is October 1, 2017.

This decision does not change your eligibility.

The effective date of your Essential Plan is October 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.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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- 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 25, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's Child Health Plus plan is October 1, 2017.

This decision does not change your eligibility.

The effective date of your Essential Plan is October 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)

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।

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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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε 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.