



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

Notice of Decision

Decision Date: February 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011603

[REDACTED]

Dear [REDACTED],

On December 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's September 5, 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).

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

Decision Date: February 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011603



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 July 1, 2016?

Procedural History

On February 16, 2016, NYSOH issued a notice, in relevant part, 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 in the upcoming policy period, and you must return to your account and update your account by March 15, 2016 or the financial assistance your child was receiving may end.

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

On March 17, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, 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 the renewal within the required time frame.

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On March 17, 2016, NYSOH issued a disenrollment notice stating, in relevant part, that your child's Health insurance coverage ended March 31, 2016.

On May 19, 2016, your NYSOH account was updated. NYSOH rendered a preliminary eligibility determination finding, in relevant part, that your child was eligible to enroll in a Child Health Plus plan, with a \$9.00 premium per month. Furthermore, in order for your child's application to be approved you must submit documents to confirm that the information you provided in your application is accurate. If you do not submit documentation within the required time frame, NYSOH will determine your eligibility based on their available records.

On August 5, 2016, NYSOH issued an eligibility redetermination notice stating, in relevant part, that your child was newly eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2016. Your child was determined no longer eligible for Child Health Plus because NYSOH could not verify the income listed in your application.

On August 9, 2016, NYSOH rendered a preliminary eligibility determination finding, in relevant part, that your child was eligible to enroll in a Child Health Plus plan, with a \$9.00 premium per month. Furthermore, in order for your child's application to be approved you must submit documents to confirm that the information you provided in your application is accurate. If you do not submit documentation within the required time frame, NYSOH will determine your eligibility based on their available records.

On August 22, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you disagreed with the plan enrollment start date of your child's Child Health Plus plan.

On August 22, 2016 your NYSOH account was updated. NYSOH rendered another preliminary eligibility determination finding, in relevant part, that your child was eligible to enroll in a Child Health Plus plan, with a \$9.00 premium per month. Furthermore, in order for your child's application to be approved you must submit documents to confirm that the information you provided in your application is accurate. If you do not submit documentation within the required time frame, NYSOH will determine your eligibility based on our available records.

On August 31, 2016, you faxed employment and income documentation to NYSOH (see Document [REDACTED]).

On September 5, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Child Health Plus, with a monthly premium of \$9.00 per month, for a limited time, effective as of October 1, 2016. The notice directed you to provide proof of income by October 21, 2016 to confirm your child's eligibility.

On September 5, 2016, NYSOH issued an enrollment notice stating, in relevant part, that your child was enrolled in a Child Health Plus plan, with a plan enrollment start of July 1, 2016.

On December 22, 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 supports the following findings of fact:

- 1) According to your NYSOH account, 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 February 16, 2016 (see Document [REDACTED]).
- 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 health insurance coverage.
- 5) According to your NYSOH account, your child's Medicaid Managed Care plan end on March 31, 2016.
- 6) You testified you first became aware that your child's health insurance had been discontinued in May 2016 when you contacted NYSOH to update your address in your account.
- 7) Your NYSOH account reflects that, on May 19, 2016, NYSOH received your child's updated application for health insurance.
- 8) You testified that due to technical problems with your account, your child's eligibility could not be redetermined and she could not be enrolled in a health plan in May 2016.
- 9) Incident tracking # [REDACTED] in the "Appeal Summary" of the Evidence Packet (see Document [REDACTED]) was submitted on August 22, 2016. It states:

[Appellant] updated account on 05/19/2016 there was a defect that prevented [them] from completing application. When [the appellant] called in today (08/22/2016) [they were] able to complete the application and enroll child into plan.

- 10) Incident tracking # [REDACTED] in the “Appeal Summary” of the Evidence Packet was submitted on August 22, 2016. A system defect prevented the appellant from completing their application or plan selection prior to the deadline. NYSOH requested that your child’s coverage be backdated to 07/01/2016.
- 11) According to your NYSOH account and your testimony, your child was enrolled in a Child Health Plus, through Healthfirst PHSP, Inc., with a plan enrollment start of July 1, 2016.
- 12) You testified that you are seeking to have your child’s Child Health Plus plan start on April 1, 2016.
- 13) You testified that you have outstanding medical bills because of the lapse in your child’s health insurance coverage. You incurred approximately \$1,200.00 in May 2016, and approximately \$1,000.00 for the months of June 2016 and October 2016.
- 14) You testified you contacted Healthfirst in November 2016 because you had not received a premium statement or a health insurance card for your child’s health insurance coverage. A Healthfirst representative notified you that their system indicated that your child was enrolled effective October 1, 2016, and that the coverage had been cancelled for nonpayment of health insurance premiums.
- 15) You testified you contacted NYSOH regarding the discontinuance of your child’s Child Health Plus plan for nonpayment of premiums. A NYSOH representative stated that your child’s coverage should have started July 1, 2016, and the matter would be looked into.

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 Medicaid and 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

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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 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, 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 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).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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 July 1, 2016.

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Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid or 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 February 16, 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 March 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. As such, it is deemed to have been sent to the proper address.

Because there was no timely response to the renewal notice, your child was properly disenrolled from their health insurance coverage effective March 31, 2016.

The record reflects that on May 19, 2016, you attempted to update your child's NYSOH account and enroll her in a health plan. However, due to a technical defect with your account, your child's eligibility could not be redetermined and she could not be enrolled in health insurance coverage on that date. That defect was resolved by NYSOH on August 22, 2016, and your child was determined eligible for Child Health Plus and enrolled in a Child Health Plus plan that same day.

NYSOH acknowledged that your child's eligibility and enrollment could not be processed on May 19, 2016 because of a system defect. Therefore, it was requested that your child's health plan be backdated to July 1, 2016. On September 5, 2016, NYSOH issued an enrollment notice confirming that your child was enrolled in a Child Health Plus plan effective July 1, 2016.

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 would have selected your child's plan on May 19, 2016, had there not been a system defect, the enrollment start date must be on the first day of the second month following May 19, 2016; that is, on July 1, 2016.

Therefore, the September 5, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date was July 1, 2016 is **AFFIRMED**.

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Subsequent to your appeal request, you contacted Healthfirst because you had not received a premium statement or a health insurance card for your child's health insurance coverage. You were notified by a health plan representative that their system reflected that your child's coverage did not begin until October 1, 2016. Furthermore, your child's coverage had been cancelled for nonpayment of premiums. You contacted NYSOH regarding the discrepancy in your child's enrollment start date and the cancellation of their coverage. The issue has not been resolved as of the date of the hearing.

NYSOH Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, therefore we cannot reach the merits as to whether or not you were properly terminated from your health plan for non-payment of premiums.

We are RETURNING your case to NYSOH's Plan Management Unit to further investigate the discrepancy in your child's enrollment start date and whether your child was properly cancelled for nonpayment of premiums.

Decision

The September 5, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is July 1, 2016 is AFFIRMED.

This case is RETURNED to NYSOH's Plan Management Unit to investigate the discrepancy in your child's enrollment start date with the health plan, and whether your child's coverage was properly discontinued for nonpayment of premiums.

Effective Date of this Decision: February 1, 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 July 1, 2016.

This case has been to NYSOH's Plan Management Unit to investigate the discrepancy in your child's enrollment start date with the health plan, and whether your child's coverage was properly discontinued for nonpayment of premiums.

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

Summary

The September 5, 2016 enrollment notice confirming that your child's Child Health Plus plan enrollment start date is July 1, 2016 is **AFFIRMED**.

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

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Your child's plan enrollment start date was July 1, 2016.

This case has been RETURNED to NYSOH's Plan Management Unit to investigate the discrepancy in your child's enrollment start date with the health plan, and whether your child's coverage was properly discontinued for nonpayment of premiums.

A Copy of this Decision Has Been Provided To:

