



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

## Notice of Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029733

[REDACTED]

Dear [REDACTED],

On May 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 5, 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).

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## **Decision**

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029733



## **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 children's eligibility for and enrollment in their Child Health Plus plan was effective April 1, 2018?

## **Procedural History**

On March 5, 2018, NY State of Health (NYSOH) received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating that your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium each, effective April 1, 2018.

Also on March 5, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plans insofar as coverage did not begin on March 1, 2018.

On March 6, 2018, NYSOH issued an eligibility determination notice, based on your March 5, 2018 application, stating that your children were eligible for Child Health Plus with a \$9.00 monthly premium each, effective April 1, 2018.

Also on March 6, 2018, NYSOH issued a plan enrollment notice confirming your children's enrollment in their Child Health Plus plans with \$9.00 monthly premiums, effective April 1, 2018.

On May 2, 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 your children have had coverage through Child Health Plus for many years.
- 2) You testified that you always renewed your children's Child Health Plus coverage through their plan provider.
- 3) You testified that you always receive a paper application from your children's Child Health Plus plan in order to renew their coverage annually.
- 4) You testified that you received two letters, in September 2017 and October 2017, from your children's Child Health Plus plan provider stating that you would have to now renew their coverage through NYSOH.
- 5) You testified, and your NYSOH account indicates, that you created a NYSOH account on December 3, 2017 and completed an application.
- 6) You testified that after completing the application, you were confused because the health insurance plan premiums were all much higher than what you normally pay for your children's Child Health Plus plans.
- 7) You testified that you contacted a representative from your children's Child Health Plus plan and the representative informed you that you had attempted to renew too early.
- 8) You testified that the provider representative informed you that, since you had already completed an application, he would enroll your children in February 2018 because you children were not due to renew their coverage until March 2018.
- 9) You testified that you assumed this meant that you did not have to do anything further and that your children's Child Health Plus plan provider would automatically reenroll your children as of March 1, 2018.
- 10) You testified that you determined that your children were not reenrolled into coverage when you received a letter, in early March 2018, from their Child Health Plus plan provider informing you that they had not been reenrolled.

- 11) You testified that you did not receive anything from NYSOH informing you that you had to renew your children's coverage through NYSOH this year.
- 12) Your NYSOH account indicates that there is no notice from NYSOH indicating that your children's coverage had been transferred to NYSOH, nor was there any notice informing you of the need or when to renew their Child Health Plus coverage through NYSOH.
- 13) You testified that your children's Child Health Plus coverage terminated as of February 28, 2018.
- 14) You submitted an application to NYSOH for financial assistance with your children's health insurance and selected Child Health Plus plans for their enrollment on March 5, 2018.
- 15) You testified that you appealed because you want your children's Child Health Plus plans be made effective March 1, 2018, and not April 1, 2018.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

## 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 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 children’s eligibility for and enrollment in their Child Health Plus plan was effective April 1, 2018.

You testified that your children have had coverage through Child Health Plus for many years. You further testified that in September 2017 and October 2017, you received two letters in the mail from your children’s Child Health Plus provider informing you that it was time to renew your children’s coverage and that you would need to complete their renewal through NYSOH. You testified, and the record confirms, that you created and submitted an application through NYSOH on December 3, 2017. You further testified that, after submitting the application, you were confused because the health insurance plan premiums were all much higher than what you normally pay for your children’s Child Health Plus plans. As a result, you testified that you contacted a representative from your children’s Child Health Plus plan and the representative informed you that you had attempted to renew too early. You testified that the provider representative informed you that since you had already completed an application that he would

enroll your children in February 2018 because you children were not due to renew their coverage until March 2018.

You further testified that you thought that your children had been reenrolled into their Child Health Plus plan coverage until you received a letter, in early March 2018, from your children's Child Health Plus plan provider that their coverage had not been renewed. You testified that you contacted your children's Child Health Plus plan and you were informed that you had to submit an application through NYSOH and enroll your children into a plan before their coverage could begin.

NYSOH is required to ensure a redetermination of Child Health Plus eligibility is effective on the first day of the coverage year.

While you may have been provided notice by your Child Health Plus plan to renew your children's Child Health Plus plan coverage through NYSOH, there is no indication in the record that NYSOH issued a notice informing you that your child's coverage through Child Health Plus was being transferred to NYSOH, nor is there any indication in the record that you were informed by NYSOH that you would need to renew your children's Child Health Plus coverage through NYSOH, or when you would need to renew your children's Child Health Plus coverage through NYSOH for the upcoming year, which was as of March 1, 2018.

Therefore, it is concluded that NYSOH did not give you the proper or timely notice that your children were being transferred to NYSOH and that you needed to create a NYSOH account and submit an application on your children's behalf in order to renew their Child Health Plus coverage for the upcoming year and to ensure that their coverage would continue without interruption.

You testified, and the record indicates, that you submitted an updated application or financial assistance on your children's behalf on March 5, 2018, and you enrolled your children into a plan that day. Therefore, the NYSOH's Appeals Unit must assume that this is the information that would have been provided had you been timely informed of the need to renew your child's Child Health Plus coverage through NYSOH.

Therefore, the March 6, 2018 eligibility determination and plan enrollment notices are MODIFIED to state that your children are eligible for and enrolled in their Child Health Plus plans with a \$9.00 monthly premium each, effective March 1, 2018.

Your case is being RETURNED to NYSOH to enroll your children in their Child Health Plus plans with a March 1, 2018 start date, and to notify you accordingly.

## **Decision**

The March 6, 2018 eligibility determination notice is MODIFIED to state that your children are eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium each, effective March 1, 2018.

The March 6, 2018 plan enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan were effective March 1, 2018.

Your case is being RETURNED to NYSOH to enroll your children in their Child Health Plus plan with a March 1, 2018 start date, and to notify you accordingly.

**Effective Date of this Decision:** May 7, 2018

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

Your children's eligibility for and enrollment in their Child Health Plus plans should have been effective as of March 1, 2018.

Your case is being sent back to NYSOH to enroll your children into their Child Health Plus plans as of March 1, 2018. NYSOH will notify you once this is done.

You will be responsible for any premium payments for the months your children are 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 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).

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

### **Summary**

The March 6, 2018 eligibility determination notice is MODIFIED to state that your children are eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium each, effective March 1, 2018.

The March 6, 2018 plan enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan were effective March 1, 2018.

Your case is being RETURNED to NYSOH to enroll your children in their Child Health Plus plan with a March 1, 2018 start date, and to notify you accordingly.

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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).

Your children's eligibility for and enrollment in their Child Health Plus plans should have been effective as of March 1, 2018.

Your case is being sent back to NYSOH to enroll your children into their Child Health Plus plans as of March 1, 2018. NYSOH will notify you once this is done.

You will be responsible for any premium payments for the months your children are 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 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.

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).