



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

Notice of Decision

Decision Date: October 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008852

[REDACTED]

Dear [REDACTED]

On October 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 9, 2016 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 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.

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: October 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008852



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 May 1, 2016?

Procedural History

On April 9, 2015, New York State of Health (NYSOH) issued an eligibility determination that stated that you and your child were eligible for Medicaid effective April 1, 2015. Your child was subsequently enrolled in a Medicaid Managed Care (MMC) plan.

On February 9, 2016 NYSOH issued a notice stating, in relevant part, that they did not have enough information from federal and state data sources to determine if your child could get help paying for health insurance or what kind of coverage your child could have for the next coverage year. The notice directed you to return to your account by March 15, 2016 to provide more information or the financial assistance your child was receiving might end.

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

On March 17, 2016, NYSOH issued a disenrollment notice stating in relevant part that your child's coverage in his Medicaid Managed Care plan would end effective March 31, 2016. This was because you did not complete the renewal

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).

within the required timeframe. Therefore you and your son were no longer eligible to remain enrolled in health insurance through NYSOH.

On April 8, 2016, your NYSOH account was updated.

On April 9, 2016, NYSOH issued a notice of eligibility determination, based on your April 8, 2016 application, stating in relevant part that your child was eligible for Child Health Plus at no cost, effective May 1, 2016.

On April 12, 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 April 1, 2016.

On April 13, 2016, NYSOH issued an enrollment notice confirming in part that, on April 12, 2016, your child was enrolled in Child Health Plus with a plan enrollment start date of May 1, 2016.

On October 14, 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) You testified you are applying for health insurance for your one child.
- 2) According to your NYSOH account, you and your child were enrolled in Medicaid through March 31, 2016.
- 3) According to your NYSOH account, you receive notices from NYSOH electronically.
- 4) You testified that you did not receive any electronic email messages regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your or your child's coverage.
- 5) You testified that you first became aware that your child had been disenrolled from any health insurance was when you took your son to the emergency room and the staff there advised you that you had no health coverage.
- 6) You testified that the email listed in your NYSOH account is your current email address.

- 7) You testified that the hospital social worker assisted you in updating your NYSOH account while you were at the hospital with your son.
- 8) According to your NYSOH account, on April 8, 2016, your child's updated application for health insurance was submitted.
- 9) According to your NYSOH account and your testimony, you selected a Child Health Plus plan for your child on April 12, 2016.
- 10) You testified that you are seeking that your child's enrollment in his Child Health Plus plan begin as of April 1, 2016.
- 11) You testified that you have unpaid medical bills for your child's emergency hospitalization and follow-up treatment incurred during 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 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

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).

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 May 1, 2016.

Your child was originally found eligible for Medicaid effective April 1, 2015.

Generally, NYSOH must redetermine a qualified child’s eligibility for Medicaid 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 February 8, 2016 renewal notice stated that there was not enough information to determine whether your child was eligible to continue to receive financial assistance for health insurance, and that you needed to supply additional information by March 15, 2016, or any such financial assistance might end.

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).

Because there was no timely response to this notice, your child was terminated from his Medicaid Managed Care plan, effective March 31, 2016.

However, the record reflects that you receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the renewal notice, which directed you to update the information in your NYSOH account 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 renew your child's application.

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 credibly testified that you first learned your child did not have health insurance was when you took him to the hospital emergency room (ER). You also credibly testified that the ER staff told you that his Medicaid coverage had expired and the hospital social worker guided you through the application process while your son was in the hospital.

You first renewed your child's eligibility for financial assistance through NYSOH for the new coverage year on April 8, 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 April 9, 2016 notice of eligibility redetermination is MODIFIED to state that, effective April 1, 2016, your child is eligible to enroll in Child Health Plus with a \$0.00 premium (free) per month, and the April 13, 2016 notice of enrollment confirmation is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective April 1, 2016.

Decision

The April 9, 2016 notice of eligibility redetermination is MODIFIED to state that, effective April 1, 2016, your child is eligible to enroll in Child Health Plus with a \$0.00 premium (free) per month.

The April 13, 2016 notice of enrollment confirmation is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective April 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes listed above.

Effective Date of this Decision: October 20, 2016

How this Decision Affects Your Eligibility

Your child's eligibility for and enrollment in their Child Health Plus plan should have been effective as of April 1, 2016.

Your case is being sent back to NYSOH to enroll your child into his Child Health Plus plan as of April 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 April 9, 2016 notice of eligibility redetermination is MODIFIED to state that, effective April 1, 2016, your child is eligible to enroll in Child Health Plus with a \$0.00 premium (free) per month each.

The April 13, 2016 notice of enrollment confirmation is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective April 1, 2016.

Your case is being sent back to NYSOH to enroll your child into his Child Health Plus plan as of April 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:

