



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

Notice of Decision

Decision Date: December 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010605

[REDACTED]

Dear [REDACTED],

On December 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 29, 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

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

Does NYSOH Appeals Unit have the authority to review reimbursement of submitted medical claims to a health plan provider?

Procedural History

On June 29, 2016, NYSOH issued a notice of eligibility determination, based on your June 28, 2016 application, stating that your children eligible to enroll in Child Health Plus with a \$15.00 monthly premium each, effective August 1, 2016.

Also on June 29, 2016, NYSOH issued a notice of enrollment, based on your plan selection on June 28, 2016, stating that your children were enrolled in a Child Health Plus plan, and that this enrollment in the plan would start August 1, 2016.

Also on June 29, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan insofar as it did not begin July 1, 2016.

On December 19, 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 no longer appealing the start date of your children's Child Health Plus plan.
- 2) You submitted an application to NYSOH for financial assistance on June 28, 2016.
- 3) You testified your children's prior health insurance through your spouse's employer ended June 30, 2016.
- 4) You testified, and the record reflects, that you enrolled your children into a Child Health Plus plan on June 28, 2016.
- 5) You testified that you are now appealing the fact that in August 2016, you brought your son to an emergency room visit in Florida, which your health plan is not reimbursing you for.

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).

Appealable Issues

An applicant has the right to appeal to NYSOH’s Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

The first issue is whether NYSOH properly determined that your children’s enrollment in their Child Health Plus plan was effective August 1, 2016.

You submitted an application to NYSOH for financial assistance on June 28, 2016 and enrolled your children into a Child Health Plus plan that day. You subsequently filed an appeal seeking an earlier start date for their 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 a Child Health Plus plan for your children on June 28, 2016, that plan would properly begin on the first day of the second following after June; that is on August 1, 2016.

Therefore, the June 29, 2016 eligibility determination and enrollment confirmation notices stating that your child’s enrollment in his Child Health Plus plan was effective August 1, 2016, is correct and must be **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 second issue is whether NYSOH Appeals Unit has the authority to review reimbursement of submitted medical claims to a health plan provider.

During your telephone hearing you testified that you are now appealing the fact that in August, 2016, you brought your son to an emergency room visit in Florida, which your children's Child Health Plus plan is not covering the medical costs incurred.

Since you are now disputing the failure of your health plan to pay your son's medical claims after visiting the hospital, the issue relates to coverage and reimbursement of submitted medical claims which is not an issue that the NYSOH Appeals Unit is authorized to address.

Therefore, we are **DISMISSING** your appeal on the basis of reimbursement of medical claims submitted to your health plan.

Decision

The June 29, 2016, eligibility determination, and enrollment confirmation notices are **AFFIRMED**.

Your appeal on the issue of non-reimbursement of your sons' medical claims submitted to your health plan is **DISMISSED**.

Effective Date of this Decision: December 22, 2016

How this Decision Affects Your Eligibility

The effective date of your children's Child Health Plus plan is August 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:
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- By fax: 1-855-900-5557

Summary

The June 29, 2016, eligibility determination, and enrollment confirmation notices are AFFIRMED.

The effective date of your children's Child Health Plus plan is August 1, 2016.

Your appeal on the issue of non-reimbursement of your sons' medical claims submitted to your health plan is DISMISSED.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

