



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

Notice of Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014464

[REDACTED]

Dear [REDACTED],

On March 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2016 and November 23, 2016 eligibility determination 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

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

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Decision

Decision Date: April 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014464

[REDACTED]

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 youngest child's enrollment in his Medicaid Managed Care plan ended effective November 30, 2016?

Did NYSOH properly determine that your youngest child was eligible to enroll in Child Health Plus no earlier than January 1, 2017?

Procedural History

On December 4, 2015, NYSOH issued an eligibility determination notice stating that your youngest child was eligible for Medicaid, effective December 1, 2015. He enrolled in a Medicaid Managed Care (MMC) plan on that same day, with such coverage beginning effective January 1, 2016.

On October 8, 2016, NYSOH issued a notice that it was time to renew your youngest child's health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your youngest child would qualify for financial help paying for health coverage, and that you needed to update your account by November 15, 2016 or he might lose the financial assistance he was currently receiving.

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

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On November 17, 2016 NYSOH issued an eligibility determination notice stating that your youngest child was not eligible for Medicaid, Child Health Plus (CHP), or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. He also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed the renewal within the required time frame. Your youngest child's eligibility ended November 30, 2016.

On November 22, 2016, NYSOH received your updated application for health insurance.

On November 23, 2016, NYSOH issued an eligibility redetermination notice stating that your youngest child was eligible for CHP with a \$9.00 monthly premium, effective January 1, 2017.

Also on November 23, 2016, NYSOH issued an enrollment notice confirming your selection of a CHP plan for your youngest child's enrollment as of November 22, 2016. Your NYSOH account enrollment details reflect that your youngest child's coverage would begin effective January 1, 2017.

On December 30, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your youngest child's MMC plan coverage effective November 30, 2016, and the start date of his CHP plan coverage, to remove a gap of coverage during the month of December 2016.

On March 30, 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 support the following findings of fact:

- 1) You testified, and your application reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you received the October 8, 2016 renewal notice telling you that you needed to update your application to renew your child's MMC coverage for 2017. You further testified that you may not have opened the mailing at the time you received it because in prior years your health insurance renewal required no action on your part.
- 3) You testified, and your application reflects, that you updated your account on November 22, 2016. Because of this application update,

your youngest child was found eligible for CHP with a \$9.00 monthly premium, effective January 1, 2017.

- 4) You testified that a NYSOH representative told you to take your child to the doctor despite having no active insurance coverage during the month of December 2016, and that you could seek for his coverage to be backdated through an appeal.
- 5) You testified, and your application reflects, that you selected your youngest child's CHP plan on November 22, 2016, and that his enrollment was effective on January 1, 2017.
- 6) You testified that you either want your youngest child's MMC plan to extend through December 31, 2016 or, in the alternative, for his CHP plan to begin effective December 1, 2016, because he incurred medical expenses in connection with a hospital visit during the month of December 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)).

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)).

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

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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 e.g. 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 determined that your youngest child’s enrollment in his MMC plan ended effective November 30, 2016.

Your youngest child was originally found eligible for Medicaid effective December 1, 2015. He enrolled in an MMC plan with coverage beginning January 1, 2016.

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 youngest child was eligible to continue his financial assistance for health insurance, and that you needed to supply additional information by November 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, your youngest child’s MMC plan coverage was terminated effective November 30, 2016.

You testified that you received the October 8, 2016 notices telling you that you needed to update your application to renew your child’s MMC coverage for 2017. You further testified that you may not have opened the mailing at the time you

received it because in prior years your health insurance renewal required no action on your part.

Therefore, the record reflects that NYSOH properly notified you of your child's annual renewal and that the information in your NYSOH account needed to be updated to ensure your youngest child's enrollment in his health plan and eligibility for financial assistance would continue.

Accordingly, NYSOH's November 17, 2016 eligibility determination notice stating that your youngest child was no longer eligible for Medicaid and his MMC plan coverage as of November 30, 2016 was correct, and is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your youngest child was eligible to enroll in CHP no earlier than January 1, 2017.

You testified that you contacted NYSOH on November 22, 2016 and enrolled your youngest child into a CHP plan.

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 November 23, 2016 eligibility determination notice stating that your child's eligibility for CHP was effective January 1, 2017, is correct and must be AFFIRMED.

Decision

The November 17, 2016 eligibility determination notice is AFFIRMED.

The November 23, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: April 04, 2017

How this Decision Affects Your Eligibility

This decision does not change your youngest child's eligibility.

Your youngest child MMC plan coverage ended effective November 30, 2016, and his CHP plan coverage began effective January 1, 2017.

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 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 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:

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- By fax: 1-855-900-5557

Summary

The November 17, 2016 eligibility determination notice is AFFIRMED.

The November 23, 2016 eligibility determination notice is AFFIRMED.

This decision does not change your youngest child's eligibility.

Your youngest child MMC plan coverage ended effective November 30, 2016, and his CHP plan coverage began effective January 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।

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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 bεtumi ama wo obi a okyerε 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.

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