



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

Notice of Decision

Decision Date: July 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007404

[REDACTED]

Dear [REDACTED]

On July 26, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 25, 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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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 April 1, 2016?

Procedural History

On January 15, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your January 14, 2016 application, stating that your child was conditionally eligible to enroll in Child Health Plus (CHP) at full cost, effective February 1, 2016.

On February 24, 2016, you updated your NYSOH account.

On February 25, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible for CHP with a \$60.00 monthly premium, effective April 1, 2016.

Also on February 25, 2016, NYSOH issued a notice of enrollment, based on your plan selection on February 24, 2016, stating that your child was enrolled in a CHP plan, and that this enrollment in the plan would start on April 1, 2016.

On February 25, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP eligibility and plan enrollment, insofar as they did not begin March 1, 2016.

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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 for your child to be eligible for CHP as of March 1, 2016 with a \$60.00 monthly premium, and for his plan enrollment to begin March 1, 2016 as well.
- 2) You submitted an application to NYSOH for financial assistance on January 14, 2016. No plan was selected at that time.
- 3) You testified that you were on maternity leave at the time of your January 14, 2016 application.
- 4) You testified that you were considering whether to leave your job, and your January 14, 2016 application for insurance for your son was part of an "information gathering" process.
- 5) You testified that you quit your job on February 25, 2016.
- 6) You testified that you and your son had health insurance through your employer through February 29, 2016.
- 7) You testified that you filed your January 2016 and February 24, 2016 applications on NYSOH's website, and that the website did not contain any information about the fact that you needed to enroll by a certain date in order to have coverage for the following month.
- 8) You testified that, when you updated your application on February 24, 2016, you were trying to get coverage for your son as of March 1, 2016.
- 9) You testified, and the record reflects, that you enrolled your child into a CHP plan on February 24, 2016.
- 10) You testified that you do not have any medical bills for your son for the month of March 2016, but are worried about whether you could face a tax penalty for the fact that he did not have coverage for a 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 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 under review is whether NYSOH properly determined that your child’s eligibility for and enrollment in his CHP plan was effective April 1, 2016.

The record reflects that you initially filed an application with NYSOH on January 14, 2016, and that your son was found eligible to enroll in CHP at full cost. However, you did not select a plan for enrollment at that time. You testified that you did not yet need CHP coverage for your son because you were still employed, and your son had insurance coverage through your employer. The record reflects that you came back and updated your NYSOH account on February 24, 2016, and that your son was found eligible for CHP with a \$60.00 monthly premium, and was enrolled into a CHP plan. Your testimony confirmed that this was the date on which you selected a plan for your son.

The date on which a CHP 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

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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.

You testified that you were not aware that you needed to select a plan by the fifteenth of the month in order to get coverage for the next month, and that the NYSOH website does not provide this information. You further testified that you did not leave your job until February 25, 2016, so that is why you did not update your application or enroll your son in a plan sooner, as you still had coverage through your employer. Though your testimony was credible, it does not change the fact that your application was updated, and your son's plan was selected, on February 24, 2016. Therefore, as prescribed by New York State law, your child's eligibility for CHP with a \$60.00 premium, and his enrollment in his CHP plan, properly began on April 1, 2016.

Therefore, the February 25, 2016 eligibility determination and enrollment confirmation notices, stating that your child's eligibility for and enrollment in his CHP plan was effective April 1, 2016, are correct and must be AFFIRMED.

Decision

The February 25, 2016 eligibility determination notice is AFFIRMED.

The February 25, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: July 29, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's CHP eligibility with a \$60.00 premium, and the start date of his CHP plan enrollment, was 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

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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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 25, 2016 eligibility determination notice is AFFIRMED.

The February 25, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's CHP eligibility with a \$60.00 premium, and the start date of his CHP plan enrollment, was April 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

