



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

Notice of Decision

Decision Date: August 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008346

[REDACTED]

Dear [REDACTED],

On August 25, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's March 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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Decision

Decision Date: August 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008346

[REDACTED]

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 children's enrollment in their Child Health Plus plan was effective May 1, 2016?

Procedural History

On March 24, 2016 your account was created with New York State of Health (NYSOH) and an application was submitted on your children's behalf.

On March 25, 2016, New York State of Health NYSOH issued a notice of eligibility determination, based on your March 24, 2016 application, stating that your children were eligible to enroll in Child Health Plus with an \$18.00 monthly premium, effective May 1, 2016.

Also on March 25, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 24, 2016, stating that your children were enrolled in a Child Health Plus plan, and that this enrollment in the plan would start May 1, 2016.

On March 26, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan insofar as it did not begin March 1, 2016.

On August 25, 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 only your children's eligibility.
- 2) You testified that you need your children's Child Health Plus plan to begin on March 1, 2016 because you have outstanding medical bills for your daughter in the month of March.
- 3) You testified that on January 20, 2016, you called NYSOH and tried to enroll your children in a health plan and that a representative advised you that your children were covered by Medicaid until March 31, 2016 and that you should call in one or two weeks prior to that date to enroll your children in new coverage.
- 4) You testified that your children's Medicaid coverage terminated on February 29, 2016. You further testified that you did not receive notice from Nassau County Department of Social Services of your children's cancellation in coverage because you had moved to [REDACTED] which is in Westchester County, and you did not notify the Department of Social Services of your new address.
- 5) You testified that on March 5, 2016 or March 6, 2016, you called NYSOH and submitted an application to NYSOH for financial assistance and health insurance for your children.
- 6) The record reflects you submitted an application to NYSOH for financial assistance for the first time on March 24, 2016.
- 7) The record reflects you enrolled your children into a Child Health Plus plan for the first time on March 24, 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

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).

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 children’s enrollment in their Child Health Plus plan was effective May 1, 2016.

You testified that on January 20, 2016, you called NYSOH and tried to enroll your children in a health plan and a representative advised you that your children were covered by Medicaid until March 31, 2016 and that you should call in one or two weeks prior to that date to enroll your children in new coverage. However, there is no credible evidence in the record to support this claim.

You testified that your children’s Medicaid coverage terminated on February 29, 2016. You further testified that you did not receive notice from Nassau County Department of Social Services of your children’s cancellation in coverage because you had moved to [REDACTED] which is in Westchester County, and you did not notify the Department of Social Services of your new address.

You testified that you contacted NYSOH on March 5th or March 6th to submit an application and that it did not get approved until March 24, 2016. However, a review of the available record, particularly the single application dated March 24, 2016 and the notice of eligibility dated March 25, 2016, supports the finding that you first applied for financial assistance and to enroll your children in Child Health

Plus on March 24, 2016, not March 5th or 6th. Therefore, your testimony is not credible.

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 the credible evidence of record confirms the March 25, 2016 enrollment confirmation notice stating that your children's enrollment in their Child Health Plus plan was effective May 1, 2016, is correct and must be AFFIRMED.

Decision

The March 25, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 30, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is May 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)).

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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

Summary

The March 25, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your child's Child Health Plus plan is May 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:

