



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

## Notice of Decision

Decision Date: January 4, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011327

[REDACTED]

[REDACTED]

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 15, 2016 eligibility determination notice and July 26, 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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## Decision

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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 NY State of Health (NYSOH) properly determine that your daughter's Medicaid coverage ended as of July 31, 2016?

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

## Procedural History

On August 6, 2015, NYSOH issued an eligibility determination notice stating that your daughter remained eligible for Medicaid, effective August 1, 2015.

On June 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 your child would qualify for financial help paying for your health coverage, and that you needed to update your account by July 15, 2016 or your child might lose the financial assistance she was currently receiving.

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

On July 17, 2016, NYSOH issued a notice stating that your daughter was now newly conditionally eligible to purchase a qualified health plan at full cost. This was because you had not responded to the renewal notice and that your child was therefore no longer eligible for financial assistance.

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).

On July 17, 2016, NYSOH issued a disenrollment notice stating that your child's Medicaid Fee-For-Service coverage would end effective July 31, 2016.

On July 25, 2016, NYSOH received an update to your application.

On July 26, 2016, NYSOH issued an eligibility determination notice based on the information contained in the July 25, 2016 application. The notice stated that your daughter was eligible to enroll in CHP for a cost of \$9.00 per month. This eligibility determination was effective September 1, 2016.

Also on July 26, 2016, NYSOH issued an enrollment notice confirming your selection of a CHP plan for your child's enrollment as of July 25, 2016. The notice also confirmed that the start date of her coverage under this plan was September 1, 2016.

On August 8, 2016 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as your child's Medicaid coverage ended as of July 31, 2016 and her CHP plan coverage began no earlier than September 1, 2016.

On December 29, 2016, 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 the record reflects, that you requested to receive all of your notices from NYSOH by regular mail.
- 2) You testified that while you had not received the renewal notice issued by NYSOH on June 15, 2016, you recalled receiving many notices from NYSOH via regular mail.
- 3) You testified that you first became aware that your child was disenrolled from Medicaid when you received the disenrollment notice issued by NYSOH on July 17, 2016.
- 4) You testified, and the record reflects, that you updated the information in your NYSOH Account on July 25, 2016.

- 5) You testified that you are seeking that your daughter be enrolled in her CHP plan with August 1, 2016 or, in the alternative, to have her Medicaid coverage extended from July 31, 2016 to August 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)).

### 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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

The first issue is whether NYSOH properly determined that the Medicaid coverage of your child ended as of July 31, 2016.

Your child was enrolled in Medicaid coverage with beginning August 1, 2015.

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 June 15, 2016 renewal notice stated that there was not enough information to determine whether your child was eligible for financial assistance for health insurance coverage going forward, and that you needed to supply additional information by July 15, 2016 or your child's financial assistance might end.

Because there was no timely response to this notice, your child was terminated from her Medicaid coverage, effective July 31, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. 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 enrollment in your health plan and eligibility for financial assistance would continue.

Therefore, the July 17, 2016 eligibility determination notice stating that your child was no longer eligible Medicaid coverage since you did not respond to the renewal notice is correct, and is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your child's enrollment in her CHP plan was effective no earlier than September 1, 2016.

You testified, and the record reflects, that upon learning that your daughter's Medicaid coverage had been terminated, you updated your application on July 25, 2016. In response to this updated application, NYSOH found your child eligible for coverage through CHP at \$9.00 per month, effective September 1, 2016.

The record reflects that you selected a CHP plan for your child's enrollment on July 25, 2016.

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 from the first day to and including the 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 until the end of the month goes into effect on the first day of the second following month.

Therefore, NYSOH's July 26, 2016 enrollment notice is AFFIRMED because it properly began your child's CHP enrollment on September 1, 2016.

## **Decision**

The July 17, 2016 eligibility determination notice is AFFIRMED.

The July 26, 2016 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 4, 2017

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

Your child's eligibility remains unchanged.

Your daughter's Medicaid coverage ended July 31, 2016.

Your daughter's CHP plan coverage began as of September 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

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).

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

### **Summary**

The July 17, 2016 eligibility determination notice is AFFIRMED.

The July 26, 2016 enrollment notice is AFFIRMED.

Your child's eligibility remains unchanged.

Your child's Medicaid coverage ended July 31, 2016.

Your child's CHP plan coverage began as of September 1, 2016.

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## **Legal Authority**

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

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

