



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

Notice of Decision

Decision Date: November 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022167

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 13, 2017, you both appeared by telephone at a hearing on your appeal of NY State of Health's September 15, 2017 plan 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022167

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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 children's enrollment in their Child Health Plus plans was effective October 1, 2017?

Procedural History

On August 16, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your August 15, 2017 application, stating that your children were eligible to enroll in Child Health Plus plans with \$15.00 monthly premiums, effective September 1, 2017. This notice directed you to pick a health plan for your children's enrollment and stated you would receive written confirmation from NYSOH once you have selected a plan.

On September 6, 2017, you selected Child Health Plus plans for your children's enrollment, effective October 1, 2017.

Also on September 6, 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 September 1, 2017.

On September 15, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on September 6, 2017, confirming your children's enrollment in their Child Health Plus plans with \$15.00 monthly premiums, effective October 1, 2017.

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On November 13, 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 the NYSOH's Call Center recordings from August 15, 2017.

The Hearing Officer listened to the two available phone recordings from August 15, 2017, after which the record was closed.

Findings of Fact

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

- 1) You testified that you have been dealing with the Child Health Plus insurance program since your youngest child was born.
- 2) You testified that you always reapplied for your children's Child Health Plus through your children's Child Health Plus provider's local office.
- 3) You testified that you received letters, dated May 26, 2017 and June 27, 2017, from your children's Child Health Plus plan provider informing you that you needed to renew your children's coverage for the Child Health Plus program through NYSOH.
- 4) You testified that you were under the impression that your children's Child Health Plus provider and Child Health Plus were the same entity.
- 5) The record indicates, and you testified, that you renewed your children's Child Health Plus coverage on August 15, 2017. You testified that you assumed that your children were automatically re-enrolled into a plan with the same Child Health Plus provider they have had for years.
- 6) You testified, and the record indicates, that you completed the August 15, 2017 application online without assistance from NYSOH.
- 7) NYSOH's Appeals Unit reviewed the phone calls you made to NYSOH on August 15, 2017 and determined that:
 - a. You and your spouse contacted NYSOH to obtain an invitation code.
 - b. You and your spouse contacted NYSOH a second time because you were having issues with your NYSOH account. You stated during this phone call that you were unable to begin the application.
 - c. During this call, you asked the NYSOH representative if your children would have the same coverage after you recertified, and the NYSOH representative informed you that you were just changing providers from Child Health Plus to NYSOH.

- d. It was during this call that the NYSOH representative informed you that you had two different accounts.
 - e. The NYSOH representative assisted you in getting an account activated so that you could proceed with your application. After the account was activated, you stated that you would submit the application online and would call back if you needed any assistance.
- 8) You testified that you did not know that Child Health Plus worked with other providers and that you would need to select a plan for your children's enrollment.
 - 9) The record indicates that NYSOH issued an eligibility determination notice on August 16, 2017. This notice stated that you needed to select a plan for your children's enrollment.
 - 10) Your NYSOH account indicates that you receive your notices from NYSOH by regular mail.
 - 11) You testified that you were not aware that you had to select a plan for enrollment until September 2017.
 - 12) The record indicates that you selected a Child Health Plus plan for your children's enrollment on September 6, 2017, with an effective start date of October 1, 2017.
 - 13) You testified that you need your children's Child Health Plus plans to begin on September 1, 2017, because you have unpaid medical bills from that month.
 - 14) You testified that if you had known that your children did not have insurance as of September 1, 2017, that you would have not brought them to the doctors for their [REDACTED].

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

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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 under review is whether NYSOH properly determined that your children’s enrollment in their Child Health Plus plan was effective October 1, 2017.

You testified that you have been dealing with Child Health Plus for many years, but that this was the first year that you had to renew your children’s coverage through NYSOH. You further testified that you received letters in the mail from your children’s Child Health Plus provider indicating that you needed to renew your children’s coverage through NYSOH for the upcoming insurance year. You testified, and the record reflects that, on August 15, 2017, you submitted an application for financial assistance with your children’s health insurance through NYSOH and your children were found eligible for Child Health Plus with \$15.00 monthly premiums, effective September 1, 2017.

You testified that you did not enroll your children into Child Health Plus plans on August 15, 2017, because you were not aware that a plan needed to be selected. You further testified that you were under the impression that Child Health Plus and your children’s Child Health Plus provider were the same thing and that your children would be automatically re-enrolled into their Child Health Plus plans with the provider they always have had.

You testified that you did not become aware that you needed to select a plan for enrollment for your children until you contacted your children’s previous Child Health Plus plan provider and you were told that your children were not enrolled.

The record indicates that you completed an application on August 15, 2017 by yourself online. However, you and your spouse made telephone calls to NYSOH that day because you were having issues with your NYSOH account. A review of the telephone recordings from August 15, 2017 indicate that you asked the NYSOH representative if your children's coverage would stay the same and she responded that you were just changing providers from Child Health Plus to NYSOH. The NYSOH representative failed to inform you that you would have to pick a Child Health Plus plan for your children's enrollment after completing the application.

Further, your NYSOH account indicates that you receive your notices from NYSOH by regular mail. Notice is considered received five days after the date on the notice. Therefore, the August 16, 2017 eligibility determination notice, which stated that you needed to pick a plan for your children's enrollment, would not have been considered received until August 21, 2017. Since you would have received the eligibility determination notice after the 15th of August 2017, you and your spouse were not provided with sufficient notice that would have allow you to take action to prevent a gap in coverage.

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.

Based on the credible evidence of record, it is reasonable to infer that you and your spouse were not aware that you would had to select a plan for your children's enrollment. Had you been made aware that you had to select Child Health Plus plans for enrollment on August 15, 2017, your children's Child Health Plus plans would have taken effect the first day of the month following August 2017; that is, September 1, 2017.

Therefore, the September 15, 2017 plan enrollment notice stating that your children's enrollment in their Child Health Plus plans was effective October 1, 2017 is MODIFIED to state that your children's enrollment in their Child Health Plus plans was effective September 1, 2017.

Your case is RETURNED to NYSOH to enroll your children into their Child Health Plus plans as of September 1, 2017, and to notify you accordingly.

Decision

The September 15, 2017 plan enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plans was effective September 1, 2017, and not 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).

Your case is RETURNED to NYSOH to enroll your children into their Child Health Plus plans as of September 1, 2017, and to notify you accordingly.

Effective Date of this Decision: November 24, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

Your children's enrollment in their Child Health Plus plans should have been effective as of September 1, 2017.

Your case is being sent back to NYSOH to enroll your children in their Child Health Plus plans as of September 1, 2017. NYSOBH will notify you once this has been done.

You will be responsible for all premium payments for all months your children are 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:

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).

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 September 15, 2017 plan enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plans was effective September 1, 2017, and not October 1, 2017.

This decision does not change your children's eligibility.

Your children's enrollment in their Child Health Plus plans should have been effective as of September 1, 2017.

Your case is being sent back to NYSOH to enroll your children in their Child Health Plus plans as of September 1, 2017. NYSOBH will notify you once this has been done.

You will be responsible for all premium payments for all months your children are enrolled into coverage.

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.

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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.

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. 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.

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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