



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

Notice of Decision

Decision Date: November 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008817

[REDACTED]

Dear [REDACTED],

On October 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 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: November 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008817

[REDACTED]

Issue

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

Did the NY State of Health (NYSOH) properly determine that your children's eligibility for and enrollment in their Child Health Plus (CHP) plan was effective April 1, 2016?

Procedural History

On February 8 and 10, 2016, you updated your NYSOH account.

On February 9 and 11, 2016 NYSOH issued notices of eligibility determination stating that your children were eligible to purchase a qualified health plan (QHP) at full cost, effective March 1, 2016. Your children did not qualify for CHP because federal and state data sources showed that your children were already enrolled in Medicaid, CHP, or another program.

On February 16 and 27, 2016, you updated your NYSOH account.

On February 17 and 28, 2016, NYSOH issued notices of eligibility determination stating that your children were newly eligible to enroll in CHP at a monthly cost of \$30.00 each, effective April 1, 2016.

Also on February 17 and 28, 2016, NYSOH issued notices of enrollment, based on your plan selection on February 16, 2016, stating that your children were enrolled in a CHP plan, and that this enrollment in the plan would start April 1, 2016.

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On March 23, 2016, you updated your NYSOH account.

On March 24, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in CHP at a cost of \$30.00 each, effective April 1, 2016.

Also on March 24, 2016, NYSOH issued a notice of enrollment confirmation confirming your children's enrollment in a CHP plan, effective April 1, 2016.

On April 11, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP eligibility and enrollment, insofar as they did not begin January 1, 2016.

On October 24, 2016 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open for fifteen days at the end of the hearing to provide you with the opportunity to submit documentation showing the end date of your children's previous CHP coverage. No documentation was submitted, and the record is now closed.

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 children's CHP eligibility and plan enrollment, and that you would like their coverage to begin on January 1, 2016.
- 2) You testified that you believe you first updated your NYSOH application for 2016 sometime in late January 2016.
- 3) Your NYSOH account reflects you submitted an application to NYSOH for financial assistance on February 8, 2016.
- 4) On February 9, 2016, NYSOH issued a notice stating that your children were not eligible for CHP because federal and state data sources showed that they were already enrolled in Medicaid, CHP, or another program.
- 5) You testified that your children were enrolled in CHP coverage through MVP, but that it ended on December 31, 2015.
- 6) You testified that MVP gave you a letter that you submitted to NYSOH showing that your children's coverage ended on December 31, 2015.

- 7) There are no documents in your NYSOH account from MVP, nor any documents that relate to your children's CHP coverage outside of NYSOH.
- 8) You testified that your children were without medical coverage for the months of January, February, and March 2016.
- 9) You testified that you have outstanding medical bills from those months for your children.
- 10) According to information available from NYSOH's system, in [REDACTED], which was created when you filed your appeal on April 11, 2016, a NYSOH representative entered the following note: "BO account workplace shows other coverage tabs show Active enrollment from program CHIP starting 1/1/16 and ending 3/31/16 on eligibility run dates 2/8/16 \$ 2/10/16."
- 11) NYSOH sources confirm your children had coverage through MVP from January 1, 2016 through March 31, 2016.
- 12) Your account reflects that you enrolled your children into a CHP plan through NYSOH on February 16, 2016, with a start date of April 1, 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 under review is whether NYSOH properly determined that your children's eligibility for and enrollment in their CHP plan was effective April 1, 2016.

You testified that you first contacted NYSOH sometime in late January 2016 to update your account and enroll your children into coverage. Your NYSOH account reflects that you first updated your account in 2016 on February 8, 2016, and again on February 10, 2016. Both of those updates resulted in eligibility determinations stating that your children were not eligible for CHP because they were already enrolled in CHP, Medicaid, or another insurance program.

You testified that your children had been enrolled in CHP through MVP, but that their coverage ended on December 31, 2015, and that you had provided a letter to NYSOH reflecting this information. Your account does not contain a letter matching this description, nor any other letter regarding your children's CHP coverage outside of NYSOH. After the hearing, the record was kept open for fifteen days so that you could submit a copy of this letter; however, no documentation was submitted on your behalf.

Based on the note made by NYSOH on April 11, 2016 in [REDACTED] stating that your children had coverage from January 1, 2016 through March 31, 2016, and based on NYSOH sources that confirm this information, it is concluded that your children had health insurance coverage through March 31, 2016 outside of NYSOH. Therefore, they were not eligible to enroll in CHP through NYSOH until that coverage came to an end.

You first enrolled your children in a CHP plan through NYSOH on February 16, 2016.

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.

Therefore, the March 24, 2016 eligibility determination and enrollment confirmation notices stating that your children's eligibility for and enrollment in their CHP plan was effective April 1, 2016, were correct and must be AFFIRMED.

Decision

The March 24, 2016 eligibility determination is AFFIRMED.

The March 24, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 22, 2016

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's CHP plan 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 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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Summary

The March 24, 2016 eligibility determination is AFFIRMED.

The March 24, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's CHP plan was April 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:

