



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

Notice of Decision

Decision Date: December 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010236

[REDACTED]

Dear [REDACTED],

On December 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 4, 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: December 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010236

[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 July 1, 2016?

Procedural History

On June 3, 2016, you added your children to your NYSOH account and submitted an application for financial assistance on their behalf.

On June 4, 2016, NYSOH issued a notice of eligibility determination, based on your June 3, 2016 application, stating that your children were eligible to enroll in CHP with a \$15.00 monthly premium each, effective July 1, 2016.

Also on June 4, 2016, NYSOH issued a notice of enrollment, based on your plan selection on June 3, 2016, stating that your children were enrolled in a Healthfirst CHP plan, and that this enrollment in the plan would start July 1, 2016.

On June 13, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP eligibility and plan, insofar as they did not begin June 1, 2016.

On December 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.

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Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you are appealing only with regard to the start date of your son's CHP coverage.
- 2) You submitted an application to NYSOH for financial assistance on June 3, 2016.
- 3) You testified, and your NYSOH account reflects, that you enrolled your children into a CHP plan on June 3, 2016.
- 4) You testified that your children had coverage directly through Healthfirst for several years, but that it ended at the end of May 2016.
- 5) You testified that, right after his coverage ended, your son broke his wrist, and you incurred medical bills during the month of June 2016.
- 6) You testified that you did not know your children's Healthfirst coverage was ending until sometime at the end of May 2016.
- 7) You testified that you need your son's CHP coverage to begin as of June 1, 2016 in order to have his medical bills from June 2016 covered.
- 8) You testified that you asked Healthfirst if they would backdate your children's coverage, but that you were sent back and forth between NYSOH and Healthfirst and ended up filing an appeal.

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 CHP 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)).

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“A State must specify a method for determining the effective date of eligibility for [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 July 1, 2016.

You testified that you contacted NYSOH on June 3, 2016 and enrolled your children into a Healthfirst CHP plan. You testified that they previously had coverage directly through Healthfirst, but that this coverage ended on May 31, 2016.

The date on which a CHP 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.

You applied for coverage and selected a CHP plan on June 3, 2016, so the coverage and plan enrollment properly went into effect on the first day of the following month: July 1, 2016.

Therefore, the June 4, 2016 eligibility determination and enrollment confirmation notices, stating that your children's eligibility for and enrollment in their CHP plan was effective July 1, 2016, is correct and must be AFFIRMED.

Decision

The June 4, 2016 eligibility determination notice is AFFIRMED.

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 June 4, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: December 23, 2016

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's eligibility for CHP, and their enrollment in their CHP plan, was 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.

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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- By fax: 1-855-900-5557

Summary

The June 4, 2016 eligibility determination notice is AFFIRMED.

The June 4, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's eligibility for CHP, and their enrollment in their CHP plan, was 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:

