



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

Notice of Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029538

[REDACTED]

Dear [REDACTED],

On April 20, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029538

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

Procedural History

According to your NYSOH account, you updated your application for financial assistance and added your newly [REDACTED] (child) to that application on December 22, 2017. On that day, your child was found eligible for a CHP plan as of February 1, 2018.

On January 12, 2018, you updated your child's account and submitted proof of your child's date of adoption (see Document [REDACTED]).

On January 13, 2018, a plan enrollment notice was issued confirming your child's enrollment in a CHP plan as of February 1, 2018.

On February 24, 2018, a plan enrollment notice was issued confirming your child's enrollment in a CHP plan as of January 1, 2018.

On February 28, 2018, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as it began your child's eligibility enrollment in his CHP plan on January 1, 2018, and not December 1, 2017.

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On April 20, 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 enrollment start date.
- 2) According to your NYSOH account and testimony, you updated your application for financial assistance and added your child to that application on December 22, 2017. On that day, your child was found eligible for a CHP plan as of February 1, 2018.
- 3) According to your NYSOH account and testimony, you initially enrolled your child in a CHP plan on January 12, 2018 with an effective date of February 1, 2018. You further testified that his enrollment was backdated retroactively to January 1, 2018, because the health plan agreed to the backdate.
- 4) You testified and submitted documentation that shows your child's adoption was finalized on [REDACTED] see Document [REDACTED]
- 5) You further testified that your child, who was a [REDACTED] before the adoption was finalized, first came to the United States to reside with you in December 2017, and because of this you were unable to add your child to your application any earlier.
- 6) You testified that you do not understand why your child's CHP plan does not start from the date of adoption, since that is what you were advised should happen by several NYSOH representatives.
- 7) You are seeking to have your child's CHP plan to begin as of the date of his adoption because he has unpaid medical bills from treatment received in December 2017.

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

Applicable Law and Regulations

Child Health Plus - General

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).

Child Health Plus – Newborns Only

A newborn child who is eligible for Child Health Plus shall be enrolled retroactively to the first day of the month in which the child is born, provided that the applicant submitted a completed application and required information and documentation within sixty days of the child’s birth (NY Public Health Law §2511(2)(i)(i), effective January 1, 2017).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child’s enrollment in his CHP plan was effective February 1, 2018.

Your child’s adoption was finalized on [REDACTED]. You updated your application for financial assistance and added him to that application on December 22, 2017. On that day, your child was found eligible for a CHP plan as of February 1, 2018. He was subsequently enrolled in a CHP plan, with coverage backdated to January 1, 2018.

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In New York State, if an application for insurance coverage is received before the 15th of the month, benefits are provided on the first day of the next month. If an application for insurance coverage is received through the Marketplace after the 15th of the month, health plan benefits are provided on the first day of the second subsequent month. This rule applies to Qualified Health Plans, Medicaid Managed Care plans, and CHP plans.

However, you testified that you do not understand why your child's CHP plan does not start from the date of adoption, since that is what you were advised should happen by several NYSOH representatives.

Although newborns born after January 1, 2017 will be enrolled retroactively to the first day of the month in which the child was born, provided that the applicant submitted a completed application and required information and documentation within sixty (60) days of the child's birth, this special circumstance was not expanded to include adopted children.

According to your NYSOH account and testimony, you enrolled your child in a health plan on January 12, 2018. Since 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, NYSOH's January 13, 2018 plan enrollment notice stating that your child's enrollment in his CHP plan was effective February 1, 2018, is correct and must be AFFIRMED.

Finally, it is noted that your child's enrollment in his CHP plan was backdated retroactively to January 1, 2018, because the health plan agreed to the backdate. This Decision does not disturb your child's current CHP enrollment start date.

Decision

The January 13, 2018 plan enrollment notice is AFFIRMED.

This Decision does not disturb your child's current CHP enrollment start date.

This Decision does not affect any of your child's subsequent eligibility determinations.

Effective Date of this Decision: May 22, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

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).

NYSOH properly determined your child's CHP plan to be effective February 1, 2018. However, pursuant to the agreement between you and the health plan, the effective date of your child's CHP plan was backdated to 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:

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 calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
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- By fax: 1-855-900-5557

Summary

The January 13, 2018 plan enrollment notice is **AFFIRMED**.

This Decision does not disturb your child's current CHP enrollment start date.

This Decision does not affect any of your child's subsequent eligibility determinations.

NYSOH properly determined your child's CHP plan to be effective February 1, 2018. However, pursuant to the agreement between you and the health plan, the effective date of your child's CHP plan was backdated to 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)

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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 مجانًا.

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।

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 महत्त्वपूर्ण 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. yɛbɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

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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.