



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

Notice of Decision

Decision Date: December 19, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008997

[REDACTED]

Dear [REDACTED],

On October 31, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's February 18, 2016 disenrollment, March 13, 2016 enrollment and April 19, 2016 cancellation notices.

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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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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 New York State of Health (NYSOH) properly disenroll your child from their Medicaid Managed Care (MMC) plan effective February 29, 2016?

Did NYSOH properly determine that your child's Child Health Plus plan should have a plan enrollment start date of April 1, 2016?

Was your child's enrollment in their Child Health Plus plan properly cancelled effective April 1, 2016, because of nonpayment of premiums?

Procedural History

On March 16, 2015, a financial assistance application was completed for your child through NYSOH.

On March 17, 2015, NYSOH issued an eligibility determination notice, in relevant part, that your child was conditionally eligible for Medicaid effective as of March 1, 2015. The notice directed you to submit documentation to confirm your child's citizenship status and Social Security number before June 14, 2015.

Also on March 17, 2015, NYSOH issued an enrollment notice confirming that as of March 16, 2015, your child was enrolled in a MMC plan, through HealthPlus, effective March 1, 2015.

On January 15, 2016, NYSOH issued a notice that it was time to renew your child's health insurance. That notice stated, that based on information from federal and state sources, NYSOH could not make a decision about whether

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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 the financial assistance you were receiving may end.

On February 17, 2016, NYSOH issued an eligibility determination notice stating your child did not qualify to enroll through NYSOH because: (1) their Social Security number could not be validated; (2) their citizenship status was not verified; and (3) you did not respond to the renewal notice and complete the renewal within the required timeframe.

On February 18, 2016, NYSOH issued a disenrollment notice stating that your child's MMC plan ended February 29, 2016.

On March 12, 2016, your NYSOH account was updated.

On March 13, 2016, NYSOH issued an eligibility determination notice, in relevant part, that your child was eligible to enroll in Child Health Plus, for a cost of \$15.00 per month, effective as of April 1, 2016.

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

On April 19, 2016, NYSOH issued a cancellation notice stating that your child's insurance, with Emblem Health, had been terminated effective April 1, 2016, because a premium payment had not been received by Emblem Health. The notice directed you to contact your plan directly if you believe that you made your premium payment.

Also on April 19, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your child not being enrolled in health insurance for the months of March 2016 and April 2016.

On October 31, 2016 you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. Testimony was taken during the hearing. The record was left open to allow: (1) you to submit outstanding medical bills to NYSOH's Appeals Unit, and (2) the Hearing Officer to request the recordings of the conversations you had with NYSOH's customer service.

On October 31, 2016, you faxed five-pages of documentation to NYSOH Appeals Unit. That documentation has been marked as "Appellant Exhibit A" and incorporated into the record.

On November 4, 2016, the Hearing Officer requested the recordings of your March 12, 2016 and April 19, 2016 telephone conversations with NYSOH's customer service.

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On November 8, 2016, NYSOH Appeals Unit received those recordings from NYSOH. The March 12, 2016 recording has been entered into the record as "Appellant Exhibit B," and the April 19, 2016 recording as "Appellant Exhibit C." The record is now complete and closed.

Findings of Fact:

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

- 1) You testified that you are seeking health insurance coverage for your child for the months of March 2016 and April 2016.
- 2) According to your account and testimony, your child was born on [REDACTED].
- 3) According to your NYSOH account, your child was added to your NYSOH account and a financial assistance application was submitted for your child on March 16, 2015.
- 4) According to your NYSOH account, all changes to your account on March 16, 2015, were done by username [REDACTED].
- 5) According to your NYSOH account, your residential address was updated to [REDACTED] on March 16, 2015.
- 6) According to your NYSOH account and testimony, your child was found eligible for Medicaid effective March 1, 2015.
- 7) According to your NYSOH account, you receive notices from NYSOH via regular mail.
- 8) According to your NYSOH account, [REDACTED] was listed as your mailing address from July 10, 2014 until April 19, 2016.
- 9) According to your NYYSOH account, no notices sent to you at [REDACTED] were returned as undeliverable.
- 10) You testified that you did receive a renewal notice from NYSOH to ensure that your child's coverage would not be interrupted.
- 11) You testified you found out that your child's health insurance had been discontinued when getting your child immunization shots in March 2016.
- 12) According to your NYSOH account, you updated your child's application on March 12, 2016.

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- 13) On March 12, 2016, you stated to the NYSOH representative that your residential and mailing address was "[REDACTED]" (Appellant Exhibit B).
- 14) On March 12, 2016, you were told by the NYSOH representative that the Child Health Plus plan would send you the first month's premium statement in the mail (Appellant Exhibit B).
- 15) According to your NYSOH account, your child was enrolled in a Child Health Plus on March 12, 2016, with a plan enrollment start date of April 1, 2016.
- 16) You testified that you found that your child's Child Health Plus coverage had been cancelled when you received outstanding medical bills from the doctor's office in April 2016.
- 17) You testified you contacted NYSOH in April 2016 and was notified that your child's plan was cancelled for nonpayment of premiums. NYSOH referred you to the health plan.
- 18) You testified you contacted the health plan in April 2016 and was told that your child's premium statement was sent to the "PO Box" based on the information that was sent to the health plan by NYSOH.
- 19) On October 31, 2016, you faxed outstanding medical bills to NYSOH Appeals Unit. You faxed bills from:
 - (a) [REDACTED], for the balance of \$300.00, for the services provided on March 10, 2016;
 - (b) [REDACTED], for the balance of \$224.24, for the services provided on March 20, 2016 and May 11, 2016;
 - (c) [REDACTED], for the balance \$1,633.49, for the services provided on May 31, 2016;
 - (d) [REDACTED], for the balance of \$826.40, for the services provided on March 10, 2016 (Appellant Exhibit A pgs. 2-5).

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

Applicable Law and Regulations

Renewal

In general, NYSOH must review Medicaid and Child Health Plus eligibility once every twelve months or "whenever it receives information about a change in a

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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), 42 CFR § 457.343).

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, the NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

Child Health Plus

"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).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination (45 CFR § 155.505); and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

The first issue under review is whether NYSOH properly disenrolled your child from their MMC health plan effective February 29, 2016.

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The record reflects that your child was found eligible for Medicaid and enrolled in a MMC plan in 2015, effective March 1, 2015.

Generally, NYSOH must redetermine a qualified individual'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. NYSOH's January 15, 2016 renewal notice stated that a decision could not be made about whether 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 the financial assistance you were receiving may end.

You testified that you did not receive the renewal notice informing you that your child's application needed to be updated because it was sent to the wrong mailing address.

The record reflects that the renewal notice was sent to "[REDACTED]", "[REDACTED]". According to your NYSOH account, your residential address was updated to "[REDACTED]" on March 16, 2015 by username "[REDACTED]" and your mailing address was not updated on that date. Furthermore, there were no updates to your account until March 12, 2016.

The record indicates that the renewal notice was issued to the mailing address that was listed in your NYSOH account at the time the renewal notice was issued, and there is no indication that the notice was returned to NYSOH as undeliverable.

Because there was no timely response to the renewal notice, your child was properly disenrolled from their health insurance coverage effective February 29, 2016.

The February 18, 2016, disenrollment notice stating that your child's MMC plan ended February 29, 2016 is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's Child Health Plus plan should have a plan enrollment start date of April 1, 2016

On March 12, 2016 you updated the information in your child's account and enrolled them in a Child Health Plus plan.

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.

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On March 12, 2016, you selected your child's plan, so it must take effect on the first day of the following month after March 2016; that is, on April 1, 2016.

Therefore, the March 13, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is April 1, 2016 is AFFIRMED.

The third issue under review is whether your child's Child Health Plus plan was properly cancelled because of non-payment of premiums.

On April 19, 2016, NYSOH issued a cancellation notice stating that your child's Child Health Plus plan was cancelled effective April 1, 2016 because the health insurance premium payment had not been received by Emblem Health.

The record reflects that on March 12, 2016, you told the NYSOH representative that your residential and mailing address was "[REDACTED]." Furthermore, the NYSOH representative stated that the Child Health Plus plan would send you the first month's premium statement in the mail. You never received a monthly premium statement from the health plan.

You contacted NYSOH after receiving unpaid medical bills for your child. NYSOH stated that your child's plan was cancelled for nonpayment of premiums and referred you to the health plan. The health plan stated that the monthly premium statement was sent to [REDACTED] based on the information that was sent to the health plan by NYSOH.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not you were properly terminated from your health plan for non-payment of premiums. Therefore, your appeal of the April 19, 2016 cancellation notice for nonpayment of premiums is DISMISSED as a non-appealable issue.

However, it is clear from the record that you provided NYSOH with the proper mailing address as of March 12, 2016. Therefore, we are RETURNING your case to NYSOH's Plan Management Unit to further investigate.

Decision

The February 18, 2016 disenrollment notice stating that your child's MMC plan ended February 29, 2016 is AFFIRMED.

The March 13, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is April 1, 2016 is AFFIRMED.

Your appeal of the April 19, 2016 cancellation notice is DISMISSED.

Your case is RETURNED to NYSOH's Plan Management Unit to investigate the cancellation of your child's plan effective April 1, 2016.

Effective Date of this Decision: December 19, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility for or enrollment in health insurance coverage.

This decision does not review whether or not your child's health plan was properly cancelled as of April 1, 2016 for nonpayment of premiums.

Your case has been returned to NYSOH's Plan Management Unit to investigate the cancellation of your child's plan effective 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 after the date 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 date 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

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- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The February 18, 2016, disenrollment notice stating that your child's MMC ended February 29, 2016 is AFFIRMED.

The March 13, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is April 1, 2016 is AFFIRMED.

Your appeal of the April 19, 2016 cancellation notice is DISMISSED.

This decision does not change your child's eligibility for or enrollment in health insurance coverage.

This decision does not review whether or not your child's health plan was properly cancelled as of April 1, 2016 for nonpayment of premiums.

Your case is RETURNED to NYSOH's Plan Management Unit to investigate the cancellation of your child's plan effective April 1, 2016.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

