



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

Notice of Decision

Decision Date: February 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011034

[REDACTED]

Dear [REDACTED],

On December 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 9, 2016 and subsequent 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).

This page intentionally left blank.



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

Decision

Decision Date: February 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011034

[REDACTED]

Issue

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

Did NY State of Health properly determined that your oldest son was eligible for and enrolled in a Child Health Plus (CHP) plan effective July 1, 2016?

Procedural History

You applied for insurance and financial assistance through NY State of Health (NYSOH) six times between January 15, 2016 and March 11, 2016. In response to each, NYSOH sent notices advising you that the information in your application did not match the information obtained from state and federal data sources, and that you needed to submit additional documentation. You submitted multiple documents regarding your household income between January 28, 2016 and May 5, 2016.

On June 5, 2016, NYSOH redetermined your eligibility. On June 6, 2016, NYSOH issued a notice of eligibility determination stating that you and your family were eligible to purchase a quality health plan at full cost.

On June 7, 2016, NYSOH redetermined your eligibility. On June 8, 2016, NYSOH issued a notice of eligibility determination stating that your oldest son was eligible to enroll in CHP with a \$9.00 monthly premium, effective July 1, 2016.

On June 9, 2016, June 16, 2016, and July 1, 2016, NYSOH issued multiple notices of enrollment, all for the same plan, stating that your children, including your oldest son was enrolled in a CHP plan, and that this enrollment in the plan would start July 1, 2016.

On July 23, 2016 NYSOH issued a notice of eligibility determination, based on your July 22, 2016 application, stating that your oldest son was eligible to enroll in CHP with a \$9.00 monthly premium, effective September 1, 2016.

Also on July 23, 2016, NYSOH issued a notice of disenrollment stating that your oldest son's coverage in his CHP plan would end effective July 31, 2016, purportedly at your request.

Also on July 23, 2016, NYSOH issued a notice of enrollment, based on your plan selection on July 22, 2016, stating that your oldest son was enrolled in the same CHP plan, and that this enrollment in the plan would start September 1, 2016.

On July 25, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your oldest child's CHP plan insofar as it did not begin on June 1, 2016.

On August 18, 2016, NYSOH issued a notice of disenrollment stating that your oldest son's coverage in his CHP plan would end effective September 30, 2016.

Also, on August 18, 2016, NYSOH issued a notice of eligibility determination, stating that your oldest son was eligible to enroll in CHP with a \$9.00 monthly premium, effective October 1, 2016.

Also, on August 18, 2016, NYSOH issued an enrollment confirmation notice stating that your oldest son's CHP plan start date was June 1, 2016.

On December 28, 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 oldest child's eligibility.
- 2) You testified that your CHP health insurance carrier would not accept your premium payment for June 2016.

- 3) NYSOH records beginning April 26, 2016 document that there was a defect in your account, which continued to until at least August of 2016.
- 4) NYSOH records reflect that on June 22, 2016, NYSOH backdated coverage for your oldest son to prevent a lapse in coverage.
- 5) NYSOH records reflect that on June 22, 2016, NYSOH disenrolled your oldest son from his CHP plan to correct coverage, then reenrolled him.
- 6) NYSOH's records reflect that on August 17, 2016 that your oldest son's CHP coverage was backdated effective June 1, 2016.
- 7) You testified that when you contacted your health insurance carrier they did not show active CHP coverage for your oldest son beginning June 1, 2016.
- 8) You testified that your insurance carrier advised you that it was missing the enrollment information for your oldest son.
- 9) You testified that NYSOH is not communicating with your health insurance carrier regarding your oldest son's June 1, 2016 CHP enrollment.
- 10) You testified that you need your oldest son's CHP plan to begin on June 1, 2016 because you have outstanding medical bills for services rendered.

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)).

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 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 oldest son was eligible for and enrolled in a CHP plan effective July 1, 2016.

On June 7, 2016, you contacted NYSOH and enrolled your oldest son into a CHP plan. The record shows that your oldest son was eligible for and enrolled in a CHP plan effective July 1, 2016.

NYSOH subsequently redetermined your son's eligibility, and backdated his coverage to June 1, 2016, as you requested, and issued an enrollment confirmation notice dated August 18, 2016 stating that your oldest son's plan start date was June 1, 2016.

Therefore, your oldest son's coverage should have begun on June 1, 2016. In addition, you are entitled to rely on the June 1, 2016 start date indicated on the August 18, 2016 enrollment confirmation notice.

You testified that when you contacted your health insurance carrier they did not show active coverage for your oldest son effective June 1, 2016. You testified that your health insurance carrier advised you that they were not in receipt of enrollment information for your oldest son from NYSOH.

You testified that NYSOH is not communicating with your health insurance carrier regarding your oldest son's June 1, 2016 enrollment. You testified that your health insurance carrier would not accept your premium payment for June 2016. As such, NYSOH is directed to facilitate with the insurance company your oldest son's CHP enrollment for June 1, 2016.

Therefore, the June 9, 2016, June 16, 2016, and July 1, 2016 enrollment confirmation notices stating that your oldest son's enrollment in his Child Health Plus plan was effective July 1, 2016, are RESCINDED.

Decision

The June 9, 2016, June 16, 2016, and July 1, 2016 enrollment confirmation notices are RESCINDED, and the August 18, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure that your oldest son ([REDACTED]) has active coverage in his CHP plan effective June 1, 2016, and to ensure that your son's coverage will continue uninterrupted upon payment of the appropriate premiums.

Effective Date of this Decision: February 24, 2017

How this Decision Affects Your Eligibility

Your oldest son should have had active coverage through his CHP plan effective June 1, 2016 and continuing.

NYSOH is directed to work with your son's plan to effectuate these changes.

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 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).

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 June 9, 2016, June 16, 2016, and July 1, 2016 enrollment confirmation notices are RESCINDED, and the August 18, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure that your oldest son (██████████) has active coverage in his CHP plan effective June 1, 2016, and to ensure that your son's coverage will continue uninterrupted upon payment of the appropriate premiums.

Your oldest son should have had active coverage through his CHP plan effective June 1, 2016 and continuing.

NYSOH is directed to work with your son's plan to effectuate these changes.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

