



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

## Notice of Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005613

[REDACTED]

Dear [REDACTED],

On February 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 16, 2015 eligibility determination 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 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: June 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005613

[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 daughter's enrollment in a Child Health Plus plan was effective January 1, 2016?

## Procedural History

You first applied for insurance for your daughter through NYSOH on December 15, 2015.

On December 16, 2015, the NY State of Health (NYSOH) issued a notice of eligibility determination based on that application, stating that your children were eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective January 1, 2016.

Also on December 16, 2015, NYSOH issued a notice based on your plan selection on December 15, 2015, confirming that your children were enrolled in a Child Health Plus plan, beginning July 1, 2015.

On December 18, 2015, you spoke to NYSOH's Account Review Unit and appealed the start date of your daughter's Child Health Plus plan insofar as it did not begin December 1, 2015.

On February 23, 2016, 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.

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## Findings of Fact

A review of the record support the following findings of fact:

- 1) You testified that you are appealing only your daughter's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on December 15, 2015.
- 3) You testified, and the record reflects, that you enrolled your children into a Child Health Plus plan on December 15, 2015.
- 4) The record reflects your daughter was not previously enrolled in coverage through NYSOH before you added her to your account on December 15, 2015.
- 5) You testified that you need your daughter's Child Health Plus plan to begin on December 1, 2015 because you had incurred medical costs that month.

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

## Applicable Law and Regulations

### Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY Public Health Law (PHL) § 2511(2)(b)).

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 PHL § 2511(2).

"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 stated 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 subsequent month (see SPA Amendment NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

The "period of eligibility" for CHP 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 child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (PHL § 2510(6)).

## **Legal Analysis**

The issue is whether NYSOH properly determined that your daughter's enrollment in her Child Health Plus plan was effective January 1, 2016.

You testified that you contacted NYSOH on December 15, 2015 and enrolled your children into a Child Health Plus plan.

The record reflects your daughter was not previously enrolled in coverage through NYSOH before you added her to your account on December 15, 2015.

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 from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of the month goes into effect on the first day of the second following month.

Therefore, the December 16, 2015, eligibility determination notice stating that your children's eligibility for Child Health Plus plan was effective January 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The December 16, 2015, eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** June 3, 2016

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**

This decision does not change your children's eligibility for Child Health Plus.

## **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

## **Summary**

The December 16, 2015, eligibility determination notice is AFFIRMED.

This decision does not change your children's eligibility for Child Health Plus.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.

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

