



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

## Notice of Decision

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029860

[REDACTED]

Dear [REDACTED],

On May 7, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2018 eligibility determination notice, January 27, 2018 disenrollment notice, March 7, 2018 eligibility determination notice, and the March 7, 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.

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## **Decision**

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029860



## **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 children were ineligible for and disenrolled from their Child Health Plus plan, effective February 28, 2018?

Did NY State of Health properly determine that your children's eligibility for and reenrollment in their Child Health Plus plan was effective April 1, 2018?

## **Procedural History**

On November 16, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your children were eligible to enroll in Child Health Plus, effective December 1, 2017.

Also on November 16, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a plan enrollment start date of December 1, 2017.

On January 26, 2018, you updated your household's application for health insurance through NYSOH. Specifically, you updated your household's application to a non-financial assistance application.

On January 27, 2018, NYSOH issued a notice of eligibility determination stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2018.

Also on January 27, 2018, NYSOH issued a disenrollment notice stating that your children's enrollment in their Child Health Plus plan would end on February 28, 2018. This was because they were no longer eligible to enroll in a Child Health Plus plan.

On March 6, 2018, you updated your household's application for health insurance. Specifically, you updated your household's application to a financial application and updated your household's income.

That day, NYSOH prepared a preliminary eligibility determination with regard to that application, stating that you children were eligible for Child Health Plus, effective April 1, 2018.

Also on March 6, 2018, you spoke to NYSOH's Account Review Unit and appealed that start date of your children's reenrollment in their Child Health Plus plan insofar as it did not begin March 1, 2018.

On March 7, 2018, NYSOH issued a notice of eligibility determination, based on your March 6, 2018 application, stating that your children were eligible for Child Health Plus, effective April 1, 2018.

Also on March 7, 2018, NYSOH issued a notice of enrollment confirmation, based on your plan selection on March 6, 2018, stating that your children were enrolled in a Child Health Plus plan with a plan enrollment start date of April 1, 2018.

On May 7, 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 seeking to have your children's reenrollment in their Child Health Plus plan begin on March 1, 2018. You further testified that your children were without coverage for March 2018 and that your children do have medical bills for that month.
- 2) You testified that in January 2018 you accessed your NYSOH account on-line in order to update your children's application for health insurance.

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- 3) You testified that you selected the non-financial assistance application because you believed that your household did not qualify for financial assistance with health insurance because your income was too high. You explained that you did not realize that in order for your children to be eligible for Child Health Plus, you would need to submit a financial assistance application.
- 4) Your NYSOH account reflects that on January 26, 2018 user "[REDACTED]" updated your household's application to a non-financial assistance application.
- 5) You testified that "[REDACTED]" is the username you use to access your NYSOH account.
- 6) You testified that in early March 2018 you took your child to a doctor's appointment, at which time you learned that your children were without coverage.
- 7) You testified that in early March 2018, you contacted NYSOH to reenroll your children into coverage.
- 8) Your NYSOH account reflects that on March 6, 2018, you contacted NYSOH and updated your household's application to a financial assistance application and that you reenrolled your children into a Child Health Plus plan on that day.

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

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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 under review is whether NYSOH properly determined that your children were ineligible for and disenrolled from their Child Health Plus plan effective February 28, 2018.

On November 16, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus, effective December 1, 2017. Also on November 16, 2017, NYSOH issued a notice confirming your children's enrollment in their Child Health Plus plan as of December 1, 2017.

Thereafter, on January 26, 2018, user [REDACTED] updated your household's application to a non-financial assistance application.

You testified that "[REDACTED]" is your username for your NYSOH account.

As the change to a non-financial application was made using your user name and not as the result of an error by an agent of NYSOH, NYSOH properly determined that your children were ineligible for and disenrolled from their Child Health Plus plan, effective February 28, 2018.

Therefore, the January 27, 2018 eligibility determination notice and the January 27, 2018 disenrollment notice are AFFIRMED.

The second issue is whether NYSOH properly determined that your children's eligibility for and reenrollment in their Child Health Plus plan was effective April 1, 2018.

The record reflects that you contacted NYSOH on March 6, 2018 and updated your household's application to a financial assistance application and reenrolled your children into a Child Health Plus plan that day.

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.

As you updated your household's application on March 6, 2018 and selected a Child Health Plus plan for enrollment that day, your children's reenrollment in their Child Health Plus plan was properly effective the first day of the first month following March 6, 2018; that is, on April 1, 2018.

Therefore, the March 7, 2018 eligibility determination notice and the March 7, 2018 enrollment confirmation notice stating that your children's eligibility for and reenrollment in their Child Health Plus plan were effective April 1, 2018, are correct and must be AFFIRMED.

## **Decision**

The January 27, 2018 eligibility determination notice is AFFIRMED.

The January 27, 2018 disenrollment notice is AFFIRMED.

The March 7, 2018 eligibility determination notice is AFFIRMED.

The March 7, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** May 10, 2018

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

This decision does not change your children's eligibility.

Your children were properly found ineligible for and disenrolled from their Child Health Plus plan as of February 28, 2018.

The effective date of your children's reenrollment in their Child Health Plus plan is April 1, 2018.

## **If You Disagree with this Decision (Appeal Rights)**

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 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:  
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- By fax: 1-855-900-5557

## **Summary**

The January 27, 2018 eligibility determination notice is AFFIRMED.

The January 27, 2018 disenrollment notice is AFFIRMED.

This decision does not change your children's eligibility.

Your children were properly found ineligible for and disenrolled from their Child Health Plus plan as of February 28, 2018.

The March 7, 2018 eligibility determination notice is AFFIRMED.

The March 7, 2018 enrollment confirmation notice is AFFIRMED.

The effective date of your children's reenrollment in their Child Health Plus plan is April 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 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।

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## **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&tumi ama wo obi a okyerE 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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