



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

Notice of Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027446

[REDACTED]

Dear [REDACTED],

On March 13, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 2017 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.

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Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027446

[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 eligibility for, and enrollment in, his Child Health Plus (CHP) plan was effective February 1, 2018?

Procedural History

On January 17, 2017, two notices issued by NYSOH on January 4, 2017, and addressed to the address on file in your NYSOH account, were returned to NYSOH as undeliverable mail. These notices both had stickers from the Post Office that read, "Return to Sender, [REDACTED]"

On January 25, 2017, two more notices issued by NYSOH on January 18, 2017 were also returned to NYSOH as undeliverable mail. These notices both had stickers from the Post Office that read, "Return to Sender, [REDACTED]"

On February 23, 2017, a NYSOH representative updated the mailing address in your NYSOH account to "[REDACTED]"

On September 7, 2017, your NYSOH account was updated.

On September 8, 2017, NYSOH issued a notice stating that the income information in your application did not match the information NYSOH received

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from state and federal data sources. The notice directed you to submit income information so that your child's eligibility could be confirmed by September 22, 2017.

No income documentation was received by NYSOH and, on October 4, 2017, NYSOH redetermined your household's eligibility.

On October 5, 2017, NYSOH issued a notice stating that your child was eligible to enroll in a qualified health plan at full cost, effective November 1, 2017. The notice also state that he was not eligible to receive Medicaid, CHP, the Essential Plan, or a tax credit because NYSOH did not receive the income documentation requested by the due date.

On December 27, 2017, you updated your NYSOH account and your mailing and residential addresses.

On December 28, 2017, NYSOH issued a notice of eligibility determination, based on your December 27, 2017 application, stating that you were eligible for the Essential Plan, and your child was eligible for CHP with a \$9.00 monthly premium, effective February 1, 2018.

Also on December 28, 2017, NYSOH issued a notice of enrollment, based on your plan selection on December 27, 2017, stating that you were enrolled in an Essential Plan, and your child was enrolled in a CHP plan, and that these enrollments would start February 1, 2018.

On January 11, 2018, NYSOH issued a notice of enrollment stating that your enrollment in your Essential Plan started on January 1, 2018, and your child's enrollment in his CHP plan would begin on February 1, 2018.

On January 18, 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.

On March 13, 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 testified that you are appealing to have your child's coverage begin on January 1, 2018 instead of February 1, 2018.

- 2) Your NYSOH account reflects that you and your child were both enrolled in Medicaid and a Medicaid Managed Care plan through August 31, 2017.
- 3) Your NYSOH account reflects that your coverage ended as of August 31, 2017 because you did not respond to a renewal notice dated July 17, 2017.
- 4) Your NYSOH account reflects that, in January 2017, notices sent to you at the address on file, "[REDACTED]," were returned to NYSOH.
- 5) Your NYSOH account reflects that two notices, issued on January 4, 2017, were returned to NYSOH on January 17, 2017 with a sticker from the post office showing that your new address was "[REDACTED]" (Documents [REDACTED]).
- 6) Your NYSOH account reflects that two other notices, issued on January 18, 2017, were returned to NYSOH on January 25, 2017 with a sticker from the post office showing that your new address was "[REDACTED]" (Documents [REDACTED]).
- 7) Your NYSOH account contains a note entered by a NYSOH representative on February 23, 2017 stating, "Updated the address in the Portal to match the address on the RM sticker. Resent the notice to the updated address."
- 8) Your NYSOH account reflects, on that same day, your mailing address was changed by someone from NYSOH to "[REDACTED]"
- 9) You testified that your address is "[REDACTED]" and that you have lived at that address since January 2017.
- 10) You testified that you notified NYSOH by phone of your new address in January 2017.
- 11) There is no record of your address being updated in your NYSOH account in January 2017.
- 12) You testified that you have always lived in "[REDACTED]" at your current address, and have not resided in any other "[REDACTED]" at that address at any point.
- 13) You testified that you found out in September 2017 that you and your child no longer had coverage.
- 14) You testified that you spoke with an application counselor on the phone, who updated your account and applied for coverage for you and your son.

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- 15) Your NYSOH application reflects that your application was updated by someone with the username, "[REDACTED]" on September 7, 2017.
- 16) Your NYSOH application reflects that "[REDACTED]" updated your residential address in your NYSOH account on September 7, 2017 to "[REDACTED]"
- 17) You testified that the application counselor told you to submit income documentation, and your spouse uploaded it, but that NYSOH later told you that it was never received.
- 18) You testified that you thought that your child was going to be eligible for coverage and you waited to receive cards in the mail, but you never received anything.
- 19) Your NYSOH account reflects that your child was placed into pending Medicaid status on September 7, 2017, but that, when income documentation was not received by September 22, 2017, he was found ineligible for any financial assistance.
- 20) You testified that, in December 2017, you updated your NYSOH account again, and were able to enroll yourself and your child in coverage.
- 21) Your NYSOH account reflects that your application was updated on December 27, 2017, and you were found eligible for the Essential Plan, and your child eligible for CHP, effective February 1, 2018. You also updated your address to "[REDACTED]" on that day.
- 22) You testified that you asked NYSOH to backdate the coverage, and that NYSOH eventually backdated your Essential Plan coverage to January 1, 2018, but would not backdate your child's CHP coverage, so you filed an appeal.
- 23) NYSOH's system reflects that, on December 27, 2017, a note was entered by a NYSOH representative in Incident # [REDACTED] which reads as follows:

"Consumer stated that she had never received the notice that documents had to be provided because someone had put in her address incorrectly.

Back office confirmed that it was an application counselor that had updated the application on 9/7/17, where in the Address History is shows an start date of the incorrect address on 9/7/17 as well, and in the events tab.

There is not returned documents on the account, but notices have been sent to the address the consumer is stating is incorrect. Consumer updated address on 12/27/17, and re-enrolled herself and son with effective date of 2/1/18, but consumer is stating that she had urgent prescriptions that are needed every month.

Because an error was made on behalf of a CAC, a NESDATE [new enrollment start date] would be valid.”

- 24) Your NYSOH account reflects that, on January 11, 2018, NYSOH granted your request to backdate your Essential Plan coverage to January 1, 2018, and issued an enrollment notice confirming this.
- 25) You testified that you need your child’s coverage to be backdated because your child [REDACTED] [REDACTED] for which he had to seek emergency treatment, and you have outstanding medical bills for that treatment.

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 under review is whether NYSOH properly determined that your child's eligibility for, and enrollment in his CHP was, effective February 1, 2018.

You testified that you contacted NYSOH on December 27, 2017 and enrolled your child into a CHP plan, and your NYSOH account confirms this.

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.

You updated your NYSOH application and selected a CHP plan for enrollment on December 27, 2017. Ordinarily, then, your child's eligibility and enrollment would begin on the first day of the second month following the day on which you selected the plan; that is, it would begin on February 1, 2018.

However, a review of the record shows that there were problems with your mailing address in your NYSOH account that affected you and your child's coverage, and that were not necessarily attributable to your actions. You testified that you moved in January 2017, and notified NYSOH of your new address. Though your NYSOH account does not contain any evidence suggesting that your address was updated in January 2017, it does contain returned mail from that month. In total, four notices were returned to NYSOH as undeliverable mail in January 2017; however, two of them were returned with a label giving your new address as [REDACTED] and two were returned with a label stating that your new address was [REDACTED]

Notes in your NYSOH account indicate that a NYSOH representative updated your mailing address on February 23, 2017, and entered a note stating that the update was based on the information provided on the returned mail. However, the NYSOH representative updated your address to [REDACTED]. As neither of the addresses listed on the return mail labels included an [REDACTED] it is unclear why this apartment number was entered into your account.

You testified that your correct address is [REDACTED] and that you have never lived in any other [REDACTED] at that address. Nevertheless, once the NYSOH representative updated your address on February 23, 2017, all of NYSOH's notices went to that address, and none were returned to NYSOH after

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that point. When the application counselor updated your application again in September 2017, she left the incorrect mailing address in the account, and also changed your residential address to [REDACTED]. Therefore, notices issued after that point continued to go to the incorrect address.

Your NYSOH account reflects that, when you updated your application on December 27, 2017, you also updated the address on that day to read, [REDACTED]. You testified that you requested that NYSOH backdate you and your child's coverage on the basis that you were not receiving notices because the mailing address in your NYSOH account was incorrect.

On December 27, 2017, notes entered into NYSOH's system concede that an incorrect address was entered by the application counselor on September 7, 2017, and NYSOH granted your request for a backdating of your Essential Plan to January 1, 2018 on this basis. Moreover, as outlined above, a NYSOH representative initially entered your mailing address incorrectly on February 23, 2017 when attempting to update your mailing address after mail was returned to NYSOH.

Since NYSOH initially entered the incorrect mailing address, and since NYSOH has also conceded that the actions of your application counselor in entering the incorrect address were a sufficient basis for the backdating of your Essential Plan coverage, the same basis can be relied on to find that your child's CHP coverage should also have been backdated.

Therefore, the December 28, 2017 eligibility determination and enrollment confirmation notices are MODIFIED to state that your child's eligibility for, and enrollment in, his CHP coverage and plan were effective as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate your child's CHP coverage and enrollment to January 1, 2018.

Decision

The December 28, 2017 eligibility determination is MODIFIED to state that your child was eligible for CHP with a \$9.00 monthly premium, effective January 1, 2018.

The December 28, 2017 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his CHP plan began on January 1, 2018.

Your case is RETURNED to NYSOH to backdate your child's CHP coverage and enrollment to January 1, 2018.

Effective Date of this Decision: March 22, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's CHP eligibility and enrollment is January 1, 2018.

Your case is being sent back to NYSOH to backdate your child's CHP plan enrollment to January 1, 2018.

You will be responsible for any premiums that result from the backdating of your child's coverage.

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

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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 28, 2017 eligibility determination is MODIFIED to state that your child was eligible for CHP with a \$9.00 monthly premium, effective January 1, 2018.

The December 28, 2017 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his CHP plan began on January 1, 2018.

Your case is RETURNED to NYSOH to backdate your child's CHP coverage and enrollment to January 1, 2018.

This decision does not change your child's eligibility.

The effective date of your child's CHP eligibility and enrollment is January 1, 2018.

Your case is being sent back to NYSOH to backdate your child's CHP plan enrollment to January 1, 2018.

You will be responsible for any premiums that result from the backdating of your child's coverage.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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 srε wo, frε 1-855-355-5777. ye&εtumi 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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