



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

## Notice of Decision

Decision Date: August 11, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007562

[REDACTED]

Dear [REDACTED],

On August 8, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 27, 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 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).

This page intentionally left blank.



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

## Decision

Decision Date: August 11, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007562



## 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 you and your spouse's enrollment in the Essential Plan, and your child's enrollment in a Child Health Plus plan was effective April 1, 2016?

## Procedural History

On March 17, 2015 NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid effective March 1, 2015, and your child was eligible for Medicaid effective December 1, 2014.

On January 15, 2016 NYSOH issued a renewal notice stating that it was time to renew your family's health insurance for 2016. That notice also stated that based on information from federal and state sources, NYSOH could not make a decision about whether you, your spouse, or your child would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by February 15, 2016.

On February 17, 2016 NYSOH issued an eligibility determination notice stating that you and your spouse were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of

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).

insurance. You also could not enroll in a qualified health plan at full cost through NYSOH. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your and your spouse's eligibility ended February 19, 2016.

Also on February 17, 2017 NYSOH issued an eligibility determination notice stating that your child was newly eligible to purchase a qualified health plan at full cost. She was not eligible for Medicaid or Child Health Plus because you had not responded to the renewal notice.

On February 26, 2016 NYSOH received your updated application for health insurance.

On February 27, 2016 NYSOH issued an eligibility redetermination notice stating that you and your spouse were eligible for the Essential Plan, effective April 1, 2016. The notice stated that your child was eligible to enroll in Child Health Plus, effective April 1, 2016.

On February 27, 2016 an enrollment confirmation notice was issued that stated that you had selected an Essential Plan for yourself and your spouse, and a Child Health Plus plan for your child. The effective date of your family's plans was April 1, 2016.

On March 1, 2016 you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it started your family's health plans on April 1, 2016 and not March 1, 2016.

On August 8, 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:

- 1) Your NYSOH account indicates that you receive notices from NYSOH by regular mail.
- 2) You testified that your family had a lot of personal issues going on that caused you not to open your mail. You testified that you received the renewal notice but by the time you opened it was already past the deadline to renew.
- 3) You testified that you knew you had to renew your coverage but that you did not call to update your information until the end of February 2016.

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).

- 4) The record reflects that on February 16, 2016 NYSOH received your updated application for health insurance.
- 5) You testified that you are seeking you and your spouse's Essential Plan and your child's Child Health Plus plan to be backdated to March 1, 2016.

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

## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility 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, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR § 155.335(h)).

### Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see *also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last

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).

day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

### 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 under review is whether NYSOH properly determined that you and your spouse’s enrollment in the Essential Plan, and your child’s enrollment in a Child Health Plus plan was effective April 1, 2016.

On March 17, 2015 NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid effective March 1, 2015, and your child was eligible for Medicaid effective December 1, 2014.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 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 January 15, 2016 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health

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).

insurance, and that you needed to supply additional information by February 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you, your spouse, and your child's eligibility for Medicaid was terminated.

Your NYSOH account indicates that you receive notices from NYSOH by regular mail. You testified that your family had a lot of personal issues going on that caused you to not open your mail. You testified that you received the renewal notice but by the time you opened it was already past the deadline to renew.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on February 26, 2016 you updated the information in your NYSOH account and submitted a request to enroll you and your spouse in an Essential Plan, and your child in a Child Health Plus plan.

The date on which a plan through NYSOH can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your and your spouse's Essential Plan and your child's Child Health Plus plan on February 26, 2016, the plans must take effect on the first day of the second following month after February; that is, on April 1, 2016.

Therefore, NYSOH's February 27, 2016 enrollment confirmation notice is **AFFIRMED** because it properly began your and your spouse's enrollment in an Essential Plan, and your child's enrollment in a Child Health Plus plan as of April 1, 2016.

## **Decision**

The February 27, 2016 enrollment confirmation notice is **AFFIRMED**.

**Effective Date of this Decision:** August 11, 2016

## **How this Decision Affects Your Eligibility**

Your and your spouse's enrollment in the Essential Plan began April 1, 2016.

Your child's enrollment in Child Health Plus began April 1, 2016.

This decision has no effect on your spouse and your child's eligibility for Medicaid as of May 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

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).



## **Summary**

The February 27, 2016 enrollment confirmation notice is AFFIRMED.

Your and your spouse's enrollment in the Essential Plan began April 1, 2016.

Your child's enrollment in Child Health Plus began April 1, 2016.

This decision has no effect on your spouse and your child's eligibility for Medicaid as of May 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:**

