



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

Notice of Decision

Decision Date: December 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011180

[REDACTED]

Dear [REDACTED],

On November 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 30, 2016 eligibility determination and enrollment 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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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 child's enrollment in her Child Health Plus plan was effective September 1, 2016?

Procedural History

On July 30, 2016, NYSOH issued a notice of eligibility determination, based on your July 29, 2016 application, stating that your child was eligible to enroll in Child Health Plus (CHP) with a \$45.00 monthly premium, effective September 1, 2016.

Also on July 30, 2016, NYSOH issued a notice of enrollment, based on your plan selection on July 29, 2016, stating that your child was enrolled in a CHP plan, and that this enrollment in the plan would start September 1, 2016.

On August 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as it began on September 1, 2016, rather than August 1, 2016.

On November 29, 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 support the following findings of fact:

- 1) Your application reflects that you are appealing only your child's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on July 29, 2016.
- 3) You testified, and the record reflects, that you enrolled your child into a CHP plan on July 29, 2016.
- 4) You testified that you need your child's CHP plan to begin on August 1, 2016 because she had incurred out-of-pocket medical expenses in connection with her hospitalization with a [REDACTED] injury during August 2016.
- 5) You testified that your daughter had previously been enrolled in a health insurance plan up under a policy purchased by her father, but was disenrolled from that plan without your knowledge upon reaching her 18th birthday. You testified that coverage under that plan was terminated during either June or July of 2016.

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)).

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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 her CHP plan was effective on September 1, 2016, rather than August 1, 2016.

You testified that you contacted NYSOH on July 29, 2016 and enrolled your child into a CHP plan.

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.

Therefore, the July 30, 2016 enrollment confirmation notice stating that your child's enrollment in her CHP plan was effective September 1, 2016, is correct and must be AFFIRMED.

Decision

The July 30, 2016 eligibility determination and enrollment notices are AFFIRMED.

Effective Date of this Decision: December 1, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's CHP plan is September 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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 30, 2016 eligibility determination and enrollment notices are **AFFIRMED**.

This decision does not change your child's eligibility.

The effective date of your child's CHP plan is September 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).

Legal Authority

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

A Copy of this Decision Has Been Provided To:

