



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

Notice of Decision

Decision Date: September 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018541

[REDACTED]

Dear [REDACTED],

On August 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 2, 2017, enrollment 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
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Decision

Decision Date: September 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018541



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 enrollment in his Child Health Plus plan was effective June 1, 2017?

Procedural History

Your youngest child was found eligible for Medicaid effective April 1, 2016. He was subsequently enrolled in a Medicaid Managed Care plan effective August 1, 2016.

On February 3, 2017, NY State of Health (NYSOH) issued a notice that it was time to renew your youngest child's health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether he would qualify for financial help paying for his health coverage, and that you needed to update your account by March 15, 2017, or he might lose the financial assistance he was currently receiving.

On March 17, 2017, NYSOH issued an eligibility redetermination notice stating your youngest child remained eligible for Medicaid effective April 1, 2016. The notice stated your youngest child remained eligible for Medicaid until the end of the month of his first birthday because his mother had Medicaid when he was born or within three months prior.

On March 28, 2017, NYSOH issued a notice that it was time to renew your youngest child's health insurance for 2017. That notice stated that, based on

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information from federal and state sources, NYSOH could not make a decision about whether he would qualify for financial help paying for his health coverage, and that you needed to update your account by April 15, 2017, or he would lose his health coverage.

On April 18, 2017, NYSOH redetermined your youngest child's eligibility for health insurance.

On April 19, 2017, NYSOH issued an eligibility determination notice stating that your youngest child was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. He 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 his renewal within the required time frame. His eligibility ended May 1, 2017.

On April 19, 2017, NYSOH issued a disenrollment notice stating your youngest child's coverage with his Medicaid Managed Care plan would end on April 30, 2017.

On May 1, 2017, NYSOH received your youngest child's updated application. That day, a preliminary eligibility determination notice was prepared based on the last application stating your youngest child was eligible for Child Health Plus for a premium cost of \$9.00 per month, starting June 1, 2017. You enrolled your child into a plan that day with a June 1, 2017 start date.

On May 1, 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 May 1, 2017.

On May 2, 2017, NYSOH issued an eligibility determination notice stating your youngest child was eligible for Child Health Plus for a cost of \$9.00 per month, starting June 1, 2017.

On May 2, 2017, NYSOH issued an enrollment notice confirming your child's enrollment in a Child Health Plus plan for a cost of \$9.00 per month, starting June 1, 2017.

On August 10, 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:

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- 1) You testified that you are appealing only your youngest child's eligibility.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 3) You testified that you did receive the March 28, 2017, renewal notice requesting you to update your youngest child's application.
- 4) The record reflects that on May 1, 2017, NYSOH received your youngest child's updated application for health insurance.
- 5) You testified, and the record reflects, that you selected your child's Child Health Plus plan on May 1, 2017, and that his enrollment was effective on June 1, 2017.
- 6) You testified you had contacted NYSOH prior to May 1, 2017, to update your children's applications for the new year.
- 7) The Hearing Officer requested any calls prior to your May 1, 2017 application be produced by NYSOH.
- 8) NYSOH provide two calls which were placed to NYSOH on January 23, 2017, in which you requested tax documents (1095-B) for your two children. There was no request for updating or renewing your children's coverage for 2017 discussed during those calls.
- 9) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.

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)).

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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 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 issue presented for review is whether NYSOH properly determined that your youngest child's enrollment in his Child Health Plus plan was effective June 1, 2017.

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 March 28, 2017 renewal notice stated that there was not enough information to determine

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whether your youngest child was eligible to continue his financial assistance for health insurance, and that you needed to supply additional information by April 15, 2017, or his financial assistance might end.

Because there was no timely response to this notice, your youngest child was terminated from his Medicaid Managed Care plan effective April 30, 2017.

You testified that you did receive a notice from NYSOH telling you that you needed to update the information in your NYSOH account for your youngest child. You testified, you contacted NYSOH in response to the March 28, 2017, renewal notice prior to April 15, 2017.

The Hearing Officer requested NYSOH to produce any calls made in regards to your account be produced prior to your May 1, 2017, application. NYSOH produced two calls which took place on January 23, 2017. During those calls, there was no discussion of a renewal of either of your children's application for health insurance.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your youngest child's enrollment in his health plan and eligibility for financial assistance would continue without a gap in coverage.

You testified, and the record shows that you contacted NYSOH on May 1, 2017 and enrolled your youngest child into a Child Health Plus plan after he was determined eligible to enroll.

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 you enrolled your youngest child into a Child Health Plus plan on May 1, 2017, his plan properly took effect the first day of the month following May, that is on June 1, 2017.

Therefore, the May 2, 2017, enrollment confirmation notice stating that your youngest child's enrollment in his Child Health Plus plan was effective June 1, 2017, is correct and must be AFFIRMED.

Decision

The May 2, 2017, enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 11, 2017

How this Decision Affects Your Eligibility

The effective date of your child's Child Health Plus plan is June 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.

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 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 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

The May 2, 2017, enrollment confirmation notice is AFFIRMED.

The effective date of your child's Child Health Plus plan is June 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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