



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

### Notice of Decision

Decision Date: June 23, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006834

[REDACTED]

Dear [REDACTED],

On June 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health’s January 27, 2016 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 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

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006834



## 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 enrollment in his Child Health Plus plan was effective March 1, 2016?

## Procedural History

On December 29, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your December 28, 2015 application, stating that your child was eligible to enroll in a full price Child Health Plus plan or Child Only qualified health plan, effective February 1, 2016. That notice also informed you that you needed to pick a plan for your child in order for coverage to start.

On January 27, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 20, 2016, stating that your child was enrolled in a Child Health Plus plan, and that his enrollment in the plan would start March 1, 2016.

On February 4, 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 February 1, 2016.

On June 22, 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 child's enrollment start date in his Child Health Plus plan.
- 2) You submitted an application to NYSOH for your child on December 28, 2015.
- 3) You testified that you did not realize you needed to select a Child Health Plus plan and assumed your child would just be assigned to a provider.
- 4) You testified that you and an individual at work, who was assisting you, tried to select a Child Health Plus plan from your child from January 18, 2016 to January 21, 2016, and kept receiving notices that the online system was down.
- 5) You testified, and the record reflects, that you enrolled your child into a Child Health Plus plan on January 20, 2016.
- 6) You testified that you need your child's Child Health Plus plan to begin on February 1, 2016 because you incurred medical expenses for his urgent care 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

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

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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).

## **Legal Analysis**

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

You testified that you were unable to get through to NYSOH online beginning January 18, 2016 because the system was down. As a result, you were unable to select a Child Health Plus plan for your child. You further testified, and the record reflects, that you were able to contacted NYSOH on January 20, 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.

Since your attempts to select and ability to select a Child Health Plus plan for your child took place between January 18, 2016 and January 20, 2016, which dates are after the fifteenth day of that month, your child’s Child Health Plus plan went into effect on the first day of the second following month; that is, on March 1, 2016.

Therefore, the January 27, 2016 enrollment confirmation notice stating that your child’s enrollment in his Child Health Plus plan was effective March 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The January 27, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** June 23, 2016

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

This decision does not change your child's eligibility.

The effective date of your child's enrollment in his Child Health Plus plan is March 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):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
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Albany, NY 12211
- By fax: 1-855-900-5557

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## **Summary**

The January 27, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's enrollment in his Child Health Plus plan is March 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:**

