



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

Notice of Decision

Decision Date: August 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020062

[REDACTED]

Dear [REDACTED],

On July 28, 2017, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's June 20, 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 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: August 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020062

[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 was enrolled in a Child Health Plus plan with an enrollment start date of August 1, 2017?

Procedural History

On July 29, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid effective as of July 1, 2016.

Also on July 29, 2016, NYSOH issued an enrollment notice confirming that your child was enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of September 1, 2016.

On May 4, 2017, NYSOH issued a notice that it was time to renew your child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for health coverage, and that you needed to update your account by June 15, 2017 or they may lose the financial assistance they were currently receiving.

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

On June 6, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible to enroll in a full price Child Health Plus plan or a Child-Only qualified health plan effective as of July 1, 2017.

Also on June 6, 2017, NYSOH issued a disenrollment notice stating, in relevant part, that your child's MMC plan would end on June 30, 2017.

On June 19, 2017, your NYSOH account was updated.

On June 20, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in a full price Child Health Plus plan or a Child-Only qualified health plan effective as of August 1, 2017.

Also on June 20, 2017, NYSOH issued an enrollment notice confirming that on June 19, 2017, your child was enrolled in a Child Health Plus plan with an enrollment start date of August 1, 2017.

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

On July 20, 2017, you faxed a request for an expedited hearing to NYSOH. Your request for an expedited hearing was granted.

On July 28, 2017, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow you to submit additional documentation to NYSOH's Appeal Unit.

On July 28, 2017, you faxed two pages of documentation to NYSOH's Appeal Unit. That documentation has been incorporated into the record and will be referred to as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you initially applied for health insurance with the assistance of a navigator from the [REDACTED] in 2016. You attempted to contact that navigator in 2017 to renew your child's coverage.
- 3) You testified that you were unable to update your account or enroll your child in a health plan because you did not have access to your online NYSOH account.

- 4) You testified that you spoke with an application counselor from Fidelis Care on June 5, 2017. You did not enroll in a health plan because you were advised by the counselor to not select a plan until you were sure of your exact income.
- 5) On June 6, 2017, NYSOH issued you an eligibility determination notice, in relevant part, directing you to “[p]ick a health plan” for your child. The notice provided instructions for choosing a plan within the section labeled “Health Plan Enrollment.” The section stated, in relevant part: (1) Sign into your NY State of Health account at www.nystateofhealth.ny.gov; (2) After you pick a plan, you will receive confirmation from us by email or mail (depending on what you said you would prefer); (3) If you don’t have internet access and want to pick a plan over the phone, call NY State of Health at 1-855-355-5777.

(see [REDACTED]).
- 6) You testified that you attempted to contact the Fidelis Care counselor a couple of days after June 5, 2017. However, you were not able to reach them.
- 7) You testified that the navigator from [REDACTED] contacted you on June 19, 2017. The navigator directed you to contact NYSOH to enroll your child in a health insurance plan.
- 8) According to your NYSOH account and testimony, your child was enrolled in a Child Health Plus plan on June 19, 2017.
- 9) You testified that you want your child’s Child Health Plus plan to begin July 1, 2017 to cover any medical expenses that were incurred in July 2017.

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,

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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 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 under review is whether NYSOH properly determined that your child’s Child Health Plus plan should have an enrollment start date of August 1, 2017.

The record reflects that initially applied for health insurance through NYSOH for your child on July 28, 2016, with the assistance of a navigator. Based on that application, your child was determined eligible for Medicaid coverage effective July 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 May 4, 2017 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 their account by June 15, 2017, or their financial assistance may end.

You testified that you were unable to update your account or enroll your child in a health plan because you did not have access to your online NYSOH account. Therefore, you contacted the same navigator that assisted you in 2016. However, the navigator did not promptly return your telephone calls.

You testified that you spoke with an application counselor from Fidelis Care on June 5, 2017. The record reflects that an application was submitted for your child on that date. However, a health plan was not selected because you were advised by the counselor to not select a plan until you were sure of your exact income.

Based on the June 5, 2017 application, NYSOH issued you an eligibility determination notice stating that your child was eligible to enroll in a full price Child Health Plus plan or a Child-Only qualified health plan effective as of July 1, 2017. Furthermore, that notice provided you with instructions to enroll your child in a health plan. The notice stated that you could choose a health plan by accessing your NYSOH online account or by choosing a plan over the telephone by calling NYSOH at 1-855-355-5777.

The record reflects that NYSOH properly notified you that a health plan needed to be selected to effectuate their coverage, and provided the necessary information for you to select a health plan.

You testified that the navigator contacted you on June 19, 2017, and directed you to contact NYSOH to enroll your child in a health insurance plan. Based on their instruction, you contacted NYSOH and enrolled your child in a health plan that same day.

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 June 19, 2017, it must take effect on the first day of the second following after June 19, 2017; that is, on August 1, 2017.

Therefore, the June 20, 2017 enrollment notice is AFFIRMED.

Decision

The June 20, 2017, enrollment notice is AFFIRMED.

Effective Date of this Decision: August 1, 2017

How this Decision Affects Your Eligibility

Your child's Child Health Plus plan enrollment start date was August 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 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 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

The June 20, 2017, enrollment notice is AFFIRMED.

Your child's Child Health Plus plan enrollment start date was August 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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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