



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

**Notice of Decision**

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016261

[REDACTED]

Dear [REDACTED],

On June 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 19, 2016 disenrollment and December 29, 2016 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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## Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000016261



## 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 child's enrollment in their Medicaid Managed Care (MMC) plan ended effective December 31, 2016?

Did NYSOH properly determine that your child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2017?

## Procedural History

On January 12, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid effective as of January 1, 2016.

Also on January 12, 2016, NYSOH issued a plan enrollment notice confirming your child was enrolled in a MMC plan with an enrollment start date of February 1, 2016.

On October 17, 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 decide whether your child would qualify for financial help paying for health coverage, and that you needed to update your account by December 15, 2016 or they might lose the financial assistance they were currently receiving.

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

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On December 19, 2016, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions, and 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. Therefore, your child's eligibility ended January 1, 2017.

Also on December 19, 2016, NYSOH issued a disenrollment notice stating that your child's MMC coverage ended on December 31, 2016, because they were no longer eligible to enroll in health insurance.

On December 28, 2016, your NYSOH account was updated.

On December 29, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a monthly premium of \$9.00, effective as of February 1, 2017.

Also on December 29, 2016, NYSOH issued a plan enrollment notice confirming that, as of your December 28, 2016 plan selection, your child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2017.

On February 27, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your child's Child Health Plus plan.

On June 5, 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) According to your NYSOH account, you receive all of your notices from NYSOH by regular mail.
- 2) According to your NYSOH account, none of the notices sent to the address listed on your NYSOH account have been returned to NYSOH as undeliverable.
- 3) You testified that you did not receive any notice informing you that you needed to update your application in order to ensure continuation of your child's health insurance coverage.

- 4) You testified that you were told when your child was enrolled in coverage in 2016 that their insurance would be automatically renewed.
- 5) According to your NYSOH account, on December 28, 2016, your NYSOH account was updated by username "[REDACTED]."
- 6) According to your NYSOH account, your child was enrolled in a Child Health Plus plan on December 28, 2016.
- 7) You testified that you were not aware that there was a lapse in your child's health insurance until you received a bill for medical services that your child received in January 2017.
- 8) You testified that you want your child's Child Health Plus plan to begin January 1, 2017 to cover any medical expenses that were incurred that month.

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 recertified for enrollment on an annual basis based on all required information

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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 child’s MMC plan enrollment ended effective December 31, 2016.

Your child was initially found eligible for Medicaid effective January 1, 2016, and enrolled in a MMC plan with an enrollment start date of February 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 17, 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 supply additional information by December 15, 2016, or their financial assistance might end.

Because there was no timely response to this notice, your child's MMC plan coverage was terminated effective December 31, 2016.

You testified that you did not receive any notice from NYSOH informing you that you needed to update the information in your NYSOH account to ensure continuation of your child’s health insurance coverage. Your NYSOH account confirms that you elected to receive notifications by regular mail and there is no

evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

As such, the record reflects that NYSOH properly notified you that the information in your NYSOH account needed to be updated to ensure your child's enrollment and financial assistance would continue. Therefore, the December 19, 2016 disenrollment notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2017.

The record reflects that on December 28, 2016, your NYSOH account was updated and you selected and enrolled your child in a Child Health Plus plan.

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.

Since your child's Child Health Plus plan was selected on December 28, 2016, it must take effect on the first day of the second following after December 28, 2016; that is, on February 1, 2017.

Therefore, the December 29, 2016 enrollment notice is AFFIRMED.

## **Decision**

The December 19, 2016, disenrollment notice is AFFIRMED.

The December 29, 2016, enrollment notice is AFFIRMED.

**Effective Date of this Decision:** June 20, 2017

## **How this Decision Affects Your Eligibility**

Your child's MMC plan ended effective December 31, 2016.

Your child's Child Health Plus plan enrollment start date was February 1, 2017.

Your child did not have health insurance coverage through NYSOH during the month of January 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:

NY State of Health Appeals

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P.O. Box 11729  
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- By fax: 1-855-900-5557

## **Summary**

The December 19, 2016, disenrollment notice is AFFIRMED.

The December 29, 2016, enrollment notice is AFFIRMED.

Your child's MMC plan ended effective December 31, 2016.

Your child's Child Health Plus plan enrollment start date was February 1, 2017.

Your child did not have health insurance coverage through NYSOH during the month of January 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. y&btumi 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.

### **אַײַדיש (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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