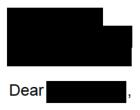


STATE OF NEW YORK DEPARTMENT OF HEALTH P.O. Box 11729 Albany, NY 12211

#### Notice of Decision

Decision Date: March 01, 2017

NY State of Health Account ID: Appeal Identification Number: AP00000011695



On January 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 26, 2016 notice of enrollment confirmation.

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.

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

#### Decision

Decision Date: March 01, 2017

NY State of Health Account ID:

Appeal Identification Number: AP00000011695



#### Issue

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

Did NY State of Health (NYSOH) properly determine your children's reenrollment in their Child Health Plus plan was not effective until October 1, 2016?

# **Procedural History**

Your children were enrolled in a Child Health Plus plan through NYSOH effective December 1, 2014.

On December 31, 2015, NYSOH issued a notice of eligibility determination, based on your December 30, 2015 updated application, stating your children were eligible to enroll in a Child Health Plus plan, each with \$15.00 monthly premiums, effective February 1, 2016.

Also on December 31, 2015, NYSOH issued a notice of enrollment confirmation stating your children were enrolled in Child Health Plus plans, with a \$30.00 collective monthly premium, and that the enrollment had been effective December 1, 2014.

On August 25, 2016, you contacted NYSOH to end your children's Child Health Plus coverage and re-enroll them into a new Child Health Plus plan.

Also on August 25, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health plus plan insofar as they did not begin September 1, 2016.

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On August 26, 2016, NYSOH issued a notice of disenrollment stating you requested to end your children's Child Health Plus coverage on August 25, 2016. The notice indicated your children would no longer have coverage effective August 31, 2016.

Also on August 26, 2016, NYSOH issued an enrollment confirmation notice stating your children were enrolled in Child Health Plus plans, with a \$30.00 collective monthly premium, effective October 1, 2014.

On January 23, 2017, 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) The record reflects your children were enrolled in Child Health Plus plans for the 2016 coverage year with a \$30.00 collective monthly premium, effective February 1, 2016.
- You testified you were traveling and missed your children's July 2016 premium payment to the health plan. You testified you were unsure if you made the August 2016 premium payment.
- You testified the health plan terminated your children's coverage back to July 1, 2016.
- 4) You testified you first learned your children's coverage had been terminated when you sought medical treatment for your child at the hospital
- 5) You testified you attempted to re-enroll your children for the first time before August 20, 2016, but you were unable to because the system said they were already enrolled.
- 6) The record reflects you submitted updated enrollments for your children through your NYSOH account of August 20, 2016.
- 7) You testified you contacted NYSOH by telephone on August 25, 2016 and were advised NYSOH had not received a request from the health plan to terminate your children's coverage for non-payment. Therefore, you testified you had to request your children's plans be manually terminated

- by NYSOH so you could re-enroll them into plans. You were advised their new plan would not be effective until October 1, 2016.
- 8) The record reflects, the children's enrollments were deleted and new enrollments submitted on August 25, 2016, for an October 1, 2016 start date.
- 9) You testified your children were without health coverage for the months of July, August and September 2016. You testified you paid for medical treatment out of pocket during this time.
- 10) You testified you are seeking to have your children's Child Health Plus coverage back dated to September 1, 2016, because you attempted to reenroll the children by August 20, 2016, but were unable to because of miscommunication between the health plan and NYSOH.

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 your children's re-enrollment in their Child Health Plus plan was not effective until October 1, 2016.

You testified you were traveling and missed your children's July 2016 premium payment to the health plan. Additionally, you testified you were unsure if you made the August 2016 premium payment. As a result, you testified the health plan terminated your children's coverage back to July 1, 2016.

You testified, and the record reflects, you first attempted to re-enroll your children into Child Health Plus plans through your NYSOH account on August 20, 2016. You credibly testified you were unable to successfully re-enroll the children at this time because the system indicated the children were already enrolled in plans. Thereafter, you testified, and the record reflects, you contacted NYSOH by telephone on August 25, 2016, wherein you manually cancelled your children's health plans in order to re-enroll them into new Child Health Plus plans. The record reflects updated enrollments for your children were submitted the same day for an October 1, 2016 coverage start date.

You testified you are seeking to have your children's Child Health Plus coverage back dated to September 1, 2016, because you attempted to re-enroll the children by August 20, 2016, but were unable to because of miscommunication between the health plan and NYSOH.

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.

As discussed above, new plan enrollments for your children were not submitted until August 26, 2016. Therefore, in accordance with the above cited regulations, the plans go into effect the first day of the second following month; that is, October 1, 2016.

In regards to your contention that you first attempted to re-enroll your children by August 20, 2016, and therefore the plans should be effective September 1, 2016, it is noted August 20, 2016 is after the fifteen of the month; accordingly, even if you were able to submit new enrollments for your children on that date, the coverage still would not have been effective until October 1, 2016.

Therefore, the August 26, 2016 enrollment confirmation notice, stating your children's enrollment in their Child Health Plus plans was effective October 1, 2016, is correct and must be AFFIRMED.

#### **Decision**

The August 26, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 01, 2017

#### **How this Decision Affects Your Eligibility**

This decision does not change your children's eligibility.

The start date of your children's Child Health Plus plans is October 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 August 26, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The start date of your children's Child Health Plus plans is October 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:

