



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

Notice of Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024009

[REDACTED]

Dear [REDACTED],

On November 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 2, 2017 enrollment confirmation 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024009



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 Child Health Plus plan was effective as of December 1, 2017?

Procedural History

On October 15, 2017, NY State of Health (NYSOH) received your children's initial application for health insurance.

On October 16, 2017, NYSOH issued a notice of eligibility determination, based on your October 15, 2017 application, stating that your children were eligible to enroll in Child Health Plus for a limited time with a \$9.00 monthly premium, effective November 1, 2017. This notice advised you that you needed to pick a health plan for your children.

On November 1, 2017, your children were enrolled in a Child Health Plus plan.

On November 2, 2017, NYSOH issued a notice of enrollment, based on your plan selection on November 1, 2017, stating that your children were enrolled in a Child Health Plus plan, and that this enrollment in the plan would start December 1, 2017.

On November 3, 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 November 1, 2017.

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Also on November 3, 2017, NYSOH received your request for an expedited hearing.

On November 7, 2017, your request for an expedited hearing was approved.

On November 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you waived your right to formal notice of the hearing. The record was developed during the hearing and remained open to allow the Hearing Officer time to review telephone conversations that you had with NYSOH. A total of four phone calls were reviewed. The record is now closed.

Findings of Fact

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

- 1) You testified that you are appealing your children's start date in their Child Health Plus plan.
- 2) You testified that in August 2017 you received a letter from your children's Child Health Plus plan advising you that you needed to enroll them into coverage with NYSOH.
- 3) You testified that there were phone numbers on the paper that you called in order to receive assistance. You were unclear as to what telephone numbers you called for assistance.
- 4) You testified that you called NYSOH on October 13, 2017 for application help.
- 5) You testified that you again called NYSOH on October 15, 2017 for assistance with adding your mother to your NYSOH account.
- 6) You testified that while you were on the phone with someone they assisted you with your application and enrolling your children into a Child Health Plus plan.
- 7) The events tab in your NYSOH account indicates that you submitted an application for health insurance on October 15, 2017. The application was submitted by your username and no health plan was selected for your children on that day.
- 8) The events tab in your NYSOH account indicates that your children were not enrolled into a Child Health Plus plan until November 1, 2017.

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- 9) The first phone recording reviewed occurred on September 18, 2017. During that phone call, you stated that you were calling to renew your children's Child Health Plus plan. The representative explained to you that you do not currently have an account through NYSOH and that it would take 45-60 minutes to submit an application over the phone. You stated that you did not want to submit an application on the phone and that you have until October 15, 2017 so it should be fine.
- 10) The second phone recording reviewed occurred on September 29, 2017. During that phone call, you stated that you were trying to do the renewal online but you were loss. The NYSOH representative stated that you did not have an account through NYSOH and asked you if you wanted to create one. You stated that that would take forever. The representative then explained to you how to create an account and login yourself.
- 11) The third phone recording reviewed occurred on September 29, 2017. During that phone call, you stated that you were doing the application and that you got a warning sign and you were calling for help. The representative resolved the issue for you on the phone. You also asked about putting your mother on the application because you were worried about her income being counted towards your children's eligibility.
- 12) No phone recordings or calls took place to NYSOH in the month of October 2017.
- 13) The fourth phone recording reviewed occurred on November 1, 2017. During that phone call, you were asking how to submit income documentation in order to verify your children's eligibility. You then explained to the representative that your daughter's doctor called and told you that your children were not covered by insurance. You stated that you thought everything was fine because you submitted your application in October. The representative explained that the enrollment was showing as "in progress." The representative explained that your children were not enrolled on October 15, 2017 because no one chose a plan for them that day. The representative then selected a plan for your children, advised you that their plans would start on December 1, 2017, and gave you instructions on how to pursue a backdate for your children's coverage.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

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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 is whether NYSOH properly determined that your children’s Child Health Plus plan was effective December 1, 2017.

The record contains a phone recording from September 18, 2017 in which you were seeking assistance with your application, the representative explained to you that you do not currently have an account through NYSOH and that it would take 45-60 minutes to submit an application over the phone. You stated that you did not want to submit an application on the phone at that time.

On September 29, 2017, your NYSOH account was created, however no application for financial assistance on behalf of your children was submitted that day.

The record contains two phone recordings from September 29, 2017 in which you were seeking assistance with your application. In the first call recording, an NYSOH representative stated that you did not have an account through NYSOH and asked you if you wanted to create one. You stated that that would take forever. The representative then explained to you how to create an account and login yourself. In the second call recording, you stated that you were doing the

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application and that you got a warning sign and you were calling for help. The representative resolved the issue for you. An application was not submitted and you did not select or confirm a Child Health Plus plan for your children in either of the September 29, 2017 phone calls.

The events tab in your NYSOH account indicates that you submitted your children's first completed application for health insurance on October 15, 2017. The application was submitted by your username and no health plan was selected for your children on that day. During the hearing, you testified that you called NYSOH on October 13, 2017 and October 15, 2017 for application help. However, there were no phone recordings or calls logged for the month of October 2017 between yourself and NYSOH.

On November 1, 2017, your children were enrolled into a Child Health Plus plan by an NYSOH representative. The phone call associated with that enrollment was reviewed. During that phone call, you explained to the representative that your daughter's doctor called and told you that your children were not covered. You stated that you thought everything was fine because you submitted your application in October. The representative explained that the enrollment was showing as "in progress". The representative explained that your children were not enrolled on October 15, 2017 because no one chose a plan for them that day.

You testified that you called multiple phone numbers for assistance. NYSOH Appeals Unit only has the ability to review phone calls that were placed with NYSOH representatives. Therefore, the credible evidence in the record indicates that the first time a Child Health Plus plan selection occurred and was confirmed by NYSOH with you, was November 1, 2017.

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 a plan was selected for your children on November 1, 2017, their plan would probably begin on the first day of the following month after November; that is on December 1, 2017.

Therefore, the November 2, 2017 enrollment confirmation notice stating that your children were enrolled into a Child Health Plus plan, effective December 1, 2017 is AFFIRMED.

Decision

The November 2, 2017 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: November 13, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your children'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

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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 November 2, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your children'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

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&etumi ama wo obi a okyerε 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.

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