



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

Notice of Decision

Decision Date: January 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010491

[REDACTED]

Dear [REDACTED],

On January 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 24, 2016 enrollment 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 number 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010491

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NYSOH properly determine that your child's enrollment in her Child Health Plus plan was effective no earlier than August 1, 2016?

Procedural History

On February 22, 2014, NYSOH issued a notice confirming your election to receive all notifications from NYSOH electronically.

As of April 24, 2015, your child was found no longer eligible for Medicaid; however, her coverage would continue until March 31, 2016. She was enrolled in a Medicaid Managed Care (MMC) plan with Hudson Health Plan beginning June 1, 2015.

On February 9, 2016, NYSOH issued a notice that it was time to renew your child's health insurance. That notice stated that based on information from state and federal sources as of February 3, 2016, your child was found eligible for coverage through Child Health Plus (CHP), effective April 1, 2016. You were advised to select a CHP plan for your child's coverage between February 16, 2016 and March 15, 2016 for the next year of her coverage.

No update to your account was received by March 15, 2016.

On March 16, 2016, NYSOH issued a disenrollment notice stating that your child's MMC plan coverage would end effective March 31, 2016.

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On June 23, 2016, the NYSOH received an update to your application.

On June 24, 2016, NYSOH issued an eligibility determination notice based on the information contained in the June 23, 2016 application. The notice stated that your child was eligible for CHP at \$0.00 per month, effective August 1, 2016.

Also on June 24, 2016, NYSOH issued an enrollment notice confirming your selection of a CHP plan for your child's coverage as of June 23, 2016. The notice also confirmed that the start date of her coverage under this plan was August 1, 2016. You spoke to NYSOH's Account Review Unit and appealed the March 16, 2016 disenrollment notice insofar as it terminated your child's MMC plan coverage as of March 31, 2016, and appealed the June 24, 2016 eligibility and enrollment notices insofar as they began her CHP coverage no earlier than August 1, 2016.

On January 5, 2017, you had a telephone hearing with a Hearing Officer from the 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, and NYSOH's records confirm, that you had originally requested that all notices be sent to you by NYSOH electronically when you initiated your NYSOH account on February 21, 2014.
- 2) You testified that you did not receive any electronic alerts regarding any renewal notice in your NYSOH account telling you that you needed to update your application in order to select your child's CHP plan for the new year of her coverage.
- 3) You testified that you first became aware that your daughter was disenrolled from her MMC plan coverage when your daughter's pediatrician stated that she was no longer coverage by the MMC plan. As a result you incurred approximately \$935.00 in out-of-pocket medical expenses for [REDACTED] and [REDACTED].
- 4) You testified, and the record reflects, that you updated the information in your NYSOH Account on June 23, 2016.

- 5) You testified that you are seeking that your daughter be enrolled in her CHP plan as of April 1, 2016 or, in the alternative, to have her MMC plan coverage extended from March 31, 2016 to July 31, 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 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)).

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)).

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)).

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“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 is whether NYSOH properly determined that your child’s enrollment in her Child Health Plus plan was effective no earlier than August 1, 2016.

Your daughter was enrolled in an MMC plan coverage beginning June 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve months 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. NYSOH’s February 9, 2016 renewal notice stated that based on information from state and federal sources as of February 3, 2016, your child was found eligible for coverage through Child Health Plus (CHP), effective April 1, 2016. You were advised to select a CHP plan for your child’s coverage between February 16, 2016 and March 15, 2016 for the next year of her coverage.

Because there was no timely response to this notice, your child was terminated from her MMC plan coverage, effective March 31, 2016, and not enrolled in a CHP plan for coverage beginning April 1, 2016.

However, you testified and the record reflects that you elected to 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. There is no evidence in your account documenting that any email alert was sent to you regarding the renewal notice or the need to renew your application, or that any notice was sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account to select a CHP plan to avoid a gap in coverage.

You first renewed your eligibility for financial assistance and selected a CHP plan for your daughter through NYSOH for 2016 on June 23, 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 to select CHP plan for your child's coverage, as stated in the renewal notice.

Therefore, the June 24, 2016 enrollment notice is MODIFIED to state that your child's enrollment in her CHP plan was effective April 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes to your account noted above.

Decision

The June 24, 2016 enrollment notice is MODIFIED to state that your child's enrollment in her CHP plan was effective April 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes to your account noted above.

Effective Date of this Decision: January 25, 2017

How this Decision Affects Your Eligibility

Your child's MMC plan coverage ended effective March 31, 2016.

Your child's CHP plan coverage begins 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.

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

Summary

The June 24, 2016 enrollment notice is MODIFIED to state that your child's enrollment in her CHP plan was effective April 1, 2016.

Your child's MMC plan coverage ended effective March 31, 2016.

Your child's CHP plan coverage begins effective 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:

