



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

Notice of Decision

Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008864

[REDACTED]

Dear [REDACTED]

On October 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 28, 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).

This page intentionally left blank.



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

Decision

Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008864



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 was eligible for Child Health Plus effective March 1, 2016?

Procedural History

On January 8, 2016, NY State of Health (NYSOH) received your child's initial application for financial assistance for health insurance.

On January 9, 2016, NYSOH issued a notice stating more information was required to determine you and your child's eligibility for financial assistance. You were asked to provide income documentation for your household by January 24, 2016.

On January 28, 2016, NYSOH received your child's updated application for financial assistance for health insurance.

On January 29, 2016, NYSOH issued a notice of eligibility determination, based on your January 28, 2016, application, stating that your child was conditionally eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective March 1, 2016. The determination was based on the condition that you confirm your income by providing documentation before March 29, 2016.

Also on January 29, 2016, NYSOH issued a notice of enrollment, based on your plan selection on January 28, 2016, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment would start March 1, 2016.

On February 8, 2016, NYSOH received your updated application for financial assistance for your child.

On February 9, 2016 an eligibility determination notice was issued finding your child eligible to enroll in Child Health Plus with a \$15.00 per month premium effective March 1, 2016.

Also on February 9, 2016, an enrollment confirmation notice was issued confirming your child's enrollment in a Child Health Plus plan with a premium responsibility of \$15.00 per month starting March 1, 2016.

On April 13, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin February 1, 2016.

On October 19, 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 15 days for you to provide proof of the termination of your child's prior enrollment in Child Health Plus through your Local Department of Social Services. On October 19, 2016, NYSOH received a one-page fax with this information and the record was closed. The document was incorporated into the record as (Appellant's Exhibit 1).

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) The record shows you submitted your child's initial application for financial assistance on January 8, 2016.
- 3) You testified, and the record supports you enrolled your child into a Child Health Plus plan on January 28, 2016.
- 4) You testified that you need your child's Child Health Plus plan to begin on February 1, 2016, due to medical bills incurred in the amount of approximately \$802.00 for two visits to the doctor in February, 2016.
- 5) You testified that your child had coverage under Child Health Plus through the Medical Assistance Program in [REDACTED] where you used to live.

- 6) The documentation you provided to NYSOH in the form of a one page fax on October 19, 2016, shows that you would continue to receive Medicaid until December 1, 2015. The letter further explained that because you told the Program that you had moved out of [REDACTED] on October 21, 2015, your case would be referred to your new district of residence effective December 1, 2015 (Appellant's Exhibit 1).
- 7) You testified that your child's case was never transferred to the local district in Dutchess County to continue her coverage.
- 8) You currently reside in Dutchess County, NY.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

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

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).

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).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in CHP depends upon the child's family household income (PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL. If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (PHL § 2510(9)(d)).

The CHP premium is \$15.00 per month for a child whose family household income is between 222.01% and 250% of the FPL (PHL § 2510(9)(d)(iii)).

Legal Analysis

The issue is whether NYSOH properly determined that your child was eligible for Child Health Plus effective March 1, 2016.

NYSOH received your child's first application on January 8, 2016, however a determination was unable to be made on this application because the income did not match federal and state data sources. On January 28, 2016 NYSOH received your updated and completed application for financial assistance.

On January 29, 2016, NYSOH issued a notice of eligibility determination, based on your January 28, 2016, application, stating that your child was conditionally eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective March 1, 2016. The determination was based on the condition that you confirm your income by providing documentation before March 29, 2016.

You subsequently enrolled your child in a Child Health Plus plan on January 28, 2016 effective March 1, 2016.

You testified that you need your child's Child Health Plus plan to begin on February 1, 2016, due to medical bills incurred in the amount of approximately \$802.00 for two visits to the doctor in February, 2016. You explained your child had coverage under Child Health Plus through the Medical Assistance Program in [REDACTED] where you used to live, causing you a delay in your application to NYSOH for her coverage.

You provided documentation, showing the Medical Assistant Program in [REDACTED] stated your child would continue to receive Medicaid until December 1, 2015. The letter further explained that because you told the program that you had moved out of [REDACTED] on October 21, 2015, your case would be referred to

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).

your new district of residence effective December 1, 2015 (Appellant's Exhibit 1). You testified that your case was never transferred to your Local Dutchess County Medical Assistance Program.

NYSOH does not have the authority to review actions of other agencies administering Medicaid benefits, or to review whether your case was properly transferred to your local district upon your move.

However, once NYSOH received your child's updated and completed application for financial assistance on January 28, 2016, a determination can be made as to whether she was properly determined eligible and enrolled in Child Health Plus effective March 1, 2016.

You testified that you contacted NYSOH on January 28, 2016, and enrolled your child into a Child Health Plus plan that same day.

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 your completed application for your child was submitted on January 28, 2016, her eligibility and enrollment would begin the first day of the following month, or March 1, 2016.

Therefore, the January 28, 2016, eligibility determination and enrollment confirmation notices stating that your child's enrollment in her Child Health Plus plan was effective March 1, 2016, is correct and must be AFFIRMED.

Decision

The January 28, 2016, eligibility determination notice and enrollment confirmation notice are AFFIRMED.

Effective Date of this Decision: November 2, 2016

How this Decision Affects Your Eligibility

Your child is eligible for Child Health Plus effective March 1, 2016.

This decision has no effect on any subsequent eligibility determinations.

If You Disagree with this Decision (Appeal Rights)

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).

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

Summary

The January 28, 2016, eligibility determination notice and enrollment confirmation notice are AFFIRMED.

Your child is eligible for Child Health Plus effective March 1, 2016.

This decision has no effect on any subsequent eligibility determinations.

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).

Legal Authority

We are issuing this determination in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

