



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

Notice of Decision

Decision Date: February 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011297

[REDACTED]

Dear [REDACTED],

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 6, 2016 eligibility 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011297

[REDACTED]

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, rather than July 1, 2016?

Procedural History

On December 4, 2015, NYSOH received your application requesting financial assistance in purchasing health insurance for your family.

On December 5, 2015, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan (QHP) only at full cost through NYSOH, and that your child was eligible to enroll in a full price Child Health Plus (CHP) plan or Child-Only QHP, effective January 1, 2016.

Also on December 5, 2015, NYSOH issued an enrollment notice confirming your selection of CHP plan as of December 4, 2015, with a monthly premium of \$192.26, effective January 1, 2016.

On May 23, 2016, NYSOH received an update to your application for health insurance. This application switched your election to one not seeking financial assistance.

On May 24, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the May 23, 2016 application. The notice stated that

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your child was eligible to purchase a qualified health plan at full cost through NYSOH.

On May 24, 2016, NYSOH issued a disenrollment notice stating that your child's CHP plan coverage would end effective June 30, 2016.

Also on May 24, 2016, NYSOH issued an enrollment notice which stated that your child's health coverage with a QHP will not begin until you select a plan. The notice advised you to select a health plan.

On July 25, 2016, NYSOH received an updated application for health insurance which again did not request financial assistance.

On July 26, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the July 25, 2016 application. The notice stated that your child was eligible to purchase a QHP at full cost, effective September 1, 2016.

On July 26, 2016, NSYSOH issued an enrollment notice confirming your child's enrollment in the QHP you and your spouse were also enrolled in as of July 25, 2016. The notice stated that your child's coverage under the QHP would begin September 1, 2016, and that the monthly premium for you, your spouse, and your child would be \$1,289.80.

On August 5, 2016, NYSOH received an updated application for health insurance, in which you requested financial assistance.

On August 6, 2016, NYSOH issued an eligibility redetermination notice stating that your child was eligible to enroll in a full price CHP plan or Child-Only qualified health plan, effective September 1, 2016.

Also on August 6, 2016, NYSOH issued an enrollment notice confirming your selection of CHP plan for your child as of August 5, 2016. The notice stated that your child's CHP enrollment would begin effective September 1, 2016, with a monthly premium of \$192.26. 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 July 1, 2016.

On December 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) You testified that you are appealing only your child's eligibility.
- 2) Your child was enrolled in a CHP plan at full cost beginning January 1, 2016.
- 3) You testified, and your account confirms, that you revised your application on May 23, 2016. You testified that you did this in order to find a better QHP with a reduced deductible for your spouse since he had been diagnosed with [REDACTED]. Your child's CHP enrollment was terminated at that time, with her coverage ending effective June 30, 2016.
- 4) You testified that in revising your application online to switch the QHP for you and your spouse, you must have inadvertently ended your child's CHP enrollment.
- 5) On July 25, 2016, you further revised your application, and enrolled your child in the QHP you and your spouse were enrolled. Her coverage was due to begin September 1, 2016. You testified that you realized something was amiss when the QHP premium for you and your spouse had risen from \$905.12 to \$1,289.80.
- 6) You testified, and the record reflects, that you reenrolled your child into a CHP plan on August 5, 2016.
- 7) You testified that you need your child's CHP plan to begin on July 1, 2016 because you incurred significant medical expenses for her care during the months of July and August 2016. You further testified that you were seeking reimbursement of premiums you paid to the insurance carrier as a result of continuing to pay your child's CHP premium amount of \$192.26 during the months of July and August 2016, and seeking a reimbursement of any excess premiums you remitted to the insurance carrier in connection with you and your spouse's QHP coverage.

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)).

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 September 1, 2016, rather than July 1, 2016.

The record reflects that you enrolled your child in a CHP plan at full cost, with coverage beginning January 1, 2016.

You testified, and the record reflects, that you revised your NYSOH account on May 23, 2016 and changed your account from one seeking financial assistance to one in which you are not seeking financial assistance. Since CHP, even at full cost, is a subsidized program, NYSOH took steps to disenroll your child. The record reflects that her CHP coverage was terminated effective June 30, 2016.

Since you independently revised your application on May 23, 2016, which resulted in the disenrollment of your child’s CHP plan, as of June 30, 2016, NYSOH disenrollment of your child was correct.

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You testified, and the record reflects, that on August 5, 2016, you switched your NYSOH account election back to one in which you were seeking financial assistance. As a result of your application revision on August 5, 2016, your child was again found eligible for coverage under a CHP plan at full cost.

The record reflects that you contacted NYSOH on August 5, 2016 and reenrolled your child into a CHP plan at full cost.

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.

Therefore, the August 6, 2016 enrollment notice stating that your child's enrollment in her Child Health Plus plan was effective September 1, 2016, is correct and must be AFFIRMED.

Decision

The August 6, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: February 7, 2017

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.

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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:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 6, 2016 enrollment notice is AFFIRMED.

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:

