



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

Notice of Decision

Decision Date: August 03, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006296

[REDACTED]

Dear [REDACTED],

On May 9, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's January 16, 2016 eligibility determination and enrollment confirmation 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 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: August 03, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006296

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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 child's enrollment in his Child Health Plus plan was effective February 1, 2016?

Procedural History

On June 16, 2015, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$9.00 per month premium, effective July 1, 2015.

Also on June 16, 2015, NYSOH issued an enrollment confirmation notice stating that your child was enrolled in his Child Health Plus plan effective July 1, 2015 with a \$9.00 premium.

On October 25, 2015, NYSOH issued a renewal notice stating that based on the information from federal and state data sources, a decision could not be made as to whether your child qualified for financial assistance. You were asked to update the information in your account by December 15, 2015.

No updates were received before December 15, 2015.

On December 21, 2015, NYSOH issued an eligibility determination notice stating that your son was no longer eligible for Child Health Plus but that his coverage would continue until June 30, 2016 for a cost of \$0.00 per month.

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On December 24, 2015, NYSOH issued an enrollment confirmation notice stating that your child was enrolled in his Child Health Plus plan effective January 1, 2016 with a \$0.00 premium.

On January 6, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus with a \$9.00 per month premium effective February 1, 2016.

Also on January 6, 2016, NYSOH issued an enrollment confirmation notice stating that your child was enrolled in this Child Health Plus plan effective January 1, 2016 with a \$9.00 premium.

On January 16, 2016, NYSOH issued a cancellation notice stating that your child's coverage in his Child Health Plus plan was cancelled effective January 1, 2016 because a premium payment had not been received by his health plan.

On January 16, 2016, NYSOH issued a notice of eligibility determination, based on your January 15, 2016 application, stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective February 1, 2016

Also on January 16, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 15, 2016, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start February 1, 2016.

On January 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin January 1, 2016.

On May 9, 2016 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you had an Authorized Representative appear with you and assist you with your testimony. The record was developed during the hearing and remained open for 15 days to allow you time to submit proof of your payments to your health plan. On May 12, 2016 the requested documentation was uploaded to your NYSOH account. The documentation was marked as Appellant's Exhibit 1 and was incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) You testified that you are appealing only your child's eligibility.

- 2) The record indicates that your child was auto-enrolled into his Child Health Plus plan effective January 1, 2016 but he was disenrolled from that plan for the month of January 2016 due to non-payment.
- 3) The record indicates that on January 15, 2016, your child was reenrolled into his Child Health Plan effective February 1, 2016.
- 4) You testified that you are seeking your child's Child Health Plus plan to be effective as of January 1, 2016 because he received very expensive treatment for a serious medical condition.
- 5) The Events Tab in your NYSOH account indicates that on July 28, 2016 an NYSOH representative updated your son's enrollment in his Child Health Plus plan.
- 6) The Enrollment History Tab in your NYSOH account indicates that your child's Child Health Plus plan now has an effective date of January 1, 2016.

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)).

"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.*

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State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

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

The record indicates that your child was autoenrolled into his Child Health Plus plan effective January 1, 2016 but he was disenrolled from that plan for the month of January 2016 due to non-payment.

On January 15, 2016, NYSOH received your updated application for health insurance and your child was found eligible for and enrolled in a Child Health Plus plan, effective February 1, 2016

You testified that you are seeking your child's Child Health Plus plan to be effective as of January 1, 2016 because he received very expensive treatment for a serious medical condition.

The Events Tab in your NYSOH account indicates that on July 28, 2016 an NYSOH representative updated your son's enrollment in his Child Health Plus plan. The Enrollment History Tab in your NYSOH account indicates that your child's Child Health Plus plan now has an effective date of January 1, 2016.

Since the issue under appeal has been resolved by NYSOH in your favor, a full discussion of the merits of your case are not necessary to reach a conclusion of the start date of your child's Child Health Plus plan.

Therefore, the January 16, 2016 eligibility determination notice and enrollment confirmation notice are MODIFIED to state that your child is eligible for and enrolled in his Child Health Plus plan effective January 1, 2016.

Decision

The January 16, 2016 eligibility determination notice is MODIFIED to state that your child is eligible for Child Health Plus, effective January 1, 2016.

The January 16, 2016 enrollment confirmation notice is MODIFIED to state that your child is enrolled in a Child Health Plus plan, effective January 1, 2016.

Effective Date of this Decision: August 03, 2016

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How this Decision Affects Your Eligibility

The effective date of your child's Child Health Plus plan is January 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 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):

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- By calling the Customer Service Center at 1-855-355-5777
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Summary

The January 16, 2016 eligibility determination notice is MODIFIED to state that your child is eligible for Child Health Plus, effective January 1, 2016.

The January 16, 2016 enrollment confirmation notice is MODIFIED to state that your child is enrolled in a Child Health Plus plan, effective January 1, 2016.

The effective date of your child's Child Health Plus plan is January 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:

[REDACTED]

[REDACTED]