



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

Notice of Decision

Decision Date: August 04, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007148

[REDACTED]

Dear [REDACTED],

On July 26, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2016 eligibility 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 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).

This page intentionally left blank.



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

Decision

Decision Date: August 04, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007148



Issue

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

Did the NY State of Health properly determine that your child's eligibility for and enrollment in his Child Health Plus plan was effective March 1, 2016?

Procedural History

On December 22, 2015, you updated your NY State of Health (NYSOH) account and applied for health insurance for your son.

That same day, NYSOH prepared a preliminary eligibility determination stating that your son was eligible for Child Health Plus (CHP) with a monthly premium of \$30.00. No written eligibility determination was issued with regard to this decision.

On February 3, 2016, you again updated your NYSOH account.

On February 4, 2016, NYSOH issued a notice of eligibility determination, based on your February 3, 2016 application, stating that your son was eligible to enroll in CHP with a \$30.00 monthly premium, effective March 1, 2016.

Also on February 4, 2016, NYSOH issued a notice of enrollment, based on your plan selection on February 3, 2016, stating that your son was enrolled in a CHP plan, and that this enrollment in the plan would start March 1, 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).

On February 17, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your son's eligibility for and enrollment in his CHP plan insofar as it did not begin February 1, 2016.

On July 26, 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.

Findings of Fact

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

- 1) You testified that you are appealing the start date of your son's eligibility for and enrollment in CHP coverage.
- 2) You testified that you called in December 2015 to apply for health insurance for your son because his insurance coverage through the Department of Social Services was ending.
- 3) You submitted an application to NYSOH for financial assistance on December 22, 2015.
- 4) The record reflects that NYSOH prepared a preliminary eligibility determination stating that your son was eligible for CHP with a \$30.00 premium, based on your December 22, 2015 application.
- 5) You testified that you were not aware that you had to select a plan for his coverage, and that, when the December 2015 phone call you had with NYSOH ended, you were under the impression that everything had been done in order for your son's coverage to begin as of February 1, 2016.
- 6) You testified that the NYSOH representative who helped you with the application in December 2015 did not speak with you about health plans, nor prompt you to enroll your son in one.
- 7) The record reflects that no eligibility determination notice was sent with regard to your December 22, 2015 application, nor was any notice sent advising you to select a plan for your son.
- 8) According to NYSOH's records related to your NYSOH account, on June 13, 2016 at 12:25 PM, the following note was entered by a representative of NYSOH: "The application update on 12/22/2015 did not create a template 10 notice to be sent to the appellant indicating his child was eligible for Child Health Plus effective 02/01/2016" (NYSOH Exhibit One).

9) The record reflects that you enrolled your child into a CHP plan on February 3, 2016.

10) You testified that you need your child's CHP plan to begin on February 1, 2016 because you have unpaid medical bills from February 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. 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 eligibility for and enrollment in his CHP plan was effective March 1, 2016.

The record reflects that you contacted NYSOH on February 3, 2016 to update your account and enroll your child into a CHP 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.

Ordinarily, your child's CHP eligibility and enrollment would begin on March 1, 2016, based on your application and plan selection on February 3, 2016.

However, you first applied for CHP for your son on December 22, 2015, and NYSOH prepared a preliminary eligibility determination that day stating that your son was eligible for CHP with a \$30.00 monthly premium. You testified that you did not choose a plan that day because you were not asked to do so by the NYSOH representative who assisted you with your application. You also testified that you were not aware that there were different CHP plans. Moreover, NYSOH failed to issue an eligibility determination notice based on your December 22, 2015 application. Had a determination been issued, you would have received a notice stating that your son was eligible for CHP, indicating the start date of his eligibility, and directing you to select a plan. However, no such notice was issued.

Therefore, NYSOH did not provide you with proper notice of your son's eligibility, nor of the need for you to select a CHP plan, after your December 22, 2015 application. As such, the February 4, 2016 eligibility determination notice and the February 4, 2016 enrollment confirmation notice are MODIFIED to state that your son is eligible for CHP with a \$30.00 monthly premium effective February 1, 2016, and that his enrollment in his CHP plan begins as of February 1, 2016.

Your case is RETURNED to NYSOH to effectuate these changes and to facilitate your son's enrollment in his CHP plan as of February 1, 2016.

You are responsible for any outstanding premium payment for your son's coverage in February 2016.

Decision

The February 4, 2016 eligibility determination notice is MODIFIED to state that your son is eligible for CHP with a monthly premium of \$30.00, effective February 1, 2016.

The February 4, 2016 enrollment confirmation notice is MODIFIED to state that your son's enrollment in his CHP plan begins as of February 1, 2016.

Your case is RETURNED to NYSOH to effectuate these changes, and to facilitate your son's enrollment into his CHP plan, effective February 1, 2016.

Effective Date of this Decision: August 04, 2016

How this Decision Affects Your Eligibility

Your son was eligible for CHP with a \$30.00 monthly premium as of February 1, 2016.

Your son's enrollment in his CHP coverage should have started on February 1, 2016.

Your case is being returned to NYSOH to make these changes.

You are responsible for any outstanding premium payment for your son's coverage for the month of February 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 4, 2016 eligibility determination notice is MODIFIED to state that your son is eligible for CHP with a monthly premium of \$30.00, effective February 1, 2016.

The February 4, 2016 enrollment confirmation notice is MODIFIED to state that your son's enrollment in his CHP plan begins as of February 1, 2016.

Your case is RETURNED to NYSOH to effectuate these changes, and to facilitate your son's enrollment into his CHP plan, effective February 1, 2016.

Your son was eligible for CHP with a \$30.00 monthly premium as of February 1, 2016.

Your son's enrollment in his CHP coverage should have started on February 1, 2016.

Your case is being returned to NYSOH to make these changes.

You are responsible for any outstanding premium payment for your son's coverage for the month of February 2016.

.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

