



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

Notice of Decision

Decision Date: December 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009701

[REDACTED]

Dear [REDACTED],

On November 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 19, 2016 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: December 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009701

[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 youngest child's enrollment in her Child Health Plus plan was effective July 1, 2016?

Procedural History

On April 29, 2016, NYSOH received your updated application for health insurance. That application listed an annual household income of \$36,050.31.

On April 30, 2016, NYSOH issued a notice stating that your youngest daughter may be eligible for coverage but that more information was needed to make a determination because the information you provided did not match what NYSOH had obtained from federal and state data sources. You were asked to provide income documentation to NYSOH by May 15, 2016.

On May 11, 2016, you uploaded income documentation to your NYSOH account. Additionally, you updated the annual household income in your application to \$49,050.31.

On May 12, 2016, NYSOH issued an eligibility determination notice, based on your May 11, 2016 application, stating that your youngest child was eligible for Child Health Plus with a \$9.00 per month premium, effective June 1, 2016.

Also, on May 12, 2016, NYSOH issued a notice stating that your youngest child's coverage with Child Health Plus plan would not begin until you picked a plan.

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On May 18, 2016 you contacted NYSOH and enrolled your youngest child into a Child Health Plus plan.

Also, on May 18, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's Child Health Plus plan insofar as it did not begin June 1, 2016.

On May 19, 2016, NYSOH issued an enrollment confirmation notice, based on your May 18, 2016 plan selection, stating that your youngest child was enrolled in a Child Health Plus plan with a start date of July 1, 2016.

On November 21, 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 supports the following findings of fact:

- 1) You testified that you are appealing only your youngest child's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on May 11, 2016.
- 3) On May 11, 2016, you uploaded income documents to your NYSOH account.
- 4) You testified that you did not know why you did not pick a plan for your youngest child on May 11, 2016.
- 5) You testified that you did not remember when you selected a plan for your youngest child.
- 6) The record reflects that you enrolled your youngest child into a Child Health Plus plan on May 18, 2016.
- 7) You testified that you need your youngest child's Child Health Plus plan to begin on June 1, 2016 because she had a medical bill from June 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 is whether NYSOH properly determined that your youngest child’s enrollment in her Child Health Plus plan was effective July 1, 2016.

On April 29, 2016 NYSOH received your application for health insurance. That application listed an annual household income of \$36,050.31. Based on the information contained in this application, NYSOH was unable to make a determination on your youngest child’s eligibility and you were asked to provide income documentation to confirm the income listed.

You submitted another application to NYSOH for financial assistance on May 11, 2016. The annual household income in that application increased to \$49,050.31. Also on May 11, 2016 you uploaded income documents to your account.

As a result of the May 11, 2016 application, your youngest child became eligible for Child Health Plus. However, no plan was selected on that date. You testified

that you did not know why you did not select a plan for your youngest child and that you did not remember when you selected a plan for her.

The record reflects that you contacted NYSOH on May 18, 2016 and enrolled your youngest child into a Child Health Plus plan.

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 you selected your youngest child's plan on May 18, 2016, it would properly begin on the second month following May; that is on July 1, 2016.

Therefore, the May 19, 2016 enrollment confirmation notice stating that your youngest child's enrollment in her Child Health Plus plan was effective July 1, 2016, is correct and must be AFFIRMED.

Decision

The May 19, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: December 20, 2016

How this Decision Affects Your Eligibility

This decision does not change your youngest child's eligibility.

The effective date of your youngest child's Child Health Plus plan is July 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.

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

Summary

The May 19, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your youngest child's eligibility.

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

