



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022163

[REDACTED]

[REDACTED]

On November 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 22, 2017 enrollment 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

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022163



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 Fidelis Care as their Child Health Plus plan was effective October 1, 2017?

Procedural History

On December 1, 2016, NYSOH issued an eligibility determination notice stating that each of your three children were eligible to enroll in a Child Health Plus (CHP) plan at full cost, effective January 1, 2017.

Also on December 1, 2016, NYSOH issued an enrollment notice confirming your selection of Fidelis Care as your children's CHP plan as of November 30, 2017. The notice stated that your children's CHP plan coverage with Fidelis Care would begin effective January 1, 2017.

On August 8, 2017, NYSOH received an update to your application for health insurance.

On August 9, 2017, NYSOH issued an eligibility determination notice stating that your children were each found eligible for CHP with a reduced monthly premium of \$60.00, effective September 1, 2017.

Also on August 9, 2017, NYSOH issued an enrollment notice confirming that your children were enrolled in Fidelis Care as their CHP plan as of August 8, 2017. The notice stated that their coverage would begin effective September 1, 2017.

On August 11, 2017, NYSOH issued a disenrollment notice stating that your children's CHP plan coverage with Fidelis Care would end effective September 1, 2017.

Also on August 11, 2017, NYSOH issued an enrollment notice confirming your selection of a UnitedHealthcare CHP plan for your children's coverage as of August 10, 2017. The notice stated that their CHP plan coverage with UnitedHealthcare would begin effective September 1, 2017.

On August 21, 2017, NYSOH received an update to your application for health insurance.

On August 22, 2017, NYSOH issued an eligibility determination notice stating that your children were each found eligible for CHP with a reduced monthly premium of \$60.00, effective October 1, 2017.

On August 22, 2017, NYSOH issued a disenrollment notice stating that your children's CHP plan coverage with UnitedHealthcare would end effective September 30, 2017.

Also on August 22, 2017, NYSOH issued an enrollment notice confirming your selection of Fidelis Care as your children's CHP plan as of August 21, 2017. The notice stated that their CHP plan coverage with Fidelis Care would begin effective October 1, 2017.

On September 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date children's CHP plan with Fidelis Care insofar as their reenrollment in this plan began October 1, 2017, rather than September 1, 2017.

On November 6, 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 support the following findings of fact:

- 1) You testified that you are appealing only your children's eligibility.

- 2) You testified, and your NYSOH account reflects, that your children were enrolled in Fidelis Care as their CHP plan beginning at least as early as January 1, 2017.
- 3) You submitted an application to NYSOH for financial assistance on August 10, 2017.
- 4) The record reflects that you enrolled your children into UnitedHealthcare as their CHP plan on August 10, 2017.
- 5) You testified that while you did reach out to a representative at UnitedHealthcare to review your potential plan options, you did not authorize that representative to disenroll your children from their Fidelis Care CHP plan, and enroll them into a CHP plan issued by UnitedHealthcare.
- 6) You testified that you only realized that something was amiss with your children's coverage when you began to receive insurance cards from UnitedHealthcare.
- 7) You testified, and your NYSOH reflects, that you further updated your application on August 21, 2017 to take the necessary steps to reenroll your children in Fidelis Care as their CHP plan.
- 8) You testified that you need your children's CHP plan with Fidelis Care to begin on September 1, 2017 because you incurred significant medical bills due to CHP plan switch to UnitedHealthcare during the month of September 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).

Legal Analysis

The issue is whether NYSOH properly determined that your children’s enrollment in Fidelis Care as their CHP plan was effective October 1, 2017.

The record reflects that your children were enrolled in Fidelis Care as their CHP plan beginning January 1, 2017.

On August 10, 2017, your children were enrolled into UnitedHealthcare as their CHP plan. Accordingly, their CHP plan coverage with Fidelis Care was terminated effective August 31, 2017, and their coverage with UnitedHealthcare began effective September 1, 2017.

You testified that while you did reach out to a representative at UnitedHealthcare to review your potential plan options on or about August 10, 2017, you did not authorize that representative to disenroll your children from their Fidelis Care CHP plan, and enroll them into a CHP plan issued by UnitedHealthcare. However, the record does not contain any evidence that such a change in CHP plan coverage was completed without authorization, and the alleged error was not made by any individual affiliate with NYSOH.

Additionally, by your own testimony, you were aware in August 2017 that your children would not be covered by the same plan for September 2017, and your decision to proceed with medical treatment with doctors who did not accept the UnitedHealthcare plan is therefore the cause of the purported unreimbursed expenses.

You testified that you contacted NYSOH on August 21, 2017 and reenrolled your children into Fidelis Care as their CHP plan.

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.

Therefore, the August 22, 2017 enrollment notice stating that your children's reenrollment in Fidelis Care as their CHP plan was effective October 1, 2017, is correct and must be AFFIRMED.

Decision

The August 22, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: November 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

Your children's CHP plan coverage with UnitedHealthcare ended effective September 30, 2017.

Your children's CHP plan coverage with Fidelis Care resumed effective 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 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).

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 22, 2017 enrollment notice is AFFIRMED.

This decision does not change your children's eligibility.

Your children's CHP plan coverage with UnitedHealthcare ended effective September 30, 2017.

Your children's CHP plan coverage with Fidelis Care resumed effective October 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).

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।

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).

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&Etumi 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.

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.