



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: AP000000024323

[REDACTED]

[REDACTED]

On January 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 27, 2017 enrollment confirmation notice and the November 15, 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

Decision Date: February 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024323



Issue

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

Did NY State of Health (NYSOH) properly determine the enrollment of you and your children in your health plans became effective no earlier than December 1, 2017?

Procedural History

On August 25, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium and your children were eligible for Child Health Plus with a \$9.00 monthly premium, effective October 1, 2017. The notice directed you to “pick a health plan” for you and your children.

On October 27, 2017, NYSOH issued a notice of enrollment, based on your October 26, 2017 plan selection, confirming your children were enrolled in a Child Health Plus plan, effective December 1, 2017.

On November 14, 2017, you contacted NYSOH and selected and Essential Plan for yourself.

Also on November 14, 2017, you spoke to NYSOH’s Account Review Unit and appealed insofar as the health plan enrollments of you and your children were not effective earlier than December 1, 2017.

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On November 15, 2017, NYSOH issued a notice of enrollment, based on your November 14, 2017 plan selection, confirming you were enrolled in an Essential Plan, effective December 1, 2017.

Also on November 15, 2017, NYSOH issued a notice confirming you had updated your communication preference on November 14, 2017 to receive your information from NYSOH electronically.

On January 26, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) On August 24, 2017, NYSOH verified your income documentation, recalculated your household income, and determined you eligible for the Essential Plan and your children eligible for Child Health Plus, effective October 1, 2017.
- 2) You testified you are not appealing that eligibility determination.
- 3) The eligibility determination notice issued by NYSOH on August 25, 2017 directed you to pick health plans for you and your children.
- 4) You testified that you did not receive the August 24, 2017 eligibility determination notice from NYSOH.
- 5) You testified that in August 2017 you had requested to receive your notices from NYSOH by regular mail.
- 6) You confirmed that the mailing address listed on the August 25, 2017 eligibility determination notice was your correct mailing address.
- 7) There is no record of any notice issued to you by NYSOH being returned as undeliverable.
- 8) You testified that you did not know you had to select health plans for you and your children.
- 9) You testified that you did not know your children did not have health coverage until October when you took your child to [REDACTED] for medical treatment.

- 10) According to your account, you contacted NYSOH on October 26, 2017 to select a Child Health Plus plan for your children. Coverage through that plan became effective on December 1, 2017.
- 11) According to your account, you contacted NYSOH again on November 14, 2017 to select an Essential Plan for yourself. Coverage through that plan became effective on December 1, 2017.
- 12) You testified that you realized you were having issues receiving notices from NYSOH, so you updated your communication preference to receive notices from NYSOH electronically.
- 13) Your account confirms that your communication preference was updated on November 14, 2017.
- 14) You testified that you are seeking to backdate the effective dates of the health plan enrollments for you and your children to October 1, 2017.
- 15) You testified that you have outstanding medical bills for you and your children from the months of October and November 2017.
- 16) You testified that you are not appealing the eligibility of you and your children. You are only appealing the effective dates of your health plan 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 - Effective Dates of Coverage

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 Dates of Coverage

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 www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

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 properly determined the enrollment of you and your children in your health plans became effective no earlier than December 1, 2017.

According to your account, NYSOH issued an eligibility determination notice on August 25, 2017, stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, and your children were eligible for Child Health Plus with a \$9.00 monthly premium, both effective October 1, 2017. The notice directed you to “pick a health plan” for you and your children. You testified that you did not receive that notice and did not pick a health plan for you or your children at that time, because you did not know you had to.

You testified, and your NYSOH account confirms, that you had initially elected to receive notifications by regular mail. However, there is no evidence in the record

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that any of the notices issued to you by NYSOH were returned as undeliverable. Furthermore, you confirmed that the mailing address listed on the August 25, 2017 eligibility determination notice was correct.

Therefore, the record reflects that NYSOH properly notified you of the eligibility of you and your children and that you were required to select health plans to receive coverage.

Your account confirms that you did not select a Child Health Plus plan for your children until October 26, 2017 and did not select an Essential Plan for yourself until November 14, 2017.

In accordance with the above cited regulations, the date on which enrollment in an Essential Plan or Child Health Plus can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the 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 to the end of the month goes into effect on the first day of the second following month.

Since the evidence establishes that you did not select a Child Health Plus plan for your children until October 26, 2017, after the fifteenth day of the month, that enrollment could not become effective until the first day of the second following month; that is, on December 1, 2017. Similarly, since you did not select your Essential Plan until November 14, 2017, before the fifteenth day of the month, that plan properly became effective on the first day of the following month, December 1, 2017.

Since the October 27, 2017 and November 14, 2017 enrollment confirmation notices properly stated that your children's Child Health Plus enrollment and your Essential Plan enrollment became effective on December 1, 2017, those notices were correct and are AFFIRMED.

Decision

The October 17, 2017 and November 15, 2017 enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: February 21, 2018

How this Decision Affects Your Eligibility

Your children's Child Health Plus plan enrollment became effective on December 1, 2017.

Your Essential Plan enrollment became effective on December 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as a portion of your case was decided, the 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 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 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 October 17, 2017 and November 15, 2017 enrollment confirmation notices are AFFIRMED.

Your children's Child Health Plus plan enrollment became effective on December 1, 2017.

Your Essential Plan enrollment became effective on 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.

繁體中文 (Traditional Chinese)

這是一份重要的文件。如果您需要幫助理解此文件，請打電話至 1-855-355-5777。我們可以為您免費提供相應語種的口譯服務。

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)

이것은 중요한 문서입니다. 이 문서를 이해하는 데 도움이 필요하다면, 1-855-355-5777로 전화하십시오. 저희는 무료로 귀하의 언어에 맞는 통역 서비스를 제공할 수 있습니다.

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 नि:शुल्क 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 नि:शुल्क 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 b&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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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