



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: AP000000030248



Dear [REDACTED]

On May 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2018 plan enrollment and March 16, 2018 eligibility determination 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 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030248



Issues

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

Did NY State of Health (NYSOH) properly enroll your child in a Child Health Plus plan at full cost, effective March 1, 2018?

Did NYSOH properly determine that your child was eligible for Child Health Plus, with a \$15.00 monthly premium, effective April 1, 2018?

Procedural History

On April 15, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a monthly premium of \$30.00, effective March 1, 2017.

On January 3, 2018, NYSOH issued a notice stating that it was time to renew your child's health insurance for the upcoming coverage year. The notice stated that, based on federal and state data sources, your child qualified for a full-pay Child Health Plus, effective March 1, 2018. The notice instructed you to update your account between January 16, 2018 and February 15, 2018, if there have been any changes that may affect what health insurance your child is enrolled in or how much financial assistance they are eligible to receive.

On January 17, 2018, NYSOH issued a plan enrollment notice confirming that as of January 16, 2018, your child was enrolled in a Child Health Plus plan with a \$232.31 monthly premium, 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).

On March 15, 2018, your NYSOH account was updated.

Also on March 15, 2018, you spoke to NYSOH's Account Review Unit and requested an appeal because your child was enrolled in Child Health Plus at full cost for the month of March 2018.

On March 16, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a monthly premium of \$15.00, effective April 1, 2018.

Also on March 16, 2018, NYSOH issued an enrollment notice confirming that as of March 15, 2018, your child was enrolled in a Child Health Plus plan, with a \$15.00 monthly premium, with an enrollment start date of April 1, 2018,

On May 16, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was 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 the fact that your child was enrolled in a Child Health Plus plan at full cost for the month of March 2018.
- 2) Your child was born on [REDACTED]
- 3) According to your NYSOH account and testimony, you receive notices from NYSOH by regular mail through the United States Postal Service (USPS).
- 4) You testified that you did not receive the January 3, 2018 renewal or January 17, 2018 plan enrollment notices from NYSOH.
- 5) According to your NYSOH account, none of the notices issued by NYSOH to your mailing address have been returned as undeliverable.
- 6) According to your NYSOH account, no updates were made to the account between January 16, 2018 and February 15, 2018.
- 7) You testified that you became aware that your child's premium had increased when you reviewed your credit card statement.
- 8) You testified that your child's March 2018 premium was \$232.31.

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

Applicable Law and Regulations

Child Health Plus – Renewal

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,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR § 457.343).

In general, a child eligible for Child Health Plus must recertify their eligibility for enrollment through NYSOH once every twelve months (42 CFR § 457.343; 42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (NY Public Health Law § 2511(2)(f)(ii); 42 CFR § 435.916(a)(2)).

Child Health Plus – Effective Date

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 first issue under review is whether NYSOH properly enrolled your child in a Child Health Plus plan at full cost, effective March 1, 2018.

NYSOH must redetermine a qualified child's eligibility for Child Health Plus once every twelve months without requiring information from the individual if they are able to do so based on federal and state data sources.

On January 3, 2018, NYSOH issued a notice stating that it was time to renew your child's health insurance for the next coverage year. The notice stated that, based on federal and state data sources, your child qualified for a full-pay Child Health Plus, effective March 1, 2018. The notice instructed you to update your account between January 16, 2018 and February 15, 2018 if there were any changes that may affect what health insurance your child is enrolled in or how much financial assistance they are eligible to receive.

You testified that you did not receive the January 3, 2018 renewal notice from NYSOH, nor the January 17, 2018 plan enrollment notice confirming that as of January 16, 2018, your child was enrolled in a Child Health Plus plan with a \$232.31 monthly premium, effective March 1, 2018. The record reflects that you elected to receive notifications by the USPS. Further, there is no evidence in the record that any notices that were issued by NYSOH to your mailing address of record were returned as undeliverable. Therefore, the record supports that NYSOH properly notified you to update your account by February 15, 2018.

The record reflects that no changes were made to your NYSOH account between January 16, 2018 and February 15, 2018. Since no updates were made to your NYSOH account, your eligibility was based on the information that was available to NYSOH. Therefore, your child was properly determined eligible for Child Health Plus at full cost, effective March 1, 2018, and the January 17, 2018 enrollment notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child was eligible for Child Health Plus with a \$15.00 monthly premium, effective April 1, 2018.

The record reflects that, on March 15, 2018, you contacted NYSOH and updated your account. Based on that update, your child was determined eligible for Child Health Plus with a monthly premium of \$15.00, effective April 1, 2018.

When changes are made to an application, the effective date of the change is contingent on whether it was made after the 15th of the month. Changes made from the first day to and including the fifteenth day of a month are effective on the first day of the following month. Changes made from the sixteenth day of the

month to the end of the month are effective on the first day of the second following month.

Since the update occurred on March 15, 2018, your child's coverage in the Child Health Plus plan with a \$15.00 monthly premium properly began on the first day of the following month; that is April 1, 2018.

The March 16, 2018 eligibility determination notice is AFFIRMED.

Decision

The January 17, 2018 plan enrollment notice is AFFIRMED.

The March 16, 2018 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: May 22, 2018

How this Decision Affects Your Eligibility

Your child was eligible to enroll in Child Health Plus plan at full cost, effective March 1, 2018.

Your child was eligible to enroll in a Child Health Plus plan with a \$15.00 monthly premium, effective April 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 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 January 17, 2018 plan enrollment notice is **AFFIRMED**.

The March 16, 2018 eligibility determination notice is **AFFIRMED**.

Your child was eligible to enroll in Child Health Plus plan at full cost, effective March 1, 2018.

Your child was eligible to enroll in a Child Health Plus plan, with a \$15.00 monthly premium, effective April 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।

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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 मदद 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.

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