



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

Notice of Decision

Decision Date: April 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005713

[REDACTED]

Dear [REDACTED],

On March 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 11, 2015 eligibility determination 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 number 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: AP000000005713

[REDACTED]

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 child's eligibility for and enrollment in his Child Health Plus plan was effective January 1, 2016?

Procedural History

On December 4, 2014, NYSOH issued a notice of eligibility determination, based on your December 8, 2014 application, stating that your child was eligible for Medicaid, effective December 1, 2014. That same day, your child was enrolled in a Medicaid Managed Care plan.

On September 15, 2015, NYSOH issued a notice that it was time to renew your child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for his health coverage, and that you needed to update your account by November 15, 2015 or your child might lose the financial assistance they were currently receiving.

No updates were made to your account by November 15, 2015.

On November 17, 2015, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your child also could not enroll in a qualified health plan at full cost. This was because you

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had not responded to the renewal notice and had not completed your child's renewal within the required time frame. Your child's eligibility ended November 30, 2015.

On November 23, 2015, NYSOH issued a disenrollment notice stating that your child's coverage in his Medicaid Managed Care plan would end effective November 30, 2015 because he was no longer eligible to remain enrolled in health insurance through NYSOH.

On December 10, 2015, NYSOH received your child's updated application for health insurance.

On December 11, 2015, NYSOH issued a notice of eligibility determination, based on your December 10, 2015 application, stating that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective January 1, 2016

On December 16, 2015, NYSOH issued a notice of enrollment, based on your plan selection on December 15, 2015, stating that your child was enrolled in a Child Health Plus plan and that coverage would start on January 1, 2016.

On December 23, 2015, 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 December 1, 2015.

On March 10, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, Spanish interpreter [REDACTED] interpreted. 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, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your child's coverage because if you had, you would have updated your account.
- 3) Neither the September 15, 2015 renewal notice, nor any other notices, were returned to NYSOH as undeliverable.

- 4) You testified that you did not know that you needed to update your account until sometime in December 2015.
- 5) The record reflects that on December 10, 2015, NYSOH received your child's updated application for health insurance.
- 6) You testified that you are seeking that your child be enrolled in his Child Health Plus plan as of December 1, 2015 because you believe he has some medical bills that were not covered for that month.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Child Health Plus Eligibility

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).

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Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective January 1, 2016

Your child was originally found eligible for Medicaid effective December 1, 2014.

Generally, NYSOH must redetermine a qualified individual's eligibility once every twelve months without requiring information from the individual, if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 15, 2015 renewal notice stated that there was not enough information to determine whether your child was eligible to continue to receive his financial assistance for health insurance, and that you needed to supply additional information by November 15, 2015, or his financial assistance might end.

Because there was no timely response to this notice, your child was terminated from his Medicaid and Medicaid Managed Care plan, effective November 30, 2015.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account on your child's behalf. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record supports a finding that NYSOH properly notified you of your child's annual renewal and that information in your NYSOH account needed to be updated in order to ensure your child's eligibility for financial assistance would continue.

You first renewed your child's eligibility for financial assistance through NYSOH on December 10, 2015, and enrolled your child into a Child Health Plus plan on December 15, 2015.

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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Therefore, NYSOH's December 11, 2015 eligibility determination notice and December 16, 2015 enrollment confirmation notice are AFFIRMED because they properly began your child's eligibility for and enrollment in Child Health Plus on January 1, 2016.

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Decision

The December 11, 2015 eligibility determination notice is AFFIRMED.

The December 16, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 27, 2016

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 January 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
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Summary

The December 11, 2015 eligibility determination notice is AFFIRMED.

The December 16, 2015 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 January 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:

