



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

Notice of Decision

Decision Date: April 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028949

[REDACTED]

[REDACTED]

On April 17, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 8, 2017 eligibility determination notice, December 8, 2017 disenrollment notice, January 30, 2018 eligibility determination notice, and January 30, 2018 enrollment confirmation 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: April 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028949

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your child's enrollment in her Child Health Plus plan ended effective January 1, 2018?

Did NY State of Health properly determine that your child's reenrollment in her Child Health Plus plan was effective March 1, 2018?

Procedural History

On November 20, 2017, you updated your child's application for financial assistance with health insurance through NY State of Health (NYSOH).

On November 21, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus with a \$45.00 monthly premium, effective January 1, 2018.

Also on November 21, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in her Child Health Plus plan with a plan enrollment start date of January 1, 2018.

On December 7, 2017, you updated your child's application for financial assistance with health insurance. On that application you indicated that your child had health insurance coverage outside of NYSOH beginning January 1, 2018.

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On December 8, 2017, NYSOH issued a notice of eligibility determination stating that your child was newly eligible to purchase a qualified health plan at full cost through NYSOH. Your child was not eligible for Child Health Plus because you indicated that she was covered by other health insurance.

Also on December 8, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in her Child Health Plus plan would end on January 1, 2018. This was because she was no longer eligible to enroll in Child Health Plus.

On January 29, 2018, you updated your child's application for financial assistance with health insurance. Specifically, you removed the indication that your child had health insurance coverage outside of NYSOH.

On January 30, 2018, NYSOH issued a notice of eligibility determination, based on your January 29, 2018 application, stating that your child was eligible to enroll in Child Health Plus with a \$45.00 monthly premium, effective March 1, 2018.

Also on January 30, 2018, NYSOH issued a notice of enrollment confirmation, based on your plan selection on January 29, 2018, stating that your child was enrolled in her Child Health Plus plan with a plan enrollment start date of March 1, 2018.

On February 15, 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 17, 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.
- 2) You testified that on November 20, 2017, you accessed your NYSOH account on-line and attempt to submit an updated application, however, you were having difficulty, so you called NYSOH. You testified that you selected a Child Health Plus plan for enrollment for your child that day and you were told that your child's plan would begin on January 1, 2018.
- 3) You submitted an application to NYSOH for financial assistance on November 20, 2017. As a result of this application, your child was found eligible for Child Health Plus as of January 1, 2018.

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- 4) Also on November 20, 2017, you selected a Child Health Plus plan for enrollment for your child.
- 5) Your NYSOH account reflects that on November 20, 2017, an application was submitted on your behalf by an NYSOH representative. In that application, there is no indication that your child had health insurance coverage outside of NYSOH.
- 6) You testified that you did not log-in to your NYSOH account again until February 2018.
- 7) You testified that your username for accessing your NYSOH account is [REDACTED].
- 8) You testified that you did not know there was a problem with your child's coverage until you received a bill for a [REDACTED] that your child had on [REDACTED].
- 9) Your NYSOH account reflects that on January 29, 2018 you contacted NYSOH and submitted an updated application for financial assistance for your child. You selected a Child Health Plus plan for reenrollment for your child that day.
- 10) You testified that you believe that an NYSOH representative mistakenly indicated that your child had health insurance coverage outside of NYSOH which caused your child to be disenrolled from her Child Health Plus plan as of January 1, 2018.
- 11) You testified that your child did not have nor was she eligible for health insurance coverage outside of NYSOH in 2017 or 2018.
- 12) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 13) The record reflects that on December 7, 2017 at 10:28 am you placed a phone call to NYSOH. A review of the recording of that phone call reveals that you were calling seeking assistance selecting a health plan for yourself. The NYSOH representative suggested that you update your application for health insurance, which would allow you to see the plans you were actually eligible for and narrow down your selection. Thereafter, you terminated the call.
- 14) Your NYSOH account reflects that on December 7, 2017 at 10:37 am user "[REDACTED]" submitted an updated application for financial assistance for your household. This application was updated to indicate that your child

would have health insurance coverage outside of NYSOH beginning as of January 1, 2018.

15) You testified that you need your child's Child Health Plus plan to begin on January 1, 2018 because she has outstanding medical bills for 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 first issue is whether NYSOH properly determined that your child's enrollment in her Child Health Plus plan ended effective January 1, 2018.

On November 21, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus and your child was

enrolled in a Child Health Plus plan with a \$45.00 monthly premium as of January 1, 2018.

On December 7, 2017, you accessed your NYSOH account. That day, you updated information in your household's application to indicate that your child had health insurance coverage outside of NYSOH beginning January 1, 2018. As a result, NYSOH determined that your child was no longer eligible for and disenrolled from her Child Health Plus plan, effective January 1, 2018.

Under New York State's Public Health Law children who gain access to or obtain other health insurance coverage do not qualify to enroll in health insurance through Child Health Plus.

As you indicated that your child would have health insurance coverage outside of NYSOH effective January 1, 2018, NYSOH properly determined that your child was no longer eligible for and disenrolled from her Child Health Plus coverage as of January 1, 2018.

Therefore, the December 8, 2017 eligibility determination notice and the December 8, 2017 disenrollment notice are AFFIRMED.

The second issue is whether NYSOH properly determined that your child's reenrollment in her Child Health Plus plan was effective March 1, 2018.

Your NYSOH account indicates that you contacted NYSOH on January 29, 2018 and updated your household's application for financial assistance to reflect that your child did not have health insurance coverage outside of NYSOH. That day you reenrolled your child into a Child Health Plus plan.

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 you reenrolled your child into a plan on January 29, 2018; that plan would properly take effect on the first day of the second following month after January, that is on March 1, 2018.

Therefore, the January 30, 2018 eligibility determination notice and the January 30, 2018 enrollment confirmation notice stating that your child's eligibility for and reenrollment in her Child Health Plus plan were effective March 1, 2018, are correct and must be AFFIRMED.

Decision

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).

The December 8, 2017 eligibility determination notice is AFFIRMED.

The December 8, 2017 disenrollment notice is AFFIRMED.

The January 30, 2018 eligibility determination notice is AFFIRMED.

The January 30, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 30, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

NYSOH properly determined that your child was disenrolled from her Child Health Plus plan as of January 1, 2018.

NYSOH properly determined that your child was reenrolled in her Child Health Plus plan as of 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

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 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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 8, 2017 eligibility determination notice is AFFIRMED.

The December 8, 2017 disenrollment notice is AFFIRMED.

This decision does not change your child's eligibility.

NYSOH properly determined that your child was disenrolled from her Child Health Plus plan as of January 1, 2018.

The January 30, 2018 eligibility determination notice is AFFIRMED.

The January 30, 2018 enrollment confirmation notice is AFFIRMED.

NYSOH properly determined that your child was reenrolled in her Child Health Plus plan as 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).

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。我们可以为您免费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)

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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।

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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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