



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

Notice of Decision

Decision Date: August 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007683

[REDACTED]

Dear [REDACTED],

On August 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 19, 2016 eligibility determination.

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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007683

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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 February 18, 2016, you added your child to your NY State of Health (NYSOH) account and completed an application for health insurance on his behalf.

On February 19, 2016, NYSOH issued a notice of eligibility determination, based on your February 18, 2016 application, stating that your child was eligible to enroll in Child Health Plus (CHP) with a \$9.00 monthly premium, effective April 1, 2016.

Also on February 19, 2016, NYSOH issued a notice of enrollment, based on your plan selection on February 18, 2016, stating that your child was enrolled in a CHP plan, and that his enrollment in the plan would start April 1, 2016.

On March 4, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's eligibility for and enrollment in a CHP plan, insofar as it did not begin on March 1, 2016.

On August 16, 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 submitted an application to NYSOH for financial assistance on February 18, 2016 for your child.
- 2) You testified that your child previously had Medicaid through your local Department of Social Services, and that this coverage ended on February 29, 2016.
- 3) You testified, and the record reflects, that you enrolled your child into a CHP plan on February 18, 2016.
- 4) You testified that you called NYSOH on February 11, 2016 and were told that you were calling “too early” to enroll your child in coverage.
- 5) You testified that you called back on February 18, 2016, and were told that you would have had to enroll your son by February 15, 2016 in order for his coverage to begin on March 1, 2016.
- 6) After the hearing, the hearing officer requested the recordings of your phone calls with NYSOH for the month of February 2016. There was only one call in the month of February, and that call was from February 18, 2016.
- 7) The hearing officer listened to the recording of the February 18, 2016 telephone call that you had with NYSOH in its entirety.
- 8) The February 18, 2016 telephone call contains no discussion of the February 15, 2016 deadline for a March 1, 2016 effective date.
- 9) You testified that you need your child’s CHP plan to begin on March 1, 2016 because he has ongoing mental and physical health needs, and you have bills for treatment that he received in March 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 CHP 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 CHP 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 April 1, 2016.

You testified that you contacted NYSOH on February 18, 2016, and enrolled your child into a CHP plan. The record confirms that this was the date when you both applied for insurance for your child and selected a plan on his behalf.

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 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.

Though you testified that you called NYSOH on February 11, 2016 and were informed to call back at a later date to enroll your son in coverage, causing you to call after the 15th of February, NYSOH has no record of this phone call.

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Therefore, the February 19, 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 19, 2016 eligibility determination notice is AFFIRMED.

The February 19, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 23, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's eligibility for CHP, and the start date of his CHP plan, is 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 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.

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If You Have Questions about this Decision (Customer Service Resources):

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- By fax: 1-855-900-5557

Summary

The February 19, 2016 eligibility determination notice is AFFIRMED.

The February 19, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's eligibility for CHP, and the start date of his CHP plan, is April 1, 2016.

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Legal Authority

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

A Copy of this Decision Has Been Provided To:

