



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

## Notice of Decision

Decision Date: February 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010788

[REDACTED]

Dear [REDACTED],

On January 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 12, 2016, enrollment 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: February 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010788

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

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

## Procedural History

On July 1, 2016, NYSOH issued a notice of eligibility determination, based on your June 30, 2016 application, stating that your children were eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective August 1, 2016.

On July 11, 2016, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment start date of your children's Child Health Plus plan.

Also on July 12, 2016, NYSOH issued a notice of enrollment, based on your plan selection on July 11, 2016, stating that your children were enrolled in a Child Health Plus plan with an enrollment start date of August 1, 2016.

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 support the following findings of fact:

- 1) You testified that you are appealing the plan enrollment start date of your children's Child Health Plus plan.
- 2) You testified that you have three children, dates of birth: [REDACTED]; [REDACTED]; [REDACTED].
- 3) According to your NYSOH account, you submitted an application for financial assistance, for your children, on June 30, 2016.
- 4) According to your NYSOH account, your children were enrolled in a Child Health Plus plan on July 11, 2016.
- 5) You testified that you incurred approximately \$1,000.00 in medical bills for your children in July 2016, and you want your children's plan enrollment start date to be July 1, 2016 so you can be reimbursed for those expenses.

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 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 children's Child Health Plus plan enrollment start date should have been August 1, 2016.

The record reflects that you filed an application for your children on June 30, 2016, and enrolled them in a Child Health Plus plan on July 11, 2016.

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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 children's Child Health Plus plan on July 11, 2016, it properly took effect on the first day of the month following after July 11, 2016; that is, on August 1, 2016.

Therefore, the July 12, 2016, enrollment notice confirming that your children were enrolled in a Child Health Plus plan with a plan enrollment start date of August 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The July 12, 2016, enrollment notice is AFFIRMED.

**Effective Date of this Decision:** February 3, 2017

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

This decision does not change your children's 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.

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)).

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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 July 12, 2016, enrollment notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's Child Health Plus plan is August 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:**

