

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

Notice of Decision

Decision Date: August 1, 2016

NY State of Health Account ID: Appeal Identification Number: AP000000007299





On July 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 12, 2016 renewal notice and February 19, 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 § 155.545.



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

Decision

Decision Date: August 1, 2016

NY State of Health Account ID:

Appeal Identification Number: AP000000007299



Issue

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

Did NY State of Health properly determine that your child's eligibility for and enrollment in his Child Health Plus plan was effective April 1, 2016?

Procedural History

On January 12, 2016, NY State of Health (NYSOH) issued a renewal notice that stated your child could not be enrolled in his current health plan for the next coverage year and, therefore, you needed to select a different health plan for him between January 16, 2016 and February 15, 2016.

On February 16, 2016, NYSOH issued a disenrollment notice that stated your child's coverage in his Healthfirst Child Health Plus plan would end effective February 29, 2016.

On February 19, 2016, based on your February 18, 2016 updated application, NYSOH issued an eligibility redetermination notice that in part stated your child was eligible to enroll in Child Health Plus for a cost of \$60.00 per month premium, effective April 1, 2016.

Also on February 19, 2016, NYSOH issued an enrollment notice, based on your plan selection on February 18, 2016, confirming in part that your child was

enrolled in a Child Health Plus plan with Healthfirst and that his enrollment would start on April 1, 2016.

On February 22, 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 March 1, 2016.

On July 28, 2016, 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:

- You testified, and the record reflects, that you receive all of your notices from NYSOH by electronic mail.
- 2) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to select a different Child Health Plus plan in order to renew your child's coverage for the upcoming policy year.
- 3) You testified that you did not know that you needed to update your account until you received an electronic alert of the February 16, 2016 disenrollment notice, which stated your child was going to be disenrolled from his Child Health Plus plan, effective February 29, 2016.
- 4) You testified that this disenrollment notice prompted you to contact NYSOH on February 18, 2016.
- 5) You testified that you were told then that a renewal notice had been uploaded to your NYSOH account on January 12, 2016.
- 6) The record reflects that, on February 18, 2016, NYSOH received your child's updated application for health insurance.
- 7) You testified that you are seeking to have your child's enrollment in his Child Health Plus plan as of March 1, 2016.

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).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

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

Your child was originally found eligible for Child Health Plus effective March 1, 2014 and again on March 1, 2015.

Generally, NYSOH must redetermine a qualified child's eligibility for Child Health Plus once every 12 months without requiring information from the individual, if it is 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 January 12, 2016 renewal notice stated that you needed to select a different health plan for your child between January 16, 2016 and February 15, 2016 in order for him to have Child Health Plus coverage in the upcoming policy year.

Because there was no timely response to this notice, your child was disenrolled from his Child Health Plus plan, effective February 29, 2016, at the end of the policy year that began on March 1, 2015.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the January 12, 2016 renewal notice, which directed you to select a different health plan on behalf of your child. There is no evidence in your account documenting that any email alert was sent to you regarding the need to select a different plan for your child.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account on your child's behalf.

You first renewed your child's eligibility for financial assistance through NYSOH for the new coverage year on February 18, 2016 and, therefore, we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Therefore, the February 19, 2016 eligibility redetermination notice is MODIFIED to state that, effective March 1, 2016, your child was eligible to enroll in Child 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).

Health Plus with a \$60.00 premium per month, and the February 19, 2016 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective March 1, 2016.

To effectuate these effective dates, your case is RETURNED to NYSOH to ensure that your child is enrolled into his Child Health Plus plan as of March 1, 2016. NYSOH will notify you accordingly.

Decision

The February 19, 2016 eligibility redetermination notice is MODIFIED to state that, effective March 1, 2016, your child was eligible to enroll in Child Health Plus with a \$60.00 premium per month.

The February 19, 2016 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective March 1, 2016.

To effectuate these effective dates, your case is RETURNED to NYSOH to ensure that your child is enrolled into his Child Health Plus plan as of March 1, 2016. NYSOH will notify you accordingly.

Effective Date of this Decision: August 1, 2016

How this Decision Affects Your Eligibility

By this decision, your child's eligibility for and enrollment in his Child Health Plus plan is being made effective as of March 1, 2016.

Your case is being sent back to NYSOH to enroll your child into his Child Health Plus plan as of March 1, 2016, and to notify you accordingly.

You will be responsible for the monthly premium for March 2016, if any is due and owing.

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 February 19, 2016 eligibility redetermination notice is MODIFIED to state that, effective March 1, 2016, your child was eligible to enroll in Child Health Plus with a \$60.00 premium per month.

The February 19, 2016 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective March 1, 2016.

To effectuate these effective dates, your case is RETURNED to NYSOH to ensure that your child is enrolled into his Child Health Plus plan as of March 1, 2016. NYSOH will notify you accordingly.

By this decision, your child's eligibility for and enrollment in his Child Health Plus plan is being made effective as of March 1, 2016.

Your case is being sent back to NYSOH to enroll your child into his Child Health Plus plan as of March 1, 2016, and to notify you accordingly.

You will be responsible for the monthly premium for March 2016, if any is due and owing.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

