



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

Notice of Decision

Decision Date: January 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009254

[REDACTED]
[REDACTED]

On November 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 28, 2016 eligibility determination and enrollment confirmation notices regarding your children.

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

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

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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009254

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NYSOH properly determine that your Medicaid Fee-For-Service coverage ended on September 30, 2015?

Should NYSOH have found that your newborn child was eligible for Medicaid as of his birth?

Did NYSOH properly disenroll your oldest child ([REDACTED]) from Child Health Plus effective November 30, 2015?

Did NYSOH properly determine that your newborn child's ([REDACTED]) Child Health Plus coverage began on June 1, 2016?

Procedural History

On June 5, 2015, NYSOH issued an eligibility redetermination that in part stated your oldest child was eligible for Child Health Plus (CHP) for cost of \$15.00 per month effective July 1, 2015.

Also on June 5, 2015, NYSOH issued an enrollment confirmation notice confirming your oldest daughter was enrolled in a CHP plan effective July 1, 2015, if you paid the first month's premium.

On August 25, 2015, you updated your NYSOH account, and indicated that you were pregnant and expecting to give birth to one child on [REDACTED]

On August 26, 2015, NYSOH issued a notice of eligibility redetermination that in part stated you were conditionally eligible for Medicaid, effective August 1, 2015, and your oldest child was eligible for coverage through Child Health Plus, effective October 1, 2015. You were directed to submit proof of your household income by September 9, 2015, or your eligibility to enroll in coverage or to receive financial assistance might end.

No income documentation was submitted by September 9, 2015.

On September 14, 2015, you updated your NYSOH account and added your newborn child to your account.

On September 15, 2015, NYSOH issued a notice of eligibility redetermination stating that you and your spouse were newly eligible to enroll in a qualified health plan and to receive up to \$339.00 per month in advance payments of the premium tax credit (APTC) and eligible to receive cost sharing reductions, effective October 1, 2015. That notice further stated that your oldest child was eligible to enroll in CHP for a cost of \$9.00 per month, effective October 1, 2015. This eligibility determination was based on a reported household income of \$49,400.00.

Also on September 15, 2015, NYSOH issued a notice stating that your newborn child may be eligible for health insurance through NYSOH but the income information you provided did not match data from State and Federal sources. You were directed to provide income documentation for your household by September 30, 2015 to confirm the information contained in your application.

Also on September 15, 2015, NYSOH issued a disenrollment notice stating that your coverage through your Medicaid Fee-For-Service coverage would end effective September 30, 2015, because you were no longer eligible to remain enrolled in your current health insurance.

Also on September 15, 2015, NYSOH issued an enrollment confirmation notice confirming your oldest child's enrollment in a CHP plan, effective September 1, 2015 with a \$9.00 a month cost.

On October 8, 2015, NYSOH issued an eligibility redetermination stating that you and your spouse were eligible for advance premium tax credits of \$339.00 per month and eligible to receive cost sharing reductions, effective November 1, 2015. That notice further stated that your oldest child was eligible to enroll in CHP for a cost of \$9.00 per month effective November 1, 2015. This eligibility determination was based on a reported household income of \$49,400.00.

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Also on October 8, 2015, NYSOH issued a notice stating that your newborn child may be eligible for health insurance through NYSOH, but the income information you provided did not match data from State and Federal sources. You were directed to provide income documentation for your household by October 23, 2015 to confirm the information contained in your application.

Also on October 8, 2015, and again of October 15, 2015, NYSOH issued enrollment confirmation notices confirming in part your oldest child's enrollment in a CHP plan with a plan enrollment start date of July 1, 2015 with a \$9.00 a month cost.

On October 15, 2015, November 11, 2015, and November 13, 2015, NYSOH issued eligibility redeterminations stating that your oldest child was eligible for CHP for a cost of \$9.00 a month effective November 1, 2015, December 1, 2015 and December 1, 2015 respectively.

Also on October 15, 2015, and again on November 11, 2015, and November 13, 2015, NYSOH issued notices stating that your newborn child may be eligible for health insurance through NYSOH but the income information you provided did not match data from State and Federal sources. You were directed to provide income documentation for your household by October 30, 2015 and November 26, 2015 and November 28, 2015, respectively, to confirm the information contained in your application was accurate.

On November 11, 2015, NYSOH issued a notice that the documents you submitted were insufficient and you needed to submit additional information to prove your correct income in order to make an eligibility determination for your newborn child.

On November 11, 2015, NYSOH issued a disenrollment notice stating that your oldest child's coverage through her CHP plan would end effective November 30, 2015, because she was no longer eligible to remain enrolled in her current health insurance.

On November 17, 2015, you updated your NYSOH account and requested help with paying medical bills for the three month period prior to November 17, 2015 for your newborn child.

On November 18, 2015, NYSOH issued an eligibility redetermination based on your November 17, 2015 application that stated that your newborn child was not eligible for Medicaid for September 1, 2015 through October 31, 2015 based upon the household income information that you provided.

On November 23, 2015, NYSOH issued an eligibility redetermination, based upon your November 17, 2015 application that stated your oldest child and your newborn child were eligible to enroll in CHP for a cost of \$30.00 per month each,

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effective January 1, 2016. You were directed to pick a health plan for your children.

On December 5, 2015, NYSOH issued an enrollment notice, based on your plan selection on December 4, 2015, stating that your children were enrolled in a CHP plan and that coverage would start on January 1, 2016 with a total monthly premium of \$60.00.

On December 17, 2015, NYSOH issued an eligibility redetermination stating that you and your spouse were eligible for advance premium tax credits of \$473.00 per month and eligible to receive cost sharing reductions, effective January 1, 2016. That notice further stated that your oldest child was eligible to enroll in CHP for a cost of \$9.00 per month, effective January 1, 2016. These eligibility determinations were based on a reported household income of \$44,388.89.

On December 17, 2015, and December 18, 2015, NYSOH issued notices stating that your newborn child may be eligible for health insurance through NYSOH, but the income information you provided did not match data from State and Federal sources. You were directed to provide income documentation for your household by January 1, 2016 and January 2, 2016, respectively, to confirm the information contained in your application was accurate.

On December 19, 2015, NYSOH issued a disenrollment notice stating that your children's coverage through their CHP plan would end effective January 1, 2016, because they were no longer eligible to remain enrolled in their current health insurance.

On April 25, 2016, NYSOH prepared a preliminary eligibility determination based upon updated household income documentation that indicated you and your spouse were eligible for advance premium tax credits of \$282.00, effective June 1, 2016. That same preliminary eligibility determination indicated that your children were eligible for CHP at a cost of \$30.00 per month each, effective June 1, 2016.

On April 26, 2016, and again on April 28, 2016, NYSOH issued eligibility redeterminations stating that you and your spouse were eligible for advance premium tax credits of \$282.00 per month, effective June 1, 2016. Those notices further stated that your children were eligible to enroll in CHP for a cost of \$30.00 per month each effective June 1, 2016. This eligibility determination was based on a reported household income of \$63,762.66.

On April 28, 2016, you spoke with NYSOH's Account Review Unit and appealed the November 11, 2015 disenrollment notice of your oldest child from her CHP plan, the December 19, 2015 cancellation of your children's CHP plan effective January 1, 2016 and the April 28, 2016 eligibility determination that stated your children were eligible for CHP effective June 1, 2016.

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On April 29, 2016, NYSOH issued a notice of enrollment based on your plan selection on April 28, 2016, stating that your children were enrolled in a CHP and that coverage would start on June 1, 2016 with a premium of \$60.00 per month.

On November 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 supports the following findings of fact:

- 1) According to your NYSOH account and your testimony, on June 4, 2015, your oldest child was found eligible for CHP and you enrolled her in a CHP plan with an effective start date of July 1, 2015.
- 2) According to your NYSOH account and your testimony, on August 25, 2015, you updated your account to indicate your annual household income was \$49,400.00 and that you were pregnant and expecting one child. Further, you were married, would file taxes as married filing jointly and had one dependent. You were found conditionally eligible for Medicaid providing you submitted proof of household income by September 9, 2015.
- 3) You testified that you did not select a Medicaid Managed Care plan.
- 4) According to the record and your testimony, your newborn child was born on [REDACTED]
- 5) According to your NYSOH account and your testimony, you updated your account on September 14, 2015 to add your newborn child to your account and apply for coverage on his behalf.
- 6) When you updated your account on September 14, 2015, you indicated that your expected annual household income was \$42,600.00.
- 7) You testified that you are appealing NYSOH's determination that your Medicaid eligibility ended on September 30, 2015; the disenrollment of your oldest child from her CHP plan effective November 30, 2015; the November 18, 2015 eligibility redetermination that stated your newborn child was not eligible for Medicaid for September 1, 2015 through October 31, 2015; the December 19, 2015 cancellation notice that ended your children's CHP coverage effective January 1, 2016 and the subsequent gap in CHP coverage until June 1, 2016.

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- 8) You testified that you have unpaid bills for your oldest child and for your newborn child for the months they were without coverage. Further, you want your newborn child to be enrolled in a Medicaid Managed Care plan when he had Medicaid Fee-For-Service because his doctor does not accept Fee-For-Service.
- 9) According to your NYSOH account, at all times relevant, your children resided with you and your spouse in the State of New York.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

De Novo Review

The Marketplace Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR § 155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

Medicaid

Generally, Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4), NY Social Services Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which is \$24,250.00 for a four-person household (80 Federal Register 3236, 3237).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

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People who receive or are eligible for Medicaid will remain eligible for Medicaid for 12 months, with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid Social Security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Pregnant women who, while pregnant, applied for, were eligible for, and received Medicaid services on the day that their pregnancy ends also remain eligible for Medicaid for a 60-day period that begins on the last day of pregnancy and ends on the last day of the month in which the 60-day period ends. This eligibility exists regardless of changes in the woman's financial circumstances during the 60-day period, and includes all services that are pregnancy-related (42 CFR § 435.170).

Medicaid - Household Composition

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Newborn Child – Effective Date of Coverage for Medicaid

NYSOH must provide Medicaid eligibility to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains (or would remain if pregnant) eligible and the child is a member of the woman's household. This provision applies in instances where the labor and delivery services were furnished prior to the date of application and covered by Medicaid based on retroactive eligibility (42 CFR § 435.117(a); NY Social Services Law § 366-g(3)).

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

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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,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR §457.343).

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. The State of New York will furnish benefits by 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, <https://www.medicaid.gov/chip/state-program-information/chip-state-program-information.html>).

The State of New York has elected to provide presumptive eligibility to children if they appear eligible for coverage but are missing one or more documents needed to verify eligibility. Children may be enrolled presumptively for two months while the missing documentation is collected (see *e.g.* 42 CFR § 457.355; SPA NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

In addition, where an application for recertification of Child Health Plus coverage contains insufficient information for a final determination of eligibility for continued coverage for the next policy period, a child or children must be presumed eligible for a period of no greater than two months after the previous eligibility period ends or the date upon which a final determination of eligibility is made based on the submission of additional data. Only in the event that such additional information is not submitted within two months of NYSOH’s request, shall the child or children be disenrolled from Child Health Plus (NY Public Health Law § 2511(2)(j)).

Legal Analysis

The first issue under review is whether NYSOH properly disenrolled you from your Medicaid coverage, effective September 30, 2015.

NYSOH found you conditionally eligible for Medicaid as of August 1, 2015. You were found conditionally eligible because you were pregnant, despite your reported earnings being inconsistent with income reported on federal and state data sources.

When you updated your application on September 14, 2015, you were found no longer eligible for Medicaid, based on your reported household income of \$49,400.00 at that time. Ordinarily, once an individual is found eligible for

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Medicaid, that eligibility would continue for a full 12 months, as noted above. However, a pregnant woman would also be eligible for coverage extending for a 60-day period that begins on the last day of pregnancy and ends on the last day of the month in which the 60-day period ends. This eligibility exists regardless of changes in the woman's financial circumstances during the 60-day period.

As such, that portion of the September 15, 2015 notice of eligibility redetermination finding in part that you were eligible to receive advance premium tax credits and to receive cost sharing reductions and not eligible for Medicaid because of your household income was incorrect. Therefore, that portion of the September 15, 2015 notice of eligibility redetermination must be RESCINDED to the extent that it relates to your eligibility.

The September 15, 2015 disenrollment notice is MODIFIED to state that your Medicaid Fee-For-Service coverage will be discontinued as of November 30, 2015; that is the last day of the month in which the 60-day extended period of Medicaid Coverage ends.

The second issue under review is whether your newborn child should have been found eligible for Medicaid as of the date of his birth. A child born to a woman who has applied for, has been determined eligible for, and is receiving Medicaid on the date of the child's birth is also eligible for Medicaid and remains eligible for one year so long as the woman remains eligible for Medicaid and the child is a member of the woman's household.

Since you were determined eligible for Medicaid at the time of your newborn child's birth, he should have been found eligible for Medicaid Fee-For-Service effective September 1, 2015.

The newborn child remains eligible for one year so long as the woman remains eligible for Medicaid and the child is a member of the woman's household. Since your Medicaid Fee-For-Service coverage should have terminated effective November 30, 2015, your newborn child should have only been eligible for Medicaid and enrolled in Medicaid Fee-For-Service until November 30, 2015. As you never selected or enrolled in a Medicaid Managed Care plan, your newborn son has the same coverage you had at the time of his birth and going forward, which was Medicaid Fee-For-Service coverage.

Therefore, NYSOH's eligibility determination notice, dated November 18, 2015, improperly denied your request for Medicaid coverage for your infant child for the period of September 1, 2015 to October 31, 2015 and is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your infant child into Medicaid Fee-For-Service for period of September 1, 2015 to November 30, 2015.

The third issue under review is whether NYSOH properly disenrolled your oldest child from her CHP plan, effective November 30, 2015.

According to your NYSOH account and your testimony, you updated your application for financial assistance for your household on June 4, 2015. As a result, in relevant part, your oldest child was determined eligible for CHP with a \$15.00 monthly premium, effective July 1, 2015. You enrolled your oldest child in a CHP plan on June 4, 2015 with a plan start date of July 1, 2015. NYSOH issued an enrollment confirmation notice to this effect on June 5, 2015.

The record does not indicate that any CHP premiums were not timely paid, that your oldest child has gained access to or obtained other health insurance, or that she has become eligible for Medicaid. The record does confirm that she has resided in New York State at all times relevant.

According to your NYSOH account, you next updated your account on November 10, 2015 and, as a result of that update, NYSOH disenrolled your oldest child from her CHP plan with coverage ending, effective November 30, 2015.

Since your oldest child was first found eligible for coverage through CHP effective July 1, 2015, barring circumstances not present here, her coverage should have continued without interruption for a full 12 months, or until June 30, 2016.

When additional determinations were made on November 11, 2015, November 13, 2015, November 23, 2015, December 17, 2015, December 18, 2015, March 10, 2016, April 26, 2016 and April 28, 2016, the 12-month period of CHP eligibility that began on July 1, 2015 had not expired, and no event had occurred to end that eligibility. As such, according to the credible evidence of record, your oldest child's enrollment in her CHP plan coverage should not have been terminated in November 2015 or again on January 2016.

Therefore, NYSOH improperly disenrolled your oldest child from her CHP coverage effective November 30, 2015. Your oldest child's CHP coverage should have continued without interruption such that the November 11, 2015 disenrollment notice and the December 19, 2015 cancellation notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your oldest child into her CHP plan in order to provide her with continuous coverage from July 1, 2015 through June 30, 2016.

The fourth issue under review is whether your infant child's CHP coverage began on June 1, 2016.

According to your NYSOH account, your infant child was originally found eligible for CHP on November 23, 2015, effective January 1, 2016.

According to your NYSOH account and your testimony, you selected a CHP plan for your infant child on December 4, 2015.

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 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 from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Therefore, the December 5, 2015, enrollment confirmation notice stating that your infant child's enrollment in his CHP plan was effective January 1, 2016, is correct and must be AFFIRMED.

Since your infant child was first found eligible for coverage through CHP effective January 1, 2016, barring circumstances not present here, his coverage should have continued without interruption for a full 12 months, or until December 31, 2016.

When you updated your NYSOH account on December 16, 2015 and December 17, 2015 which may have changed the household income, this should have triggered a review and recalculation by NYSOH of the monthly premium due for CHP coverage, but a disenrollment from Child Health Plus coverage for your children should not have occurred.

When additional determinations were made on March 10, 2016, April 25, 2016 and April 27, 2016, the 12-month period of CHP eligibility that began on January 1, 2016 had not expired, and no event had occurred to end that eligibility. As such, according to the credible evidence of record, your infant child's enrollment in his CHP plan coverage should not have been terminated effective January 1, 2016.

The record does not indicate that any CHP premiums were not timely paid, that your infant child has gained access to or obtained other health insurance, or that he has become eligible for Medicaid. The record does confirm that he has resided in New York State at all times relevant.

Therefore, NYSOH improperly disenrolled your infant child from his CHP coverage effective January 1, 2016. Your infant child's CHP coverage should have continued without interruption from January 1, 2016 to December 31, 2016. As such, the December 19, 2015 cancellation notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your infant child into his CHP plan in order to provide him with continuous coverage from January 1, 2016 through December 31, 2016.

Decision

The September 15, 2015 eligibility determination notice is RESCINDED as it relates to your eligibility for Medicaid.

The September 15, 2015 disenrollment notice is MODIFIED to state that your Medicaid Fee-For-Service coverage will be discontinued as of November 30, 2015.

Your case is RETURNED to NYSOH to facilitate your enrollment into Medicaid Fee-For-Service for period of August 1, 2015 to November 30, 2015.

The November 18, 2015 eligibility determination notice that denied your request for Medicaid coverage for your infant child for period of September 1, 2015 to October 31, 2015 is RESCINDED.

Your case is RETURNED to NYSOH to facilitate your infant child into Medicaid Fee-For-Service for period of September 1, 2015 to November 30, 2015.

The November 11, 2015 disenrollment notice is RESCINDED.

The November 23, 2015 eligibility determination notice is AFFIRMED.

The December 5, 2015 enrollment notice is AFFIRMED.

The December 19, 2015 cancellation notice is RESCINDED.

The April 29, 2016 enrollment notice as it applies to your oldest child is modified to state that her CHP plan enrollment start date is July 1, 2015 and the notice as it applies to your infant child is modified to state that his CHP plan enrollment start date is January 1, 2016.

Your case is RETURNED to NYSOH to reinstate your oldest child into her CHP plan in order to provide her with continuous coverage from July 1, 2015.

Your case is RETURNED to NYSOH to reinstate your infant child into his CHP plan in order to provide him with continuous coverage from January 1, 2016.

You will be responsible for paying the monthly CHP premiums owed to your children's CHP plan for the months of coverage being reinstated for each child.

Effective Date of this Decision: January 5, 2017

How this Decision Affects Your Eligibility

Your eligibility for Medicaid Fee-For-Service properly ended November 30, 2015.

Your infant child's eligibility for Medicaid Fee-For-Service started September 1, 2015 and ended November 30, 2015.

Your oldest child's eligibility for and enrollment in Child Health Plus is July 1, 2015.

Your infant child's eligibility for and enrollment in Child Health Plus is January 1, 2016.

Your case is returned to NYSOH to facilitate and/or effectuate the noted changes and to notify you accordingly.

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.

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

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- By mail at:
NY State of Health Appeals
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The September 15, 2015 eligibility determination notice is RESCINDED in part as it relates to your eligibility for Medicaid.

The September 15, 2015 disenrollment notice is MODIFIED to state that your Medicaid Fee-For-Service coverage will be discontinued as of November 30, 2015.

Your case is RETURNED to NYSOH to facilitate your enrollment into Medicaid Fee-For-Service for period of August 1, 2015 to November 30, 2015.

The November 18, 2015 eligibility determination notice that denied your request for Medicaid coverage for your infant child for period of September 1, 2015 to October 31, 2015 is RESCINDED.

Your case is RETURNED to NYSOH to facilitate your infant child into Medicaid Fee-For-Service for period of September 1, 2015 to November 30, 2015.

The November 11, 2015 disenrollment notice is RESCINDED.

The November 23, 2015 eligibility determination notice is AFFIRMED.

The December 5, 2015 enrollment notice is AFFIRMED.

The December 19, 2015 cancellation notice is RESCINDED.

The April 29, 2016 enrollment notice as it applies to your oldest child is modified to state that her CHP plan enrollment start date is July 1, 2015 and the notice as it applies to your infant child is modified to state that his CHP plan enrollment start date is January 1, 2016.

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Your case is RETURNED to NYSOH to reinstate your oldest child into her CHP plan in order to provide her with continuous coverage from July 1, 2015.

Your case is RETURNED to NYSOH to reinstate your infant child into his CHP plan in order to provide him with continuous coverage from January 1, 2016.

You will be responsible for paying the monthly CHP premiums owed to your children's CHP plan for the months of coverage being reinstated for each child.

Your eligibility for Medicaid Fee-For-Service properly ended November 30, 2015.

Your infant child's eligibility for Medicaid Fee-For-Service started September 1, 2015 and ended November 30, 2015.

Your oldest child's eligibility for and enrollment in Child Health Plus is July 1, 2015.

Your infant child's eligibility for and enrollment in Child Health Plus is January 1, 2016.

Your case is returned to NYSOH to facilitate and/or effectuate the noted changes and to notify you accordingly.

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:

