



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: January 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023142

[REDACTED]

[REDACTED]

On December 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 24, 2017 eligibility determination notice and August 25, 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
PO 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 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(b).

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: January 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023142

[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 the eligibility of your younger child, [REDACTED], for and enrollment in his Child Health Plus plan was effective October 1, 2017?

Procedural History

On July 25, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On July 26, 2017, NYSOH issued an eligibility determinant notice stating that your younger child was eligible to purchase a qualified health plan (QHP) at full cost, effective September 1, 2017. The notice stated that your younger child was not eligible for Child Health Plus (CHP) because state data sources show that he was enrolled in coverage through New York State Insurance Program (NYSHIP) and children with state health benefits are not eligible for CHP.

On August 1, 2017, NYSOH received a letter issued by the Office for People with Developmental Disabilities, dated August 1, 2017, stating that your younger child's medical coverage with Blue Cross Blue Shield issued through your previous employer, [REDACTED], was terminated effective July 20, 2017.

On August 2, 2017, August 9, 2017, and August 17, 2017, NYSOH issued eligibility determination notices stating that your younger child was not eligible for

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CHP because state data sources show that he was enrolled in coverage through NYSHIP and children with state health benefits are not eligible for CHP.

On August 23, 2017, NYSOH removed the NYSHIP from your NYSOH application.

On August 24, 2017, NYSOH issued an eligibility determination notice stating that your younger child was eligible for CHP with a \$0.00 per month premium, effective October 1, 2017.

On August 25, 2017, NYSOH issued an enrollment notice stating that your younger child was enrolled in a CHP plan, effective October 1, 2017.

On October 5, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his CHP plan, insofar as enrollment did not begin August 1, 2017.

On December 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 seeking to have your younger child's eligibility for and enrollment in CHP be effective as of August 1, 2017.
- 2) On July 25, 2017, you submitted an application for financial assistance. This application indicated that your younger child had NYSHIP coverage.
- 3) On August 1, 2017, NYSOH received by fax a letter stating that your younger child's coverage in NYSHIP terminated as of July 20, 2017.
- 4) The record indicates that the NYSHIP was removed from the system on August 23, 2017.
- 5) You testified that your younger child was without a CHP plan during August and September 2017. You testified that in September 2017 your child incurred medical bills as a result of his [REDACTED] during that month.
- 6) The record indicates that you selected a CHP plan for your younger child on August 24, 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

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

Additionally, to be eligible for Child Health Plus, the child may not be a member of a family that is eligible for health benefits coverage under a State health plan arising out of a family member's employment with a public agency of the state (NY-CSPA-19 at pg. 4-2, approved April 30, 2012 and effective November 11, 2011).

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 Child Health Plus premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage including the New York State Health Insurance Program (NYSHIP), or becomes eligible for Medicaid (NY Public Health Law § 2510(6), NY-CSPA-19 at pg. 4-2, approved April 30, 2012 and effective November 11, 2011).

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

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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 for review is whether NYSOH properly determined that your younger child's eligibility for and enrollment in a CHP plan was effective October 1, 2017.

On June 25, 2017, you submitted an application for financial assistance for younger child. This application indicated that your younger child had NYSHIP coverage.

On June 26, 2017, NYSOH issued an eligibility determination notice stating that your younger child was not eligible for CHP because state data sources show that they are enrolled in coverage through NYSHIP.

To be eligible for CHP, a child must not have other insurance coverage or be a member of a family that is eligible for health benefits coverage under a State health plan based on a family member's employment with a public agency of the state.

On August 1, 2017, NYSOH received a letter through your NYSOH account stating that your younger child's coverage in NYSHIP terminated as of July 20, 2017.

The reference to NYSHIP was subsequently removed from NYSOH's system on August 23, 2017. You selected a CHP plan on August 24, 2017.

Generally, 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 from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since you submitted documentation confirming the end date of your younger child's NYSHIP coverage on August 1, 2017, a plan could have been selected as of that day. Had you been able to submit an application and select a plan that day, your younger child's eligibility and enrollment would have begun on the first day of the month after August 2017; that is September 1, 2017.

Therefore, the August 24, 2017 eligibility determination and August 25, 2017, enrollment notices are MODIFIED to state that your younger child's eligibility for and enrollment in his CHP plan was effective as of September 1, 2017.

Decision

The August 24, 2017 eligibility determination and August 25, 2017 enrollment notices are MODIFIED to state that your younger child's eligibility for and enrollment in his CHP plan was effective as of September 1, 2017.

Your case is RETURNED to NYSOH to backdate your younger child's CHP plan effective September 1, 2017.

Effective Date of this Decision: January 22, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to backdate your younger child's coverage through his CHP plan to September 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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

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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.

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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 24, 2017 eligibility determination and August 25, 2017 enrollment notices are MODIFIED to state that your younger child's eligibility for and enrollment in his CHP plan was effective as of September 1, 2017.

Your case is being sent back to NYSOH to backdate your younger child's coverage through his CHP plan to September 1, 2017.

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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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا 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 sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyer& 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.