



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

Notice of Decision

Decision Date: January 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023550

[REDACTED]

[REDACTED]

On December 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 2017 eligibility determination and enrollment confirmation notices.

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).

This page intentionally left blank.



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

Decision

Decision Date: January 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023550



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 eligibility for, and enrollment in, their Child Health Plus (CHP) plan was effective December 1, 2017?

Procedural History

On October 11, 2017, NYSOH issued a notice, based on your October 10, 2017 application, stating that the income information in your application did not match information NYSOH received from state and federal data sources. The notice directed you to provide documentation of your income by October 25, 2017.

On October 19, 2017, you updated your NYSOH account. That day, NYSOH prepared a preliminary eligibility determination stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective December 1, 2017.

Also on October 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP eligibility, insofar as it did not begin November 1, 2017.

On October 20, 2017, NYSOH issued a notice of eligibility determination, based on your October 19, 2017 application, stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective December 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).

Also on October 20, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on October 19, 2017, stating that your children were enrolled in a CHP plan, and that their enrollment in this plan would start December 1, 2017.

On December 18, 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 the start date of your children's eligibility and enrollment in their CHP coverage.
- 2) You first submitted an application on October 10, 2017 and, in that application, you requested that your eligibility be determined based on your current monthly household income. As a result of the information you entered in your application, NYSOH sent you a notice requesting documentation to confirm, among other things, the income information in your application.
- 3) You testified that, on or around October 19, 2017, you spoke with someone from NYSOH who told you how to update the application so that you did not have to provide as much documentation.
- 4) Your NYSOH account confirms that you submitted an updated application to NYSOH for financial assistance on October 19, 2017. This application requested an eligibility determination based on your projected annual household income.
- 5) Your NYSOH account reflects that, on October 20, 2017, NYSOH issued an eligibility determination, based on your October 19, 2017 application, stating that your children were eligible for CHP as of December 1, 2017.
- 6) You testified, and your account confirms, that you selected a CHP plan for your children on October 19, 2017, and their coverage in that plan began on December 1, 2017.
- 7) You testified that your children previously had coverage through your employer-sponsored insurance, but that you switched jobs in October 2017.

- 8) You testified that you thought your coverage through your employer would extend through the end of October 2017, but that it in fact ended on your last day of employment, which was [REDACTED]
- 9) You testified that you need your children's CHP coverage to begin on November 1, 2017 because they both incurred medical bills in the month of November 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 CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 under review whether NYSOH properly determined that your children's eligibility for, and enrollment in, their CHP coverage was effective December 1, 2017.

You testified, and your NYSOH account confirms, that you first applied for coverage for your children on October 10, 2017. You testified that you had just found out that your employer-sponsored coverage ended on October 6 or 7, 2017, and so you applied to try to get your children enrolled as soon as possible. However, when you applied on October 10, 2017, you requested that your eligibility be based on current monthly income. This placed your children in a pending Medicaid status, and documentation was required to confirm your household income.

You testified that you contacted NYSOH on October 19, 2017 and found out that you could adjust your application so that NYSOH would not be requesting as much documentation from you. Your NYSOH account reflects that you updated your application on October 19, 2017, and this time requested that your eligibility be determined based on your household's expected annual income. As a result, your children were found eligible for CHP, and you enrolled them into a CHP plan that same day.

The date on which a CHP 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.

Though you first tried to apply on October 10, 2017, that application did not lead to an eligibility determination because of your request for a determination based on monthly income. Instead, that application led to a request from NYSOH for more documentation. You testified that you called NYSOH for assistance and updated your application again on October 19, 2017, and selected a plan that day. Since your previous application attempt was unsuccessful, and since it was not due to any mistake on NYSOH's part, your children's eligibility and enrollment must be based on an application and plan selection date of October 19, 2017.

Therefore, the October 20, 2017 eligibility determination and enrollment confirmation notices stating that your children's eligibility for, and enrollment in, their CHP coverage was effective December 1, 2017, are correct and must be AFFIRMED.

Decision

The October 20, 2017 eligibility determination notice is AFFIRMED.

The October 20, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 02, 2018

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's CHP coverage and enrollment is December 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.

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 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 October 20, 2017 eligibility determination notice is AFFIRMED.

The October 20, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's CHP coverage and enrollment is December 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:



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).

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 مجانًا.

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&btumi 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.