



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

Notice of Decision

Decision Date: January 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011477

[REDACTED]

[REDACTED],

On December 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 4, 2016 enrollment notice and August 17, 2016 disenrollment 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: January 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011477

[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 in effect from June 1, 2016 to August 31, 2016?

Procedural History

On May 4, 2016, NYSOH issued an eligibility determination notice, based on your May 3, 2016 application, stating that your child was eligible to enroll in Child Health Plus (CHP) with a \$30.00 monthly premium, effective June 1, 2016.

Also on May 4, 2016, NYSOH issued an enrollment notice, based on your plan selection on May 3, 2016, stating that your child was enrolled in a CHP plan issued by UnitedHealthcare Community Plan (UHC), and that this enrollment in the plan would start June 1, 2016. As a result of your CHP plan selection for your child, NYSOH issued an 834 Transaction ID of [REDACTED], which reflected an anticipated enrollment period of June 1, 2016 through May 31, 2017.

On August 16, 2016, NYSOH received an update to your application for health insurance.

On August 17, 2016, NYSOH issued an eligibility redetermination based on the information contained in your August 16, 2016 application. The notice stated that

your child was eligible to enroll in CHP with a \$30.00 monthly premium, effective October 1, 2016.

Also on August 17, 2016, NYSOH issued a disenrollment notice confirming your August 16, 2016 request to end your child's CHP coverage with UHC. The notice stated that your child's CHP coverage would end effective August 31, 2016.

You spoke to NYSOH's Account Review Unit and appealed insofar as UHC failed to cover your child under his previous enrollment from June 1, 2016 to August 31, 2016.

Finally, on August 17, 2016, NYSOH issued an enrollment notice based on your plan selection on May 3, 2016, stating that your child was enrolled in a CHP plan issued by Empire BlueCross BlueShield (Empire BCBS), and that this enrollment in the plan would start October 1, 2016.

On December 12, 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) You submitted an application to NYSOH for financial assistance on May 3, 2016.
- 3) You testified, and the record reflects, that you enrolled your child into a CHP plan on May 3, 2016. Your child's coverage began effective June 1, 2016 (see 834 Transaction ID [REDACTED]).
- 4) You testified that in spite of NYSOH recognizing that your child was enrolled in a CHP plan issued by UHC, UHC internal systems failed to recognize such an enrollment and failed to insure your child.
- 5) You testified that after months of attempting to resolve this situation with NYSOH and UHC representatives, you elected to terminate your child's coverage with UHC on August 16, 2016, and then reenroll your child in a CHP plan issued by Empire BCBS on that same date.

- 6) According to NYSOH records, your child was disenrolled from coverage under the CHP plan issued by UHC effective August 31, 2016 (see 834 Transaction ID [REDACTED]).
- 7) You testified that due to UHC not recognizing your child's enrollment in a CHP plan issued by them as an insurance carrier between June 1, 2016 and August 31, 2016, you incurred considerable out-of-pocket medical expenses for your child's care, particularly during the month of August 2016.
- 8) You testified that you are requesting a reinstatement of your child's CHP plan coverage with UHC between June 1, 2016 and August 31, 2016 in order to cover your child's medical expenses incurred during that period.

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).

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Legal Analysis

The issue is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was in effect from June 1, 2016 to August 31, 2016

You testified that you contacted NYSOH on May 3, 2016 and enrolled your child into a CHP plan issued by UHC. Furthermore, the record reflects that an 834 Transaction ID of [REDACTED] was issued to UHC to direct them to enroll your child in the CHP plan on May 3, 2016.

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 May 4, 2016 enrollment notice stating that your child's enrollment in his CHP plan was effective June 1, 2016, is correct and must be AFFIRMED.

You further testified that after months of attempting to resolve this situation with NYSOH and UHC representatives, you elected to terminate your child's coverage with UHC on August 16, 2016, and then reenroll your child in a CHP plan issued by Empire BCBS on that same date.

Your child was disenrolled from coverage under the CHP plan issued by UHC effective August 31, 2016. Furthermore, the record reflects that an 834 Transaction ID [REDACTED] was issued to UHC to direct them to disenroll your child from their CHP plan on August 16, 2016.

Therefore, the August 17, 2016 disenrollment notice stating that your disenrollment from his CHP plan effective August 31, 2016, is also correct and AFFIRMED.

Since we find sufficient evidence that your child was enrolled in a CHP plan issued by UHC between June 1, 2016 and August 31, 2016, and no other facts exist to disqualify him from such coverage, your case is RETURNED to NYSOH to facilitate with UHC to reinstate your child's coverage during that period and to ensure coverage per the terms of that insurance plan.

Decision

The May 4, 2016 enrollment notice is AFFIRMED.

The August 17, 2016, disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to facilitate with UHC to reinstate your child's coverage during that period and to ensure coverage per the terms of that insurance plan.

Effective Date of this Decision: January 11, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility, but rather ensures your child's CHP coverage with UHC between June 1, 2016 and August 31, 2016 per the terms of that insurance plan.

Please note, however, that you are responsible for any premiums due in connection with this coverage.

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 May 4, 2016 enrollment notice is AFFIRMED.

The August 17, 2016, disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to facilitate with UHC to reinstate your child's coverage during that period and to ensure coverage per the terms of that insurance plan.

This decision does not change your child's eligibility, but rather ensures your child's CHP coverage with UHC between June 1, 2016 and August 31, 2016 per the terms of that insurance plan.

Please note, however, that you are responsible for any premiums due in connection with this coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

