



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

Notice of Decision

Decision Date: May 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014932



Dear [REDACTED],

On April 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 19, 2017 eligibility determination 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 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 (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
P.O. Box 11729
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Decision

Decision Date: May 30, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000014932



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 oldest child was eligible for Medicaid and not eligible for Child Health Plus, effective January 1, 2017?

Procedural History

On January 18, 2017, NY State of Health (NYSOH) received your updated application for health insurance for your family. That day, a preliminary eligibility determination was prepared finding in relevant part that your oldest child was eligible for Medicaid, effective January 1, 2017. The notice further stated that your younger child was eligible for Child Health Plus at a \$15.00 a month premium, effective February 1, 2017.

Also on January 18, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination as it related to your oldest child being determined eligible for Medicaid and not eligible for Child Health Plus.

On January 19, 2017, NYSOH issued an eligibility determination notice stating in part that your oldest child remained eligible for Medicaid effective January 1, 2017 and your younger child was eligible for Child Health Plus at a \$15.00 a month premium, effective February 1, 2017.

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Also on January 19, 2017, NYSOH issued a plan enrollment notice confirming in part that your oldest child was enrolled in a Medicaid Managed Care (MMC) plan with a plan start date of February 1, 2017. That same notice stated that your younger child was enrolled in a Child Health Plus (CHP) plan with a \$15.00 monthly premium and a plan start date of February 1, 2017.

On April 14, 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 your testimony, you are appealing your oldest child's determination of eligibility for Medicaid and want her to be determined eligible for CHP.
- 2) You testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim two dependents on that tax return.
- 3) The application that was submitted on January 18, 2017 listed annual household income of \$55,308.00, in earnings from your employment. You testified that this amount was correct.
- 4) You testified that, on January 18, 2017, your oldest child was determined eligible for Medicaid and your youngest child was determined eligible for CHP. You testified that the system did this because a defect in your NYSOH account showed \$0.00 in household income for your oldest child.
- 5) According to your NYSOH account, your oldest child was [REDACTED] at all times relevant.
- 6) According to your NYSOH account, on January 24, 2017, defect [REDACTED] was listed with the following entry; "...System is not recognizing the Consumer's income resulting in a 0% FPL and MA eligibility determination for [oldest child]."
- 7) According to your NYSOH account and your testimony, that defect has not been resolved.
- 8) You testified that you would like to have your oldest child to be able to enroll in a CHP plan.

- 9) Your application states that you and your family live in Monroe County, NY.

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

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a household income below 400% of the federal poverty level (FPL) for the applicable household size (New York Public Health Law (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 (PHL Law § 2511(2)(b)).

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 January 18, 2017 application, that was the 2016 FPL, which was \$24,300.00 for a four-person household (81 Fed. Reg. 4036).

"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)).

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 Department of Social Services Administrative Directive 13ADM-03).

Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)). This 12-month period is referred to as "continuous coverage" and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent

Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your oldest child was eligible for Medicaid and not eligible for Child Health Plus, effective January 1, 2017.

The record reflects that you submitted an updated application for financial assistance for your family on January 18, 2017. The eligibility determination notice that was issued on January 19, 2017, by NYSOH stated your oldest child was eligible for Medicaid based on the system showing her household income of \$0.00. However, the actual household income as you reported and is shown in the system is \$55,308.00.

According to your NYSOH account, there is a reported system defect, [REDACTED] and, on January 24, 2017, a NYSOH representative entered the following note; "...System is not recognizing the Consumer's income resulting in a 0% FPL and MA eligibility determination for [oldest child]" According to our NYSOH account and your testimony, that system defect is still unresolved.

According to your NYSOH account, your oldest child was determined eligible for Medicaid effective January 1, 2017 and enrolled in a MMC plan effective February 1, 2017.

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 federal poverty level (FPL). On the date of your January 18, 2017 application, the relevant FPL was \$24,300.00 for a four-person household. Since the submitted household income on that application of \$55,308 is 227.60% of the 2016 FPL, your oldest child would have an income below 400% of the FPL based on the information in your January 18, 2016 application. A child is eligible to enroll in CHP if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Premiums are on a sliding scale, dependent upon income.

Since the record reflects that the January 19, 2017 eligibility determination notice was based on a system defect showing the wrong household income for your oldest child, it is concluded that the determination that she was eligible for

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Medicaid, effective January 1, 2017, was in error and that she should have been found eligible for CHP effective February 1, 2017.

As such, that portion of the January 19, 2017 eligibility determination notice stating that your oldest child was eligible for Medicaid, effective January 1, 2017, is based on an incorrect household income due to a system defect.

Therefore, that portion of the eligibility determination notice should have stated that your oldest child is eligible for Child Health Plus at a \$15.00 per month premium, effective February 1, 2017.

It is noted that your oldest child has been enrolled in a MMC plan effective February 1, 2017, albeit based on erroneous income calculation by NYSOH, and that medical claims might have been processed through her MMC plan.

Therefore, at your option, you may elect to have NYSOH reinstate your oldest child in a CHP plan, effective February 1, 2017, or enroll her in a CHP plan prospectively.

If you decided to reinstate your oldest child's CHP plan effective February 1, 2017, you will be responsible for any premiums due for the applicable months. Also, any medical claims processed through her MMC plan as of February 1, 2017, will be charged back and will have to be reprocessed with the CHP plan you select for her.

Your case is RETURNED to NYSOH to effectuate the changes in your oldest child's MMC coverage and transition to a CHP plan as referenced above at your election and to notify you accordingly.

Decision

That portion of the January 19, 2017 eligibility determination notice should have stated that your oldest child is eligible for Child Health Plus at a \$15.00 per month premium, effective February 1, 2017.

Your oldest child has been enrolled in a MMC plan effective February 1, 2017, albeit based on erroneous income calculation by NYSOH, and that medical claims might have been processed through her MMC plan.

Therefore, at your option, you may elect to have NYSOH reinstate your oldest child in a CHP plan, effective February 1, 2017, or enroll her in a CHP plan prospectively.

If you decided to reinstate your oldest child's CHP plan effective February 1, 2017, you will be responsible for any premiums due for the applicable months. Also, any medical claims processed through her MMC plan as of February 1,

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2017, will be charged back and will have to be reprocessed with the CHP plan you select for her.

Your case is RETURNED to NYSOH to effectuate the changes in your oldest child's MMC coverage and transition to a CHP plan as referenced above at your election and to notify you accordingly.

Effective Date of this Decision: May 30, 2017

How this Decision Affects Your Eligibility

Your oldest child should not have been determined eligible for Medicaid for the month of January 2017, but for a system defect.

The effective date of eligibility for your oldest child's CHP plan should have been February 1, 2017.

You may elect to have NYSOH reinstate your oldest child in a CHP plan effective February 1, 2017 or enroll her in a CHP plan prospectively. You should consider whether any claims for medical services with the MMC plan were processed before making such an election.

If you decided to reinstate your oldest child's CHP plan effective February 1, 2017, you will be responsible for any premiums due for the applicable months.

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)).

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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

That portion of the January 19, 2017 eligibility determination notice should have stated that your oldest child is eligible for Child Health Plus at a \$15.00 per month premium, effective February 1, 2017.

Your oldest child has been enrolled in a MMC plan effective February 1, 2017, albeit based on erroneous income calculation by NYSOH, and that medical claims might have been processed through her MMC plan.

Therefore, at your option, you may elect to have NYSOH reinstate your oldest child in a CHP plan, effective February 1, 2017, or enroll her in a CHP plan prospectively.

If you decided to reinstate your oldest child's CHP plan effective February 1, 2017, you will be responsible for any premiums due for the applicable months. Also, any medical claims processed through her MMC plan as of February 1, 2017, will be charged back and will have to be reprocessed with the CHP plan you select for her.

Your case is RETURNED to NYSOH to effectuate the changes in your oldest child's MMC coverage and transition to a CHP plan as referenced above at your election and to notify you accordingly.

Your oldest child should not have been determined eligible for Medicaid for the month of January 2017, but for a system defect.

The effective date of eligibility for your oldest child's CHP plan should have been February 1, 2017.

You may elect to have NYSOH reinstate your oldest child in a CHP plan effective February 1, 2017 or enroll her in a CHP plan prospectively. You should consider whether any claims for medical services with the MMC plan were processed before making such an election.

If you decided to reinstate your oldest child's CHP plan effective February 1, 2017, you will be responsible for any premiums due for the applicable months.

Legal Authority

We are sending you this notice 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&etumi 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.

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