



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

Notice of Decision

Decision Date: September 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020124

[REDACTED]

Dear [REDACTED],

On September 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 17, 2017 eligibility determination and disenrollment notices, and the June 18, 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: September 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020124

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly terminate your child's Medicaid Managed Care plan coverage, effective April 30, 2017?

Did NYSOH properly determine that your child was eligible for and enrolled in his Child Health Plus plan coverage, effective August 1, 2017?

Procedural History

On August 26, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible for Medicaid, effective April 1, 2016. Your child enrolled in a Medicaid Managed Care (MMC) plan shortly thereafter, with such coverage beginning April 1, 2016.

On March 3, 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 your health coverage, and that you needed to update your account by April 15, 2017, or your child might lose the financial assistance he was currently receiving.

No updates were made to your account by April 15, 2017.

On April 17, 2017, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus (CHP), the Essential

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Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your child 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 the renewal within the required time frame. Your child's eligibility ended May 1, 2017.

Also on April 17, 2017, NYSOH issued a disenrollment notice confirming that your child's MMC plan coverage would end on April 30, 2017.

On April 21, 2017, NYSOH received your updated application for health insurance.

On April 22, 2017, NYSOH issued a notice of eligibility determination, based on your April 21, 2017 application, stating that your child was eligible to enroll in CHP with a \$9.00 monthly premium, effective June 1, 2017.

Also on April 22, 2017, NYSOH issued a notice of enrollment, based on your plan selection on April 21, 2017, stating that your child was enrolled in a CHP plan, and that this enrollment in the plan would start June 1, 2017.

On June 3, 2017, NYSOH redetermined your household's eligibility for health insurance.

On June 4, 2017, NYSOH issued a renewal notice confirming that your child's CHP coverage would end effective July 31, 2018, and that you would get a notice about renewing your coverage during June 2018. The notice did not request that you take any further action with respect to your child's eligibility or enrollment. This eligibility determination was effective August 1, 2017.

On June 17, 2017, NYSOH received your updated application for health insurance.

On June 18, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for CHP with a \$9.00 monthly premium, effective August 1, 2017.

Also on June 18, 2017, NYSOH issue an enrollment notice confirming your selection of a CHP plan as of June 17, 2017 for your child's coverage. The notice stated that your child's CHP plan coverage would begin effective August 1, 2017.

On June 29, 2017, you spoke to NYSOH's Account Review Unit and appealed that your child's MMC plan coverage ended effective April 30, 2017, and that your child's Child Health Plus plan coverage apparently began effective August 1, 2017, insofar as you were seeking for it to begin no later than June 1, 2017.

On September 22, 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:

- 1) You testified that you are appealing only your child's eligibility.
- 2) You testified that you received your notices from NYSOH by regular mail, prior to having switched this election to email alerts on or about June 29, 2017.
- 3) You testified that you did not receive any notices telling you that you needed to update your application to renew your child's MMC plan coverage.
- 4) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 5) You testified that you did not know that you needed to update your account until your child's physician stated that your child's health insurance coverage was not active.
- 6) The record reflects that on April 21, 2017, NYSOH received your updated application for health insurance.
- 7) You testified, and the record reflects, that you enrolled your child into a CHP plan on April 21, 2017.
- 8) You further updated your account on June 17, 2017, and your child was found eligible for CHP coverage, effective August 1, 2017.
- 9) You testified that you need your child's CHP plan coverage to begin no later than June 1, 2017 due to medical bills incurred by your child during 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 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 terminated your child's Medicaid Managed Care plan coverage, effective April 30, 2017.

Your child was originally found eligible for Medicaid, effective April 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every twelve 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 3, 2017 renewal notice stated that there was not enough information to determine whether your child was eligible to continue his financial assistance for health insurance, and that you needed to supply additional information by April 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, your child's MMC plan coverage was terminated, effective April 30, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

The Appeals Unit finds that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

Therefore, NYSOH's April 17, 2017 eligibility determination and disenrollment notices are AFFIRMED because it properly ended your child's MMC plan enrollment, effective April 30, 2017, when you failed to update your account.

The second issue under review is whether NYSOH properly determined your child was eligible for and enrolled in his CHP plan coverage, effective August 1, 2017.

Your NYSOH account reflects that after your child's disenrollment from Medicaid, you contacted NYSOH on April 21, 2017 and enrolled your child into a CHP plan.

The date on which a CHP 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.

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NYSOH issued an enrollment notice on April 22, 2017 confirming your child's enrollment in a CHP plan as of April 21, 2017, with such coverage beginning June 1, 2017.

The record does not contain any subsequent notice of disenrollment with respect to your child's enrollment in this CHP plan.

You further updated your application on June 17, 2017. Based on the information contained in this application update, your child was found eligible for CHP with a \$9.00 monthly premium, effective August 1, 2017.

NYSOH subsequently issued an enrollment notice stating that your child was enrolled in CHP with a \$9.00 monthly premium, with a coverage start date of August 1, 2017.

Since the record does not contain any notice of disenrollment, your child's coverage should have been in effect beginning June 1, 2017 based on your plan selection as of April 21, 2017.

Therefore, the June 18, 2017 enrollment notice is MODIFIED to state that your child's enrollment in his CHP plan was effective June 1, 2017.

Your case is RETURNED to NYSOH to reinstate your child's CHP coverage during the months of June and July 2017, to the extent that such coverage is not already present.

Decision

The April 17, 2017 eligibility determination notice is AFFIRMED.

The April 17, 2017 disenrollment notice is AFFIRMED.

The June 18, 2017 enrollment notice is MODIFIED to state that your child's enrollment in his CHP plan was effective June 1, 2017.

Your case is RETURNED to NYSOH to reinstate your child's CHP coverage during the months of June and July 2017, to the extent that such coverage is not already present, and to notify you accordingly.

Effective Date of this Decision: September 28, 2017

How this Decision Affects Your Eligibility

Your child's MMC plan coverage was properly terminated, effective April 30, 2017.

Your child's CHP plan coverage began effective June 1, 2017.

Your case is being sent back to NYSOH reinstate your child's CHP coverage during the months of June and July 2017, to the extent that such coverage is not already present, and to notify you accordingly.

If applicable, you will be responsible for any premiums due for coverage to resume those months.

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):

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- 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 April 17, 2017 eligibility determination notice is AFFIRMED.

The April 17, 2017 disenrollment notice is AFFIRMED.

The June 18, 2017 enrollment notice is MODIFIED to state that your child's enrollment in his CHP plan was effective June 1, 2017

Your child's MMC plan coverage was properly terminated, effective April 30, 2017.

Your child's CHP plan coverage began effective June 1, 2017.

Your case is being sent back to NYSOH reinstate your child's CHP coverage during the months of June and July 2017, to the extent that such coverage is not already present, and to notify you accordingly.

If applicable, you will be responsible for any premiums due for coverage to resume those months.

Legal Authority

We are issuing this determination in accordance with 45 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).

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 مجانًا.

বাংলা (Bengali)

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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. y&b&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.

שׂוֹדִיִּשׁ (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.

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).