



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

Notice of Decision

Decision Date: February 07, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027424

[REDACTED]

[REDACTED]

On February 6, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's January 19, 2018 eligibility determination and plan enrollment 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: February 07, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027424



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 youngest child's eligibility for and enrollment in his Child Health Plus plan was effective March 1, 2018?

Procedural History

On January 18, 2018, NY State of Health (NYSOH) received your youngest child's (child's) initial application for financial assistance with health insurance. That day a preliminary eligibility determination was prepared finding him eligible for a full-pay Child Health Plus plan, effective March 1, 2018.

You enrolled your youngest child (child) in a Child Health Plus plan that day.

On January 18, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's eligibility for and enrollment in his Child Health Plus plan insofar as it did not begin January 1, 2018.

On January 19, 2018, NYSOH issued an eligibility determination notice, based on your January 18, 2018 application, stating that your child was eligible to enroll in Child Health Plus at full cost, effective March 1, 2018.

Also on January 19, 2018, NYSOH issued a plan enrollment notice, based on your plan selection for your child on January 18, 2018, stating that he was enrolled in a Child Health Plus plan, with a start date of March 1, 2018.

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 January 30, 2018, NYSOH received your requested for an Expedited Appeal Hearing [REDACTED]

On January 30, 2018, your Expedited Appeal Request was granted.

On February 6, 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 supports the following findings of fact:

- 1) You testified that you are appealing only your child's eligibility and plan enrollment start date, requesting a backdate of coverage to January 1, 2018, as he has required [REDACTED] and [REDACTED] for ongoing treatments.
- 2) According to your NYSOH account, on January 18, 2018, the account was created and your application on behalf of your child was completed for financial assistance with your child's health insurance.
- 3) Your child was found eligible for a full cost Child Health Plus plan, effective March 1, 2018.
- 4) According to your NYSOH account and your testimony, you enrolled your child into a Child Health Plus plan on January 18, 2018.
- 5) You testified your child's Medicaid coverage ended December 31, 2017 through your Local Department of Social Services of Westchester County.
- 6) You testified you first realized your child's Medicaid coverage had ended when you called his health plan on January 8, 2018.
- 7) You testified that you never received any written notice that your child's Medicaid coverage was ending December 31, 2017.
- 8) You testified that you contacted NYSOH on January 8, 2018, and were told you had to contact your Local Department of Social Services.
- 9) The Hearing Officer requested a call log of calls made to NYSOH. The only event in your NYSOH account and call provided are from January 18, 2018, the date of your child's initial application.

10) Your application states your child resides with your family in Westchester County, NY. 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 determined that your child’s eligibility for and enrollment in his Child Health Plus plan was effective March 1, 2018, and not as of January 1, 2018.

You testified your child was enrolled in Medicaid through your Local Department of Social Services in Westchester County until December 31, 2017. You explained that you only first realized his coverage had ended when you contacted his health plan on [REDACTED]. You also testified that you were never given any notice, written or otherwise, by Westchester County Department

of Social Services that your child's Medicaid coverage was to end December 31, 2017.

NYSOH's Appeals Unit has no jurisdiction over Westchester County Department of Social Services and can only review the issue of your child's eligibility and plan enrollment start date. Any issues regarding lack of notice that your child's Medicaid coverage through Westchester County Department of Social Services was ending properly belong before NYS Office of Temporary and Disability Assistance (OTDA). You can learn more about the fair hearing process before OTDA's Office of Administrative Hearings at <https://otda.ny.gov>.

Through the present appeal, you are requesting that your child's Child Health Plus coverage through NYSOH be backdated two months to January 1, 2018, as he had medical tests and prescriptions required for ongoing treatments those months.

It is noted that you testified you had contacted NYSOH on January 8, 2018, to apply for coverage but were told that you had to apply with your Local Department of Social Services. The Hearing Officer requested a call log of all calls made from you to NYSOH. The only events in your NYSOH account and call provided by NYSOH are from January 18, 2018, the date of your initial application on behalf of your child. Therefore, there is no record to support your testimony of any effort to apply as of January 8, 2018.

The record does support that you called NYSOH on January 18, 2018, completed an application, and enrolled your child into a Child Health Plus plan that day.

The date on which a Child Health Plus eligibility and plan enrollment can take effect depends on the day a person selects a 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 your child's completed application and plan selection was received by NYSOH on January 18, 2018, his eligibility and enrollment would properly become effective the first day of the second month following January 2018; that is, on March 1, 2018.

Therefore, the January 19, 2018 eligibility determination and plan enrollment notices stating that your child's eligibility for and enrollment in Child Health Plus was effective March 1, 2018, is correct and must be **AFFIRMED**.

Decision

The January 19, 2018 eligibility determination and plan enrollment notices are AFFIRMED.

Effective Date of this Decision: February 07, 2018

How this Decision Affects Your Eligibility

Your child was eligible for Child Health Plus effective March 1, 2018.

Your child's Child Health Plus plan started 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:

- 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 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).

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 January 19, 2018 eligibility determination and plan enrollment notices are **AFFIRMED**.

Your child was eligible for Child Health Plus effective March 1, 2018.

Your child's Child Health Plus plan started March 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 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.

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).