



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

### Notice of Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014062

[REDACTED]

Dear [REDACTED],

On March 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 16, 2016 enrollment confirmation and December 20, 2016 eligibility redetermination 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 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 § 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

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014062

[REDACTED]

## Issue

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

Did NY State of Health properly determine that your youngest child's eligibility for and enrollment in her Child Health Plus plan was effective January 1, 2017?

## Procedural History

On January 12, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your youngest child was eligible for Medicaid, effective November 1, 2015. Your child was subsequently enrolled in a Medicaid Managed Care plan.

On October 19, 2016, NYSOH issued a disenrollment notice stating that your youngest child was terminated from her Medicaid Managed Care plan, effective October 31, 2016.

On October 25, 2016, NYSOH issued an eligibility redetermination notice stating that your youngest 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 youngest child also could not enroll in a qualified health plan at full cost. The reason stated was because you had not responded to the renewal notice and had not completed the renewal within the required time frame. Your child's eligibility ended effective November 1, 2016.

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On November 17, 2016, you updated your youngest child's application for health insurance.

On November 18, 2016, November 24, 2016, and December 9, 2016, NYSOH issued notices of eligibility determinations, based on your November 17, 2016, November 23, 2016 and December 8, 2016 updated applications, stating that your youngest child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium for a limited time, effective January 1, 2017.

Also on November 18, 2016, November 19, 2016, November 24, 2016, and December 9, 2016, NYSOH issued enrollment notices confirming that your other seven children were enrolled in a Child Health Plus plan effective May 1, 2016. Those notices also stated that you must pick a plan for your youngest child.

On December 15, 2016, NYSOH received your youngest child's updated application for health insurance. That day, a preliminary eligibility determination was prepared finding your youngest child eligible for Child Health Plus. That same day, you enrolled your child into a Child Health Plus plan

Also on December 15, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's Child Health Plus plan insofar as she did not have coverage for the months of November 2016 and December 2016.

On December 16, 2016, NYSOH issued an enrollment notice confirming that all your children, including your youngest child, were enrolled in a Child Health Plus plan.

On December 20, 2016, NYSOH issued an eligibility redetermination notice, based on your December 15, 2016 updated application, stating that your youngest child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium for a limited time, effective January 1, 2017.

On March 13, 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) According to your NYSOH account and testimony, you receive all of your notices from NYSOH by electronic mail.

- 2) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application to renew your youngest child's coverage.
- 3) You testified that you first became aware that you needed to update your youngest child's account when you received a call from a health plan representative advising you that her Medicaid coverage was about to expire.
- 4) You further testified that, in fact, you had updated your entire family's application in August 2016 and believed that your youngest child's application was also updated at that time.
- 5) According to your NYSOH account, your youngest child was disenrolled from her Medicaid Managed Care plan, effective October 31, 2016, because you failed to renew her coverage. No notice to renew was ever issued to you by NYSOH.
- 6) According to your NYSOH account, on November 17, 2016, NYSOH received your youngest child's updated application for health insurance.
- 7) You testified that you are seeking that your youngest child be enrolled in her Child Health Plus plan as of November 1, 2016.

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)).

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)).

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

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your youngest child’s enrollment in her Child Health Plus plan was effective January 1, 2017.

Your youngest child was originally found eligible for Medicaid effective October 1, 2015.

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

In your case, NYSOH terminated your youngest child from her Medicaid Managed Care plan, effective October 31, 2016. The reason stated in the October 25, 2016 eligibility redetermination notice was because you had not responded to the renewal notice and had not completed the renewal within the required time frame. Your child's eligibility ended effective November 1, 2016.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the renewal notice, which would have directed you to update the information in your NYSOH account on behalf of your youngest child. In fact, there is no evidence in your account documenting that any renewal notice was issued by NYSOH stating that your youngest child's health coverage needed to be renewed.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account on your youngest child's behalf.

You first completed your youngest child's renewal application for financial assistance through NYSOH for the new coverage year on November 17, 2016 and, therefore, we must assume that this is the information that would have been used had you been timely informed of the need to update your account had a renewal notice been issued to afford you the opportunity to timely respond.

Therefore, the December 16, 2016 enrollment confirmation notice is MODIFIED in relevant part to state that your youngest child's enrollment in her Child Health Plus plan is effective November 1, 2016.

The December 20, 2016 eligibility redetermination notice is MODIFIED in relevant part to state that, effective November 1, 2016, your child was eligible to enroll in Child Health Plus with a \$9.00 premium per month.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

## **Decision**

The December 16, 2016 enrollment confirmation notice is MODIFIED in relevant part to state that your youngest child's enrollment in her Child Health Plus plan is effective November 1, 2016.

The December 20, 2016 eligibility redetermination notice is MODIFIED in relevant part to state that, effective November 1, 2016, your child was eligible to enroll in Child Health Plus with a \$9.00 premium per month.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

**Effective Date of this Decision:** April 05, 2017

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

NYSOH erred in not providing adequate or proper notice of renewal.

Your youngest child's eligibility for and enrollment in their Child Health Plus plan should have been effective as of November 1, 2016.

Your case is being sent back to NYSOH to reinstate your youngest child into her Child Health Plus plan as of November 1, 2016. NYSOH will notify once the enrollment start date has been changed.

You will be responsible to pay the monthly premium(s) due for your youngest child to have coverage for the months at issue.

### **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

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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):**

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 December 16, 2016 enrollment confirmation notice is MODIFIED in relevant part to state that your youngest child's enrollment in her Child Health Plus plan is effective November 1, 2016.

The December 20, 2016 eligibility redetermination notice is MODIFIED in relevant part to state that, effective November 1, 2016, your child was eligible to enroll in Child Health Plus with a \$9.00 premium per month.

Your case is RETURNED to NYSOH to effectuate these changes and notify you accordingly.

NYSOH erred in not providing adequate or proper notice of renewal.

Your youngest child's eligibility for and enrollment in their Child Health Plus plan should have been effective as of November 1, 2016.

Your case is being sent back to NYSOH to reinstate your youngest child into her Child Health Plus plan as of November 1, 2016. NYSOH will notify once the enrollment start date has been changed.

You will be responsible to pay the monthly premium(s) due for your youngest child to have coverage for the months at issue.

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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:**



## **Getting Help in a Language Other than English**

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### **Italiano (Italian)**

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### **한국어 (Korean)**

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### **Русский (Russian)**

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### **العربية (Arabic)**

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

### **বাংলা (Bengali)**

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এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

### **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

### **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

### **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

### **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

### **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

### **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. yebetumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

### **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

### **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

**אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.