



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

## Notice of Decision

Decision Date: February 08, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012674

[REDACTED]

Dear [REDACTED],

On February 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 18, 2016 eligibility determination and enrollment confirmation notices, and the November 30, 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.

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## Decision

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NY State of Health Account ID: [REDACTED]  
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## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your youngest child's ([REDACTED]) enrollment in her Child Health Plus plan was effective December 1, 2016?

Did NY State of Health properly determine that your youngest child's Child Health Plus plan terminated as of December 31, 2016?

## Procedural History

On October 17, 2016, NY State of Health (NYSOH) processed your application for health insurance for your youngest child (child).

On October 18, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective December 1, 2016.

Also on October 18, 2016, NYSOH issued a notice of enrollment, based on your plan selection on October 17, 2016, confirming your child's enrollment in a Child Health Plus plan.

On October 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plans insofar as it did not begin September 1, 2016.

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On November 29, 2016 NYSOH received your updated application for health insurance.

On November 30, 2016 NYSOH issued a disenrollment notice stating that your child's coverage through her Child Health Plus plan would end December 31, 2016 because she was no longer eligible to remain enrolled in that plan.

Also on November 30, 2016 NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from federal and state data sources. You were asked to submit income documentation by December 14, 2016 in order to confirm your child's eligibility for insurance.

On December 8, 2016 and December 29, 2016 income documentation was uploaded to your NYSOH account.

On January 18, 2017 your income documentation was verified and an updated application was submitted.

On January 19, 2017 NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid, effective January 1, 2017.

Also on January 19, 2017 NYSOH issued an enrollment notice stating that your child's enrollment in her Medicaid Managed Care plan would begin as of February 1, 2017.

On January 5, 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 youngest child's eligibility ( [REDACTED] ).
- 2) You testified that your child was born on [REDACTED].
- 3) You testified that on August 24, 2016 you accessed the NYSOH website and updated your household's current application for health insurance by adding your child to your application and clicking save.
- 4) Your NYSOH application indicates that on August 24, 2016, you updated something on your application for health insurance for your child but that this application was not "run" until October 17, 2016.

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- 5) You testified that you did not contact NYSOH after updating your application on August 24, 2016 because you thought the application needed to be processed and that it would take a while for you to hear back.
- 6) You testified that in October 2016 you realized that there was something wrong with your child's coverage and you contacted NYSOH.
- 7) On October 17, 2016, your child was determined eligible for Child Health Plus, based on the August 24, 2016 application.
- 8) Your child was enrolled in a Child Health Plus plan on October 17, 2016 for a December 1, 2016 effective date.
- 9) On November 30, 2016 you updated your NYSOH application again.
- 10) Your child was disenrolled from her Child Health Plus plan effective December 31, 2016.
- 11) Your child became eligible for fee-for-service Medicaid as of January 1, 2017 and her Medicaid Managed Care plan started as of February 1, 2017.
- 12) You testified that you are seeking coverage through Child Health Plus for your child for the months of September, October, November, December 2016, and January 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Child Health Plus Period of Eligibility

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

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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).

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in Child Health Plus with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

## **Legal Analysis**

The first issue is whether NYSOH properly determined that your child’s enrollment in her Child Health Plus plan was effective December 1, 2016.

Your child was born on [REDACTED]. You testified that on August 24, 2016 you accessed the NYSOH website and updated your household’s current application for health insurance by adding your child to your application and clicking save. Your NYSOH application confirms your testimony insofar as on August 24, 2016, you updated your application for health insurance.

You testified that you did not contact NYSOH after updating your application on August 24, 2016 because you thought the application needed to be processed and that it would take a while for you to hear back.

You testified that in October 2016 you realized that there was something wrong with your child’s coverage and you contacted NYSOH. On October 17, 2016 the August 24, 2016 was submitted and “run”. As a result, your child became eligible for Child Health Plus and was enrolled in a Child Health Plus plan, effective December 1, 2016.

Generally, 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 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 October 17, 2016, that plan would have begun on the second following month after October; that is December 1, 2016.

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However, all credible evidence indicates that you did in fact update your application with your newborn child's information on August 24, 2016. Had you been allowed to select a plan for your child on the date you created the August 24, 2016 application, her plan would have gone into effect on the first day of the second following month; that is on October 1, 2016.

Therefore, the October 18, 2016 eligibility determination notice stating that your child was eligible to enroll in a Child Health Plus plan, effective December 1, 2016, is MODIFIED to state that she was eligible to enroll in a Child Health Plus plan effective October 1, 2016.

Additionally, the October 18, 2016 enrollment confirmation notice is MODIFIED to reflect an October 1, 2016 enrollment start date.

The second issue is whether NYSOH properly determined that your child's Child Health Plus plan terminated as of December 31, 2016.

On November 30, 2016 you updated your NYSOH application for health insurance. As a result of this update, your child was disenrolled from her Child Health Plus plan, effective December 31, 2016 because the income information you entered into your application did not match what NYSOH had obtained from federal and state data sources.

On January 18, 2017 NYSOH redetermined your child's eligibility for health insurance. As a result, your child became eligible for fee-for-service Medicaid as of January 1, 2017 and her Medicaid Managed Care plan started as of February 1, 2017.

You testified that you are seeking coverage through Child Health Plus for your child for the months of September, October, November, December 2016, and January 2017. However, under New York State's Public Health Law, a Medicaid-eligible child does not qualify to enroll in health insurance through Child Health Plus.

Since your child became eligible for Medicaid as of January 1, 2017 she would no longer be eligible to remain enrolled in her Child Health Plus plan. Therefore, the November 30, 2016 disenrollment notice stating that your child's enrollment in her Child Health plus plan ended effective December 31, 2016 is AFFIRMED.

Your case is RETURNED to NYSOH to enroll your child ( [REDACTED] ) into a Child Health Plus plan effective October 1, 2016 through December 31, 2016.

## **Decision**

The October 18, 2016 eligibility determination notice is MODIFIED to reflect an October 1, 2016 Child Health Plus eligibility start date.

The October 18, 2016 enrollment confirmation notice is MODIFIED to reflect an October 1, 2016 Child Health Plus plan start date.

The November 30, 2016 disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to enroll your child ( [REDACTED] ) into a Child Health Plus plan effective October 1, 2016 through December 31, 2016.

**Effective Date of this Decision:** February 08, 2017

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

Your child should have been covered through a Child Health Plus plan from October 1, 2016 through December 31, 2016.

Your child is eligible for Medicaid fee-for-service for the month of January 2017.

Your child is enrolled in a Medicaid Managed Care plan effective February 1, 2017.

## **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)).

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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 October 18, 2016 eligibility determination notice is MODIFIED to reflect an October 1, 2016 Child Health Plus eligibility start date.

The October 18, 2016 enrollment confirmation notice is MODIFIED to reflect an October 1, 2016 Child Health Plus plan start date.

The November 30, 2016 disenrollment notice is AFFIRMED.

Your child should have been covered through a Child Health Plus plan from October 1, 2016 through December 31, 2016.

Your case is RETURNED to NYSOH to enroll your child ( [REDACTED] ) into a Child Health Plus plan effective October 1, 2016 through December 31, 2016.

Your child is eligible for Medicaid fee-for-service for the month of January 2017.

Your child is enrolled in a Medicaid Managed Care plan effective February 1, 2017.

## **Legal Authority**

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**A Copy of this Decision Has Been Provided To:**

