



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

## Notice of Decision

Decision Date: September 13, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011006

[REDACTED]

Dear [REDACTED],

On August 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 23, 2016 eligibility determination.

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.

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: September 13, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011006



## Issue

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

Did the NY State of Health (NYSOH) properly determine that your children's enrollment in their Child Health Plus plan was effective September 1, 2016?

## Procedural History

On June 2, 2016, NYSOH issued a notice that it was time to renew your children's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your household members would qualify for financial help paying for their health coverage, and that you needed to update your account by July 15, 2016 or your household members might lose the financial assistance they were currently receiving.

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

On July 17, 2016, NYSOH issued an eligibility redetermination notice stating that your children were not qualified to enroll in health coverage through NYSOH. The notice further stated that your children were not eligible for Medicaid, CHP, the Essential Plan, or to receive premium tax credits or to purchase a qualified health plan. This was because you had not responded to the renewal notice and had not completed the renewal within the required timeframe. The children's eligibility would end effective July 31, 2016.

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Also on July 17, 2016, NYSOH issued a disenrollment notice stating that all three of your children's health plan coverage would end effective July 31, 2016.

Also on July 17, 2016 NYSOH issued a notice of eligibility determination, stating that one of your children was eligible to enroll in Child Health Plus with a \$0.00 monthly premium, effective August 1, 2016.

Also on July 17, 2016, NYSOH issued an enrollment confirmation notice stating that one of your children was enrolled in a Child Health Plus plan with a plan enrollment start date of August 1, 2016.

On July 22, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that all your children were eligible to enroll in Child Health Plus effective September 1, 2016.

Also on July 22, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your twin infant children's Child Health Plus plan insofar as it did not begin August 1, 2016.

On July 23, 2016, NY State of Health issued a notice of eligibility redetermination, based on the July 22, 2016 application, stating that all of your children were eligible to enroll in Child Health Plus with a \$45.00 per month premium, effective September 1, 2016.

Also on July 23, 2016, NYSOH issued an enrollment confirmation notice stating that all of your children were enrolled in a Child Health Plus plan with a plan enrollment start date of August 1, 2016. Your premium for the Child Health Plus plan for your children was \$45.00 per month.

On August 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:

- 1) You testified that you are appealing only your twin infant children's eligibility.
- 2) The record reflects that you receive all of your notices from NYSOH by regular mail.

- 3) According to NYSOH's system and your testimony, there were two different NYSOH accounts set up under your name. You testified that you had moved and provided NYSOH with the updated / current address.
- 4) You testified that you did not receive the June 2, 2016 notice telling you that you needed to update your application in order to renew your household's coverage.
- 5) According to your NYSOH account, the June 2, 2016 notice to renew was sent to the old address.
- 6) You further testified that had you received the June 2, 2016 renewal notice, you would not have disregarded it and would have updated your NYSOH application within the required timeframe to recertify your children's eligibility for financial assistance.
- 7) You testified and that, on July 22, 2016, you received an automated call from NYSOH asking that you contact them.
- 8) According to your NYSOH account and your testimony, you did contact NYSOH on July 22, 2016 and updated your account. On that date, you selected Child Health Plus plans for all your three children.
- 9) You credibly testified that during the July 22, 2016 telephone contact with NYSOH, the representative confirmed that they mistakenly sent the renewal notice to the incorrect address.
- 10) You testified that you need your twin children's Child Health Plus plan to begin on August 1, 2016 because they had doctor's visits during the month of August.

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)).

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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 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 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 twin infant children's enrollment in their Child Health Plus plan was effective September 1, 2016.

Your twin infant children were originally found eligible for Medicaid effective January 1, 2015. NYSOH continued their Medicaid coverage through July 31, 2016.

Generally, NYSOH must redetermine a qualified child's eligibility for health coverage once every 12 months without requiring information from the individual, 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).

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 June 2, 2016 renewal notice stated that there was not enough information to determine whether your children were eligible to continue to receive financial assistance for health insurance, and that you needed to supply additional information before July 15, 2016, or any such financial assistance might end.

Because there was no timely response to this notice, your infant twin children were terminated from their Medicaid Managed Care plan, effective July 31, 2016. However, you credibly testified that you did not receive the June 2, 2016 notice from NYSOH that it was time to renew before July 15, 2016 or their financial assistance might end.

You testified and the record reflects that you elected to receive notices from NYSOH via standard mail. You credibly testified that you moved and provided NYSOH with the new updated mailing address. The record reflects that NYSOH sent the renewal notice to the old address. You credibly testified that you did not receive the June 2, 2016 renewal notice in the mail that directed you to update the information in your NYSOH account on behalf of your children. You testified you would certainly have responded had you received that notice via standard mail. You credibly testified that when you contacted NYSOH on July 22, 2016, the representative admitted the renewal notice was sent to the old address.

Therefore, it is concluded that NYSOH did not give you timely and proper notice that you needed to update your account on your children's behalf.

You renewed your children's eligibility for financial assistance on July 22, 2016. The record reflects that there were no changes in your household size or income and other information in your account remained the same as it was before the July 15, 2016 deadline.

Therefore, the July 23, 2016 eligibility redetermination notice is MODIFIED to state that, effective August 1, 2016, your children were eligible to enroll in Child Health Plus at a premium rate of \$15.00 per month each. Further the July 23, 2016 enrollment confirmation notice is AFFIRMED insofar as it states that your children's enrollment in their Child Health Plus plan is effective August 1, 2016.

You will be responsible for the full cost of premiums dues for the month of August 2016.

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

## **Decision**

The July 23, 2016 eligibility redetermination notice is MODIFIED to state that, effective August 1, 2016, your children are eligible to enroll in Child Health Plus at a premium rate of \$15.00 per month for each child.

The July 23, 2016 enrollment confirmation notice is AFFIRMED insofar as it states that your children's enrollment in their Child Health Plus plan is effective August 1, 2016 at a premium rate of \$45.00 per month.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

**Effective Date of this Decision:** September 13, 2016

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

All three of your children's eligibility for and enrollment in their Child Health Plus plan is being made effective as of August 1, 2016.

Your case is being sent back to NYSOH to enroll your twin children into their Child Health Plus plan as of August 1, 2016, along with their older sibling.

You will be responsible for the full cost of any premiums due for August 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)).

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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 July 23, 2016 eligibility redetermination notice is MODIFIED to state that, effective August 1, 2016, your children are eligible to enroll in Child Health Plus at a premium rate of \$15.00 per month each.

The July 23, 2016 enrollment confirmation notice is AFFIRMED that your children's enrollment in their Child Health Plus plan is effective August 1, 2016 at a premium rate of \$45.00 per month.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

All three of your children's eligibility for and enrollment in their Child Health Plus plan is being made effective as of August 1, 2016.

Your case is being sent back to NYSOH to enroll your twin children into their Child Health Plus plan as of August 1, 2016, along with their older sibling.

You will be responsible for the full cost of any premiums due for August 2016.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

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**A Copy of this Decision Has Been Provided To:**

