



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

Notice of Decision

Decision Date: February 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024206

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

On February 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s October 30, 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024206

[REDACTED]
[REDACTED]
[REDACTED]

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 youngest child and third youngest child’s enrollment in their Child Health Plus plan for a cost of \$9.00 per month each was effective December 1, 2017?

Procedural History

On November 3, 2016, NYSOH issued an eligibility determination notice stating your youngest child was eligible for Medicaid, effective November 1, 2016. You then enrolled him in a Medicaid Managed Care plan as of February 1, 2016.

On July 13, 2017, you updated your application to state your third youngest child (middle child) was now applying for health insurance through NYSOH.

On July 14, 2017, NYSOH issued an eligibility determination notice stating your youngest child was no longer eligible for Medicaid, but his coverage would continue until October 31, 2017. Your middle child was eligible to purchase a qualified health plan at full cost, effective August 1, 2017, because federal and state data sources show he was already enrolled in Medicaid, Child Health Plus, or another program.

On August 10, 2017, NYSOH issued an eligibility determination notice stating your youngest child was no longer eligible for Medicaid, but his coverage would continue until October 31, 2017. Your middle child was determined eligible for

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Child Health Plus with a premium responsibility of \$9.00 per month, effective September 1, 2017.

On August 10, 2017, NYSOH issued an enrollment notice confirming your youngest child's enrollment in a Medicaid Managed Care plan, effective February 1, 2016. The notice also stated your middle child could now pick a health plan.

On September 3, 2017, NYSOH issued a renewal notice stating it was time to renew your youngest child's coverage for the upcoming year. The notice stated, based on information for state and federal data sources, a decision could not be made about whether or not he qualified for financial assistance with his health coverage. The notice directed you to update the information in your NYSOH account by October 15, 2017 and, if you missed this deadline, the financial assistance he was currently receiving could end.

On October 17, 2017, NYSOH issued a notice that your youngest child was no longer eligible for health insurance through NYSOH. The notice stated this was because you did not respond to the renewal notice and did not complete the renewal within the required timeframe.

On October 17, 2017, NYSOH issued an eligibility determination notice stating your middle child was eligible for Child Health Plus for a cost of \$9.00 per month, effective November 1, 2017.

On October 18, 2017, NYSOH issued a disenrollment notice stating your youngest child's enrollment in his Medicaid Managed Care plan would end on October 31, 2017.

On October 26, 2017, NYSOH issued a notice stating your youngest child and your middle child were eligible for Child Health Plus for a cost of \$9.00 per month each, effective December 1, 2017.

On October 26, 2017, NYSOH issued an enrollment notice stating your youngest child and your middle child could now pick a health plan.

On October 30, 2017, NYSOH issued an enrollment notice stating your youngest child and your middle child were enrolled in a Child Health Plus plan for a cost of \$9.00 per month, each effective December 1, 2017.

On November 9, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child and your middle child's enrollment in their Child Health Plus plan insofar as it did not begin November 1, 2017.

On January 24, 2018, NYSOH issued a notice stating your youngest child was eligible for Medicaid from November 1, 2017 through November 30, 2017 and that he had coverage through his Medicaid Managed Care plan during this time.

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On February 2, 2018, 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 youngest child and middle child's Child Health Plus plan start date changed from December 1, 2017 to November 1, 2017.
- 2) According to your NYSOH account, your youngest child and your middle child were enrolled in a Child Health Plus plan on October 25, 2017, with a start date of December 1, 2017.
- 3) According to your NYSOH account, an incident was filed in which NYSOH representatives state, after your middle child was added your application as now applying for insurance, a system defect prevented a new enrollment file from being sent for [REDACTED]
- 4) According to your NYSOH account, after your hearing on February 2, 2018, a NYSOH representative re-enrolled your youngest child back into his Medicaid Managed Care plan for the month of November 2017.
- 5) Also according to your NYSOH account, after your hearing on February 2, 2018, a NYSOH representative enrolled your middle child into a Child Health Plus plan effective September 1, 2017 through October 31, 2017 for a cost of \$0.00 per month and for the month of November 2017 for a cost of \$9.00.
- 6) Your application states your children reside in [REDACTED], NY.

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 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

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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 under review is whether NYSOH properly determined that your youngest child and middle child’s enrollment in their Child Health Plus plan for a cost of \$9.00 per month each was effective December 1, 2017.

Your youngest child and your middle child were enrolled in a Child Health Plus plan on October 25, 2017 for an effective date of December 1, 2017 at a cost of \$9.00 per month each. The record supports NYSOH representatives acknowledged that a defect was found on your account that prevented an earlier enrollment start date for your youngest child and your middle child (see Incident

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After your hearing, your youngest child was enrolled back into his Medicaid Managed Care plan for the month of November 2017. Your middle child was enrolled in a Child Health Plus plan effective September 1, 2017 through October 31, 2017, for a cost of \$0.00 per month and for the month of November 2017, for a cost of \$9.00.

Since the record now supports NYSOH addressed the issue you initially appealed by enrolling your children into coverage during the months in which they were showing a gap in coverage, the issue has been rendered moot. It is therefore not necessary for a full discussion of the facts or merits of your appeal request at this time.

The October 30, 2017 enrollment confirmation notice is MODIFIED to state your middle child's Child Health Plus plan for a cost of \$9.00 per month was effective November 1, 2017.

The record shows NYSOH issued a notice on January 24, 2018, stating your youngest child was eligible for Medicaid for November 1, 2017 through November 30, 2017, and that he had coverage through his Medicaid Managed Care plan during this time.

Your case is RETURNED to NYSOH to issue an enrollment notice that confirms your middle child's enrollment in a Child Health Plus plan for a cost of \$9.00 and a start date of November 1, 2017.

Decision

The October 30, 2017 enrollment confirmation notice is MODIFIED to state your middle child's Child Health Plus plan for a cost of \$9.00 per month was effective November 1, 2017.

The record shows NYSOH issued a notice on January 24, 2018, stating your youngest child was eligible for Medicaid for November 1, 2017 through November 30, 2017 and that he had coverage through his Medicaid Managed Care plan during this time.

Your case is RETURNED to NYSOH to issue an enrollment notice that confirms your middle child's enrollment in a Child Health Plus plan for a cost of \$9.00 and a start date of November 1, 2017.

Effective Date of this Decision: February 21, 2018

How this Decision Affects Your Eligibility

Your youngest child was eligible for Medicaid and enrolled in a Medicaid Managed Care plan at no cost, effective November 1 through November 30, 2017.

Your youngest child was enrolled in a Child Health Plus plan for a cost of \$9.00 per month effective December 1, 2017.

Your youngest child has no gap in health insurance coverage.

Your middle child was eligible for and enrolled in a Child Health Plus plan for a cost of \$0.00 per month effective September 1, 2017 through October 31, 2017.

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Your middle child was enrolled in a Child Health Plus plan for a cost of \$9.00 per month effective November 1, 2017.

Your middle child has no gap in health insurance coverage.

You are responsible for any premium payments required by your health plan for the months your children have been enrolled in their Child Health Plus plan.

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.

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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 30, 2017 enrollment confirmation notice is MODIFIED to state your middle child's Child Health Plus plan for a cost of \$9.00 per month was effective November 1, 2017.

The record shows NYSOH issued a notice on January 24, 2018, stating your youngest child was eligible for Medicaid for November 1, 2017 through November 30, 2017 and that he had coverage through his Medicaid Managed Care plan during this time.

Your case is RETURNED to NYSOH to issue an enrollment notice that confirms your middle child's enrollment in a Child Health Plus plan for a cost of \$9.00 and a start date of November 1, 2017.

Your youngest child was eligible for Medicaid and enrolled in a Medicaid Managed Care plan at no cost, effective November 1 through November 30, 2017.

Your youngest child was enrolled in a Child Health Plus plan for a cost of \$9.00 per month effective December 1, 2017.

Your youngest child has no gap in health insurance coverage.

Your middle child was eligible for and enrolled in a Child Health Plus plan for a cost of \$0.00 per month effective September 1, 2017 through October 31, 2017.

Your middle child was enrolled in a Child Health Plus plan for a cost of \$9.00 per month effective November 1, 2017.

Your middle child has no gap in health insurance coverage.

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You are responsible for any premium payments required by your children's health plan for the months your children have been enrolled in their Child Health Plus plan.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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 srε wo, frε 1-855-355-5777. ye&εtumi 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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