



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

Notice of Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020937



Dear [REDACTED],

On October 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 29, 2017 eligibility determination notice and 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

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020937



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 oldest child's enrollment in her Child Health Plus plan was effective September 1, 2017?

Procedural History

On July 19, 2017, NYSOH received your oldest child's initial application for financial assistance with her health insurance.

On July 20, 2017, NYSOH issued an eligibility determination notice stating your oldest child was eligible for Child Health Plus for a cost of \$9.00 per month for a limited time, effective September 1, 2017. The notice requested you provide proof of termination of Tricare by September 2, 2017.

On July 20, 2017, NYSOH issued an enrollment notice confirming your oldest child's enrollment in a Child Health Plus plan effective September 1, 2017.

On July 28, 2017, NYSOH received your child's updated application. That day a preliminary eligibility determination was made stating your oldest child was eligible for a Child Health Plus plan for a cost of \$0.00 per month, effective September 1, 2017. You then enrolled your child into a plan that day.

On July 28, 2017, 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 July 1, 2017.

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On July 29, 2017, NYSOH issued an eligibility determination notice, based on the July 28, 2017 application, stating your oldest child was eligible for Child Health Plus for a cost of \$0.00 per month, effective September 1, 2017.

On July 29, 2017, NYSOH issued an enrollment notice confirming your oldest child's enrollment in a Child Health Plus plan for a cost of \$0.00 per month, effective September 1, 2017.

On October 11, 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) You testified that you are appealing your oldest child's eligibility.
- 2) The record reflects you submitted an application to NYSOH for financial assistance for your oldest child first on July 19, 2017.
- 3) You testified, and the record supports you enrolled your child into a Child Health Plus plan first on July 19, 2017, and then on July 28, 2017, after updating your application.
- 4) You testified that you need your child's Child Health Plus plan to begin on July 1, 2017.
- 5) You testified you were unaware your child's prior coverage in Medicaid had ended March 31, 2017. You explained you believe the Local Department of Social Services of [REDACTED] had sent the renewal notice for your child to a wrong address.
- 6) You testified you first realized your child was not covered after a visit to the doctor's in July 2017.
- 7) You testified you incurred medical costs during the gap in coverage for your oldest child in the months of July and August 2017.
- 8) You reside in [REDACTED], NY.

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

Applicable Law and Regulations

Child Health Plus

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)).

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).

Legal Analysis

The issue under review is whether NYSOH properly determined that your oldest child’s enrollment in her Child Health Plus plan was effective September 1, 2017.

You testified and the record supports you first applied for financial assistance with your oldest child’s health insurance on July 19, 2017.

On July 20, 2017, your child was determined eligible for a Child Health Plus plan for a cost of \$9.00 per month, starting September 1, 2017. After this

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determination you updated the application again on July 28, 2017 and your child was again found eligible for Child Health Plus but for a cost of \$0.00 per month, starting September 1, 2017. You enrolled your child in a plan that 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.

Since your oldest child's application was completed on July 28, 2017, and enrollment was submitted on that day, her Child Health Plus plan would take effect on the first day of the second month following July, which is September 1, 2017.

You testified that you had not realized your child's enrollment in Medicaid with the Monroe County Local Department of Social Services had ended March 31, 2017, until you had visited a doctor's office with your child in July 2017. You explained that you believe the renewal notice for your oldest child had been issued to an incorrect address.

It is not within the authority of the NYSOH appeals unit to review notices or the proper issuance of notices from local agencies administering benefits under Non-MAGI based Medicaid. It cannot be determined whether proper notice was provided to you of the end date of your child's Medicaid coverage.

Therefore, the July 29, 2017, eligibility determination notice finding your child eligible for Child Health Plus, and enrollment confirmation notice stating that your oldest child's enrollment in her Child Health Plus plan was effective September 1, 2017, were proper and are AFFIRMED.

Decision

The July 29, 2017, eligibility determination notice is AFFIRMED.

The July 29, 2017, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 17, 2017

How this Decision Affects Your Eligibility

The effective date of your oldest child's Child Health Plus plan is September 1, 2017.

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).

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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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- By fax: 1-855-900-5557

Summary

The July 29, 2017, eligibility determination notice is AFFIRMED.

The July 29, 2017, enrollment confirmation notice is AFFIRMED.

The effective date of your oldest child's Child Health Plus plan is September 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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