



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

Notice of Decision

Decision Date: January 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024021

[REDACTED]
[REDACTED],

On January 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s November 4, 2017, and November 26, 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 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 Date: January 10, 2018

NY State of Health Account ID: [REDACTED]
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Issue

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

Did NY State of Health (NYSOH) fail to enroll your children in a Child Health Plus plan, and you and your spouse in an Essential Plan, effective November 1, 2017?

Procedural History

On September 17, 2017, NYSOH issued a renewal notice stating that it was time to renew your household's health insurance coverage. That notice further stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your household would qualify for financial help paying for health coverage. You were instructed to update your account by October 15, 2017, so that an eligibility determination could be made.

On October 17, 2017, NYSOH issued an eligibility determination notice stating that your household was no longer eligible for health insurance effective November 1, 2017, because you did not complete your renewal within the required timeframe.

On October 17, 2017, NYSOH issued a disenrollment notice stating that your household's Medicaid Managed Care plan would end on October 31, 2017, because you all were no longer eligible to enroll in health insurance coverage.

On October 31, 2017, your NYSOH account was updated.

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On November 1, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 premium per month, and your children were eligible for Child Health Plus, with a \$0.00 per month premium, all effective December 1, 2017.

On November 3, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your household's health insurance coverage.

On November 4, 2017, NYSOH issued a plan enrollment notice confirming that as of November 3, 2017, your children were enrolled in a Child Health Plus plan with an enrollment start date of December 1, 2017; and your and your spouse's coverage with the Essential Plan would not begin until a plan was chosen.

On November 26, 2017, NYSOH issued a plan enrollment notice confirming that as of November 25, 2017, you and your spouse were enrolled in an Essential Plan with an enrollment start date of December 1, 2017.

On January 4, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of the October 31, 2017 telephone conversation between you and NYSOH's customer service center.

On January 4, 2018, the Hearing Officer received and reviewed the recording of your October 31, 2017 conversation with NYSOH's customer service center. That conversation has been incorporated into the record and will be referred to as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you are applying for health insurance for yourself, your spouse, and three children.
- 2) According to your NYSOH account, your children were born on [REDACTED]; [REDACTED], and [REDACTED].
- 3) You testified that you received NYSOH's September 17, 2017 notice to renew your household's coverage before October 15, 2017.
- 4) You testified that you attempted to complete your household's renewal before October 15, 2017; however, you were unable to complete the application because of a system error.

- 5) On October 27, 2017, NYSOH reviewed your October 12, 2017 telephone call with NYSOH's customer service (Tracking #: [REDACTED]). In summary:

You contacted NYSOH's customer service center because you were unable to complete the application online due to a system error. You expressed a desire to complete the application over the telephone; however, the NYSOH representative was unable to complete the application because of the existing error. The NYSOH representative instructed you to call NYSOH back within 24 hours if the error remained on the account.
- 6) According to your NYSOH account, on October 31, 2017, you contacted NYSOH and your household's application was completed.
- 7) On October 31, 2017, you and your spouse were determined eligible to enroll in the Essential Plan and your children eligible to enroll in Child Health Plus. The NYSOH representative gave you the option to select health plans at that time or online after you reviewed your plan options. You elected to select your household's health insurance plans online at your own convenience (Appellant Exhibit A).
- 8) You testified that [REDACTED] is your NYSOH account username.
- 9) According to your NYSOH account, on November 3, 2017, you enrolled your children in a Child Health Plus plan.
- 10) According to your NYSOH account, on November 25, 2017, you enrolled yourself and your spouse in an Essential Plan.
- 11) You testified that you incurred medical expenses in the month of November 2017 and want your household's plans to be effective as of November 1, 2017.

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

Applicable Law and Regulations

Medicaid Coverage - Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the

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individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Child Health Plus – Start Date

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).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH failed to enroll your children in a Child Health Plus plan, and you and your spouse in an Essential Plan, effective November 1, 2017

On September 17, 2017, NYSOH issued a renewal notice stating that there was not enough information to determine whether the members of your household were eligible to continue their financial assistance for health insurance, and that you needed to renew your child's coverage by October 15, 2017, or their financial assistance may end.

You credibly testified that you received the September 17, 2017 notice; however, you were unable to complete the renewal online because of a system error, so you contacted NYSOH's customer service center. The record reflects that on October 12, 2017, you contacted NYSOH's customer service center with the desire to complete your renewal application over the telephone. The NYSOH representative was unable to complete the application because of the existing error on your account. The representative instructed you to contact NYSOH within 24 hours, if the error remained.

The record reflects that on October 31, 2017, you contacted NYSOH's customer service center and completed your household's application. Based on your application, you and your spouse were determined eligible to enroll in the Essential Plan and your children eligible to enroll in Child Health Plus. The NYSOH representative gave you the option to select health plans at that time or online after reviewing your plan options. You elected to select your household's health insurance plans online, after reviewing the coverage options (Appellant Exhibit A).

The record supports that you selected your children's health plan on November 3, 2017, and your and your spouse's health plan on November 25, 2017.

The date on which Child Health Plus and Essential Plans can take effect depends on the day a person selects the plan for enrollment. If the plan is selected from the first day to the fifteenth day of a month, the plan is effective on

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the first day of the following month. If the plan is selected from the sixteenth day of the month to the end of the month, the plan is effective on the first day of the second following month.

The credible record supports that you were unable to complete your household's application on October 12, 2017, because of a system error; however, you were instructed to contact NYSOH within 24 hours, if the error remained. The record reflects that you did not contact NYSOH until October 31, 2017, to complete the application. Further, your household's health plans were not selected until November 3, 2017, and November 25, 2017, respectively.

Therefore, NYSOH did not fail to enroll your household in health plans with an enrollment start date of November 1, 2017. The November 4, 2017, and November 26, 2017 plan enrollment notices are AFFIRMED.

Decision

The November 4, 2017 plan enrollment notice is AFFIRMED.

The November 26, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: January 10, 2018

How this Decision Affects Your Eligibility

Your children's Child Health Plus plan began as of December 1, 2017.

Your and your spouse's Essential Plan began as of 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

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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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 4, 2017, enrollment notice is AFFIRMED.

The November 26, 2017, enrollment notice is AFFIRMED.

Your children's Child Health Plus plan began as of December 1, 2017.

Your and your spouse's Essential Plan began as of December 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، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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