



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

Notice of Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026014

[REDACTED]

[REDACTED]

On April 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 1, 2018 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: April 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026014



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 their Child Health Plus plans was effective January 1, 2018?

Procedural History

On December 18, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was issued stating that your children were eligible for Child Health Plus plans with \$30.00 monthly premiums, effective February 1, 2018.

Also on December 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as your children's Child Health Plus coverage began on February 1, 2018, and not January 1, 2018.

On December 19, 2017, NYSOH issued an eligibility determination notice, based on your December 18, 2017 application, stating that you children were eligible for Child Health Plus with \$30.00 monthly premiums, effective February 1, 2018.

Also on December 19, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in their Child Health Plus plans with \$30.00 monthly premiums, effective February 1, 2018.

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On February 1, 2018, NYSOH issued a plan enrollment notice stating that your children were enrolled in Child Health Plus plans with \$30.00 monthly premiums, effective January 1, 2018.

On April 5, 2018, you had a scheduled telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. That day you requested that the hearing being adjourned, which was granted.

On April 6, 2018, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the telephone hearing. During the hearing, you testified that you originally filed the appeal because you were seeking a January 1, 2018 start date for your children's Child Health Plus plans. However, you testified, and the record indicates, that after filing the appeal NYSOH granted your request for a backdate. Therefore, you are requesting that the backdate be reversed so that your children's coverage starts as of February 1, 2018. As a result, the Hearing Officer agreed to amend the appeal to include the February 1, 2018 plan enrollment notice. The record was developed during the hearing and the record was 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 only appealing your children's Child Health Plus enrollment start dates.
- 2) According to your NYSOH account, you updated your application for financial assistance with health insurance coverage through NYSOH on December 18, 2017.
- 3) According to your NYSOH account, following this update, your children were found eligible to enroll in a Child Health Plus plans with \$30.00 monthly premiums, effective February 1, 2018.
- 4) According to your NYSOH account, your children were enrolled into Child Health Plus plans with \$30.00 monthly premium on December 18, 2017 and this enrollment was effective February 1, 2018.
- 5) According to your NYSOH account, on December 18, 2017, you spoke to NYSOH and requested that your child's Child Health Plus plan be backdated to January 1, 2018 (see Incident # [REDACTED]).
- 6) According to your NYSOH account, your backdate request was approved on January 31, 2018 (see Incident # [REDACTED]).

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- 7) On February 1, 2018, NYSOH issued a plan enrollment notice stating that your children were enrolled in Child Health Plus plans with \$30.00 monthly premiums, effective January 1, 2018.
- 8) You testified that your children were unable to go to a doctor during the month of January 2018 because they were uninsured.
- 9) You testified that you were required to pay the insurance premium to your children's Child Health Plus plan for the month of January 2018, even though your children were unable to use the coverage.
- 10) You testified that you are looking to have your children disenrolled from their plans for the month of January 2018, and have their Child Health Plus plans start as of February 1, 2018 because they had no access to their coverage for the month of January 2018.

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 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).

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Legal Analysis

The issue under review is whether NYSOH properly determine that your children's enrollment in their Child Health Plus plans was effective January 1, 2018.

The record indicates that you enrolled your children into Child Health Plus plans on December 18, 2017. This enrollment was effective February 1, 2018, as stated in the plan enrollment notice dated December 19, 2017. Also on December 18, 2017, you also spoke with NYSOH and requested that your children's enrollment in their Child Health Plus plans begin as of January 1, 2018 to prevent a further gap in coverage. The record indicates that this backdate request was approved on January 31, 2018. Subsequently, on February 1, 2018, NYSOH issued a plan enrollment notice stating that your children were enrolled into their Child Health Plus plans, effective January 1, 2018.

You testified that your children were unable to use their health insurance coverage during the month of January 2018, because NYSOH failed to inform you of the backdate request approval until after the month was over. You further testified that you required to pay the insurance premium to your children's Child Health Plus plans for the month of January 2018, even though your children were unable to use the coverage. As a result, you testified that you are seeking to have your children disenrolled from coverage in January 2018 and have their coverage start as of February 1, 2018.

A review of the complete record confirms that NYSOH did not make a timely determination regarding your request for a backdate of your children's coverage and that you were not timely notified of the back date of your children's Child Health Plus plans, which deprived you of any significant value in having your children's coverage for January 2018 retroactively applied. Given that the determination to backdate your children's coverage was not approved until January 31, 2018, NYSOH should have offered you the opportunity to decline the backdate before putting it in effect.

Therefore, the February 1, 2018 plan enrollment notice is MODIFIED to indicate that your children's coverage in their Child Health Plus plan is effective February 1, 2018.

Your case is RETURNED to NYSOH to modify the start date of your children's Child Health Plus plan coverage to February 1, 2018, and not January 1, 2018.

Decision

The February 1, 2018 plan enrollment notice is MODIFIED to indicate that your children's coverage in their Child Health Plus plan is effective February 1, 2018. Your case is RETURNED to NYSOH to modify the start date of your children's Child Health Plus plan coverage to February 1, 2018, and not January 1, 2018, and to notify you accordingly.

Effective Date of this Decision: April 20, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to effectuate your children's enrollment in their Child Health Plus plan as of February 1, 2018. NYSOH will notify you once this change has been made.

You will need to take up with their health plan directly any adjustment or credit for the monthly premium you paid for January 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 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:

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).

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 February 1, 2018 plan enrollment notice is MODIFIED to indicate that your children's coverage in their Child Health Plus plan is effective February 1, 2018.

Your case is RETURNED to NYSOH to modify the start date of your children's Child Health Plus plan coverage to February 1, 2018, and not January 1, 2018, and to notify you accordingly.

Your case is being sent back to NYSOH to effectuate your children's enrollment in their Child Health Plus plan as of February 1, 2018. NYSOH will notify you once this change has been made.

You will need to take up with their health plan directly any adjustment or credit for the monthly premium you paid for January 2018.

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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 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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