

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: Appeal Identification Number: AP000000006049



Dear

On April 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 31, 2015 eligibility determination and the January 8, 2016 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.



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Issue

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

Did the NY State of Health properly determine that your three children's enrollment in their Child Health Plus plan was effective February 1, 2016?

Procedural History

On October 24, 2015, NY State of Health (NYSOH) issued a renewal notice stating it was time to renew your household's NYSOH coverage for 2016. The notice explained based on the information from federal and state data sources, a decision could not be made about whether or not you qualify for financial assistance. You were asked to update the information in your account by December 15, 2015 or the financial assistance you were receiving may end.

On December 21, 2015, an eligibility redetermination notice was issued stating that your three children no longer qualified to enroll in coverage through NY State of Health because you did not respond to the renewal notice and did not complete your renewal in the required timeframe.

On December 22, 2015, a disenrollment notice was issued terminating coverage for your three children in their Child Health Plus plan effective December 31, 2015.

On December 30, 2015, the NYSOH received your updated application for health insurance coverage for your three children.

On December 31, 2015, an eligibility determination notice was issued stating that your three children were eligible to enroll in Child Health Plus at no cost effective February 1, 2016.

On January 7, 2016, you enrolled your children into a Child Health Plus plan.

Also on January 7, 2016, you spoke to the NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plan insofar as it did not begin January 1, 2016.

On January 8, 2016, an enrollment confirmation notice was issued confirming your three children's enrollment in a Child Health Plus plan with a \$0.00 premium responsibility and a start date of February 1, 2016.

On April 5, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open for 15 days to allow you the opportunity to provide documentation relating to your income and termination of your employer sponsored health insurance for you and your spouse.

Findings of Fact

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

- 1) You testified that you are appealing your children's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on December 30, 2015.
- 3) You testified, and the record reflects, that you enrolled your children into a Child Health Plus plan on January 7, 2016.
- 4) You testified that you need your children's Child Health Plus plan to begin on January 1, 2016.
- 5) You testified that you did not receive the October 24, 2015 renewal notice.
- 6) The record reflects that you receive your notices via regular mail.
- 7) There is no record of the October 24, 2015 renewal notice being returned as undeliverable to the NYSOH.

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 Code of Federal Regulations (CFR) § 155.335(a), (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 and projected eligibility 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)).

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 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 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 three children's eligibility for and enrollment in their Child Health Plus plan was effective February 1, 2016.

Generally, NYSOH must redetermine a qualified child's eligibility for Child Health Plus 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 October 24, 2015 renewal notice stated that there was not enough information to determine whether your children were eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by December 15, 2015, or their financial assistance might end.

Because there was no timely response to this notice, your children terminated from their Child Health Plus plan effective December 31, 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 reflects that NYSOH properly notified you of your children's annual renewal and that information in your NYSOH account needed to be updated in order to ensure your children's enrollment in their Child Health Plus plan and eligibility for financial assistance would continue.

You first renewed your children's eligibility for financial assistance through NYSOH for 2016 on December 30, 2015, and enrolled your children into a Child Health Plus plan on January 7, 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 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 31, 2015 eligibility determination notice and January 8, 2016 enrollment confirmation notices are AFFIRMED because they properly began your child's eligibility for and enrollment in Child Health Plus on February 1, 2016.

The only issue allowed for the NYSOH Appeals unit to reach is your children's eligibility. You are required to submit a separate application and enrollment for yourself and your spouse.

Decision

The December 31, 2015 eligibility determination notice is AFFIRMED.

The January 8, 2016, 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 children's eligibility.

The effective date of your children's Child Health Plus plan is February 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
- By mail at:

NY State of Health Appeals P.O. Box 11729 Albany, NY 12211

• By fax: 1-855-900-5557

Summary

The December 31, 2015 eligibility determination notice is AFFIRMED.

The January 8, 2016, enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

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

