



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

**Notice of Decision**

Decision Date: October 02, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Numbers: AP000000020037

[REDACTED]

Dear [REDACTED],

On September 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s May 31, 2017 disenrollment and June 10, 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 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.

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## Decision

Decision Date: October 02, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Numbers: AP000000020037



## 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 child's Medicaid Managed Care (MMC) plan, effective June 1, 2017?

Did NYSOH properly enroll your child in a Child Health Plus plan with an enrollment start date of July 1, 2017?

## Procedural History

On May 5, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid effective as of May 1, 2017.

Also on May 5, 2017, NYSOH issued a plan enrollment notice confirming that as of May 4, 2017, your child was enrolled in a MMC plan with an enrollment start date of June 1, 2017.

On May 30, 2017, you updated your account.

On May 31, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to purchase a qualified health plan at full cost effective as of July 1, 2017.

Also on May 31, 2017, NYSOH issued a disenrollment notice stating that your child's MMC enrollment would end on June 1, 2017, because they were no longer eligible to be enrolled in that health plan.

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On June 5, 2017, your NYSOH account was updated.

On June 5, 2017, additional documentation was uploaded to your account (see Documents [REDACTED]).

On June 6, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to provide proof of your household income by June 20, 2017, to confirm your child's eligibility.

On June 9, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus, with a \$60.00 monthly premium, effective July 1, 2017.

On June 10, 2017, NYSOH issued a plan enrollment notice confirming that as of June 9, 2017, your child was enrolled a Child Health Plus plan with an enrollment start date of July 1, 2017.

On June 26, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal relative to the end date of your child's MMC plan and enrollment start date of their Child Health Plus plan, which resulted in a gap in coverage during the month of June 2017.

On September 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) You testified that you requested the appeal because your child was not enrolled in a health plan for the month of June 2017.
- 2) According to your NYSOH account, your child was born on [REDACTED]
- 3) According to your NYSOH account, on May 5, 2017, your child was determined eligible for Medicaid and enrolled in a MMC plan.
- 4) You testified that [REDACTED] is your username through NYSOH.
- 5) According to your NYSOH account, on March 30, 2017, you accessed your account and changed your application from a "Financial Assistance" application to a "Non-Financial Assistance" application.

- 6) You testified that you did not receive a notice from NYSOH stating that your child's coverage would be ending.
- 7) According to your NYSOH account, you receive all notices from NYSOH by U.S. mail.
- 8) According to your NYSOH account, no notice that was issued by NYSOH has been returned as undeliverable.
- 9) On May 31, 2017, NYSOH issued a notice stating that your child's MMC plan would end on June 1, 2017 (see Document [REDACTED]).
- 10) On June 9, 2017, you selected a Child Health Plus health plan for your child.
- 11) You testified that your child incurred medical expenses in June 2017, and want either the MMC plan or Child Health Plus plan to cover those expenses.

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

## **Applicable Law and Regulations**

### General Eligibility for Financial Assistance

NYSOH must permit an applicant to request only an eligibility determination for enrollment in a qualified health plan through the NYSOH; however, NYSOH may not permit an applicant to request an eligibility determination for less than all insurance affordability programs (45 CFR § 155.310(b)).

### Medicaid - Eligibility

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 Health Administrative Directive 13 OHIP ADM-03).

### Medicaid Continuous Coverage

Children under the age of 19 who are determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage. This twelve-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 (see 42 CFR § 435.926(c); N.Y. Soc. Serv. Law § 366(4)(b)(3)).

In the following situations, children are not entitled to receive continuous coverage:

- The child reaches the age of 19;
- The child or child's representative requests a voluntary termination of eligibility;
- The child ceases to be a resident of the State

(see 42 CFR § 435.926(d); N.Y. Soc. Serv. Law § 366(4)(b)(3)).

### MMC Disenrollment

NYSOH is responsible for disenrolling enrollees automatically upon death or loss of Medicaid eligibility. All such disenrollments will be effective at the end of the month in which the death or loss of eligibility occurs (Medicaid Managed Care Model Contract (Appendix H-7(a)(iv), effective 3/1/2014 – 2/28/2019).

### 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).

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## Legal Analysis

The first issue under review is whether NYSOH properly ended your child's MMC plan, effective June 1, 2017.

On May 5, 2017, your child was determined eligible for Medicaid and enrolled in an MMC plan with an enrollment start date of June 1, 2017.

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 they make to their NYSOH account. This twelve-month period is based on the effective date of the Medicaid eligibility determination. Under certain circumstances, including a request by the enrollee or their representative to end their Medicaid coverage, the continuous coverage may end.

When applying for health insurance through NYSOH, an applicant not requesting financial assistance may only request enrollment in a qualified health plan; however, if an applicant requests an eligibility determination for financial assistance, NYSOH must evaluate their eligibility for all the insurance affordability programs.

On May 30, 2017, you accessed your NYSOH account and changed your child's application from a "Financial Assistance" application to a "Non-Financial Assistance" application. By selecting this type of application, your child was no longer eligible for Medicaid.

NYSOH must end an enrollee's MMC coverage automatically upon death or loss of Medicaid eligibility. The enrollee's coverage ends at the end of the month in which the death or loss of eligibility occurs. Since your child was no longer eligible for Medicaid coverage as of May 30, 2017, your child's MMC plan properly ended June 1, 2017.

You testified that you did not receive any notice from NYSOH informing you that your child's MMC plan would be ending.

On May 31, 2017, NYSOH issued a notice stating that your child's MMC plan would end on June 1, 2017 (see Document [REDACTED]). 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. Therefore, it is reasonable to conclude that NYSOH gave you proper notice and the May 31, 2017 disenrollment is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's Child Health Plus plan should have an enrollment start date of July 1, 2017.

The record reflects that your child was enrolled in a Child Health Plus plan on June 9, 2017.

The date on which enrollment in a Child Health Plus can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since you selected your child's Child Health Plan on June 9, 2017, the plan would properly take effect on the first day of the next month after June 9, 2017; that is, on July 1, 2017.

Therefore, the June 9, 2017 plan enrollment notice is AFFIRMED.

## **Decision**

The May 31, 2017 disenrollment notice is AFFIRMED.

The June 9, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** October 02, 2017

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

Your child's MMC plan ended June 1, 2017.

Your child's Child Health Plus plan began July 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

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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

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## **Summary**

The May 31, 2017 disenrollment notice is AFFIRMED.

The June 9, 2017 plan enrollment notice is AFFIRMED.

Your child's MMC plan ended June 1, 2017.

Your child's Child Health Plus plan began July 1, 2017.

## **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&btumi 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.

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