



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

## Notice of Decision

Decision Date: January 03, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023866

[REDACTED]

On December 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 13, 2017 eligibility determination and October 28, 2017 plan enrollment 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).

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## Decision

Decision Date: January 03, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023866

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your eldest child was ineligible for Child Health Plus as of October 13, 2017?

Did NYSOH properly enroll your eldest child in a Child Health Plus plan with an enrollment start date of December 1, 2017?

## Procedural History

On October 12, 2017, you submitted an application for financial assistance through NYSOH.

On October 13, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your eldest child was ineligible to enroll in Child Health Plus because they were incarcerated.

On October 27, 2017, your NYSOH account was updated.

On October 28, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your eldest child was eligible for Child Health Plus for a limited time, effective as of December 1, 2017. The notice instructed you to provide proof of their incarceration status by January 25, 2018.

Also on October 28, 2017, NYSOH issued a plan enrollment notice confirming that as of October 27, 2017, your eldest child was enrolled in a Child Health Plus

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plan with an enrollment start date of December 1, 2017. The notice instructed you to provide proof of their incarceration status by January 25, 2018.

Also on October 31, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your eldest child's health insurance.

On December 27, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was developed during the hearing. The record was closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified you are appealing the enrollment start date of your eldest child's Child Health Plus plan.
- 2) According to your NYSOH account, your eldest child was born on [REDACTED].
- 3) According to your October 12, 2017 application, you attested that your eldest child was in the [REDACTED] as of [REDACTED].
- 4) You testified that you found out between [REDACTED] and [REDACTED], that your eldest child would be released from [REDACTED].
- 5) According to your October 27, 2017 application, your account was updated to reflect that your eldest child was no longer in [REDACTED].
- 6) You testified that your eldest child was released on [REDACTED].
- 7) According to your NYSOH account, your eldest child was enrolled in a Child Health Plan on October 27, 2017.
- 8) You testified that you want your eldest child's coverage to be effectuated on October 27, 2017, or November 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 – Eligibility

An applicant must not be an inmate of a public institution or a patient of an institution for mental diseases, as defined at 42 CFR §435.1009, at the time of initial application or any redetermination of eligibility. A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control (NYSDOH 2008-2012 Model Contract Appendix C § 4.6; 42 CFR § 435.1010).

### Child Health Plus - Enrollment

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 first issue under review is whether NYSOH properly determined that your eldest child was ineligible for Child Health Plus as of October 13, 2017.

The record reflects that, on October 12, 2017, an application was submitted for your eldest child. In that application, you attested that your child was incarcerated at [REDACTED] and had been incarcerated since [REDACTED]

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A child who is an inmate in a public institution is not eligible for Child Health Plus. The record reflects that your child was confined to a public institution on the date of your October 12, 2017 application. Therefore, your child was properly determined ineligible for Child Health Plus and the October 13, 2017, eligibility determination notice to this effect is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your eldest child was enrolled in a Child Health Plus plan with an enrollment start date of December 1, 2017.

You credibly testified that you found out between [REDACTED] and [REDACTED], that your eldest child would be released from [REDACTED]. On October 27, 2017, you updated your account to reflect that your eldest child was no longer in [REDACTED]. Based on that update, your eldest child was determined eligible for Child Health Plus and enrolled in a health plan on October 27, 2017 with a December 1, 2017 enrollment start date.

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.

Since your eldest child's Child Health Plus plan was selected on October 27, 2017, after the sixteenth of the month, the plan should be effective on the first day of the second month following that date; that is, on December 1, 2017.

Therefore, the October 28, 2017 plan enrollment notice confirming your eldest child's enrollment in a Child Health Plus plan began December 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The October 13, 2017 eligibility determination notice is AFFIRMED.

The October 28, 2017 Plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 03, 2018

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

NYSOH properly determined that your eldest child was ineligible for Child Health Plus as of October 13, 2017.

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The effective date of your eldest child's Child Health Plus plan 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 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

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- By mail at:  
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- By fax: 1-855-900-5557

## **Summary**

The October 13, 2017 eligibility determination notice is AFFIRMED.

The October 28, 2017 plan enrollment notice is AFFIRMED.

NYSOH properly determined that your eldest child was ineligible for Child Health Plus as of October 13, 2017.

The effective date of your eldest child's Child Health Plus plan 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:**



**Getting Help in a Language Other than English**

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 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)**

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 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.