



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

Notice of Decision

Decision Date: March 2, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012963

[REDACTED]

Dear [REDACTED],

On January 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 29, 2016 eligibility determination and enrollment confirmation notices.

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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012963

[REDACTED]

Issue

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

Did NY State of Health properly determine your child's enrollment in his Child Health Plus plan was effective no earlier than December 1, 2016?

Procedural History

NY State of Health (NYSOH) received your completed application on October 28, 2016.

On October 29, 2016, NYSOH issued a notice of eligibility determination stating your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective December 1, 2016.

Also on October 29, 2016, NYSOH issued a notice of enrollment, based on your plan selection on October 28, 2016, stating your child was enrolled in a Child Health Plus plan, and his coverage would begin December 1, 2016.

On October 31, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin November 1, 2016.

On January 31, 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.

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Findings of Fact

A review of the record supports the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on October 28, 2016.
- 2) You testified, and the record reflects, you began this application on March 14, 2016. You testified you tried to enroll your child in Child Health Plus through NYSOH at this time, but you were unable to do so because your child was enrolled in Medicaid through your local county Department of Social Services until October 31, 2016.
- 3) You testified you attempted to complete an application on-line on October 8, 2016, but you were unable to proceed past the income screen because the information you entered did not match the data sources.
- 4) You testified you were frustrated with the application process so you “left it alone for a couple weeks.”
- 5) You testified you contacted NYSOH by telephone on October 28, 2016, when you were able to complete an application.
- 6) You testified, and the record reflects, you selected a plan for your child the same day, and was given a December 1, 2016 start date.
- 7) You testified your child’s prior coverage ended October 31, 2016 and, therefore, he was without health coverage for the month of November 2016.
- 8) You testified you paid out-of-pocket for medical treatment during this time.
- 9) You testified you are seeking to have your child’s Child Health Plus coverage backdated to November 1, 2016 because your child should not have to go without health coverage for the month of November 2016.

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

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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).

Legal Analysis

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

You testified that you started an application for health insurance through NYSOH for your child on March 14, 2016. However, the evidence establishes the application was not submitted on this date. Though you testified you attempted to submit an application on October 8, 2016 as well, you acknowledge you did not complete this application. Additionally, you testified you became frustrated with the application process so you “left it alone for a couple weeks” and did not contact NYSOH again until October 28, 2016, at which time a completed application was submitted and you selected a plan on the same day.

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.

In the present case, the competent evidence of record establishes you did not select a plan for enrollment until October 28, 2016. Although there is evidence you attempted to submit an application prior to this date, you acknowledge you did not complete the application at this time and you did not contact NYSOH until

October 28, 2016 to complete the application. Therefore, there is insufficient evidence in the record to find you were unable to select a plan for your child at an earlier date.

Accordingly, pursuant to the above cited regulations, because you selected a plan for your child on October 28, 2016, the plan properly went into effect the first day of the second following month; that is December 1, 2016.

Therefore, the October 29, 2016 enrollment confirmation notice stating your child's enrollment in his Child Health Plus plan was effective December 1, 2016, is correct and must be AFFIRMED.

Decision

The October 29, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 2, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child'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)).

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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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 29, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child'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:

