



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

Notice of Decision

Decision Date: November 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009170

[REDACTED]

Dear [REDACTED]

On November 7, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 2016 eligibility determination and enrollment confirmation 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 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 (CFR) § 155.545.

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NY State of Health Account ID: [REDACTED]
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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 your child's eligibility for, and enrollment in, coverage through Child Health Plus (CHP) was effective May 1, 2016?

Procedural History

On April 24, 2015, NYSOH issued a notice of eligibility determination stating that you and your daughter were eligible for Medicaid, effective April 1, 2015. Subsequently you were both enrolled into a Medicaid Managed Care plan.

On February 16, 2016, NYSOH issued a notice that it was time to renew your child's health insurance for 2016. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account by March 15, 2016, or your child might lose the financial assistance she was currently receiving.

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

On March 17, 2016, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your child also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your child's

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renewal within the required time frame. Your child's eligibility would end March 31, 2016.

Also on March 17, 2016, NYSOH issued a notice of disenrollment, stating that your coverage and your daughter's coverage in your Medicaid Managed Care plan was terminated as of March 31, 2016.

On March 23, 2016, you updated your NYSOH account.

On March 24, 2016, NYSOH issued a notice of eligibility determination, based on your March 23, 2016 application, stating that your child was conditionally eligible to enroll in CHP at no cost, effective May 1, 2016.

Also on March 24, 2016, NYSOH issued a notice of enrollment, based on your plan selection on March 23, 2016, stating that your child was enrolled in a CHP plan, and that her enrollment in the plan would start May 1, 2016.

On April 25, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as it did not begin April 1, 2016.

On November 7, 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 that you were appealing only your child's eligibility and plan start date.
- 2) You testified, and your account reflects, that you receive all of your notices from NYSOH by regular mail.
- 3) You testified that you do not recall receiving any notices telling you that you needed to update your application in order to renew your child's insurance coverage.
- 4) You testified that you did not receive the March 17, 2016 notices regarding the termination of your child's coverage.
- 5) You testified that you are not sure when it was that you realized your child's coverage had ended, but that it may have been when a medical bill was declined for payment.

- 6) You testified that you contacted NYSOH as soon as you realized your child's coverage was ending.
- 7) The record reflects that on March 23, 2016, NYSOH received your updated application for health insurance.
- 8) The record reflects that you selected a CHP plan for your child on March 23, 2016, and that her enrollment was effective on May 1, 2016.
- 9) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 10) You testified that your child did need medical services in April 2016, but that those services were covered by a secondary insurance through her school.
- 11) You testified that you are looking for your child's coverage to begin as of April 1, 2016 so that there is no gap in her coverage.

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)).

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 provided by the individual (45 CFR § 155.335(h)).

Child Health Plus

The “period of eligibility” for CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The issue is whether NYSOH properly determined that your child’s eligibility for and enrollment in her CHP plan was effective May 1, 2016.

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

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 February 16, 2016 renewal notice stated that there was not enough information to determine whether your child was eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by March 15, 2016, or her financial assistance might end.

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

You credibly testified that you cannot recall receiving any notice from NYSOH telling you that you needed to update the information in your NYSOH account.

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You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. You testified that your mailing address was [REDACTED] in February 2016, when the renewal notice was issued to that address. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

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 child's enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on March 23, 2016 you updated the information in your NYSOH account and submitted a request to enroll in a CHP plan.

The date on which a CHP 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 from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

The record reflects that you selected a CHP plan on March 23, 2016, which means that the plan went into effect on the first day of the second following month: May 1, 2016.

Therefore, the March 24, 2016 eligibility determination and enrollment confirmation notices stating that your child's eligibility for and enrollment in her CHP plan was effective May 1, 2016, is correct, and must be AFFIRMED.

Decision

The March 24, 2016 eligibility determination is AFFIRMED.

The March 24, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 14, 2016

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's CHP plan was May 1, 2016.

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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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- By fax: 1-855-900-5557

Summary

The March 24, 2016 eligibility determination is AFFIRMED.

The March 24, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's CHP plan was May 1, 2016.

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A Copy of this Decision Has Been Provided To:

