



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

## Notice of Decision

Decision Date: September 26, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007812

[REDACTED]

Dear [REDACTED],

On September 1, 2016 you appeared by telephone at a hearing on your appeal of your daughter's NY State of Health's November 22, 2015 disenrollment notice and December 6, 2015 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 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]  
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## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your daughter was terminated from her Medicaid Managed Care Plan, effective November 30, 2016?

Did NYSOH properly determine that your daughter's eligibility for and enrollment in her Child Health Plus plan was effective January 1, 2016?

## Procedural History

On December 13, 2014 NYSOH issued an eligibility determination notice stating that your daughter was eligible for Medicaid, effective December 1, 2014. She was subsequently enrolled into a Medicaid Managed Care plan.

On September 17, 2016 NYSOH issued a renewal notice stating that it was time to renew your daughter's health insurance for 2015. The notice stated that your daughter now qualified for coverage in a full-price Child Health Plus plan. That notice also stated that you needed to pick a new health plan for your daughter between October 16, 2015 and November 15, 2015 for an effective date of December 1, 2015 because she was no longer eligible for her current plan.

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

On November 22, 2015 NYSOH issued a disenrollment notice stating that your daughter is terminated from her Medicaid Managed Care plan, effective November 30, 2015.

On December 5, 2015, NYSOH received your updated application for your daughter's health insurance.

On December 6, 2015 NYSOH issued a notice of eligibility determination stating that your daughter was conditionally eligible for Child Health Plus with a \$15.00 per month effective January 1, 2016. Your daughter's eligibility was contingent on you submitting income documentation by January 30, 2016,

Also on December 6, 2015, an enrollment confirmation notice was issued that stated that you had selected a Child Health Plus plan for your daughter and the effective date of that coverage was January 1, 2016.

On January 23, 2016 NYSOH issued an eligibility determination notice stating that your daughter was eligible to enroll in a full price Child Health Plus plan or Child-Only qualified health plan, effective March 1, 2016.

On March 1, 2016, you sent a letter to NYSOH's Account Review Unit and appealed your daughter's disenrollment notice insofar as it terminated your daughter's Medicaid Manage Care Plan on November 30, 2016. You also appealed your daughter's eligibility determination insofar as it began your daughter's Child Health Plus plan on January 1, 2016, and not December 1, 2015.

On September 1, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You and your husband testified. 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) Your daughter was originally found eligible for Medicaid effective December 1, 2014.
- 2) Your husband testified that at the time the renewal notice was sent you received notices from NYSOH by regular mail.
- 3) You testified you changed your preferences to email notices because your mail service was unreliable.

- 4) You testified you did not receive any notices from NYSOH telling you that you needed to update the information in your daughter's NYSOH account to ensure that her coverage would not be interrupted.
- 5) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 6) Your husband testified you did not know you needed to update your daughter's account until November 2015 when you and your husband received the disenrollment notice in the mail. Your husband further stated you called the health plan on or about December 1, 2015 to fix the issue of your daughter's insurance coverage because your daughter had been admitted to the hospital.
- 7) Your appeal letter dated March 1, 2016 stated that you were unaware your daughter didn't have coverage until months later when you began receiving medical bills from December.
- 8) The record reflects that on December 5, 2015 NYSOH received your daughter's updated application for health insurance.
- 9) The record reflects that on December 5, 2015, you selected your daughter's Child health Plus plan and that her enrollment was effective on January 1, 2016.
- 10) You testified that you want your daughter's Child Health Plus plan to begin as of December 1, 2015 because your daughter had an admission to the hospital in December.

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 twelve 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)).

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## 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 first issue under review is whether NYSOH properly terminated your daughter's enrollment in her Medicaid Managed Care Plan, effective November 30, 2015.

Generally, NYSOH must redetermine a qualified child's eligibility for Medicaid 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. Your daughter was originally found eligible for Medicaid effective December 1, 2014 and was subsequently enrolled into a Medicaid Managed Care plan on July 1, 2015. Twelve months from December 1, 2014 would be November 30, 2015. Note that the twelve month period begins as of the date the person was found eligible for regular Medicaid coverage, not from the date the person was enrolled in a Medicaid Managed Care plan or as of the date of the eligibility determination notice.

NYSOH's September 17, 2015 renewal notice stated that your daughter was no longer eligible for Medicaid coverage. That notice also stated she was eligible for a Child Health Plus plan at full cost and you needed to update her account and select a new plan for your daughter by November 15, 2015 for your daughter's new plan to be effective December 1, 2015.

Since your daughter's twelve months of Medicaid eligibility ended as of November 30, 2015 and the credible evidence on the record reflects that NYSOH properly notified you of your daughter's renewal and that the information in your NYSOH account needed to be updated by November 15, 2015, the disenrollment notice dated November 22, 2015 is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your daughter's eligibility for and enrollment in her Child Health Plus plan was effective January 1, 2016.

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 daughter's behalf. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail at the time the renewal notice was sent. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

You testified that you changed your notification preferences in order to receive email notifications because your mail service was unreliable. However, your husband testified that you did receive your daughter's November 2015 disenrollment notice in the mail.

Moreover, your husband further stated you called the health plan on or about December 1, 2015 to fix the issue of your daughter's insurance coverage because your daughter had urgent medical needs.

However, your appeal letter dated March 1, 2016 stated you were unaware your daughter didn't have coverage until months later when you began receiving medical bills from December. This is contrary to the testimony given during the hearing.

The record reflects you first updated your daughter's eligibility for health insurance through NYSOH for on December 5, 2015.

The record reflects that when you first updated your daughter's eligibility for health insurance through NYSOH on December 5, 2015 you also enrolled your daughter into a Child Health Plus 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 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.

Since the record reflects that you first updated your daughter's account of December 5, 2015 and there is no evidence to support you and your spouse's contentions that you did not receive the renewal notice, NYSOH's December 6, 2015 eligibility determination notice and enrollment confirmation notices are **AFFIRMED** because they properly began your daughter's eligibility for and enrollment in Child Health Plus on January 1, 2016.

## **Decision**

The November 22, 2015 disenrollment notice is **AFFIRMED**.

The December 6, 2015 eligibility determination notice is **AFFIRMED**.

The December 6, 2015 enrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** September 26, 2016



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

This decision does not change your daughter's eligibility.

The effective date of your daughter'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
- By mail at:  
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## **Summary**

The November 22, 2015 disenrollment notice is AFFIRMED.

The December 6, 2105 eligibility determination notice is AFFIRMED.

The December 6, 2105 enrollment notice is AFFIRMED.

This decision does not change your daughter's eligibility.

The effective date of your daughter'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:**

