



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

## Notice of Decision

Decision Date: May 1, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028788



Dear [REDACTED]

On April 12, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 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 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: May 1, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028788



## **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 March 1, 2018?

## **Procedural History**

On November 30, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your child's November 29, 2017 application, stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective January 1, 2018.

Also on November 30, 2017, NYSOH issued a plan enrollment notice stating that your child could pick a health plan now. Your child's coverage with Child Health Plus would not begin until you picked a plan.

On January 24, 2018, NYSOH issued a plan enrollment notice based on your plan selection on January 23, 2018, which confirmed your child's Child Health Plus plan would start March 1, 2018.

On February 12, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin January 1, 2018.

On April 12, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held

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open to request telephone call recording. Two call recordings were received by NYSOH, which took place on November 29, 2017. After the two calls were reviewed, the record was closed.

## **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 enrollment start date in their health plan.
- 2) You submitted an application to NYSOH for financial assistance on November 29, 2017.
- 3) You testified that you spoke with someone over the phone on November 29, 2017, regarding your child's enrollment. You explained they helped you through the application process for 45 minutes and you believed you selected a Child Health Plus plan over the telephone with them that day. You testified you were not sure who they were or what organization they were with, but they could view your NYSOH account.
- 4) You testified that you were calling on November 29, 2017, because your child's previous enrollment with Child Health Plus outside of NYSOH was set to end on December 31, 2017.
- 5) Your NYSOH account shows there was no completed enrollment made on November 29, 2017.
- 6) There are two call recordings which were provided by NYSOH.
- 7) A review of Call #1 you made to NYSOH on November 29, 2017, shows you called because you were having difficulties logging into your account and were getting error messages. The NYSOH representative assisted you with gaining access to your account only.
- 8) A review of Call # 2 made to NYSOH on November 29, 2017, shows you were on the telephone with the NYSOH agent who walked you through your application and informed you how to pick a plan. You made it to the plan selection screen and identified the health plan. She told you to select the plan on the right hand side. She asked if you selected it and you responded yes and asked if you needed to "confirm and checkout." She said you need to hit confirm and checkout, and confirm and checkout again, and it should give you a confirmation page. After this you stated, "something went wrong." The representative told you that you did not confirm and checkout twice so it did not go through. You then stated you

had a confirmation number to write down. The representative then stated you were all set now. You asked if you were both in plans. The agent then asked if you confirmed and checked out twice because for some reason she “could not see anything.” You then indicated you could see your child’s enrollment. You stated you looked like you were all set. The agent then asked if there was anything else to help you with and ended the call.

9) According to your NYSOH account and testimony, you enrolled your child into a Child Health Plus plan on January 23, 2018.

10) You testified that you need your child’s Child Health Plus plan to begin on January 1, 2018, because you incurred medical bills for your child that month.

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 enrollment in her Child Health Plus plan was effective March 1, 2018.

You testified that you contacted NYSOH on November 29, 2017, and enrolled your child into a Child Health Plus plan. You testified you spoke with an individual over the telephone who assisted you with your application and could view your NYSOH account screen with you. You were not sure who they were or what organization they were with.

The record shows your child did not have a plan selection completed on November 29, 2017. The first time a plan was selected for enrollment for your child and completed was as of January 23, 2018.

The date on which a Child Health Plus 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 your child's application was submitted on January 23, 2018, the effective date of this plan was the first day of the second month following January, that is on March 1, 2018.

However, your NYSOH account shows that you accessed your online application on November 29, 2017. The Hearing Officer requested any calls that took place on November 29, 2017 be produced.

NYSOH produced two calls which you made to NYSOH on November 29, 2017. A review of the second call made on this date indicates you had a conversation with a NYSOH agent regarding selecting a plan for your child after you had completed their application. You made it to the plan selection screen and identified the health plan. The agent identified where you could select a plan on the right side of the screen for your child. She asked if you selected it and you responded yes and asked if you needed to "confirm and checkout." She said you needed to hit confirm and checkout, and confirm and checkout again, and it should give you a confirmation page. After this you stated, "something went wrong." The NYSOH agent told you that you did not confirm and checkout twice so it did not go through. You then stated you had a confirmation number to write down. The representative then stated you were all set now. The NYSOH agent asked again if you confirmed and checked out twice because for some reason she "could not see anything." You then indicated you could see your child's enrollment. You stated you looked like you were all set. The NYSOH agent then asked if there was anything else to help you with and ended the call.

The record shows you contacted NYSOH and walk through the selection of your child's Child Health Plus plan, but due to a technical error an enrollment would have been submitted as of November 29, 2017. Furthermore, the NYSOH agent who was viewing and assisting you with your account failed to identify any issue with your child's final enrollment processing. She briefly identified that she could not see anything being submitted for your child but then ended the call without confirmation or checking your account. Had the enrollment been submitted as of November 29, 2017, your child's plan would have been effective the first day of the second month following November 2017; that is, as of January 1, 2018.

Therefore, the January 24, 2018 plan enrollment notice stating that your child's enrollment in her Child Health Plus plan was effective March 1, 2018, is MODIFIED to state her enrollment is effective January 1, 2018.

Your case is RETURNED to NYSOH to effectuate the necessary change in your child's enrollment start date in her Child Health Plus plan to January 1, 2018, and to notify you once this has been completed.

## **Decision**

The January 24, 2018 plan enrollment notice stating that your child's enrollment in her Child Health Plus plan was effective March 1, 2018, is MODIFIED to state her enrollment is effective January 1, 2018.

Your case is RETURNED to NYSOH to effectuate the necessary change in your child's enrollment start date in her Child Health Plus plan to January 1, 2018, and to notify you once this has been completed.

**Effective Date of this Decision:** May 1, 2018

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

The effective date of your child's Child Health Plus plan is being made effective as of January 1, 2018.

You will be responsible to make the premium payments to your child's Child Health Plus plan directly for coverage to begin as of January 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 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

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).



Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The January 24, 2018 plan enrollment notice stating that your child's enrollment in her Child Health Plus plan was effective March 1, 2018, is MODIFIED to state her enrollment is effective January 1, 2018.

Your case is RETURNED to NYSOH to effectuate the necessary change in your child's enrollment start date in her Child Health Plus plan to January 1, 2018, and to notify you once this has been completed.

The effective date of your child's Child Health Plus plan is being made effective as of January 1, 2018.

You will be responsible to make the premium payments to your child's Child Health Plus plan directly for coverage to begin 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:**



## 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. y&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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