



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

## Notice of Decision

Decision Date: February 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025169

[REDACTED]

[REDACTED]

On February 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 5, 2017 plan enrollment 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 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.

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## Decision

Decision Date: February 20, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025169

[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 children's enrollment in Child Health Plus plans was effective November 1, 2017?

## Procedural History

On April 7, 2017, NY State of Health (NYSOH) issued a plan enrollment notice, based on your April 6, 2017 plan selection, confirming your children's enrollment in their Child Health Plus (CHP) plans with a \$30.00 monthly premium each, effective May 1, 2017.

On June 7, 2017, NYSOH issued a notice of eligibility determination, based on your updated June 6, 2017 application, stating that your children were eligible to enroll in CHP plans with \$30.00 monthly premiums until December 31, 2017, effective July 1, 2017. This notice further stated that effective January 1, 2018, your children's monthly premiums for their CHP plans would increase to \$45.00.

Also on June 7, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on June 6, 2017, stating that your children were enrolled in CHP plans with a \$30.00 monthly premium each, effective May 1, 2017.

On August 12, 2017, NYSOH issued a notice of eligibility determination, based on your August 11, 2017 application, stating that your children were eligible to enroll in CHP plans with \$30.00 monthly premiums until December 31, 2017, effective September 1, 2017. This notice further stated that effective January 1,

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2018, your children's monthly premiums for their CHP plans would increase to \$45.00.

Also on August 12, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in their CHP plans with a \$30.00 monthly premium each, effective May 1, 2017.

On September 2, 2017, NYSOH issued a notice of eligibility determination, based on your September 1, 2017 application, stating that your children were eligible to enroll in CHP plans with \$30.00 monthly premiums until December 31, 2017, effective October 1, 2017. This notice further stated that effective January 1, 2018, your children's monthly premiums for their CHP plans would increase to \$45.00.

Also on September 2, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in their CHP plans with a \$30.00 monthly premium each, effective May 1, 2017.

On September 29, 2017, NYSOH issued a plan disenrollment notice stating that your children's enrollment in their CHP plans would be terminated, effective July 31, 2017. This notice further stated that your children's coverage was ending because you did not pay your insurance bill by the payment deadline.

On October 5, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on October 4, 2017, confirming your children's re-enrollment in their CHP plans with \$30.00 monthly premiums effective November 1, 2017.

On November 20, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in their CHP plans with \$45.00 monthly premiums, effective November 1, 2017.

On December 1, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's enrollment in their CHP plans insofar as their enrollment began on November 1, 2017 and not August 1, 2017.

On February 5, 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 appealing your children's CHP plans start dates.

- 2) You testified that your children were disenrolled from their CHP plans as of July 31, 2017, in July 2017 because you were late with a premium payment. You testified that you were informed by your children's CHP plan of this disenrollment.
- 3) You testified that you attempted to re-enroll you children in their CHP plans through NYSOH after being informed that they were disenrolled for non-payment of premiums sometime in July 2017 or August 2017.
- 4) The record indicates that you updated your NYSOH account on August 11, 2017, and re-enrolled your children into their CHP plans.
- 5) You testified that the NYSOH representative informed you that your children's CHP plan coverage would begin as of September 1, 2017 and you paid the monthly premium to the CHP plan.
- 6) According to your NYSOH account, on September 29, 2017, NYSOH issued a plan disenrollment notice stating that your children were disenrolled from their CHP plans, effective July 31, 2017.
- 7) Because of the late date of the disenrollment notice, your children were retroactively disenrolled from their CHP coverage as of July 31, 2017.
- 8) There is no indication in your NYSOH account that your children were disenrolled from their CHP plans as of July 31, 2017, until September 28, 2017.
- 9) There is no explanation in the record as to why there was a delay in communication between your CHP plan and NYSOH regarding your children's termination from their CHP plans.
- 10) According to your NYSOH account, you re-enrolled your children into CHP plans through NYSOH on October 4, 2017, and the effective date of this CHP plan coverage was November 1, 2017.
- 11) You testified that you would like your children's CHP plans to begin as of August 1, 2017 and not 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 Effective 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).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your children’s re-enrollment in their CHP plans was effective November 1, 2017.

Prior to September 28, 2017, there was no indication in your NYSOH account that your children’s enrollment in their CHP plans was terminated for non-payment of premium. However, you indicated that you received notice from your children’s CHP plan that your children were disenrolled from their CHP coverage as of July 31, 2017 due to a late premium payment. The record indicates, and you testified, that you re-enrolled your children into a plan through NYSOH on August 11, 2017. Subsequently, on September 29, 2017, NYSOH issued a plan disenrollment notice and your children were retroactive disenrolled from coverage as of July 31, 2017. The record indicates that you, again, re-enrolled your children into a plan on October 4, 2017.

Ordinarily, the date on which enrollment in a CHP plan can take effect depends on the day a person selects a plan for enrollment. A plan that is selected from the

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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.

The credible evidence of record indicates that your children were disenrolled from CHP as of July 31, 2017, due to non-payment of premium. However, NYSOH did not issue a plan disenrollment notice until September 29, 2017. There is no explanation in the record as to why there was a delay in communication between your CHP plan and NYSOH regarding your children's termination from their CHP plans. However, due to this delay, your children were retroactively disenrolled on September 28, 2017 from their CHP coverage, effective July 31, 2017 even though you had attempted to and successfully re-enrolled your children into their coverage after you were informed of their disenrollment from the CHP plan on August 11, 2017, with an enrollment start date of September 1, 2017.

The record reflects, and you indicated that, you re-enrolled your children into a CHP plan on August 11, 2017. As a result, your children's CHP plan coverage should have begun on the first day of the month following August 2017; that is, on September 1, 2017.

Therefore, the October 5, 2017 plan enrollment notice confirming your children's enrollment in CHP plan with \$30.00 monthly premiums was effective November 1, 2017, is MODIFIED to state that your children's enrollment in their CHP plans with \$30.00 monthly premiums each was effective September 1, 2017.

Your case is RETURNED to NYSOH to re-enroll your children into their CHP plans with \$30.00 monthly premiums each as of September 1, 2017, and to notify you accordingly.

## **Decision**

The October 5, 2017 plan enrollment notice is MODIFIED to state that your children's CHP plan coverage with \$30.00 monthly premiums each was effective September 1, 2017.

Your case is RETURNED to NYSOH to re-enroll your children into their CHP plans with \$30.00 monthly premiums as of September 1, 2017, and to notify you accordingly.

**Effective Date of this Decision:** February 20, 2018

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

The effective date of your children's CHP plan coverage with a \$30.00 monthly premium is September 1, 2017.

Your case is being sent back to NYSOH to re-enroll your children into their CHP plans with \$30.00 monthly premiums each as of September 1, 2017.

You will be responsible for any premium payments due for the months your children are enrolled into coverage.

## **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

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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 5, 2017 plan enrollment notice is MODIFIED to state that your children's CHP plan coverage with \$30.00 monthly premiums each was effective September 1, 2017.

Your case is RETURNED to NYSOH to re-enroll your children into their CHP plans with \$30.00 monthly premiums as of September 1, 2017, and to notify you accordingly.

The effective date of your children's CHP plan coverage with a \$30.00 monthly premium is September 1, 2017.

Your case is being sent back to NYSOH to re-enroll your children into their CHP plans with \$30.00 monthly premiums each as of September 1, 2017.

You will be responsible for any premium payments due for the months your children are enrolled into coverage.

## **Legal Authority**

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

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

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