



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

Notice of Decision

Decision Date: March 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012736

[REDACTED]

Dear [REDACTED]

On February 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 21, 2016, enrollment 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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Issue

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

Did NY State of Health (NYSOH) properly determine that your children's enrollment in their Child Health Plus plan should be effective December 1, 2016?

Procedural History

On September 13, 2016, a financial assistance application was submitted for your child.

On September 14, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible to purchase a qualified health plan at full cost through NYSOH effective as of October 1, 2016. The notice explained that your child did not qualify for Child Health Plus because federal and state data sources show that your child was already enrolled in Medicaid, Child Health Plus or another program.

On October 18, 2016, your NYSOH account was updated.

On October 19, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Child Health Plus, with a monthly premium of \$0.00, effective December 1, 2016. The notice directed you to provide proof of your household's income by December 17, 2016, to confirm your child's eligibility.

On October 21, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your child was enrolled in a Child Health Plus plan with an enrollment start date of December 1, 2016.

On October 24, 2016, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment start date of your children's Child Health Plus plan.

On October 26, 2016, additional income documentation was uploaded to your NYSOH account [REDACTED]

On February 6, 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 support the following findings of fact:

- 1) You testified that you are appealing the plan enrollment start date of your children's Child Health Plus plan.
- 2) According to your NYSOH account, your child was born on [REDACTED]
- 3) According to your NYSOH account, an application was initially submitted for your child on September 13, 2016.
- 4) You testified that your child was enrolled in Medicaid through the Local Department of Social Services (LDSS) until October 31, 2016.
- 5) According to your NYSOH account, you resubmitted an application for financial assistance, for your child, on October 18, 2016.
- 6) According to your NYSOH account, your child was enrolled in a Child Health Plus plan on October 20, 2016.
- 7) You testified that you incurred approximately \$30.00 in medical bills for your child in November 2016, and you want your children's plan enrollment start date to be November 1, 2016 so you can be reimbursed for those expenses.

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

Applicable Law and Regulations

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Child Health Plus - Eligibility

A child who meets the eligibility requirements for Child Health Plus (CHP) 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 CHP 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)).

Child Health Plus – Start Date

“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 Child Health Plus plan enrollment start date was December 1, 2016.

An application was initially submitted for your child on September 13, 2016. The following day NYSOH issued a notice stating that your child did not qualify for Child Health Plus because federal and state data sources showed that your child was already enrolled in Medicaid, Child Health Plus or another program.

A child eligible for or enrolled in Medicaid does not qualify to enroll in health insurance coverage through Child Health Plus. The record supports that your child was enrolled in Medicaid through LDSS through October 31, 2016.

The record reflects that you resubmitted an application for your child on October 18, 2016, and enrolled them in a Child Health Plus plan on October 20, 2016.

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

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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 your children's Child Health Plus plan on October 20, 2016, it properly took effect on the first day of the second month following October 20, 2016; that is, on December 1, 2016.

Therefore, the October 20, 2016, enrollment notice confirming that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of December 1, 2016, is correct and must be AFFIRMED.

Decision

The October 20, 2016, enrollment notice is AFFIRMED.

Effective Date of this Decision: March 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility or enrollment.

The effective date of your children's Child Health Plus plan is December 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

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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 October 20, 2016, enrollment notice is AFFIRMED.

This decision does not change your children's eligibility or enrollment.

The effective date of your children's Child Health Plus plan is December 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:

