



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

Notice of Decision

Decision Date: April 04, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027343

[REDACTED]

[REDACTED]

On March 20, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 18, 2018 eligibility determination and enrollment confirmation notices.

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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Decision

Decision Date: April 04, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027343

[REDACTED]

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 child's enrollment in his Child Health Plus (CHP) plan was effective March 1, 2018?

Procedural History

On January 5, 2018, you filed an application for financial assistance with health insurance on behalf of your child.

On January 6, 2018, NYSOH issued a notice of eligibility determination stating that your child was eligible to enroll in a qualified health plan at full cost, effective February 1, 2018. The notice also stated that your child was not eligible for CHP because federal and state data sources showed that he was already enrolled in Medicaid, CHP, or another program.

On January 17, 2018, you updated your NYSOH account. That same day, NYSOH prepared a preliminary eligibility determination stating that your child was eligible to enroll in CHP with a \$60.00 monthly premium, effective March 1, 2018.

Also on January 17, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan, insofar as it did not begin January 1, 2018.

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On January 18, 2018, NYSOH issued a notice of eligibility determination, based on your January 17, 2018 application, stating that your child was eligible to enroll in CHP with a \$60.00 monthly premium, effective March 1, 2018.

Also on January 18, 2018, NYSOH issued a notice of enrollment, based on your plan selection on January 17, 2018, stating that your child was enrolled in a CHP plan, and that this enrollment in the plan would begin on March 1, 2018.

On March 20, 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 support the following findings of fact:

- 1) You first submitted an application to NYSOH for financial assistance on behalf of your child on January 5, 2018.
- 2) Your NYSOH account reflects that your child has not previously been enrolled in health insurance through NYSOH.
- 3) You testified that your child was previously enrolled in CHP through Excellus Blue Cross/Blue Shield.
- 4) You testified that your child's coverage ended as of December 31, 2017, and that you were not notified by his plan.
- 5) You testified that, when you found out that your child did not have coverage, you called NYSOH on January 5, 2018 to complete an application for health insurance.
- 6) You testified that you gave the NYSOH representative all your information, but before he could tell you your child's eligibility, the call dropped.
- 7) You testified that you thought you would get a call back or some paperwork in the mail, so you did not call NYSOH back or log into your NYSOH account.
- 8) Your NYSOH account reflects that NYSOH issued a notice of eligibility determination on January 6, 2018 stating that your child was eligible to enroll in a qualified health plan at full cost through NYSOH, and that he was not eligible for CHP because data sources showed that he was already enrolled in CHP, Medicaid, or other coverage.

- 9) You testified that you did not receive this notice.
- 10) Your NYSOH account reflects that you receive notices from NYSOH in the regular mail.
- 11) No notices sent to you at the address in your NYSOH account have been returned as undeliverable.
- 12) You testified that, when you did not hear anything from NYSOH, you called back and completed your application, and were told that your child's coverage would not start until March 1, 2018.
- 13) Your NYSOH account reflects that you updated your application and selected a CHP plan for your child on January 17, 2018.
- 14) You testified that you want your child's coverage backdated because you did everything you were supposed to do and no one from NYSOH called you back.
- 15) You testified that you do not know if you have unpaid medical bills for your child for February 2018, but that you do have some for 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 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

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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 child's enrollment in his CHP plan was effective March 1, 2018.

You testified, and the record confirms, that you contacted NYSOH on January 5, 2018 to apply for health insurance on behalf of your child. You testified that you called to complete an application, but that the call dropped before the NYSOH representative could inform you of your child's eligibility. You testified that you waited to receive a call back from NYSOH, or to receive something in the mail, but that neither of these things happened.

However, your NYSOH account reflects that NYSOH issued an eligibility determination on January 6, 2018, based on your January 5, 2018 application, stating that your child was eligible to enroll in a full cost qualified health plan, and not eligible to enroll in CHP, because he was already enrolled in CHP, Medicaid, or other coverage. Your NYSOH account reflects that you receive notices from NYSOH by regular mail, and that no notices sent to you have been returned to NYSOH as undeliverable. Therefore, it is concluded that you were notified of NYSOH's January 6, 2018 eligibility determination. Whether this eligibility determination was correct is not under review here.

Further, you did not provide any testimony that indicates that anything prevented you from calling NYSOH back, or logging into your NYSOH account to find out your child's eligibility. As such, there is no basis in the record for backdating your child's eligibility.

You next updated your NYSOH account on January 17, 2018, and selected a CHP plan for your child that same day.

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.

On January 17, 2018, you selected a CHP plan for enrollment, so your child's enrollment properly took effect on the first day of the second month following January: that is, on March 1, 2018. It is also noted here that, even if you had

been able to select a CHP plan on January 5, 2018, it would not have gone into effect until February 1, 2018, and your child would still have a gap in coverage for January 2018, the month in which you testified your child incurred medical bills.

Based on the above, the January 18, 2018 eligibility determination and enrollment confirmation notices, stating that your child's eligibility for, and enrollment in, his CHP plan was effective March 1, 2018, are correct and must be AFFIRMED.

Decision

The January 18, 2018 eligibility determination notice is AFFIRMED.

The January 18, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 04, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's CHP coverage and plan is March 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 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:

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).

- 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 mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 18, 2018 eligibility determination notice is AFFIRMED.

The January 18, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's CHP coverage and plan is March 1, 2018.

Legal Authority

We are issuing this determination in accordance with 45 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).

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 b&tumi ama wo obi a okyer& 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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