



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

Notice of Decision

Decision Date: March 09, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025826

[REDACTED]

Dear [REDACTED]

On February 28, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 22, 2017 eligibility determination and disenrollment notices, and December 9, 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 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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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) properly determine that your child's eligibility for, and enrollment in, Child Health Plus (CHP) terminated, effective November 30, 2017?

Did NYSOH properly determine that your child's enrollment in a qualified health plan (QHP) began on January 1, 2018?

Procedural History

On December 1, 2013, NYSOH issued notice confirming that you chose to receive email alerts regarding notices issued in your NYSOH account.

On November 20, 2016, NYSOH issued an enrollment confirmation notice confirming your child's enrollment in a CHP plan with a \$60.00 monthly premium, beginning January 1, 2017.

On October 21, 2017, NYSOH redetermined your child's eligibility.

On October 22, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your child were eligible to receive up to \$687.00 per month in advance payments of the premium tax credit (APTC), effective December 1, 2017. The notice also stated that your child was no longer eligible for CHP as of November 30, 2017. This was because your child was going to turn [REDACTED] on [REDACTED], and CHP is only available to children aged

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eighteen and under. Finally, the notice directed you to select a health plan on behalf of your child.

Also on October 22, 2017, NYSOH issued a disenrollment notice, stating that your child was disenrolled from her CHP plan, effective November 30, 2017.

That same day, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in a QHP, and stating that you needed to select a health plan on behalf of your child.

On October 27, 2017, NYSOH issued a renewal notice stating that it was time to renew your application for health insurance for 2018 for yourself, your spouse, and your child. The notice directed you to update your NYSOH account by December 15, 2017, or your health insurance coverage, and any financial assistance you were receiving, could end.

On November 22, 2017, NYSOH issued a disenrollment notice, stating that you and your spouse's enrollment in your QHP was ending, effective December 31, 2017.

On December 8, 2017, you updated your NYSOH application.

On December 9, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your child were eligible to receive up to \$900.00 per month in APTC, effective January 1, 2018.

Also on December 9, 2017, NYSOH issued a notice of enrollment confirmation, confirming you, your spouse, and your child's enrollment in a bronze level QHP, beginning January 1, 2018.

On December 14, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in a QHP, insofar as it did not start on December 1, 2017.

On February 28, 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 to have your child reinstated in whatever coverage she may be eligible for in the month of December 2017.

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- 2) Your NYSOH account reflects that your child was enrolled in CHP coverage as of January 1, 2017.
- 3) Your NYSOH account reflects, and your testimony confirms, that your child turned [REDACTED] on [REDACTED].
- 4) Your NYSOH account reflects that your child was disenrolled from her CHP coverage effective November 30, 2017.
- 5) You testified that you did not know that your child's CHP coverage ended until early December 2017, when you took her to [REDACTED] and were informed that her coverage was not active.
- 6) You testified that you called NYSOH to find out why your child's coverage had ended, and you were told that she had "aged out" of CHP at the end of November 2017, [REDACTED].
- 7) Your NYSOH account reflects that you receive email alerts regarding notices issued in your NYSOH account, and that you have been enrolled to receive email alerts since December 2013.
- 8) You testified that, after you found out that your child's coverage had ended, you looked in your email account and saw that NYSOH had sent you email notices on October 2017.
- 9) You testified that you regularly check the email address that is on file with NYSOH.
- 10) You testified that you knew that you were due to renew your coverage for 2018, so you assumed the emails you received in October 2017 were related to the renewal.
- 11) You testified that you assumed you would receive something in writing in the mail if your child's coverage was ending, and that you didn't recall enrolling to receive email alerts.
- 12) You testified that the October 22, 2017 disenrollment notice says that your child's coverage will end as of November 30, 2017, and that you were sent a separate notice regarding her eligibility.
- 13) You testified that you assume the word "sent" means that something was sent in the mail.
- 14) You testified that, even if emails are sent, something should be sent in the mail as well when a child's coverage is going to end.

- 15) Your NYSOH account reflects that NYSOH issued an eligibility determination on October 22, 2017 stating that your child was newly eligible to enroll in a QHP with APTC as of December 1, 2017, and advising you to select a plan for her for enrollment.
- 16) No plan was selected on behalf of your child at that time.
- 17) Your NYSOH account reflects that you updated your NYSOH application on December 8, 2017, and reenrolled your child, along with yourself and your spouse, into a QHP, beginning January 1, 2018.
- 18) You testified that you are looking for coverage for your child for the month of December 2017 because you have outstanding medical bills from her [REDACTED] visit in that month.

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

Applicable Law and Regulations

Child Health Plus

CHP is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (NY PHL) § 2511(2)(a)(iii)).

To be eligible for CHP, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY PHL § 2511(2)(a)-(e)).

The “period of eligibility” for CHP 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

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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)). Additionally, a child’s period of eligibility will end when that child attains nineteen years of age (Model State Children’s Health Insurance Program Plan, Section 4.1.8).

When a child reaches the age of nineteen, the child is disenrolled from the CHP plan on the last day of the month in which they reach nineteen years of age (Model State Children’s Health Insurance Program Plan, Section 4.3).

Enrollment in a Qualified Health Plan

The effective date of coverage by a QHP 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)). 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 first issue under review is whether NYSOH properly determined that your child’s eligibility for, and enrollment in, CHP terminated, effective November 30, 2017.

A child is eligible for CHP if the child is: under nineteen years of age; a NY State resident; not enrolled in other health insurance coverage; and not eligible for, or enrolled in, Medicaid.

A child will remain enrolled in CHP for a twelve-month period, beginning with the first day of the month in which the child is found eligible or has their eligibility recertified, and ending on the last day of the twelfth month. However, a child will become ineligible prior to the end of the twelve-month period if the child: obtains other health insurance; becomes eligible for Medicaid; loses NY State residence; or attains the age of nineteen. When a child reaches the age of nineteen, their CHP coverage will end on the last day of the month in which they attain [REDACTED] of age.

The record reflects that your child was enrolled in CHP as of January 1, 2017. Ordinarily, then, her period of eligibility would not end until December 31, 2017. However, the record reflects that your daughter turned [REDACTED] on [REDACTED]

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██████████ As such, NYSOH issued an eligibility determination and a disenrollment notice on October 22, 2017 stating that your child's eligibility for, and enrollment in, her CHP coverage would end, effective November 30, 2017. As November 30, 2017 is the last day of the month in which your child ██████████ ██████████, NYSOH properly determined that her eligibility for, and enrollment in, a CHP plan ended as of November 30, 2017.

Therefore, the October 22, 2017 eligibility determination notice, insofar as it stated that your child was no longer eligible for CHP as of November 30, 2017, and the October 22, 2017 disenrollment notice are both AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's enrollment in a QHP was effective no earlier than January 1, 2018.

Your NYSOH account reflects that, on October 22, 2017, NYSOH issued a notice stating that your child was no longer eligible for CHP, but that she was newly eligible to share up to \$687.00 per month in APTC with you and your spouse, effective December 1, 2017. The notice further directed you to select a plan for her enrollment.

You testified that you were not aware that your child's coverage had ended until December 2017, when you took her to ██████████. You testified that you do not recall enrolling to receive email alerts and, even if you are enrolled to receive such alerts, NYSOH should send a letter in the mail when a child's coverage is terminating. Additionally, you testified that you went back into your email account in December 2017 and saw the emails that NYSOH sent to you in October 2017, but that you assumed those emails were regarding the fact that it was going to be time to renew your coverage soon. You testified that you received three emails on October 23, 2017.

As your NYSOH account indicates that you have been enrolled to receive email alerts since 2013, and as your testimony indicates that you received the emails regarding the October 22, 2017 eligibility determination and disenrollment notices, you are found to have been on notice of the fact that your child's coverage was ending, and that you needed to enroll her in a plan. As your failure to do so is not attributable to NYSOH, there is no basis for backdating your child's coverage.

The record shows that on December 8, 2017, you updated the information in your NYSOH account and submitted a request to enroll in a QHP on behalf of yourself, your spouse, and your child. On December 9, 2017, NYSOH issued an enrollment confirmation notice stating that you, your spouse, and your child's enrollment in your QHP was effective January 1, 2018, and that your new APTC amount would be applied to your monthly premium effective January 1, 2018.

The date on which a QHP 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 fifteenth day of a month goes into effect on the first day of the following month.

Since you selected a QHP for enrollment on December 8, 2017, your child's enrollment in that plan properly took effect as of January 1, 2018.

Therefore, NYSOH's December 9, 2017 enrollment confirmation notice is **AFFIRMED** because it properly began your child's enrollment in a QHP on January 1, 2018.

Decision

The October 22, 2017 eligibility determination notice, insofar as it stated that your child was no longer eligible for CHP, effective November 30, 2017, is **AFFIRMED**.

The October 22, 2017 disenrollment notice is **AFFIRMED**.

The December 9, 2017 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: March 09, 2018

How this Decision Affects Your Eligibility

Your child's eligibility for CHP ended on November 30, 2017.

Your child's enrollment in a QHP was effective January 1, 2018.

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 October 22, 2017 eligibility determination notice, insofar as it stated that your child was no longer eligible for CHP, effective November 30, 2017, is **AFFIRMED**.

The October 22, 2017 disenrollment notice is **AFFIRMED**.

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The December 9, 2017 enrollment confirmation notice is AFFIRMED.

Your child's eligibility for CHP ended on November 30, 2017.

Your child's enrollment in a QHP was effective January 1, 2018.

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&btumi 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.