

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

#### **Notice of Decision**

Decision Date: January 13, 2017

NY State of Health Account ID: Appeal Identification Number: AP00000010894



On December 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 16, 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 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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#### Issue

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

Did New York State of Health (NYSOH) properly determine that your child's Child Health Plus plan should have a plan enrollment start date of August 1, 2016?

### **Procedural History**

On June 4, 2015, NYSOH issued an eligibility determination notice that your child was eligible to enroll in Child Health Plus, for a cost of \$45.00 per month, effective as of July 1, 2015.

Also on June 4, 2015, NYSOH issued an enrollment notice confirming that as of June 3, 2015, your child was enrolled in a Child Health Plus plan effective July 1, 2015.

On May 2, 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 your child would qualify for financial help paying for their health coverage, and you must return to your account between May 16, 2016 and June 15, 2016 and complete the renewal. Furthermore, if you did not update your account by June 15, 2016, the financial assistance you were receiving may end.

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

On June 17, 2016, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus, or to receive tax

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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 the renewal within the required time frame. Your child's eligibility ended June 30, 2016.

On June 17, 2016, NYSOH issued a disenrollment notice stating that your child's Child Health Plus plan ended June 30, 2016.

On July 15, 2016 your NYSOH account was updated.

On July 16, 2016, NYSOH issued an eligibility determination notice that your child was eligible to enroll in Child Health Plus, for a cost of \$45.00 per month, effective as of August 1, 2016.

On July 16, 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 August 1, 2016.

On July 18, 2016, you spoke to NYSOH's Account Review Unit and appealed the plan enrollment start date of your child's Child Health Plus plan.

On December 15, 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:

- According to your NYSOH account and testimony, you receive all of your notices from NYSOH by regular mail.
- 2) According to your NYSOH account, a renewal notice was issued to the mailing address listed in your account on May 2, 2016
- 3) No notices sent to the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your child's Child Health Plus coverage.
- 5) The record reflects that on July 15, 2016, NYSOH received your updated application for health insurance.

- 6) You testified you were receiving telephone calls from an organization telling you that your renewal needed to be completed by July 31, 2016.
- 7) According to your NYSOH account, you selected your child's Child Health Plus plan on July 15, 2016, with a plan enrollment start date of August 1, 2016.
- 8) You testified that you want your child's Child Health Plus plan to begin on July 1, 2016 to cover the outstanding medical bills that were incurred in July 2016.

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 Child Health Plus 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), 42 CFR § 457.343).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage arid 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

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

The record reflects that your child was found eligible for Child Health Plus and enrolled in a Child Health Plus plan in 2015, effective July 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Child Health Plus 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 May 2, 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 June 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.

The record indicates that the renewal notice was issued to the mailing address that was listed in your NYSOH account, 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 June 30, 2016.

On July 15, 2016 you updated the information in your child's account and reenrolled 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.

Since you selected your child's plan on July 15, 2016, the plan enrollment start date must be on the first day of the following month after July 2016; that is, on August 1, 2016.

Therefore, the July 16, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is August 1, 2016 is AFFIRMED.

#### **Decision**

The July 16, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is August 1, 2016 is AFFIRMED.

Effective Date of this Decision: January 13, 2017

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

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

Your child's Child Health Plus plan enrollment start date was August 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:

NY State of Health Appeals P.O. Box 11729 Albany, NY 12211

• By fax: 1-855-900-5557

# Summary

The July 16, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is August 1, 2016 is AFFIRMED.

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

Your child's Child Health Plus plan enrollment start date was August 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:

