



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

Notice of Decision

Decision Date: May 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015614

[REDACTED]

Dear [REDACTED],

On May 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 29, 2017 eligibility determination and enrollment confirmation 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 (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: May 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015614

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your child's eligibility for and enrollment in her Child Health Plus (CHP) plan was effective March 1, 2017?

Procedural History

On March 1, 2016, NYSOH issued a notice of eligibility determination, based on your February 29, 2016 application, stating that your child was eligible for Medicaid, effective February 1, 2016. Your child was subsequently enrolled in a Medicaid Managed Care plan, effective April 1, 2016.

On December 3, 2016, NYSOH issued a notice that it was time to renew your child's health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account by January 15, 2017, or your child might lose the financial assistance she was currently receiving.

On January 5, 2017, NYSOH issued a notice stating that your mailing address had changed, and that all notices would be mailed to the new address of [REDACTED]

Also on January 5, 2017, NYSOH issued a notice confirming your child's enrollment in her Medicaid Managed Care plan, effective April 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).

No updates were made to your application by January 15, 2017.

On January 20, 2017, NYSOH issued a notice stating that your child was no longer eligible to enroll in coverage through NYSOH because you had not responded to the renewal notice and had not completed your child's renewal within the required timeframe. The notice further stated that her current eligibility would end effective February 1, 2017.

Also on January 20, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in her Medicaid Managed Care plan would end, effective January 31, 2017.

On January 28, 2017, you updated your NYSOH account.

On January 29, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible to enroll in CHP with a monthly premium of \$15.00, effective March 1, 2017.

Also on January 29, 2017, NYSOH issued notice of enrollment confirmation, confirming your child's enrollment in a CHP plan, with an enrollment start date of March 1, 2017.

On February 7, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan, insofar as it did not begin February 1, 2017.

On May 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, your child's father, [REDACTED], acted as your authorized representative (AR). 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 the record reflects, that you receive your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application to renew your child's coverage.
- 3) You testified that you did not know that you needed to update your account until you received the January 20, 2017 disenrollment notice, which you testified to receiving by regular mail on January 25, 2017.

- 4) Your NYSOH account reflects that NYSOH issued a renewal notice to your address of record on December 3, 2016.
- 5) On January 4, 2017, NYSOH uploaded a copy of the December 3, 2016 renewal notice to your NYSOH account. The first page was stamped "RETURN MAIL DEC 12 2016." The last page was a copy of the envelope in which the notice was mailed, stamped "12/12/16," with a "Return to Sender" label, and an address of "[REDACTED] (Document [REDACTED]).
- 6) You testified that you moved into a new home on [REDACTED]
- 7) You testified that you notified both NYSOH and your child's Medicaid Managed Care plan of your new address during the first week of December 2016.
- 8) Your NYSOH account reflects that your mailing address was updated by NYSOH's system on January 4, 2017, after the December 3, 2016 renewal notice was uploaded to your account as returned mail.
- 9) Your NYSOH account contains no indication that you updated your mailing address in December 2016.
- 10) Your AR testified that you were not expecting to have your renewal in December 2016, as a representative from your child's Medicaid Managed Care plan told you that your child's coverage was "good" until March 2017.
- 11) Your AR testified that he believed NYSOH should have re-sent the renewal notice to your new mailing address when it was returned to NYSOH, as it was obvious you had not received the notice.
- 12) Your AR testified that your child has never had a lapse in health insurance coverage, and that you would never knowingly allow her coverage to lapse for any reason.
- 13) You testified that you are looking for your child's CHP plan coverage to be backdated to February 1, 2017 because you incurred medical bills on her behalf during the month of February 2017.
- 14) After the hearing, the Hearing Officer requested a list of all phone calls that occurred between you and NYSOH in the month of December 2016. No record of any phone calls between you and NYSOH in the month of December 2016 were found.

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)). 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 CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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

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).

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 child's enrollment in her CHP plan was effective March 1, 2017.

Your child was originally found eligible for Medicaid, effective February 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for financial assistance once every twelve 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 December 3, 2016 renewal notice stated that there was not enough information to determine whether your child was eligible to continue their financial assistance for health insurance, and that you needed to update your application by January 15, 2017, or their financial assistance might end.

Because there was no timely response to this notice, your child was terminated from her Medicaid Managed Care plan, effective January 31, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account on your child's behalf. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. You testified that you moved to a new address on [REDACTED], and that you notified NYSOH of your new address sometime in the first week of December 2016. A search of NYSOH's records that was conducted after the hearing did not reveal any phone calls between you and NYSOH in December 2016.

NYSOH issued a renewal notice on December 3, 2016, and that notice was marked as return mail by NYSOH on December 12, 2016. Although there is no indication that you ever updated your address with NYSOH, NYSOH nevertheless relied upon the information from the returned mail to update your mailing address in your NYSOH account. This was done on January 4, 2017, and NYSOH sent subsequent notices to this new address.

Since NYSOH determined that the return mail was a sufficient basis for updating your mailing address, there is no apparent reason in the record that this could not have been done sooner. Had NYSOH updated your mailing address on, or close to, the date when the renewal notice was returned to NYSOH – December 12, 2016 – the renewal notice could have been reissued to your new address, and you could have renewed well before the January 15, 2017 deadline.

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).

Therefore, NYSOH's January 29, 2017 eligibility determination notice and enrollment confirmation notices are MODIFIED to state that your child's eligibility for, and enrollment in, her CHP plan began on February 1, 2017.

Your case is RETURNED to NYSOH to backdate your child's CHP plan coverage to February 1, 2017. You will be responsible for the February 2017 CHP premium payment.

Decision

The January 29, 2017 eligibility determination notice is MODIFIED to state that your child was eligible for CHP with a \$15.00 monthly premium, effective February 1, 2017.

The January 29, 2017 enrollment confirmation notice is MODIFIED to state that your child's enrollment in your CHP plan began on February 1, 2017.

Your case is RETURNED to NYSOH to facilitate the backdating of your child's enrollment in her CHP plan to February 1, 2017.

Effective Date of this Decision: May 26, 2017

How this Decision Affects Your Eligibility

Your child should have been eligible for CHP with a \$15.00 monthly premium as of February 1, 2017.

The effective date of your child's enrollment in her CHP plan should have been February 1, 2017.

Your case is being sent back to NYSOH to backdate your daughter's CHP enrollment to February 1, 2017.

You are responsible for the February 2017 premium payment for your child's CHP plan coverage.

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.

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 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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).

Summary

The January 29, 2017 eligibility determination notice is MODIFIED to state that your child was eligible for CHP with a \$9.00 monthly premium, effective February 1, 2017.

The January 29, 2017 enrollment confirmation notice is MODIFIED to state that your child's enrollment in your CHP plan began on February 1, 2017.

Your case is RETURNED to NYSOH to facilitate the backdating of your child's enrollment in her CHP plan to February 1, 2017.

Your child should have been eligible for CHP with a \$9.00 monthly premium as of February 1, 2017.

The effective date of your child's enrollment in her CHP plan should have been February 1, 2017.

Your case is being sent back to NYSOH to backdate your daughter's CHP enrollment to February 1, 2017.

You are responsible for the February 2017 premium payment for your child's CHP plan coverage.

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&etumi 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.

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).