

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

#### Notice of Decision

Decision Date: December 8, 2016

NY State of Health Account ID: Appeal Identification Number: AP00000011235



Dear ,

On December 2, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 3, 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 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

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#### Issue

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

Did NY State of Health properly determine that your newborn child's enrollment in his Child Health Plus plan was effective September 1, 2016, and not as of his date of birth?

## **Procedural History**

On a position of the count of the count and an application was submitted on his behalf.

Also on a possible problem, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn child's enrollment in a Child Health Plus (CHP) plan insofar as it did not begin the problem of the date of his birth.

On August 3, 2016, NYSOH issued an eligibility determination stating that your newborn child was conditionally eligible to enroll in CHP with a \$60.00 per month premium, effective September 1, 2016.

Also on August 3, 2016, NYSOH issued an enrollment confirmation notice stating your children were enrolled in a CHP plan at a cost of \$120.00 per month, effective February 1, 2016.

On December 2, 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 newborn child's eligibility.
- 2) According to your NYSOH account and your testimony, your newborn child was born on ...
- 3) You submitted an application to NYSOH for financial assistance on behalf of your newborn child on the same of t
- 5) You testified that you were advised that you could not enroll your newborn child into a health plan until you received his Social Security number. You further testified you were advised this was not true at the hospital and applied for your newborn son's coverage on the day he was born.
- 6) You testified that when you applied, you were told that the only way to backdate your child's CHP plan was to file an appeal.
- 7) You testified that you want your newborn child's CHP plan to begin on because you received a bill 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 Effective Date - General

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

The State of New York has provided that a child's period of eligibility for CHP begins on the first day of the month during which a child is eligible. A child will

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become eligible on the first day of the next month of 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 subsequent month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Although so-called "qualified health plans" are generally required to provide coverage as of date of birth (45 CFR § 155.420(b)(2)), as are Medicaid plans (42 CFR § 435.117(a), NY Social Services Law § 366-g(3)), Medicaid Managed Care Model Contract (Appendix H-3(a), effective 3/1/2014 – 2/28/2019), until recently there was no similar requirement for CHP plans.

The law that was in effect until the end of 2015 created a gap between the date of birth and the beginning date of coverage through CHP, through no fault of the enrollee (see Sponsor Memo, 2015 NY Senate Bill S4745B (March 15, 2015)).

On December 22, 2015 the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child's birth if the parent applied for insurance prior to the child's birth or within 60 days after the child's birth. This amendment took effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015).

However, on March 18, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn child's enrollment in a CHP plan was not effective as of his date of birth.

You added your newborn to your NYSOH account on \_\_\_\_\_. He was found eligible for CHP and he was enrolled in a CHP plan that same day.

In New York State, if an application for insurance coverage is received through NYSOH by the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, coverage begins the first day of the second following month.

Special exceptions have been made for some newborns seeking coverage through Medicaid or Qualified Health Plans as of the newborn's date of birth. In both cases, newborns are permitted to enroll in coverage, which is guaranteed

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under the law to begin as of their date of birth. On December 22, 2015, legislation was passed that granted newborns seeking enrollment in CHP the ability to also have coverage effective as of their date of birth. This amendment became effective on January 1, 2016. However, on March 18, 2016, an amendment was signed by the Governor which pushed the effective date back to January 1, 2017. Since your newborn child was born after the March 18, 2016 amendment, his CHP coverage cannot be retroactively applied to cover him from the date of his birth.

On August 3, 2016, NYSOH issued simultaneous notices regarding the start date of your newborn child's CHP plan; the eligibility determination notice that stated your newborn child's eligibility for CHP was effective September 1, 2016, and the enrollment confirmation notice that stated your children's enrollment in CHP was effective February 1, 2016.

Although, these two notices are conflicting, you testified that you believed that you could not enroll your newborn child into a CHP plan until you received his Social Security number. The record reflects that you applied for him to have health insurance coverage on the day he was born. You stated that you were also told that the only way to backdate your child's CHP plan was to file an appeal. This testimony indicates that you did not believe that your newborn child's coverage was effective February 1, 2016. Since logically you cannot get health coverage for a child who is not yet born and your testimony indicates that you did not rely upon the enrollment confirmation notice when you appealed your newborn child's start date, the fact that the notices conflict is irrelevant and cannot be used to backdate your newborn child's CHP plan.

Since you applied for and enrolled your newborn child in CHP on his coverage properly became effective the first day of the month following August 2016; that is, on September 1, 2016.

Therefore, the August 3, 2016 eligibility determination notice stating that your newborn child's enrollment in his CHP plan was effective September 1, 2016, is correct and must be AFFIRMED.

The August 3, 2016 enrollment confirmation notice is MODIFIED to state that your oldest child's enrollment in her CHP plan was effective February 1, 2016 and your newborn child's enrollment in his CHP plan was effective September 1, 2016.

#### Decision

The August 3, 2016 eligibility determination notice is AFFIRMED.

The August 3, 2016 enrollment confirmation notice is MODIFIED to state that your oldest child's enrollment in her CHP plan was effective February 1, 2016 and your newborn child's enrollment in his CHP plan was effective September 1, 2016.

Effective Date of this Decision: December 8, 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

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• By mail at:

NY State of Health Appeals P.O. Box 11729 Albany, NY 12211

• By fax: 1-855-900-5557

## **Summary**

The August 3, 2016 eligibility determination notice is AFFIRMED.

The August 3, 2016 enrollment confirmation notice is MODIFIED to state that your oldest child's enrollment in her CHP plan was effective February 1, 2016 and your newborn child's enrollment in his CHP plan was effective September 1, 2016.

This decision does not change your child's eligibility.

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

