



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

## Notice of Decision

Decision Date: March 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026220

[REDACTED]

Dear [REDACTED],

On February 23, 2018, your spouse, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health's December 22, 2017 eligibility determination.

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).

This page intentionally left blank.



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

## Decision

Decision Date: March 12, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026220



## 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 oldest child's enrollment in her Child Health Plus (CHP) coverage was effective February 1, 2018?

## Procedural History

On August 7, 2017, you created a NYSOH account and filed an application for financial assistance with health insurance on behalf of your two children.

On August 8, 2017, NYSOH issued a notice of eligibility determination stating that your youngest child was eligible to enroll in CHP with a \$30.00 monthly premium, effective July 1, 2017. The notice further stated that your oldest child was eligible to purchase a qualified health plan through NYSOH at full cost, effective September 1, 2017, and that she was not eligible for CHP because federal and state data sources showed that she was already enrolled in Medicaid, CHP, or another program.

Also on August 8, 2017, NYSOH issued a notice of enrollment confirmation, confirming your youngest child's enrollment in a United Healthcare (UHC) CHP plan, beginning July 1, 2017.

On October 7, 2017, you updated your NYSOH account.

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).

On October 8, 2017, NYSOH again issued a notice of eligibility determination stating that your youngest child was eligible for CHP with a \$30.00 monthly premium, and that your oldest child was not eligible for CHP because data sources showed that she was already enrolled in Medicaid, CHP, or another program.

On December 21, 2017, you updated your NYSOH account. That day, NYSOH prepared a preliminary eligibility determination stating that your children were both eligible for CHP with a \$30.00 monthly premium each, effective February 1, 2018.

Also on December 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your oldest child's CHP eligibility, insofar as it did not begin December 1, 2017.

On December 22, 2017, NYSOH issued a notice of eligibility determination, based on your December 21, 2017 application, stating that your children were eligible to enroll in CHP with a \$30.00 monthly premium each, effective February 1, 2018.

Also on December 22, 2017, NYSOH issued a notice of enrollment, based on your plan selection on December 21, 2017, stating that your children were enrolled in a UHC CHP plan, beginning November 1, 2017 for your youngest child, and February 1, 2018 for your oldest child.

On February 23, 2018, your spouse 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 support the following findings of fact:

- 1) Your spouse testified that you are appealing only the start date of coverage for your oldest child.
- 2) You first submitted an application to NYSOH for financial assistance on behalf of your children on August 7, 2017.
- 3) Your spouse testified that you filed this application because your youngest child was born [REDACTED], and she needed insurance coverage.
- 4) Your spouse testified that you filed this application with NYSOH by going to a UHC representative who assisted you in creating the account.

- 5) Your spouse testified that your oldest child has had CHP coverage through UHC for eight years.
- 6) Your spouse testified that, every year, you received a renewal packet from your oldest child's CHP plan, and you would mail it in to renew her coverage.
- 7) Your spouse testified that, in 2017, you asked UHC when the renewal packet was coming and were told to wait for it to arrive in the mail.
- 8) Your spouse testified that, when you enrolled your youngest child into CHP coverage through NYSOH, you asked if you could combine your children's coverage into one account, and were told that this could not be done until your oldest child's current coverage was up for renewal.
- 9) Your spouse testified that, in October 2017, you again asked UHC about the renewal packet, and were told that it would be coming in the mail.
- 10) Your spouse testified that you found out that your oldest child's CHP coverage ended when you took her to the doctor and were told that you owed money for a visit.
- 11) Your spouse testified that you called UHC and were told that the renewal process had changed, and that they no longer sent packets in the mail.
- 12) Your spouse testified that you did not receive any notice from UHC that your oldest child's coverage was ending as of November 30, 2017, and that UHC did not provide any explanation for why no notice was provided.
- 13) Your spouse testified that you also spoke to NYSOH, and were told that there was no record of your oldest child's coverage in NYSOH's system.
- 14) The record reflects, that you enrolled your oldest child into CHP coverage through NYSOH on December 21, 2017, and that her coverage began on February 1, 2018.
- 15) You testified that you need your oldest child's CHP coverage to begin as of December 1, 2017 because she had a doctor's visit on [REDACTED] that was not covered by insurance.

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 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 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 is whether NYSOH properly determined that your oldest child’s enrollment in her CHP coverage and plan was effective February 1, 2018.

Your NYSOH account reflects that you contacted NYSOH on December 21, 2017 and enrolled your child into a CHP plan.

The date on which a CHP 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 filed an application and selected a CHP plan for enrollment on December 21, 2017, NYSOH properly determined that your oldest child’s eligibility for, and enrollment in, her CHP plan was effective February 1, 2018.

Your spouse testified that your oldest child has had CHP through UHC for eight years. He testified that he does not understand why there was no record of that in NYSOH's system. Your spouse testified that he does not think that there should be a gap in your oldest child's coverage since you were trying to renew her coverage, and were never provided with renewal information.

Though your spouse's testimony regarding your oldest child's previous CHP enrollment is credible, the lack of notice from UHC regarding the termination of your child's coverage is not an issue that the NYSOH Appeals Unit can address, as your child was not enrolled in coverage through NYSOH until this year (2018).

As the start date of your oldest child's coverage is correct, based on the December 21, 2017 application date, the Appeals Unit is constrained to AFFIRM the December 22, 2017 eligibility determination and enrollment confirmation notices.

If you wish to get information on how to file a complaint regarding the actions of your child's insurance plan, you may contact the NY State Department of Financial Services at (800) 342-3736.

## **Decision**

The December 22, 2017 eligibility determination notice is AFFIRMED.

The December 22, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 12, 2018

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

This decision does not change your child's eligibility.

The effective date of your oldest child's CHP plan is February 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

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).

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):**

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 22, 2017 eligibility determination notice is **AFFIRMED**.

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).



The December 22, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your oldest child's CHP plan is February 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।

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).

## **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.

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).