



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

Notice of Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026145

[REDACTED]

Dear [REDACTED],

On March 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 7, 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: March 16, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026145

[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 newborn child's enrollment in his Child Health Plus plan was effective November 1, 2017?

Procedural History

On November 27, 2017, your newborn child was added to your NYSOH account and an updated application was submitted on your family's behalf.

On November 28, 2017, NYSOH issued an eligibility determination notice stating, in part, that your newborn child was eligible to enroll in a full-pay Child Health Plus plan (CHP), for a limited time, effective November 1, 2017. This notice further directed you to submit proof of your child's social security number and citizenship status by February 25, 2018.

On December 6, 2017, NYSOH received your updated application for financial assistance with health insurance.

On December 7, 2017, NYSOH issued an eligibility determination notice stating, in part, that your newborn child was eligible to enroll in a full pay CHP plan, effective November 1, 2017.

Also on December 7, 2017, NYSOH issued a plan enrollment notice confirming, in part, your newborn child's enrollment in a full-pay CHP plan, effective November 1, 2017.

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On December 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn child's CHP coverage, insofar as it began on November 1, 2017, and not on December 1, 2017.

On February 23, 2018, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. That day, the hearing was adjourned to allow you time to perform outreach to NYSOH and your newborn child's CHP plan to determine whether the issue on appeal had been resolved in your favor before proceeding with the hearing.

On March 12, 2018, you had an adjourned hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the telephone hearing. The record was developed during the hearing and closed at the end of the hearing.

On March 13, 2018, NYSOH issued a plan enrollment notice confirming, in part, that your newborn child was enrolled in a full-pay CHP plan, effective December 1, 2017.

Findings of Fact

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

- 1) You testified that you are appealing your newborn child's CHP plan start date.
- 2) According to your NYSOH account and your testimony, your newborn children were born on [REDACTED].
- 3) According to your NYSOH account, on November 27, 2017 you updated your account to add your children and an updated application was submitted on your family's behalf.
- 4) You testified that you did not enroll your newborn child into a CHP plan on November 27, 2017, because you wanted to obtain information from your insurance company about how long your newborn child would be covered under your health insurance plan.
- 5) According to your NYSOH account, you enrolled your newborn child into a full-pay CHP plan on December 6, 2017.
- 6) You testified that you requested that your newborn child's CHP plan begin as of December 1, 2017.

- 7) The record indicates that your newborn child's enrollment in his CHP plan was effective November 1, 2017.
- 8) According to a 03/12/2018 note located in your NYSOH account, your child's CHP start date was changed to [REDACTED] and that both the health plan and Department of Health agreed to this change.
- 9) The record further indicates that, on March 13, 2018, NYSOH issued a plan enrollment notice confirming, in part, that your newborn child was enrolled into a full-pay CHP plan effective December 1, 2017 (see Document # [REDACTED]).

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

Applicable Law and Regulations

Child Health Plus- Newborn

Child Health Plus is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

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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On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into Child Health Plus, the date of enrollment shall be the date of the child's birth if the parent applied for insurance prior to the child's birth or within 60 days after the child's birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn child's enrollment in his CHP plan was effective November 1, 2017.

Your child was born on November 21, 2017, and on November 27, 2017, he was added to your NYSOH account. Your newborn child was found eligible to enroll in a full-pay CHP plan, effective [REDACTED]. Subsequently, on December 6, 2017, your newborn child was enrolled in a full-pay CHP plan, which was effective [REDACTED].

In New York State, the date on which a CHP plan can take effect typically depends on the day a person selects the plan for enrollment. If an application for insurance coverage is received through NYSOH by the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, coverage begins the first day of the second following month. However, section 2511 of the Public Health Law has been amended to provide that CHP coverage enrollment could be retroactive to the first day of the month of birth for newborns, effective January 1, 2017, provided that the application for coverage on behalf of the child was made prior to, or within sixty days of, the child's birth.

You testified that when you contacted NYSOH on December 6, 2017, you requested that your newborn child be enrolled into his CHP coverage as of December 1, 2017. However, the record reflects that your newborn child was enrolled into his CHP coverage as of November 1, 2017.

The record indicates that after the adjourned telephone hearing, NYSOH issued plan enrollment notice on March 13, 2018 confirming, in part, that your newborn child was enrolled in a full-pay CHP plan as of December 1, 2017 (see Document [REDACTED]). A note in your account to this effect corroborates that the change in start date to [REDACTED] was made, as agreed upon by the health plan and Department of Health.

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As a result, since the record indicates that NYSOH resolved the issue on appeal in your favor, the NYSOH's Appeals Unit will not address the merits as to whether NYSOH properly determined that your newborn child was enrolled into CHP coverage as of November 1, 2017.

To bring the plan enrollment notice in line with resolution of your appeal, the December 7, 2017 plan enrollment notice is MODIFIED, in relevant part, to reflect that your newborn child's enrollment in a full-pay CHP plan was effective December 1, 2017, and not November 1, 2017.

Decision

The December 7, 2017 plan enrollment notice is MODIFIED, in part, to reflect that your newborn child's enrollment in a full-pay CHP plan was effective December 1, 2017, and not November 1, 2017.

This Decision will not reach the merits as to whether NYSOH properly determine that your newborn child's enrollment in his Child Health Plus plan was effective November 1, 2017, because this issue on appeal has already resolved the issue in your favor.

Effective Date of this Decision: March 16, 2018

How this Decision Affects Your Eligibility

This decision does not change your newborn child's eligibility.

The effective start date of your newborn child's CHP plan is December 1, 2017.

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 December 7, 2017 plan enrollment notice is MODIFIED, in part, to reflect that your newborn child's enrollment in a full-pay CHP plan was effective December 1, 2017, and not [REDACTED].

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).

This Decision will not reach the merits as to whether NYSOH properly determine that your newborn child's enrollment in his Child Health Plus plan was effective [REDACTED], because this issue on appeal has already resolved the issue in your favor.

This decision does not change your newborn child's eligibility.

The effective start date of your newborn child's CHP plan is 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.

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 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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