



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

## Notice of Decision

Decision Date: November 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022910

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

Dear [REDACTED],

On November 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 24, 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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## Decision

Decision Date: November 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022910

[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 youngest child's enrollment in her Child Health Plus plan with a \$0.00 monthly premium was effective November 1, 2017?

## Procedural History

On July 25, 2017, NY State of Health (NYSOH) received your family's updated application for financial assistance with health insurance.

On July 26, 2017, NYSOH issued a notice of eligibility determination stating in part that your youngest child was eligible to enroll in Child Health Plus with a \$0.00 monthly premium, effective September 1, 2017.

Also on July 26, 2017, NYSOH issued a plan enrollment notice confirming your, your spouse's, and your other six children's enrollment in health insurance plans. This notice indicated that your youngest child was not enrolled into a Child Health Plus plan, and that a plan needed to be selected for your youngest child's Child Health Plus coverage to begin.

On September 24, 2017, NYSOH issued a plan enrollment notice stating, in part, that your youngest child was enrolled into a Child Health Plus plan with a \$0.00 monthly premium, effective November 1, 2017.

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On September 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's health insurance plan insofar as it did not begin September 1, 2017, and she was left with a gap in coverage.

On November 20, 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 youngest child's enrollment start date.
- 2) According to your NYSOH account, on July 25, 2017, your application counselor submitted an updated application for financial assistance with health insurance.
- 3) According to your NYSOH account, your youngest child was found eligible for a Child Health Plus plan with a \$0.00 monthly premium, effective September 1, 2017.
- 4) According to your NYSOH account, on July 25, 2017, the application counselor enrolled you, your spouse and your six other children into health insurance plans, but never enrolled your youngest child into a Child Health Plus plan.
- 5) You testified that you have always used an application counselor when applying for and enrolling into health insurance through NYSOH.
- 6) You testified that had you known that your youngest child was never enrolled into a plan, you would have contacted your application counselor to enroll your youngest child into coverage.
- 7) According to your NYSOH account, on September 22, 2017, your application counselor accessed your account and enrolled your youngest child into a Child Health Plus plan with a \$0.00 monthly premium, effective November 1, 2017.
- 8) You testified that your youngest child has unpaid medical bills from the months of September 2017 and October 2017.
- 9) You testified that you do not think it is fair that your youngest child was left with a gap in coverage due to a mistake made by an application counselor.

10) You further testified that you would like your youngest child to be enrolled into coverage as of 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).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your youngest child’s enrollment in her Child Health Plus plan was effective November 1, 2017.

The record indicates that, on July 25, 2017, your application counselor submitted an updated application for financial assistance for your family’s health insurance.

On July 26, 2017, NYSOH issued an eligibility determination, based on the July 25, 2017 application, stating in part that your youngest child was eligible to enroll in a Child Health Plus plan with a \$0.00 monthly premium, effective September 1, 2017. The record indicates that a plan was never selected for your youngest child's enrollment on July 25, 2017. The record further indicates that, on September 22, 2017, your application counselor accessed your account and enrolled your youngest child into a Child Health Plus plan with a \$0.00 monthly premium; which was effective November 1, 2017.

You testified that your youngest child has unpaid medical bills for the months of September 2017 and October 2017. You further testified that you are seeking to have your youngest child enrolled into coverage as of September 1, 2017 to cover these unpaid medical expenses.

Ordinarily, 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.

However, a review of the record indicates that your application counselor enrolled you, your spouse, and your six other children into health insurance plans on July 25, 2017, but neglected to enroll your youngest child into a Child Health Plus plan that day. You further testified that you would have enrolled your youngest child into coverage had you known that your youngest child did not have coverage. Therefore, it is reasonable to infer that your youngest child was never enrolled into a Child Health Plus plan with a \$0.00 monthly premium on July 25, 2017, through no fault of your own and due to an error made by your application counselor.

Therefore, the September 24, 2017 plan enrollment notice stating that your child's enrollment in her Child Health Plus plan with a \$0.00 monthly premium was effective November 1, 2017 is MODIFIED to state that your youngest child's enrollment was effective September 1, 2017.

Your case is RETURNED to NYSOH to enroll your youngest child into her Child Health Plus plan with a \$0.00 monthly premium effective September 1, 2017 through October 31, 2017, to close the gap in coverage caused by application counselor error.

## **Decision**

The September 24, 2017 plan enrollment notice stating that your child's enrollment in her Child Health Plus plan with a \$0.00 monthly premium was

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effective November 1, 2017 is MODIFIED to state that your youngest child's enrollment was effective September 1, 2017.

Your case is RETURNED to NYSOH to enroll your youngest child into her Child Health Plus plan with a \$0.00 monthly premium effective September 1, 2017 through October 31, 2017, to close the gap in coverage caused by application counselor error.

This Decision has no effect on any subsequent eligibility determinations and plan enrollment notices issued by NYSOH.

**Effective Date of this Decision:** November 27, 2017

### **How this Decision Affects Your Eligibility**

This decision does not change your youngest child's current eligibility.

Your case is being sent back to NYSOH to enroll your child into her Child Health Plus plan with a \$0.00 monthly premium from September 1, 2017 through October 31, 2017. NYSOH will notify you once this has been done.

### **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

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).

- 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 September 24, 2017 plan enrollment notice stating that your child's enrollment in her Child Health Plus plan with a \$0.00 monthly premium was effective November 1, 2017 is MODIFIED to state that your youngest child's enrollment was effective September 1, 2017.

Your case is RETURNED to NYSOH to enroll your youngest child into her Child Health Plus plan with a \$0.00 monthly premium effective September 1, 2017 through October 31, 2017, to close the gap in coverage caused by application counselor error.

This Decision has no effect on any subsequent eligibility determinations and plan enrollment notices issued by NYSOH.

This decision does not change your youngest child's current eligibility.

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Your case is being sent back to NYSOH to enroll your child into her Child Health Plus plan with a \$0.00 monthly premium from September 1, 2017 through October 31, 2017. NYSOH will notify you once this has been done.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**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)**

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.

## **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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