



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

Notice of Decision

Decision Date: May 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015874

[REDACTED]

Dear [REDACTED]

On May 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 2016 disenrollment, January 15, 2017 eligibility determination, and January 19, 2017 plan enrollment 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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NY State of Health Account ID [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) properly end your youngest child's enrollment in their Medicaid Managed Care (MMC) plan, effective November 30, 2016?

Did NYSOH fail to determine that your youngest child was eligible for Child Health Plus and enroll them in a Child Health Plus plan, effective December 1, 2016?

Procedural History

According to your NYSOH account, your youngest child was eligible for Medicaid, effective as of December 1, 2015, and was enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of February 1, 2016.

On October 9, 2016, NYSOH issued a notice stating in part that it was time to renew your youngest child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not decide 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 may lose the financial assistance they were currently receiving.

On November 15, 2016, your NYSOH account was updated.

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On November 16, 2016, NYSOH issued a notice stating that your application has been reviewed, however, the income in the application did not match what NYSOH received from state and federal data sources. The notice directed you to submit additional proof of income by November 30, 2016, to confirm the information in your application.

On November 22, 2016, NYSOH issued a disenrollment notice stating in part that your youngest child's MMC coverage would end on November 30, 2016.

On November 30, 2016, you faxed additional income documentation to NYSOH (see Documents [REDACTED] and [REDACTED]; uploaded 12/07/2016).

On January 14, 2017, your NYSOH account was systematically updated.

On January 15, 2017, NYSOH issued an eligibility determination notice stating in part that your youngest child was eligible for Child Health Plus with a monthly premium of \$9.00, effective as of February 1, 2017.

On January 19, 2017, NYSOH issued a plan enrollment notice confirming in part that your youngest child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2017.

On February 15, 2017, you spoke with NYSOH Appeals Unit and requested an appeal insofar as your youngest child did not have health insurance for the month of December 2016.

On May 18, 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 proceeding.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, your youngest child was born on December 2, 2015.
- 2) According to your NYSOH account, your youngest child was determined eligible for Medicaid, effective December 1, 2015.
- 3) You testified that you received the October 9, 2016 renewal notice stating you that you needed to update your application to renew your child's application between October 16, 2016 and November 15, 2016.

- 4) According to your NYSOH account, you submitted an application for your youngest child on November 15, 2016. You attested to a household income of \$34,890.00 on that application.
- 5) According to your NYSOH account, your youngest child's Medicaid coverage was discontinued effective November 30, 2016.
- 6) According to your NYSOH account, your application was updated on January 14, 2017 and the household income was listed as \$34,890.00 and your youngest child was redetermined eligible for Child Health Plus.
- 7) According to your NYSOH account, you selected a Child health Plus plan for your child on January 18, 2017, and your youngest child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2017.
- 8) You testified that you incurred approximately \$200.00 in medical expenses in December 2016 because your youngest child was not enrolled in health coverage for that month.

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

Applicable Law and Regulations

Medicaid Coverage

A child under the age of nineteen who is determined eligible for medical assistance shall remain eligible for such assistance until the last day of the month which is twelve months following the determination or redetermination of eligibility for such assistance (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

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 §

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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 – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Timely Notice of Child Health Plus Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants who are children at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the completed application (18 NYCRR §360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

Child Health Plus – Start Date

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 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 ended your youngest child’s MMC coverage effective November 30, 2016.

Generally, once individuals are determined eligible for Medicaid, they are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates made to their NYSOH account. This twelve-month period is based on the start date of the original Medicaid eligibility determination.

The record reflects that your youngest child was determined eligible for Medicaid, effective December 1, 2015, and enrolled in a MMC plan with an enrollment start date of February 1, 2016.

When your youngest child’s MMC coverage was discontinued on November 30, 2016, the twelve-month period of Medicaid eligibility that began on December 1, 2015, had expired. As such, your youngest child’s MMC coverage was properly discontinued November 30, 2016.

Therefore, the November 22, 2016 disenrollment notice is **AFFIRMED**.

The second issue under review is whether NYSOH failed to determine your youngest child was eligible for Child Health Plus and enroll him in a Child Health Plus plan, effective December 1, 2016.

For all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data that will allow NYSOH to verify the household’s income. If NYSOH cannot verify the income information required to determine

eligibility, they must attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence.

On November 15, 2016, you submitted an application for financial assistance through NYSOH for your youngest child. You attested to an expected yearly household income of \$34,890.00.

The household income that you attested to in your application did not match information that NYSOH obtained from federal and state data sources. As a result, NYSOH issued you a notice on November 16, 2016, directing you to submit additional proof of income to NYSOH to confirm your child's eligibility for financial assistance by November 30, 2016.

On November 30, 2016, you faxed additional income documentation to NYSOH (Documents [REDACTED] and [REDACTED]). These documents were uploaded to your NYSOH account on December 7, 2016. On January 14, 2017, NYSOH validated your income documentation and updated your household income to \$34,890.00.

On January 15, 2017, your child was found eligible for Child Health Plus with a \$9.00 monthly premium, effective February 1, 2017, and was enrolled in a Child Health Plus plan as of that date.

NYSOH must provide applicants who are children at least one year of age and less than nineteen notice of their eligibility determination within 30 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH could not verify the household income amount entered into your application against state and federal data sources by November 15, 2016. Therefore, NYSOH required that you submit additional documentation so it could confirm the information listed in your account. The record reflects that you submitted sufficient income documentation that would allow NYSOH to confirm the information in your account on November 30, 2016, which was uploaded to your NYSOH account on December 7, 2016. As such, your application is considered complete as of December 7, 2016.

On January 15, 2017, based on its verification and validation of your household income on January 14, 2017, NYSOH issued an eligibility determination notice that stated your child was eligible for a Child Health Plus plan with a \$9.00 monthly premium, effective February 1, 2017. Since your application was complete as of December 7, 2016, NYSOH was required to issue an eligibility determination within 30 days, or as of January 6, 2017. Therefore, the January 15, 2017 eligibility determination notice issued by NYSOH was untimely.

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

Ordinarily, 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 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.

The record reflects that the income documentation was provided to NYSOH on November 30, 2016 and was uploaded to your NYSOH on December 7, 2016, at which time your application was complete. Therefore, if that documentation was found to be sufficient to render an eligibility determination within 30 days of your completed application, that is no later January 6, 2017, the earliest your youngest child was eligible to enroll in Child Health Plus would be February 1, 2017.

Therefore, the January 15, 2017, eligibility determination and January 19, 2017, plan enrollment notices are AFFIRMED insofar as your youngest child was not eligible for or enrolled in a Child Health Plus plan effective December 1, 2016.

Decision

The November 22, 2016 disenrollment notice is AFFIRMED.

The January 15, 2017, eligibility determination and January 19, 2017, enrollment notices are AFFIRMED insofar as your youngest child was not eligible for or enrolled in a Child Health Plus plan effective December 1, 2016.

Effective Date of this Decision: May 31, 2017

How this Decision Affects Your Eligibility

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

Your youngest child's MMC plan coverage ended effective November 30, 2016, and his Child Health Plus plan coverage began effective 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.

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

Summary

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The November 22, 2016 disenrollment notice is AFFIRMED.

The January 15, 2017, eligibility determination and January 19, 2017, enrollment notices are AFFIRMED insofar as your youngest child was not eligible for or enrolled in a Child Health Plus plan effective December 1, 2016.

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

Your youngest child's MMC plan coverage ended effective November 30, 2016, and his Child Health Plus plan coverage began effective 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。我们可以为您免费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)

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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।

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&tumi 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.

שׂוּדִישׁ (Yiddish)

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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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