



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

## Notice of Decision

Decision Date: May 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005957

[REDACTED]

Dear [REDACTED],

On April 28, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 2016 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  
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.

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: May 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005957

[REDACTED]

## Issue

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

Did NY State of Health properly determine that your child's Child Health Plus plan enrollment start date should be February 1, 2016?

## Procedural History

On January 4, 2016, you initially applied for health insurance coverage for your child. The NYSOH rendered a preliminary eligibility determination that your child was conditionally eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective as of February 1, 2016.

Also on January 4, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of your child's plan through NYSOH.

On January 5, 2016, NYSOH issued an eligibility determination notice that your child was conditionally eligible to enroll in Child Health Plus for a cost of \$9.00 per month, effective as of February 1, 2016. The notice directed you to provide income documentation before March 4, 2016 to confirm your child's eligibility.

Also on January 5, 2016, NYSOH issued an enrollment notice confirming that as of January 4, 2016, you enrolled your child in the Child Health Plus (Excellus BCBS) plan with a plan enrollment start date of February 1, 2016.

On April 28, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and the

record was left open until May 2, 2016. However, no additional documentation was received within the allotted time. The record is now complete and closed.

## **Findings of Fact**

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

1. You testified you are appealing the plan enrollment start date of your child's Child Health Plus plan.
2. According to your NYSOH account, your initial application for financial assistance for your child was on January 4, 2016.
3. According to your NYSOH account and testimony, your child's Child Health Plus coverage began on February 1, 2016, and you are seeking for the coverage to begin January 1, 2016.
4. You testified that you have approximately \$7,000.00 in outstanding medical bills, for your child, for the month of January 2016.
5. You testified your child was enrolled in Medicaid through Oneida County's Local Department of Social Services (LDSS) until December 31, 2015.
6. You testified that you were told by representatives from Oneida County LDSS that your child's case would be automatically transferred to the NYSOH.
7. You testified you received the Notice of Decision from Oneida County LDSS on December 24, 2015 that your child's Medicaid coverage would be discontinued December 31, 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

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)).

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“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 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).

#### Fair Hearings:

A Fair Hearing gives an appellant the opportunity to appeal a decision made by New York State local social services with an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency’s decision was correct.

(N.Y. Social Services Law § 22; 18 NYCRR § 358)

### **Legal Analysis**

The issue is whether NYSOH properly determined that your child’s enrollment in their Child Health Plus plan was effective February 1, 2016.

The record reflects that you contacted NYSOH on January 4, 2016, and enrolled your child into a Child Health Plus plan.

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.

Therefore, the January 5, 2016 enrollment confirmation notice stating that your child’s enrollment in their Child Health Plus plan was effective February 1, 2016, is correct and must be **AFFIRMED**.

You testified that an Oneida County LDSS improperly instructed that your child's case would be automatically transferred to the NYSOH.

The New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings, conducts hearings to determine whether or not a determination made by a local social services agency is correct. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency's decision was correct and order the local agency to correct your case if applicable.

You may request a Fair Hearing from New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings by:

Calling a statewide toll-free number: 1 (800) 342-3334

(or)

Visiting their website at <https://otda.ny.gov/hearings/request/>.

## **Decision**

The January 5, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** May 24, 2016

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

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is February 1, 2016.

## **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

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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 January 5, 2016 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is February 1, 2016.

### **Legal Authority**

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

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

