



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

## Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010648

[REDACTED]

On January 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 2, 2016 eligibility determination notice and 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: January 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010648

[REDACTED]

## 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 eldest child's ([REDACTED]) enrollment in his Child Health Plus plan was effective August 1, 2016?

## Procedural History

On July 1, 2016, NY State of Health (NYSOH) processed your application for health insurance for your eldest child (child). That day, a preliminary eligibility determination was prepared with regard to that application, stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective August 1, 2016. You also selected a plan for your child.

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

On July 2, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective August 1, 2016

Also on July 2, 2016, NYSOH issued a notice of enrollment, based on your plan selection on July 1, 2016, confirming your child's enrollment in a Child Health Plus plan effective August 1, 2016.

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).

On January 5, 2017, 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 eldest child's eligibility ( [REDACTED] ).
- 2) You testified that your child was enrolled in Medicaid through your local Department of Social Services and his coverage expired June 30, 2016.
- 3) You testified that in May 2016 you accessed the NYSOH website and attempted to complete an application for health insurance for your child; however, you were unable to complete the application because it was showing that he was enrolled in a Medicaid plan outside of NYSOH.
- 4) You testified that you contacted NYSOH and were advised that you could not submit an application for your child so long as he had active coverage outside of NYSOH. You testified that the representative told you to call back to apply after your child's Medicaid coverage ended and his coverage would be backdated to July 1, 2016.
- 5) The record reflects that on May 20, 2016, you created an application for health insurance for your child. The record further reflects that this application was not "run" until July 1, 2016.
- 6) The record reflects that on July 1, 2016, your child was determined eligible for Child Health Plus, based on the May 20, 2016 application.
- 7) You testified that your child was without health coverage for the month of July 2016 wherein he has outstanding medical bills.
- 8) You testified that you want your child's Child Health Plus coverage backdated to July 1, 2016, because you were pro-active in trying to enroll your child into health coverage before the expiration of his prior coverage, as to avoid a gap in coverage, and you were unable to do so due to the NYSOH enrollment system.

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

## **Applicable Law and Regulations**

### Child Health Plus Period of Eligibility

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 child’s enrollment in his Child Health Plus plan was effective August 1, 2016.

You testified that your child was enrolled in a Medicaid plan through your local Department of Social Services that was set to expire on June 30, 2016. You testified, and the record reflects, that on May 20, 2016, in anticipation of the expiration of your child’s Medicaid coverage, you accessed the NYSOH website and attempted to complete an application for health insurance for your child. You credibly testified that you were unable to complete the application because it was showing that your child was currently covered by Medicaid outside of NYSOH.

The record reflects that you contacted NYSOH on July 1, 2016, the day after your child’s Medicaid coverage ended, wherein the May 20, 2016 application was processed and your child was determined eligible for Child Health Plus. You selected a plan for your child on the same day and he was given an enrollment

start date of August 1, 2016, resulting in a gap in coverage for the month of July 2016.

The record reflects that you did not select a plan for your child until July 1, 2016. However, you testified that you created an application online on May 20, 2016, but the system would not allow you to submit the application and enroll your child into a plan at that time because he was enrolled in a Medicaid plan outside of NYSOH. Your testimony was credible and corroborated by the evidence of record, mainly, your NYSOH account evidenced that you created an application on May 20, 2016 that was not processed by NYSOH until July 1, 2016. Therefore, your testimony, to this end, is fully credited.

Accordingly, there being no evidence to suggest that your child was not eligible for Child Health Plus at the time of the May 20, 2016 application, you should have been permitted to submit an application for your child and enroll him in a plan on that date.

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. Had you been allowed to select a plan for your child on the date you created the May 20, 2016 application, his plan would have gone into effect on the first day of the second following month; that is, July 1, 2016.

Therefore, the July 2, 2016 eligibility determination notice stating that your child was eligible to enroll in a Child Health Plus plan, effective August 1, 2016, is MODIFIED and RETURNED to NYSOH to reflect a July 1, 2016 eligibility start date.

Additionally, the July 2, 2016 enrollment confirmation notice is MODIFIED and RETURNED to NYSOH to reflect a July 1, 2016 enrollment start date.

## **Decision**

The July 2, 2016 eligibility determination notice is MODIFIED to reflect a July 1, 2016 eligibility start date.

The July 2, 2016 enrollment confirmation notice is MODIFIED to reflect a July 1, 2016 eligibility start date.

Your case is RETURNED to NYSOH to enroll your eldest child ( [REDACTED] ) into his Child Health Plus plan for the month of July 2016.

**Effective Date of this Decision:** January 17, 2017

## **How this Decision Affects Your Eligibility**

The effective date of your 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.

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
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## **Summary**

The July 2, 2016 eligibility determination notice is MODIFIED to reflect a July 1, 2016 eligibility start date.

The July 2, 2016 enrollment confirmation notice is MODIFIED to reflect a July 1, 2016 eligibility start date.

Your case is RETURNED to NYSOH to enroll your eldest child ( [REDACTED] ) into his Child Health Plus plan for the month of July 2016.

The effective date of your 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:**

