



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

## Notice of Decision

Decision Date: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005599

[REDACTED]

Dear [REDACTED],

On March 18, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 2015 eligibility determination notice and February 19, 2015 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 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).

This page intentionally left blank.



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

## Decision

Decision Date: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005599

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NYSOH properly determine that the enrollment of your newborn daughter in her Child Health Plus plan was effective April 1, 2015, and not the date of her birth?

## Procedural History

On February 18, 2015, an application was submitted which included your newborn daughter [REDACTED] for the first time.

On February 19, 2015 NYSOH issued an eligibility determination notice, based on that application, stating, in part, that [REDACTED] was newly conditionally eligible to enroll in Child Health Plus (CHP) with a \$45.00 per month premium, effective April 1, 2015. Your older daughter was also eligible for the same coverage and premium.

Also on February 19, 2015, NYSOH issued an enrollment confirmation notice stating your older daughter, Xiaotang, and your newborn daughter had been enrolled in a Fidelis Care CHP plan with a total premium responsibility of \$319.10. The notice further stated that their health insurance would begin as soon as you have paid the first month's premium, and could begin as early as June 1, 2014. The confirmation notice did not explain the discrepancy in the amount of premium owed between this notice and the eligibility determination.

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 February 19, 2015, your NYSOH account enrollment details showed that [REDACTED] CHP coverage was effective February 1, 2015, while your older daughter's coverage had previously started as of June 1, 2014 (see Exhibit 1).

As early as March 12, 2015, you have filed complaints relating to a request to backdate your newborn daughter's coverage to the date of her birth. On December 17, 2015 you spoke to NYSOH's Account Review Unit and formally appealed the start date of your child's Child Health Plus plan insofar as it did not begin on the date of her birth, which was [REDACTED].

On March 18, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At your request, a Mandarin-language interpreter ([REDACTED]) attended the hearing. 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 only your newborn daughter's eligibility insofar as you were seeking her CHP coverage to begin as of the date of her birth.
- 2) You testified, and the record reflects, that your child was born on [REDACTED].
- 3) You began an updated application to NYSOH for financial assistance on behalf of your then unborn child on February 14, 2015, but did not complete that application for processing her eligibility until [REDACTED] the day after her birth.
- 4) You testified, and the record reflects, that you enrolled [REDACTED] into a Fidelis Care CHP plan on February 18, 2015.
- 5) Your NYSOH account enrollment details reflect as of February 19, 2015, that your newborn daughter's CHP coverage through Fidelis Care was determined to start effective February 1, 2015. The eligibility transaction number related to your newborn daughter's enrollment was [REDACTED] (see Exhibit 1).
- 6) You testified that NYSOH representatives acknowledged that your daughter's Fidelis Care CHP coverage should have started effective February 1, 2015; however, Fidelis Care representative have refused to recognize your daughter's eligibility for CHP coverage during February

2015. You further testified that Fidelis Care representative stated that your daughter's coverage actually began effective March 1, 2015.

- 7) You testified that you need your child's CHP plan coverage to begin on February 1, 2015 because you incurred approximately \$8,600.00 in bills relating to your newborn daughter's post-natal care during February 2015.

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

## **Applicable Law and Regulations**

### Child Health Plus Effective Date - General

Child Health Plus is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

The State of New York has provided that a child's period of eligibility for Child Health Plus generally 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 of 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 subsequent month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

The issue under review is whether your newborn child's enrollment in a Child Health Plus (CHP) plan was effective as of [REDACTED] her date of birth.

Your child was born on [REDACTED] on February 18, 2015 your child was formally added to your NYSOH account. She was subsequently found eligible for enrollment in CHP, and the written enrollment confirmation notice stated that her coverage could begin as early as June 1, 2014, provided the premium payment was received. Another written notice stated that her coverage would be effective April 1, 2015.

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

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).

In the present case, that would mean your daughter [REDACTED] coverage would generally have become effective on April 1, 2015, because her enrollment was initiated after the 15th of February.

However, on or about February 19, 2015, NYSOH took independent action to backdate the CHP coverage of your newborn daughter to February 1, 2015. Your NYSOH account enrollment details formalizes this in an eligibility transaction [REDACTED].”

No challenge has been made to this finding, which corroborates your testimony that a NYSOH representative told you that [REDACTED] coverage was effective as of February 1, 2015.

Therefore, it is determined that NYSOH found on February 19, 2015 that your newborn daughter was newly conditionally eligible to enroll through CHP with a \$45.00 per month premium, effective February 1, 2015. Therefore, the February 19, 2015 eligibility determination notice is MODIFIED to reflect the information contained in your on-line account; that is, that your newborn daughter was newly conditionally eligible to enroll through CHP with a \$45.00 per month premium, effective February 1, 2015.

Furthermore, the February 19, 2015 enrollment confirmation notice is MODIFIED to state that your newborn daughter’s Fidelis Care CHP coverage begins effective February 1, 2015, provided the necessary premium payment is remitted to the insurance carrier.

Your case is RETURNED to NYSOH to effectuate a February 1, 2015 start date of CHP coverage with Fidelis Care. NYSOH is directed to coordinate with Fidelis Care to ensure the insurance carrier recognizes a CHP coverage start date of February 1, 2015, rather than March 1, 2015 or April 1, 2015.

## **Decision**

The February 19, 2015 eligibility determination notice is MODIFIED to state that your newborn daughter was newly conditionally eligible to enroll through CHP with a \$45.00 per month premium, effective February 1, 2015

The February 19, 2015 enrollment confirmation notice is MODIFIED to state that your newborn daughter’s Fidelis Care CHP coverage begins effective February 1, 2015, provided the necessary premium payment is paid to your health plan.

The case is RETURNED to NYSOH to effectuate a February 1, 2015 start date of CHP coverage with Fidelis Care. NYSOH is directed to coordinate with Fidelis Care to ensure the insurance carrier recognizes a CHP coverage start date of February 1, 2015, rather than March 1, 2015.

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).

**Effective Date of this Decision:** May 31, 2016

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

The effective date of your child's Child Health Plus plan is February 1, 2015, provided the necessary premium amount is remitted to Fidelis Care.

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

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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

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).

## **Summary**

The February 19, 2015 eligibility determination notice is MODIFIED to state that your newborn daughter was newly conditionally eligible to enroll through CHP with a \$45.00 per month premium, effective February 1, 2015

The February 19, 2015 enrollment confirmation notice is MODIFIED to state that your newborn daughter's Fidelis Care CHP coverage begins effective February 1, 2015, provided the necessary premium payment is paid to your health plan.

The case is RETURNED to NYSOH to effectuate a February 1, 2015 start date of CHP coverage with Fidelis Care. NYSOH is directed to coordinate with Fidelis Care to ensure the insurance carrier recognizes a CHP coverage start date of February 1, 2015, rather than March 1, 2015.

The effective date of your child's Child Health Plus plan is February 1, 2015, provided the necessary premium amount is remitted to Fidelis Care.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**

