



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

Notice of Decision

Decision Date: March 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025846

[REDACTED]

Dear [REDACTED],

On March 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 13, 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.

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: March 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025846



Issue

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

Did NY State of Health (NYSOH) properly determine that your children's enrollment in their Child Health Plus plan was effective January 1, 2018?

Procedural History

On October 3, 2017, you submitted an application for financial assistance for health insurance on behalf of your children.

On October 3, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Medicaid, effective November 1, 2017.

Also on October 3, 2017, NYSOH issued a plan enrollment notice stating that your children were enrolled in a Medicaid Managed Care plan beginning November 1, 2017.

On November 20, 2017, you contacted NYSOH and updated your children's application for health insurance.

On November 21, 2017, NYSOH issued an eligibility determination notice stating that your children were no longer eligible for Medicaid. However, NYSOH would continue their Medicaid coverage until October 31, 2018, because certain individuals who qualified for Medicaid get coverage for twelve continuous months from the date they were last determined eligible.

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On November 27, 2017, you contacted NYSOH and updated your children's application for health insurance.

On November 28, 2017, NYSOH issued an eligibility determination notice stating that your children were no longer eligible for Medicaid. However, NYSOH would continue their Medicaid coverage until October 31, 2018, because certain individuals who qualified for Medicaid get coverage for twelve continuous months from the date they were last determined eligible.

On December 7, 2017, NYSOH updated your children's application for health insurance.

On December 8, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus with a \$9.00 monthly premium, effective December 1, 2017. That notice also stated that your children's eligibility for Medicaid ended effective November 30, 2017.

Also on December 8, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Medicaid Managed Care plan ended on November 30, 2017.

On December 13, 2017, NYSOH issued a plan enrollment notice stating that your children were enrolled in their Child Health Plus plan, effective January 1, 2018.

On December 15, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of the start date of your children's Child Health Plus plan insofar as it did not begin on December 1, 2017.

On March 8, 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) According to your NYSOH account and your testimony, you submitted an application for financial assistance with health insurance on October 2, 2017.
- 2) According to your NYSOH account and your testimony, a broker with Empire BlueCross BlueShield assisted you with your October 2, 2017 application, and enrolled your children into an Empire BlueCross BlueShield plan that day.

- 3) The October 2, 2017 application listed your household income as \$46,467.00. You testified that this amount was incorrect.
- 4) You testified that the broker entered your income incorrectly and, as soon as you realized the error, you contacted NYSOH to update your household income to the correct amount.
- 5) According to your NYSOH account and your testimony, you contacted NYSOH several times in November 2017 to correct your household income and enroll your children in Child Health Plus, but you were unable to do so because your children remained Medicaid eligible due to the Medicaid continuous coverage policy.
- 6) According to the “Events” tab in your NYSOH account, on December 7, 2017, a NYSOH representative manually changed your children’s eligibility from Medicaid to Child Health Plus.
- 7) According to your NYSOH account and your testimony, your children became eligible for Child Health Plus beginning December 1, 2017.
- 8) According to your NYSOH account, you selected Empire BlueCross BlueShield as your children’s Child Health Plus plan on December 12, 2017.
- 9) You testified, and your NYSOH account reflects, that your children were enrolled in their Child Health Plus plan beginning January 1, 2017.
- 10) You testified that you are requesting that your children’s enrollment in their Child Health Plus plan with Excellus BlueCross BlueShield to begin on December 1, 2017, because you incurred medical bills for your children during the month of December 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

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

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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 enrollment in their Child Health Plus plan was effective January 1, 2018.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and 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 and the end of the month goes into effect on the first day of the second following month.

Since you selected a Child Health Plus plan for your children on December 12, 2017, ordinarily the effective date would be the first day of the first month following December 2017; that is January 1, 2018.

However, the record indicates that, on October 2, 2017, a broker from Excellus BlueCross BlueShield assisted you with an application for health insurance on behalf of your children, and enrolled your children into an Excellus BlueCross BlueShield plan that day. You testified that the broker entered your household income incorrectly. You testified, and your NYSOH account reflects, that you contacted NYSOH several times in November 2017, to correct the income and enroll your children in Child Health Plus, but that you were unable to do so because your children remained Medicaid eligible due to the Medicaid continuous coverage policy. Your NYOSH account reflects that, on December 7, 2017, a NYSOH representative manually changed your children's eligibility from Medicaid to Child Health Plus.

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Based on the credible evidence in the record, it is reasonable to conclude that, but for the error made in your household income by the Excellus BlueCross BlueShield broker on October 2, 2017, and the delay by NSYOH in correcting your children's eligibility from Medicaid to Child Health Plus, you would have been able to enroll your children into a Child Health Plus plan with Empire BlueCross BlueShield as early as October 2, 2017.

Therefore, the December 13, 2017 plan enrollment notice stating that your children's enrollment with their Child Health Plus plan would be effective January 1, 2018 is incorrect, and is MODIFIED to reflect a December 1, 2017 start date.

Your case is RETURNED to NYSOH to enroll your children into their Child Health Plus plan with Excellus BlueCross BlueShield as of December 1, 2017, and to notify you accordingly.

You are responsible for any premium payments for your children for that month.

Decision

The December 13, 2017 plan enrollment notice is MODIFIED to reflect a December 1, 2017 start date.

Your case is RETURNED to NYSOH to enroll your children into their Child Health Plus plan with Excellus BlueCross BlueShield as of December 1, 2017, and to notify you accordingly.

Effective Date of this Decision: March 19, 2018

How this Decision Affects Your Eligibility

Your children's Child Health Plus enrollment start date with Excellus BlueCross BlueShield is December 1, 2017.

You are responsible for any premium payments for your children for that month.

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.

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).

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.

If You Have Questions about this Decision (Customer Service Resources):

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- 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

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Summary

The December 13, 2017 plan enrollment notice is MODIFIED to reflect a December 1, 2017 start date.

Your case is RETURNED to NYSOH to enroll your children into their Child Health Plus plan with Excellus BlueCross BlueShield as of December 1, 2017, and to notify you accordingly.

Your children's Child Health Plus enrollment start date with Excellus BlueCross BlueShield is December 1, 2017.

You are responsible for any premium payments for your children for that month.

Legal Authority

We are sending you this notice 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&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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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