



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

Notice of Decision

Decision Date: August 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007127

[REDACTED]

Dear [REDACTED],

On July 22, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 18, 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 at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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 Date: August 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007127

[REDACTED]

Issue

The issues presented for review by the Appeals Unit of NY State of Health are:

Did New York State of Health (NYSOH) properly determine that your child's Child Health Plus (MVP Health Plan, Inc.) enrollment start date should be April 1, 2016?

Procedural History

On December 17, 2016, you applied for health insurance coverage through NYSOH for you and your child.

Also on December 17, 2015, NYSOH issued two notices:

- (1) An eligibility determination notice, in relevant part, that your child was eligible to enroll in Child Health Plus for a cost of \$60.00 per month, effective as of January 1, 2016.
- (2) An enrollment notice, in relevant part, that your child's "health coverage with Child Health Plus will not begin until you pick a plan."

On February 17, 2016, you spoke to NYSOH Account Review Unit and requested an appeal insofar as the effective date of your child's Child Health Plus plan.

On February 18, 2016, NYSOH issued an enrollment notice confirming as of February 17, 2016, in relevant part, that your child was enrolled in a Child Health Plus (MVP Health Plan, Inc.) with a plan enrollment start date of April 1, 2016.

On July 22, 2016 you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

Findings of Fact

A review of the record supports the following findings of facts:

- 1) According to your NYSOH and testimony, your child was enrolled in a Child Health Plus plan in 2015.
- 2) According to your NYSOH account, you reapplied for health insurance coverage, for you and your child on December 17, 2015.
- 3) You testified that you applied online, while speaking with a representative from NYSOH.
- 4) According to the "events" tab in your NYSOH account, your child was not enrolled in health plan on December 17, 2015.
- 5) On December 17, 2015, NYSOH issued an eligibility determination notice, in relevant part, that your child was eligible to enroll in Child Health Plus for a cost of \$60.00 per month, effective as of January 1, 2016 ([REDACTED]).
- 6) On December 17, 2015, NYSOH issued an enrollment notice, in relevant part, that your child's "health coverage with Child Health Plus will not begin until you pick a plan" ([REDACTED]).
- 7) You testified that you first found out that your child was not enrolled in a health plan when you received a notice from MVP, dated February 23, 2016, stating that child's health plan was discontinued on December 31, 2015.
- 8) On February 18, 2016, NYSOH issued an enrollment notice confirming as of February 17, 2016, in relevant part, that your child was enrolled in a Child Health Plus (MVP Health Plan, Inc.) with a plan enrollment start date of April 1, 2016 ([REDACTED]).
- 9) You testified that your child had a doctor's visit between January 1, 2016 and March 31, 2016, and are seeking to have your child's coverage to begin 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

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

Legal Analysis

The issue under review is whether the NYSOH properly determined that your child’s Child Health Plus enrollment start date should be April 1, 2016.

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.

The record supports that you submitted an online health insurance application, for your child, on December 17, 2015. However, your NYSOH account indicates that your child was not enrolled in a health plan on that date. Furthermore, on the following day NYSOH issued you a notice that your child’s plan would not begin until a plan was chosen.

The record supports that your child was enrolled in a Child Health Plus plan on February 17, 2016. Therefore, it properly took effect on the first day of the second month following February 2016; that is, on April 1, 2016.

Therefore, the February 18, 2016, enrollment confirmation notice stating that your child’s enrollment in their Child Health Plus plan would be effective April 1, 2016, was correct and must be AFFIRMED.

Decision

The February 18, 2016, enrollment notice confirming, in relevant part, that your child was enrolled in a Child Health Plus (MVP Health Plan, Inc.) with a plan enrollment start date of April 1, 2016 is AFFIRMED.

Effective Date of this Decision: August 24, 2016

How this Decision Affects Eligibility

Your child was eligible to be enrolled in Child Health Plus (MVP Health Plan, Inc.) effective April 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 after the date 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 date 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

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- By fax: 1-855-900-5557

Summary

This decision does not change your eligibility.

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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

