



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: April 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM29282403

[REDACTED]

[REDACTED]

On April 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 29, 2018 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
PO 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(b).

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: April 12, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM29282403

[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 son's enrollment in his Child Health Plus (CHP) coverage began on December 1, 2017?

Procedural History

On October 27, 2017, NYSOH issued a renewal notice stating that it was time for you to renew your household's application for financial assistance with health insurance for 2018. The notice stated that, based on information available from state and federal data sources, NYSOH could not determine whether you and your family qualified for financial help paying for your health insurance. The notice directed you to update your NYSOH account by December 15, 2017, or you could lose your health insurance coverage, as well as any financial assistance you were receiving.

On November 21, 2017, NYSOH issued a disenrollment notice stating that you and your spouse's enrollment in your qualified health plan was ending, effective December 31, 2017.

On January 17, 2018, a Complaint was filed in NYSOH's system, Incident [REDACTED], with the following description:

"The appellant, [REDACTED] contacted the Marketplace on 1/17/2018 requesting an appeal. On 12/20/2017 the appellant contacted the

marketplace to update the application and a Re-sequenced defect arose on the account, [REDACTED] was filed in an attempt to correct the error. At this time, there has been no resolution and defect is still present on account. Therefore, no eligibility determination has been made and enrollment is not possible.”

That same day, you spoke to NYSOH’s Account Review Unit and appealed, insofar as you, your spouse, and your two children were not able to complete an application and receive an eligibility determination.

On February 14, 2018, your NYSOH application was updated.

On February 15, 2018, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium, and that they would remain in their plan and pay \$9.00 until December 31, 2017 because children are guaranteed their lower premium for twelve months before their higher premium goes into effect.

Also on February 15, 2018, NYSOH issued a discontinuance notice stating that you and your spouse were not eligible to enroll in coverage through NYSOH, effective January 1, 2018, because you no longer wanted to receive coverage.

On March 8, 2018, NYSOH redetermined your household’s eligibility.

On March 9, 2018, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$407.00 per month in advance payments of the premium tax credit, effective April 1, 2018. The notice also stated that you had until May 7, 2018 to select a health plan. Further, the notice stated that your two children were eligible for CHP with a \$9.00 monthly premium, effective April 1, 2018.

On March 13, 2018, NYSOH issued a notice of enrollment confirmation, stating that you and your spouse were enrolled in a qualified health plan beginning April 1, 2018, and your children were enrolled in a CHP plan with a \$30.00 premium each, beginning April 1, 2018.

On March 13, 2018, a Complaint was created in NYSOH’s system, Incident [REDACTED], reflecting that you contacted NYSOH to request that your daughter’s CHP coverage be made effective January 1, 2018, and your son’s coverage be made effective March 1, 2018. Further notes entered indicate that, on March 22, 2018, NYSOH agreed to backdate both of your children’s CHP coverage to January 1, 2018.

Also on March 13, 2018, a second Complaint was created in NYSOH’s system, Incident [REDACTED], reflecting that you were also requesting a backdate to December 1, 2017 for your daughter. Further notes indicate that, on March 27,

2018, your children's CHP plan agreed to backdate coverage to December 1, 2017.

On March 23, 2018, NYSOH issued a new enrollment confirmation notice stating that your children's enrollment in their CHP plan was now effective January 1, 2018, with a \$30.00 monthly premium each.

Also on March 23, 2018, a note was entered into Incident [REDACTED] stating that you wished to proceed with your appeal, but that the issue you wanted to appeal was NYSOH's refusal to allow you to backdate only your daughter's coverage to December 1, 2017, and to have your son's coverage begin on March 1, 2018.

On March 29, 2018 and March 31, 2018, NYSOH issued new enrollment confirmation notices stating that your children's enrollment in their CHP plan was now effective December 1, 2017, with a monthly premium of \$30.00 each.

On April 6, 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 support the following findings of fact:

- 1) You testified that you are appealing to have your daughter's coverage backdated to December 1, 2017, but your son's coverage backdated to March 1, 2018.
- 2) You testified, and NYSOH's system confirms, that, because of the defect on your account, you were unable to complete an application for coverage until a few weeks ago.
- 3) You testified that, because you did not know whether your children would be able to enroll in health insurance, nor when that coverage would begin if they could enroll, you deliberately avoided taking them to any medical appointments while they did not have coverage.
- 4) You testified that you ended up having to take your daughter to the doctor because she had an emergency health issue, and that this was why you needed her coverage backdated.
- 5) You testified that you do not believe that it is fair that you are required to pay for coverage for your son for December, January, and February, when you had to avoid getting him any medical treatment during those months because you did not know when the issue with your NYSOH account and your children's coverage would be resolved.

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- 6) You testified that, had NYSOH resolved the issue back in November or December 2017, you would have been willing to pay for coverage for both children because they would have had the benefit of that coverage.

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

Applicable Law and Regulations

Enrollment in Child Health Plus

NYSOH must accept applications for health insurance, and provide individuals with the means to file an application (42 CFR §155.405(c)).

Each state administering a child health insurance program must provide an applicant with “timely and adequate written notice” of any decisions affecting eligibility, including approval or denial of eligibility (45 CFR § 457.340(e)).

NYSOH must ensure “prompt determinations of eligibility and enrollment” in Medicaid, CHP, or the Essential Plan, based on the date of application, or redetermination by NYSOH (45 CFR § 155.345(a)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your son’s enrollment in his CHP plan began on December 1, 2017.

The record reflects that a defect on your account prevented you from applying for coverage for your children during the months of December 2017 and January 2018, and possibly November 2017. On February 14, 2018, an application update was filed, and your children were found eligible for CHP. However, no plan enrollment was made at that time. On March 8, 2018, your NYSOH application was again updated, and your children were again found eligible for CHP. On March 13, 2018, NYSOH issued an enrollment notice, confirming your children’s enrollment in a CHP plan, beginning April 1, 2018.

NYSOH must accept applications for health insurance from individuals who wish to make such an application, and must provide individuals with the means for filing an application. Additionally, NYSOH must ensure that an applicant’s eligibility for, and enrollment in, Medicaid, CHP, or Essential Plan coverage is processed promptly, based on the date of application or redetermination.

The record reflects that you were prevented, for a period of months, from filing an application for health insurance for your household because of a defect on your account. As a result, your children were unable to enroll in coverage until the

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defect was resolved, and an enrollment was processed on March 13, 2018, with coverage to take effect April 1, 2018. Because of the defect on your account, NYSOH failed to provide you with the means to file an application, and to issue a prompt determination of your children's eligibility, which caused them to be without coverage.

When the defect was resolved, you requested the backdating of your daughter's coverage to December 1, 2017, because you had unpaid medical bills for her, and your son's coverage to be backdated to March 1, 2018. NYSOH approved your request, but backdated both of your children's coverage to December 1, 2017. You testified during the hearing that you do not believe it is fair for you to be required to pay for coverage that you did not know your son would have. You testified that you specifically avoided taking your children to the doctor during the months when they were without coverage because you did not know when, or if, they would be able to enroll.

The Appeals Unit finds that it was NYSOH's error that resulted in your children going without coverage for several months. Had you been able to enroll in coverage in time for a December 2017 start date, it would have been reasonable to require you to pay the premium for both children, as you would have had the benefit of coverage. However, since you were unable to utilize the CHP coverage for your son, and actively avoided seeking medical care for your children, it is reasonable to allow you to have your son's CHP coverage begin on March 1, 2018, instead of December 1, 2017.

Therefore, the March 29 and March 31, 2018 enrollment notices are MODIFIED to state that your daughter's () enrollment in her CHP plan began on December 1, 2017, and your son's () enrollment in that plan began on March 1, 2018.

Your case is RETURNED to NYSOH to modify the start dates of your children's coverage in accordance with this decision.

Decision

The March 29 and March 31, 2018 enrollment notices are MODIFIED to state that your daughter's () enrollment in her CHP plan began on December 1, 2017, and your son's () enrollment in that plan began on March 1, 2018.

Your case is RETURNED to NYSOH to modify the start dates of your children's coverage in accordance with this decision, and to notify your children's CHP plan of this change.

Effective Date of this Decision: April 12, 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).

How this Decision Affects Your Eligibility

NYSOH's system defect prevented you from enrolling your children in their CHP plan in a timely manner. Therefore, your request to change the start date of your son's coverage to March 1, 2018 is granted.

Your case is being sent back to NYSOH to change the start date of your son's coverage, and to notify your children's CHP plan.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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

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 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):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 29 and March 31, 2018 enrollment notices are MODIFIED to state that your daughter's ([REDACTED]) enrollment in her CHP plan began on December 1, 2017, and your son's ([REDACTED]) enrollment in that plan began on March 1, 2018.

Your case is RETURNED to NYSOH to modify the start dates of your children's coverage in accordance with this decision, and to notify your children's CHP plan of this change.

NYSOH's system defect prevented you from enrolling your children in their CHP plan in a timely manner. Therefore, your request to change the start date of your son's coverage to March 1, 2018 is granted.

Your case is being sent back to NYSOH to change the start date of your son's coverage, and to notify your children's CHP plan.

Legal Authority

We are issuing this determination in accordance with 45 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).

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، يرجى 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&btumi 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.