



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

Notice of Decision

Decision Date: April 6, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026225

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

On March 30, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s January 27, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026225

[REDACTED]
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[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 child’s enrollment in her Child Health Plus plan was effective December 1, 2017?

Procedural History

On September 3, 2017, NY State of Health (NYSOH) issued a renewal notice, stating that it was time to renew your child’s health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account by October 15, 2017, or your child might lose the financial assistance she was currently receiving.

No updates were received by NYSOH by October 15, 2017.

On October 17, 2017, NYSOH issued a discontinuance notice stating that your child was no longer eligible for health insurance coverage through NYSOH, effective November 1, 2017, because you did not respond to the renewal notice and complete her renewal within the required timeframe.

Also on October 17, 2017, NYSOH issued a plan disenrollment notice stating that your child’s Medicaid Managed Care plan ended effective October 31, 2017.

On November 22, 2017, NYSOH received your updated application for financial assistance with health insurance.

On November 23, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a \$60.00 monthly premium, effective January 1, 2018.

Also on November 23, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan with a \$60.00 monthly premium, effective January 1, 2018.

On December 4, 2017, NYSOH received your application for financial assistance with health insurance.

On December 5, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a \$60.00 monthly premium, effective January 1, 2018.

Also on December 5, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan with a \$60.00 monthly premium, effective January 1, 2018.

On December 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the date your child was enrolled in her Child Health Plus plan, as it started January 1, 2018 and not December 1, 2017.

On January 27, 2018, NYSOH issued a plan enrollment notice stating that your child was enrolled in her Child Health Plus with a \$60.00 monthly premium, effective December 1, 2017.

On March 30, 2018, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. During the hearing, you testified that you originally filed the appeal because you were seeking a December 1, 2017 start date for your child's Child Health Plus plan. 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 child's coverage starts as of January 1, 2018. As a result, the Hearing Officer agreed to amend the appeal to include the January 27, 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:

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- 1) You testified that you are only appealing your child's Child Health Plus enrollment start date.
- 2) You testified that you initially attempted to renew your child's health insurance coverage through NYSOH on October 6, 2017 but, due to a defect on your account, you were unable to complete the application.
- 3) The record indicates that you successfully completed an updated application for financial assistance on November 22, 2017.
- 4) The record indicates that, following this update, your child was found eligible to enroll in a Child Health Plus plan with a \$60.00 monthly premium, effective January 1, 2018.
- 5) The record indicates that your child was enrolled into a Child Health Plus plan with a \$60.00 monthly premium on November 22, 2017 and this enrollment was effective January 1, 2018.
- 6) The record indicates, on December 4, 2017, you spoke to NYSOH and requested that your child's Child Health Plus plan be backdated to December 1, 2017 (see Incident [REDACTED]).
- 7) The record indicates that your backdate request was approved on January 8, 2018 (see Incident [REDACTED]).
- 8) The record indicates that you contacted NYSOH to cancel the backdate request on January 26, 2018, because your child did not have access to the coverage and had no medical bills for the month of December 2017. (see Incident [REDACTED]).
- 9) You testified, and the record indicates, that your request to cancel the backdate was denied (see Incident [REDACTED]).
- 10) On January 27, 2018, NYSOH issued a plan enrollment notice stating that your child was enrolled in a Child Health Plus plan with a \$60.00 monthly premium, effective December 1, 2017.
- 11) You testified that your child was unable to go to a doctor during the month of December 2017 because she was uninsured.
- 12) You testified that you were required to pay the insurance premium to your child's Child Health Plus plan for the month of December 2017, even though your child was unable to use the coverage.

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).

Legal Analysis

The issue under review is whether NYSOH properly determine that your child’s enrollment in her Child Health Plus plan was effective December 1, 2017.

The record indicates that you enrolled your child into a Child Health Plus plan on November 22, 2017. This enrollment was effective January 1, 2018, as stated in the plan enrollment notice dated November 23, 2017.

On December 4, 2017, you also spoke with NYSOH and requested that your child’s enrollment in her Child Health Plus plan begin as of December 1, 2017, to prevent a further gap in coverage.

The record indicates that this backdate request was approved on January 8, 2018. The record indicates that you contacted NYSOH on January 26, 2018, to inform them that you no longer needed your child’s Child Health Plus plan to begin as of December 1, 2017. However, this request to cancel the backdate of your child’s Child Health Plus plan was denied. Subsequently, NYSOH issued a

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plan enrollment notice on January 27, 2018, stating that your child was enrolled into a Child Health Plus plan, effective December 1, 2017.

You testified that your child was unable to use her health insurance coverage during the month of December 2017, because NYSOH failed to inform you of her backdate request until after the month was over. You testified that you were required to pay the insurance premium to your child's Child Health Plus plan for the month of December 2017, even though your child was unable to use the coverage.

A review of the complete record confirms that NYSOH did not make a timely determination regarding your request for a backdate of your child's coverage and that you were not timely notified of the back date of your child's Child Health Plus plan, which in turn deprived you of any significant value in having your child's coverage for December 2017 retroactively applied. Given that the determination to backdate your child's coverage was not approved until January 2018, NYSOH should have offered you the opportunity to decline the back date before putting it in effect.

Therefore, the January 27, 2018 plan enrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate the start date of your child's Child Health Plus plan to January 1, 2018.

Decision

The January 27, 2018 plan enrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate the start date of your child's Child Health Plus plan to January 1, 2018, and to notify you accordingly.

Effective Date of this Decision: April 6, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to make your child's enrollment in her Child Health Plus plan effective as of January 1, 2018.

If You Disagree with this Decision (Appeal Rights)

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 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:
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

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- By fax: 1-855-900-5557

Summary

The January 27, 2018 plan enrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate the start date of your child's Child Health Plus plan to January 1, 2018, and to notify you accordingly.

Your case is being sent back to NYSOH to make your child's enrollment in her Child Health Plus plan effective as of 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:

[REDACTED]
[REDACTED]
[REDACTED]

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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