



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

## Notice of Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008363

[REDACTED]

Dear [REDACTED],

On September 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 10, 2014 enrollment confirmation 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 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: October 14, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008363



## Issue

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

Whether your child was eligible for and enrolled in a Child Health Plus plan through NYSOH for the months of March, April, and May 2015?

## Procedural History

On November 27, 2014, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your October 14, 2014 application, stating that your child was eligible to enroll in Child Health Plus with a \$45.00 monthly premium, effective November 1, 2014.

Also on December 10, 2014, NYSOH issued a notice of enrollment, based on your plan selection on October 14, 2014 stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start March 1, 2014 [sic].

On May 6, 2015, a disenrollment notice was issued confirming your request to terminate your child's enrollment in his Child Health Plus plan. The notice terminated your child's health plan effective May 31, 2015.

That same day an enrollment confirmation notice was issued confirming your child's enrollment in a Child Health Plus plan effective June 1, 2015.

On March 28, 2016 you spoke to NYSOH's Account Review Unit and appealed the fact that your child's Child Health Plus plan was not active for the months of March, April, and May, 2015.

On September 29, 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 child's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on October 14, 2014.
- 3) You testified, and the record reflects, that you enrolled your child into a Child Health Plus plan on October 14, 2014.
- 4) You testified that you paid the first premium for your child's insurance on January 1, 2015, and for each month thereafter through May 31, 2015. You further testified that you have consistently paid all of your child's premiums on time.
- 5) You testified that you were told by your child's Child Health Plus plan that he was not showing as having active coverage effective February 28, 2015.
- 6) You testified that you were not aware that your child's health insurance had been terminated until April 2015, when you took your child to the doctor.
- 7) You testified that as a result your child experienced a gap in his Child Health Plus coverage for the months of March, April, and May, 2015.
- 8) You testified you brought your child to a pediatrician on March 18, 2015, and as a result of your health plan stating you did not have coverage, incurred a medical bill in the amount of \$1,336.00.
- 9) You testified you have not moved since initially applying for health insurance through NYSOH.
- 10) You testified that your child has not become eligible for third party health insurance, or other public insurance such as Medicaid during the months in question.

- 11) The record shows you reside in Kings County.
- 12) On May 5, 2015, a complaint was open ( [REDACTED] ) with NYSOH detailing your issue. As of the date of your hearing, that complaint has still not been resolved by NYSOH.

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 your child was eligible for and enrolled in a Child Health Plus plan through NYSOH for the months of March, April, and May 2015.

You testified, and the record confirms, that you contacted NYSOH on October 14, 2014 and enrolled your child into a Child Health Plus plan. The record shows

based on the notices issued by NYSOH your child was found eligible for Child Health Plus effective November 1, 2014.

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. Since your child was found eligible for Child Health Plus on October 14, 2014, his enrollment would have begun November 1, 2014.

Once a child becomes eligible for Child Health Plus, that eligibility runs for twelve continuous months unless an event occurs that would disqualify the child from coverage. Events that end the twelve month period include Child Health Plus premiums not being timely paid or the child no longer residing in New York State, gaining access to or obtaining other health insurance coverage, or becoming eligible for Medicaid. Based on the date of your child's application and eligibility, your child's eligibility should run continuously for a twelve month period from November 1, 2014 to October 31, 2015.

You testified that you were being told by your child's Child Health Plus plan that he was not showing as having active coverage effective February 28, 2015.

During your telephone hearing you testified you had paid your premium responsibility for the months of January, through May, 2015. You further testified your child did not become eligible for Medicaid, or enrolled in third party health insurance during 2015. You further testified you have not moved within, or outside of the state of New York in 2015. Based on your testimony and the record, no triggering event occurred that would have resulted in the end of your child's period of continuous coverage.

Therefore, the December 10, 2014 enrollment confirmation notice stating that your child's enrollment in his Child Health Plus plan was effective March 1, 2014, is incorrect and is MODIFIED to coincide with the eligibility determination notice stating your child is eligible effective November 1, 2014, which continues until October 31, 2015.

## **Decision**

The December 10, 2014, enrollment confirmation notice is MODIFIED to state that your child is enrolled in a Child Health Plus plan effective November 1, 2014, which continues until October 31, 2015.

Your case is RETURNED to NYSOH to ensure your child's enrollment in his Child Health Plus plan runs continuously from November 1, 2014 through October 31, 2015. Specifically, NYSOH is directed to ensure coverage in the Child Health Plus plan for the months of March, April, and May 2015.

**Effective Date of this Decision:** October 14, 2016

## **How this Decision Affects Your Eligibility**

The effective date of your child's Child Health Plus plan is November 1, 2014, through October 31, 2015.

## **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  
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## **Summary**

The December 10, 2014, enrollment confirmation notice is MODIFIED to state that your child is enrolled in a Child Health Plus plan effective November 1, 2014, which continues until October 31, 2015.

Your case is RETURNED to NYSOH to ensure your child's enrollment in his Child Health Plus plan runs continuously from November 1, 2014, through October 31, 2015. Specifically, NYSOH is directed to ensure coverage in the Child Health Plus plan for the months of March, April, and May 2015.

The effective date of your child's Child Health Plus plan is November 1, 2014, through October 31, 2015.

## **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**

