



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

Notice of Decision

Decision Date: April 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014887

[REDACTED]

Dear [REDACTED],

On April 13, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 21, 2016 eligibility determination notice and December 21, 2016 enrollment confirmation 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 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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DEPARTMENT OF HEALTH
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Albany, NY 12211

Decision

Decision Date: April 19, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000014887

[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 February 1, 2017?

Procedural History

On September 11, 2015, NYSOH issued a notice of eligibility determination stating that your youngest child was eligible for Medicaid effective September 1, 2015.

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

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

On October 17, 2016, NYSOH issued a disenrollment notice stating that your youngest child's enrollment in her Medicaid Managed Care plan would end, effective October 31, 2016, because you did not renew her health insurance

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coverage, therefore, your youngest child was no longer eligible to remain enrolled in health insurance through NYSOH.

On October 18, 2016, NYSOH issued an eligibility determination notice stating that your youngest child was 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. She 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 her renewal within the required time frame. Her eligibility ended effective October 31, 2016.

On December 20, 2016, NYSOH received your youngest child's updated application for health insurance.

On December 21, 2016, NYSOH issued a notice of eligibility determination, based on your December 20, 2016, application, stating that your youngest child was eligible to enroll in Child Health Plus, effective February 1, 2017.

Also on December 21, 2016, NYSOH issued a notice of enrollment, based on your plan selection on December 20, 2016, stating that your youngest child was enrolled in a Child Health Plus plan and that coverage would start on February 1, 2017.

On January 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's Child Health Plus plan insofar as it did not begin November 1, 2016.

On April 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) You testified, that you previously elected to receive all of your notices from NYSOH via electronic mail.
- 2) You testified that at some point after learning that your youngest child had no coverage, an NYSOH representative informed you that electronic notices had been selected on your account, and you requested that this be updated to receive your notices from NYSOH by regular mail.

- 3) Your NYSOH account reflects that you currently have regular mail notices selected.
- 4) On January 17, 2017, NYSOH created incident [REDACTED]. A note within that incident, dated January 17, 2017, indicates that the NYSOH representative updated your account to remove the paperless option per your request.
- 5) 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 in order to renew your eligibility. You also did not receive any renewal notice by regular mail.
- 6) You confirmed the e-mail address listed on your NYSOH account.
- 7) You testified that you accessed your NYSOH account on-line on October 11, 2016 in order to update your household's application for health insurance. You stated that this was not in response to any renewal notice, but was because when you had contacted NYSOH earlier in 2016 to update your other child's coverage, the NYSOH representative advised you that you would need to update your account in October 2016 for your youngest child. You explained that you thought you submitted an updated application on October 11, 2016 and that your youngest child's coverage was all set.
- 8) There is no indication in your NYSOH account that you submitted an application on October 11, 2016.
- 9) You testified that you did not know that there was a problem with your youngest child's coverage until December 2016 when you tried to make a doctor's appointment for your child, and the doctor's office advised you that your youngest child's coverage had terminated.
- 10) Your NYSOH account reflects that on December 20, 2016, NYSOH received your household's updated application for health insurance.
- 11) You testified that you are seeking for your youngest child to be enrolled in her Child Health Plus plan as of November 1, 2016, or in the alternative, as of January 1, 2017, as she has outstanding medical bills for January 2017.

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 12 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 that may have been provided by the individual (45 CFR §155.335(h)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by 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)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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

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children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

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

Your youngest child was found eligible for Medicaid effective September 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 September 6, 2016 renewal notice stated that there was not enough information to determine whether your youngest child was eligible to continue her financial assistance for health insurance, and that you needed to supply additional information by October 15, 2016, or her financial assistance might end.

Because there was no timely response to this notice, your youngest child was terminated from her Medicaid Managed Care plan effective October 31, 2016.

However, you testified and the record reflects that you had previously elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

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.

Although you testified that you updated your household's application for financial assistance on October 11, 2016, there is no indication in your NYSOH account that such an update took place, or that an application was submitted at that time.

You first renewed your youngest child's eligibility for financial assistance through NYSOH for the upcoming coverage year on December 20, 2016, and therefore we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

Had the information been submitted at that time, your youngest child's eligibility for and enrollment in her Child Health Plus plan would have begun on November 1, 2016.

Therefore, the December 21, 2016 notice of eligibility determination is MODIFIED to state that, effective November 1, 2016, your youngest child is eligible for Child Health Plus with a \$9.00 premium per month, and the December 21, 2016 notice of enrollment confirmation is MODIFIED to state that your youngest child's enrollment in her Child Health Plus plan is effective November 1, 2016.

Decision

The December 21, 2016 notice of eligibility redetermination is MODIFIED to state that, effective November 1, 2016, your youngest child is eligible for Child Health Plus with a \$9.00 premium per month.

The December 21, 2016 notice of enrollment confirmation is MODIFIED to state that your youngest child's enrollment in her Child Health Plus plan is effective November 1, 2016.

Your case is RETURNED to NYSOH to enroll your youngest child in her Child Health Plus plan as of November 1, 2016.

Effective Date of this Decision: April 19, 2017

How this Decision Affects Your Eligibility

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 enroll your youngest child into her Child Health Plus plan as of November 1, 2016.

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).

You will be responsible for any premiums owed as a result of this change.

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

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

Summary

The December 21, 2016 notice of eligibility redetermination is MODIFIED to state that, effective November 1, 2016, your youngest child is eligible for Child Health Plus with a \$9.00 premium per month.

The December 21, 2016 notice of enrollment confirmation is MODIFIED to state that your youngest child's enrollment in her Child Health Plus plan is effective November 1, 2016.

Your case is RETURNED to NYSOH to enroll your youngest child in her Child Health Plus plan as of November 1, 2016.

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 enroll your youngest child into her Child Health Plus plan as of November 1, 2016.

You will be responsible for any premiums owed as a result of this change.

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&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.

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