



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

## Notice of Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028954

[REDACTED]

[REDACTED]

On April 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 13, 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).

This page intentionally left blank.



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

## Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028954



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

## Procedural History

On January 23, 2018, you updated your NY State of Health (NYSOH) to include your newborn child and a non-financial application for health insurance was submitted that day.

On January 24, 2018, NYSOH issued an eligibility determination notice stating, in part, that your newborn child was conditionally eligible to enroll in a qualified health plan at full cost, effective March 1, 2018.

On February 1, 2018, NYSOH issued a plan enrollment notice confirming, in part, your newborn child's enrollment in a full pay bronze-level child only qualified health plan, effective January 1, 2018.

On February 12, 2018, NYSOH received your updated application for financial assistance with health insurance.

On February 13, 2018, NYSOH issued an eligibility determination stating, in part, that you your newborn child was eligible to enroll in a full-pay Child Health Plus plan or a child only qualified health plan, effective 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).

Also on February 13, 2018, NYSOH also issued a plan enrollment notice confirming your newborn child's enrollment in a full-pay Child Health Plus plan, effective March 1, 2018.

On February 14, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn child's Child Health Plus plan insofar as it did not begin as of the date of his birth.

On April 16, 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 only appealing your newborn child's Child Health Plus plan start date.
- 2) According to your NYSOH account and testimony, your newborn child was born on [REDACTED]
- 3) According to your NYSOH account, your newborn child was added to your NYSOH account on January 23, 2018, and a non-financial application was submitted that day.
- 4) According to your NYSOH account, your newborn child was found eligible to enroll into a qualified health plan at full cost and was enrolled into a bronze-level child only plan, effective January 1, 2018.
- 5) You testified that you selected the same provider as your other children's Child Health Plus plans when you enrolled your newborn child on January 23, 2018, and assumed that you had enrolled your newborn child into a full-pay Child Health Plus plan.
- 6) According to your NYSOH account, you and your family have been eligible for and enrolled into coverage through NYSOH since 2014 and you have consistently submitted financial applications to determine your and your family's eligibility.
- 7) According to your NYSOH account, your other children have been found eligible for and enrolled in Child Health Plus since they were added to your NYSOH account in 2015.

- 8) You testified that you completed the application on January 23, 2018, by yourself and without assistance.
- 9) You testified that you were not aware that you needed to select the option that you were seeking financial assistance in order for your newborn child to be found eligible for Child Health Plus because you did not think that you nor your family received financial assistance due to your household income being over the income limits for the financial assistance programs.
- 10) You testified that, had you known that you needed to select the option for financial assistance with health insurance in order for your newborn child to be found eligible for the Child Health Plus program, you would have done so on January 23, 2018.
- 11) You testified that you received a medical bill for your newborn child from [REDACTED] where you [REDACTED] and, due to the deductible on your child's bronze-level child only qualified health plan, are unable to afford to pay that bill.
- 12) According to your NYSOH account, on February 12, 2018, NYSOH received your updated application for financial assistance with health insurance.
- 13) According to your NYSOH account and testimony, you enrolled your newborn child into a full-pay Child Health Plus plan on February 12, 2018.
- 14) According to your NYSOH account, your newborn child's full-pay Child Health Plus plan coverage began as of March 1, 2018.
- 15) You testified that you would like your newborn child's full-pay Child Health Plus plan to start as of January 1, 2018, to cover expenses related to his medical care.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Child Health Plus

CHP is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).



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).

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child’s birth if the parent applied for insurance prior to the child’s birth or within 60 days after the child’s birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your newborn child’s eligibility for and enrollment in his Child Health Plus plan was effective March 1, 2018.

Your child was born [REDACTED] and on January 23, 2018, your child was added to your NYSOH account. A non-financial application was submitted that day, and your newborn child was found eligible for and enrolled in a full pay bronze-level child only qualified health plan, effective January 1, 2018. On February 12, 2018, a financial application was submitted and your newborn child

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).

was found eligible for and was enrolled in a Child Health Plus plan at full cost, effective March 1, 2018.

You testified that you applied for health insurance for your newborn child [REDACTED]. You further testified that you completed this application by yourself and with no assistance from NYSOH. You testified that you were not aware that you needed to select the option for financial assistance in order for your newborn child to be found eligible for the Child Health Plus program because you did not think that you nor your family received financial assistance due to your household income being over the income limits for the financial assistance programs. However, you testified that, at the time you submitted the non-financial application, you were not aware that when you selected the non-financial option, your newborn child would be unable to be found eligible for a Child Health Plus plan. During the hearing, you testified that, had you known that you needed to submit a financial application on January 23, 2018, in order for your newborn child to be found eligible to enroll in a Child Health Plus plan, you would have submitted a financial application and attempted to enroll your newborn child into a Child Health Plus plan that day.

Further, the record indicates that you and your family have been found eligible for and enrolled in health insurance through NYSOH since 2014 and that you have consistently submitted financial assistance applications. The record further indicates that your two other children have been found eligible for and enrolled in Child Health Plus since they were added to your NYSOH account in 2015.

Ordinarily, the date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. If an application for insurance coverage is received through NYSOH by the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, coverage begins the first day of the second following month. Further, section 2511 of the Public Health Law has been amended to provide that CHP coverage shall be retroactive to the first day of the month of birth for newborns, effective January 1, 2017, provided that the application for coverage on behalf of the child was made prior to, or within sixty days of, the child's birth.

However, the credible evidence on the record indicates you were not aware that in order to have your newborn child be found eligible for Child Health Plus, you would need to submit a financial application. The credible evidence further indicates that, had you known that you would need to submit a financial application in order for your newborn child to be found eligible for a Child Health Plus plan that you would have, in fact, submitted a financial application that day. Had you submitted a financial application on January 23, 2018, your newborn child would have been found eligible to enroll in a full-pay Child Health Plus plan and you would have been able to select a Child Health Plus plan for your newborn child's enrollment that day.

Further, your newborn child was born on [REDACTED] and you added him to your NYSOH account on January 23, 2018; which was within sixty days of his birth. As a result, your newborn child's Child Health Plus plan should have started the first day of the month of his birth; which was January 1, 2018. The same outcome is true when you updated your non-financial application to a financial one on your newborn child's behalf on February 12, 2018, as you were still within sixty days of his birth.

Therefore, the November 23, 2017 eligibility determination and plan enrollment notices stating that your newborn child's eligibility for and enrollment in his Child Health Plus plan was effective March 1, 2018 are MODIFIED, in part as it pertains to your newborn child's eligibility and plan enrollment, to reflect an eligibility effective date and plan enrollment start date of January 1, 2018.

Your case is RETURNED to NYSOH to disenroll your newborn child from his qualified health plan as of January 1, 2018, enroll your newborn child into his Child Health Plus plan at full cost as of January 1, 2018, and notify you accordingly.

## **Decision**

The November 23, 2017 eligibility determination and plan enrollment notices stating that your newborn child's eligibility for and enrollment in his Child Health Plus plan was effective March 1, 2018 are MODIFIED, in part as it pertains to your newborn child's eligibility and plan enrollment, to reflect an eligibility effective date and enrollment start date of January 1, 2018.

Your case is RETURNED to NYSOH to disenroll your newborn child from his qualified health plan as of January 1, 2018, enroll your newborn child into his Child Health Plus plan at full cost as of January 1, 2018, and notify you accordingly.

**Effective Date of this Decision:** April 24, 2018

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

By this Decision, the effective date of your newborn child's Child Health Plus plan is January 1, 2018.

Your case is being sent back to NYSOH to ensure that your newborn child is disenrolled from his qualified health plan as of January 1, 2018, and is eligible for and enrolled into his Child Health Plus plan at full cost as of January 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).



You will be responsible to pay to the health plan directly any premium payments for the months your newborn child is enrolled into 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

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

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

## **Summary**

The November 23, 2017 eligibility determination and plan enrollment notices stating that your newborn child's eligibility for and enrollment in his Child Health Plus plan was effective March 1, 2018 are MODIFIED, in part as it pertains to your newborn child's eligibility and plan enrollment, to reflect an eligibility effective date and enrollment start date of January 1, 2018.

Your case is RETURNED to NYSOH to disenroll your newborn child from his qualified health plan as of January 1, 2018, enroll your newborn child into his Child Health Plus plan at full cost as of January 1, 2018, and notify you accordingly.

By this Decision, the effective date of your newborn child's Child Health Plus plan is January 1, 2018.

Your case is being sent back to NYSOH to ensure that your newborn child is disenrolled from his qualified health plan as of January 1, 2018, and is eligible for and enrolled into his Child Health Plus plan at full cost as of January 1, 2018.

You will be responsible to pay to the health plan directly any premium payments for the months your newborn child is enrolled into coverage.

## **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 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.

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).