



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

## Notice of Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013547

[REDACTED]

Dear [REDACTED]

On February 16, 2017, you appeared by telephone at a hearing on your appeal of your child's NY State of Health's October 17, 2016 disenrollment notice and October 25, 2016, eligibility redetermination notice and enrollment confirmation notices.

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 Account ID at the top of this notice.

### Legal Authority

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).

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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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 child was terminated from her Medicaid Managed Care Plan, effective October 31, 2016?

Did NYSOH properly determine that your child's eligibility for and enrollment in her Child Health Plus plan was effective December 1, 2016?

## Procedural History

On June 10, 2015 NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid, effective June 1, 2015. She was enrolled into a Medicaid Managed Care plan, effective July 1, 2015.

On September 3, 2016, NYSOH issued a notice that it was time to renew your child's health insurance for 2016. 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 her health coverage, and that you needed to update your account between September 16, 2016 and October 15, 2016, or your child might lose the financial assistance she was currently receiving.

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

On October 17, 2016, NYSOH issued a disenrollment notice stating that your child is terminated from her Medicaid Managed Care plan, effective October 31, 2016.

On October 24, 2016, NYSOH received your updated application for your child's health insurance.

On October 25, 2016, NYSOH issued an eligibility redetermination notice stating that your child was eligible for Child Health Plus with a \$30.00 per month premium, effective December 1, 2016.

Also on October 25, 2016, NYSOH issued an enrollment confirmation notice stating that you had selected a Child Health Plus plan for your child and the effective start date of that coverage was December 1, 2016.

On November 28, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin November 1, 2016.

On February 16, 2017, 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) Your child was originally found eligible for Medicaid effective June 1, 2015.
- 2) According to your NYSOH account and your testimony, you receive all of your notices from NYSOH by regular mail.
- 3) You testified that you "do not recall" receiving any notices from NYSOH telling you that you needed to update the information in your child's NYSOH account to ensure that her coverage would not be interrupted. You thought that your child would be automatically reinstated in her coverage every year.
- 4) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 5) The record reflects that on October 24, 2016, NYSOH received your child's updated application for health insurance. You selected a health plan that day and her effective date of coverage was December 1, 2016.

- 6) You testified that you are seeking that your child be enrolled in her Child Health Plus plan as of November 1, 2016 because you had to bring her to urgent care at the end of November 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)).

### 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)).

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 re-determine 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

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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 under review is whether NYSOH properly terminated your child’s enrollment in her Medicaid Managed Care Plan, effective October 31, 2016.

Generally, NYSOH must re-determine a qualified child’s eligibility for Medicaid 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. Your child was originally found eligible for Medicaid effective June 1, 2015 and was subsequently enrolled into a Medicaid Managed Care plan on July 1, 2015.

Twelve months from June 1, 2015 was May 31, 2016, noting that the twelve-month period begins as of the date the person was found eligible for regular Medicaid coverage, not from the date the person was enrolled in a Medicaid Managed Care plan.

NYSOH’s September 3, 2016 renewal notice stated that it was time to renew your child’s health insurance for 2016. That notice stated that, based on information from federal and state data sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account between September 16, 2016 and October 15, 2016 or your child might lose the financial assistance she was currently receiving.

Since your child's 12 months of Medicaid eligibility ended as of May 31, 2016, but she remained covered through October 31, 2016, NYSOH actually granted your child 18 months of continuous coverage.

Therefore, the credible evidence of record reflects that NYSOH properly notified you of your child's renewal and that the information in your NYSOH account needed to be updated by October 15, 2016 in order to ensure your child's enrollment in a Child Health Plus plan effective November 1, 2016. Since you failed to update your child's account by that date, the disenrollment notice dated October 17, 2016 is correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's eligibility for and enrollment in her Child Health Plus plan was effective December 1, 2016.

According to your NYSOH account and your testimony, you elected to receive notifications via regular mail. You testified that you "do not recall" whether you received the September 3, 2016 renewal notice. You do, however, recall receiving your child's October 17, 2016 disenrollment notice in the mail.

Since there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable, it is concluded that NYSOH properly notified you of your child's renewal and that the information in your NYSOH account needed to be updated by October 15, 2016 in order to ensure your child's enrollment in a Child Health Plus plan effective November 1, 2016.

The record reflects you first updated your child's eligibility for health insurance through NYSOH for on October 24, 2016 and enrolled in a health plan that day.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. 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 a Child Health Plus plan for your child on October 24, 2016, it must take effect on the first day of the second month following October 2016; that is, on December 1, 2016.

Therefore, NYSOH's October 25, 2016 eligibility determination notice and enrollment confirmation notices are AFFIRMED because they properly began your child's eligibility for and enrollment in Child Health Plus on December 1, 2016.

## **Decision**

The October 17, 2016 disenrollment notice is AFFIRMED.

The October 25, 2016 eligibility redetermination notice is AFFIRMED.

The October 25, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** February 23, 2017

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

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is December 1, 2016.

Your child did not have health insurance coverage through NYSOH during November 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)).

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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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## **Summary**

The October 17, 2016 disenrollment notice is AFFIRMED.

The October 25, 2016 eligibility redetermination notice is AFFIRMED.

The October 25, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is December 1, 2016.

Your child did not have health insurance coverage through NYSOH during November 2016.

## **Legal Authority**

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

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

