



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

Notice of Decision

Decision Date: March 24, 2017

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000014388

[REDACTED]

Dear [REDACTED],

On March 20, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2016 eligibility determination notice, November 23, 2016 disenrollment notice, December 28, 2016 eligibility determination notice, and December 28, 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.

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 page intentionally left blank.



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

Decision

Decision Date: March 24, 2017

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000014388



Issues

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

Did NY State of Health properly determine that your children were eligible to enroll in Child Health Plus with a \$15.00 per child per month premium, effective February 1, 2017?

Did NY State of Health properly determine that your children were ineligible for Medicaid?

Did NY State of Health properly determine that your children were ineligible for and disenrolled from their Medicaid and Medicaid Managed Care plans, effective November 30, 2016?

Did NY State of Health properly determine that your children's eligibility for and enrollment in their Child Health Plus plan was effective February 1, 2017?

Procedural History

On September 16, 2015, NY State of Health (NYSOH) issued a renewal notice stating that your children were eligible for Medicaid, effective December 1, 2015, because federal and state data sources showed that your household income was between \$0.00 and \$50,158.00.

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 October 17, 2015, NYSOH issued an enrollment notice confirming your children's enrollment in their Medicaid Managed Care plans.

On October 8, 2016, NYSOH issued a notice that it was time to renew your children's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your children would qualify for financial help paying for their health coverage, and that you needed to update your account by November 15, 2016 or your children might lose the financial assistance they were currently receiving.

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

On November 17, 2016, NYSOH issued an eligibility determination notice stating that your children were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your children 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 your children's renewal within the required time frame. Your children's eligibility ended December 1, 2016.

On November 23, 2016, NYSOH issued a disenrollment notice stating that your children's coverage would end on November 30, 2016 because they were no longer eligible to enroll in health insurance through NYSOH.

On December 27, 2016, NYSOH received your children's updated application for health insurance.

On December 28, 2016, NYSOH issued a notice of eligibility determination, based on your December 27, 2016 application, stating that your children were eligible to enroll in Child Health Plus with a \$15.00 monthly premium each, effective February 1, 2017.

Also on December 28, 2016 NYSOH issued a notice of enrollment, based on your plan selection on December 27, 2016, stating that your children were enrolled in a Child Health Plus plan and that coverage would start on February 1, 2017.

On December 28, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your children's Medicaid as well as the start date of your children's Child Health Plus plan insofar as your children were without coverage for December 2016 and January 2017.

On March 20, 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.

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).

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you expect to file your 2016 tax return with a tax filing status of married filing jointly. You will claim your four children as dependents on that tax return.
- 2) The application that was submitted on December 27, 2016 listed annual household income of \$74,000.00, consisting of income your spouse earns from employment. You testified that this amount was correct. You further testified that neither you nor your children have any income.
- 3) At the time of your December 27, 2016 application, your children were 6, 4, and 2 years old.
- 4) Your application states, and you testified, that you will not be taking any deductions on your 2016 tax return.
- 5) You testified that you reside in Suffolk County.
- 6) You testified that you believe that your children should not have been disenrolled from their Medicaid.
- 7) You testified that you currently receive email alerts from NYSOH, however, you recently changed your preferences from regular mail to electronic alerts.
- 8) You testified that at the time the renewal notice was issued in October 2016, you were receiving notices via regular mail.
- 9) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your children's coverage.
- 10) You testified that you have lived at [REDACTED], [REDACTED] for the last four years.
- 11) The October 8, 2016 renewal notice was mailed to [REDACTED] [REDACTED].
- 12) You testified that you did not know that you needed to update your account until mid-December 2016 when you took your child to a doctor's appointment and were advised that your children had no coverage.
- 13) The record reflects that on December 27, 2016, NYSOH received your children's updated application for health insurance.

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).

14) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

15) On December 29, 2016, NYSOH issued a notice of change in mailing address indicating that your mailing address had been updated to [REDACTED].

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

Applicable Law and Regulations

Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child’s family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$15.00 per month for a child whose family household income is between 223% and 250% of the FPL, but no more than \$54.00 per month per family (NY PHL § 2510(9)(d)(iii)).

In an analysis of Child Health Plus 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 2016 FPL, which was \$32,580.00 for a six-person household (81 Fed. Reg. 4036).

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).

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

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 2016 FPL, which was \$32,580.00 for a six-person household (81 Federal Register 4036).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your children were eligible to enroll in Child Health Plus with a \$15.00 per child per month premium.

According to the record, you expect to file a joint federal income tax return for the 2016 tax year and claim your four children as dependents. Therefore, your children are in a six-person household.

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).

In your December 27, 2016 application, you attested to an expected household income of \$74,000.00. The application also stated that your children were 6, 4, and 2 years old. NYSOH relied upon this information.

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 223% and 250% of the FPL are responsible for a \$15.00 per month Child Health Plus premium payment. On the date of your application, the relevant FPL was \$32,580.00 for a six-person household. Since \$74,000.00 is 227.13% of the 2016 FPL, NYSOH properly found your children to be eligible for Child Health Plus with a \$15.00 per child per month premium payment.

The second issue is whether NYSOH properly determined that your children were ineligible for Medicaid.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 154% of the FPL for the applicable family size. Since \$74,000.00 is 227.13% of the 2016 FPL for a six-person household, NYSOH properly found your children to be ineligible for Medicaid.

The third issue is whether NYSOH properly determined that your children were ineligible for and disenrolled from Medicaid and their Medicaid Managed Care plans, effective November 30, 2016.

Your children were found eligible for Medicaid effective December 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 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 October 8, 2016 renewal notice stated that there was not enough information to determine whether your children were eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by November 15, 2016, or your children's financial assistance might end.

Because there was no timely response to this notice, on November 16, 2016, NYSOH redetermined your children's eligibility for financial assistance. However, your children were found ineligible for financial assistance or to enroll in a full cost qualified health plan because you did not respond to the renewal notice and did not complete your children's renewal within the required time frame. Your children were terminated from their Medicaid Managed Care plan effective November 30, 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 that at the time the October 8, 2016 renewal notice was issued, you had elected to receive notifications by regular mail.

Although on December 29, 2016, NYSOH issued a change in mailing address notice, alerting you that the format of your address had been updated, the mailing address on the October 8, 2016 renewal notice is the same address, absent capitalization and the full formal zip code, as in the change in mailing address notice and as the mailing address that you confirmed during the hearing. Additionally, 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 children's annual renewal and that information in your NYSOH account needed to be updated in order to ensure your children's enrollment in their health plan and eligibility for financial assistance would continue.

Therefore, NYSOH properly redetermined your children's eligibility for financial assistance on November 16, 2016. The November 17, 2016 eligibility determination notice and November 17, 2016 disenrollment notice are therefore, **AFFIRMED**.

The fourth issue is whether NYSOH properly determined that your children's eligibility for and enrollment in their Child Health Plus plan was effective February 1, 2017.

You first renewed your child's eligibility for financial assistance through NYSOH on December 27, 2016, and enrolled your child into a Child Health Plus 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.

Therefore, NYSOH's December 28, 2016 eligibility determination notice and enrollment confirmation notices are **AFFIRMED** because they properly began your children's eligibility for and enrollment in Child Health Plus on February 1, 2017.

Decision

The November 17, 2016 eligibility determination notice is AFFIRMED.

The November 17, 2016 disenrollment notice is AFFIRMED.

The December 28, 2016 eligibility determination notice is AFFIRMED.

The December 28, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 24, 2017

How this Decision Affects Your Eligibility

Your children were properly found ineligible for and disenrolled from Medicaid and their Medicaid Managed Care plans, effective November 30, 2016.

Your children remain eligible for Child Health Plus with a \$15.00 per child per month premium.

Your children are not eligible for Medicaid.

Your children's eligibility for and enrollment in Child Health Plus properly began as of February 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 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).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 November 17, 2016 eligibility determination notice is AFFIRMED.

The November 17, 2016 disenrollment notice is AFFIRMED.

Your children were properly found ineligible for and disenrolled from Medicaid and their Medicaid Managed Care plans, effective November 30, 2016.

The December 28, 2016 eligibility determination notice is AFFIRMED.

Your children remain eligible for Child Health Plus with a \$15.00 per child per month premium.

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).

Your children are not eligible for Medicaid.

The December 28, 2016 enrollment confirmation notice is AFFIRMED.

Your children's eligibility for and enrollment in Child Health Plus properly began as of February 1, 2017.

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 مجاناً.

বাংলা (Bengali)

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।

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).

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. ye&btumi ama wo obi a okyer& 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.

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).