



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

## Notice of Decision

Decision Date: January 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012075

[REDACTED]

[REDACTED]

On December 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 24, 2016 enrollment confirmation 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 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012075

[REDACTED]

## Issue

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

Did the NY State of Health properly determine that your children's enrollment in their Child Health Plus plan was effective November 1, 2016?

## Procedural History

On August 9, 2016, NY State of Health (NYSOH) issued a notice, based on your August 8, 2016 application, stating that NYSOH could not make a determination on your children's eligibility for health insurance. That notice stated that you needed to provide proof of income for your children by August 23, 2016.

Also on August 8, 2016, you faxed proof of your spouse's income to NYSOH. That income was subsequently verified on August 23, 2016.

On August 24, 2016, NYSOH issued an eligibility determination notice, based on your spouse's verified income, stating that your children were eligible to enroll in a Child Health Plus (CHP) plan with a premium of \$9.00 each, effective October 1, 2016. That notice stated that you must pick a plan.

On September 20, 2016, you selected a CHP plan for your children.

Also on September 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP plan insofar as it did not begin August 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).

On September 21, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on September 20, 2016, stating that your children were enrolled in a CHP plan, with an enrollment start date of November 1, 2016.

On December 16, 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 children's eligibility.
- 2) You submitted an initial application to NYSOH for financial assistance on August 8, 2016.
- 3) You testified, and the record reflects, that you enrolled your children into a CHP plan on September 20, 2016.
- 4) You testified that you always had CHP for your children through your health plan and that you thought when you signed up through NYSOH you were still applying through your health plan.
- 5) You testified that you need your children's CHP plan to begin on August 1, 2016 because you received a medical bill for services your children/child received during the months they were without 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 CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 children’s enrollment in their CHP plan was effective November 1, 2016.

You testified that you always had CHP coverage through your children’s health plan and thought when you applied through NYSOH that you were still applying through your health plan.

According to your NYSOH account, you initially applied through NYSOH on August 8, 2016. On that date, your children’s eligibility could not be determined and NYSOH requested that you provide proof of income. On August 8, 2016, you submitted proof of your spouse’s income to NYSOH, which was verified on August 23, 2016. Therefore, your children’s application was complete on August 23, 2016.

On August 24, 2016, NYSOH issued an eligibility determination notice that stated your children were eligible for CHP effective October 1, 2016. That notice also stated that you must pick a plan. According to your NYSOH account and your testimony, you contacted NYSOH on September 20, 2016 and enrolled your children 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. Since you selected a plan on September 20, 2016, your children’s CHP would begin the first day of the second month following September 2016, which is November 1, 2016.

Therefore, the September 21, 2016 enrollment confirmation notice stating that your child's enrollment in their CHP plan was effective November 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The November 1, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** January 10, 2017

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

This decision does not change your children's eligibility.

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

## **Summary**

The November 1, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

The effective date of your children's CHP plan is November 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:**

