

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

## Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021207

[REDACTED]

[REDACTED]

On October 23, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's July 17, 2017 eligibility determination and disenrollment 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 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 § 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: November 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021207

[REDACTED]

## 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 children's eligibility for and enrollment in their Medicaid Managed Care plan ended July 31, 2017?

## Procedural History

On June 3, 2016, NY State of Health (NYSOH) issued a renewal notice indicating that your children's health coverage was being automatically renewed for the next coverage year. The notice indicated that, according to data sources, your children remained eligible for Medicaid, effective August 1, 2016. The notice indicated that your children were automatically reenrolled into their Medicaid Managed Care plan, effective August 1, 2016.

On June 3, 2017, NYSOH issued a notice indicating that it was time to renew your children's health insurance for 2017. The notice stated that, based on information from federal and state data sources, NYSOH could not determine whether your children qualified for financial help paying for their health coverage. The notice directed you to update your account by July 15, 2017 or your children might lose the financial assistance they were currently receiving.

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

On July 17, 2017 NYSOH issued an eligibility determination notice stating your children were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your children

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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 children's eligibility ended effective July 31, 2017.

Also on July 17, 2017, NYSOH issued a disenrollment notice stating your children's Medicaid Managed Care plan coverage would end on July 31, 2017, because they were no longer eligible to enroll in the plan.

On August 4, 2017, NYSOH received an updated application for health insurance submitted on behalf of your children.

On August 5, 2017, NYSOH issued a notice of eligibility determination stating your children were eligible to enroll in Child Health Plus with a \$30.00 monthly premium each, effective September 1, 2017.

On August 7, 2017, you contacted NYSOH to select a health plan for your children.

Also on August 7, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your children had a gap in coverage for the month of August 2017.

On August 8, 2017, NYSOH issued a notice of enrollment, based on your plan selection on August 7, 2017, stating that your children were enrolled in a Child Health Plus plan, effective September 1, 2017.

On October 23, 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) Your children were automatically reenrolled into their Medicaid Managed Care plan in 2016, because data sources confirmed household income still qualified them for Medicaid.
- 2) According to your account, NYSOH was unable to obtain sufficient income information from state and federal data sources to determined your children's eligibility for health insurance for the 2017 coverage year.

- 3) NYSOH issued a renewal notice on June 3, 2017 directing you to update your account by July 15, 2017 to renew your children's coverage for the upcoming coverage year.
- 4) No updates were received by NYSOH by the deadline and your children were disenrolled from their Medicaid Managed Care plan on July 31, 2017.
- 5) You testified, and the record reflects, that you receive alerts from NYSOH by electronic mail regarding notices in your account.
- 6) You testified that when you set up your NYSOH account, you must have inadvertently elected to receive alerts from NYSOH by email. You testified that you do not recall doing this.
- 7) You testified that you did not receive an alert regarding the June 3, 2017 renewal notice issue by NYSOH.
- 8) You further testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application to renew your children's coverage.
- 9) You testified that you subsequently discovered that email alerts from NYSOH were being sent to your spam box in your email account.
- 10) Your spouse confirmed that the email alert concerning the July 17, 2017 eligibility determination and disenrollment notices was subsequently discovered in your spam box.
- 11) You testified that you searched your email account and you could not find an email alert from NYSOH, in your inbox or in your spam box, concerning the June 3, 2017 renewal notice.
- 12) You testified that you did not know that you needed to update your account to continue your children's health coverage.
- 13) You testified that you brought your child to [REDACTED] on [REDACTED] [REDACTED] and discovered, for the first time, that your children had been disenrolled from their Medicaid Managed Care plan.
- 14) Your account confirms that NYSOH received an updated application submitted on behalf of your children on August 4, 2017.
- 15) Your children were determined eligible to enroll in Child Health Plus as a result of that application.

- 16) A plan selected was submitted on behalf of your children on August 7, 2017 and coverage through their Child Health Plus became effective on September 1, 2017.
- 17) Your children had a gap in health coverage for the month of August 2017. You testified they have outstanding medical bills from that time.

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 12 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 that may have been provided by the individual (45 CFR § 155.335(h)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

## Legal Analysis

The issue under review is whether NYSOH properly determined that your children's enrollment in their Medicaid Managed Care plan ended, effective July 31, 2017.

Your children were determined eligible for Medicaid effective August 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 June 3, 2017 renewal notice stated that there was not enough information to determine whether your children were eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by July 15, 2017, or their financial assistance might end.

Because there was no timely response to this notice, your children were disenrolled from their Medicaid Managed Care plan, effective July 31, 2017.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. You further testified that you subsequently searched your email account and you could not find an email alert from NYSOH, in your inbox or in your spam box, concerning the June 3, 2017 renewal notice. It is noted that there is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that there is insufficient evidence to conclude that NYSOH provided you with the required notice that you needed to update your account to continue your children's health coverage.

As such, the July 17, 2017 eligibility determination notice stating that your children were no longer eligible to enroll in health coverage through NYSOH, effective August 1, 2017 is RESCINDED, because your failure to timely renew their coverage was partly caused by NYSOH's failure to provide you with adequate notice of the need to renew.

The July 17, 2017 disenrollment notice indicating your children's Medicaid Managed Care plan coverage would end on July 31, 2017, because they were no longer eligible to enroll in the plan, is MODIFIED to reflect their Medicaid Managed Care plan coverage ended on August 31, 2017, because of their new eligibility for and enrollment in a Child Health Plus plan, effective September 1, 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).

Your case is RETURNED to NYSOH to reinstate your children in their Medicaid Managed Care plan for the month of August 2017 in accordance with this decision.

## **Decision**

The July 17, 2017 eligibility determination notice is RESCINDED.

The July 17, 2017 disenrollment notice is MODIFIED to reflect your children's Medicaid Managed Care plan coverage ended on August 31, 2017.

Your case is RETURNED to NYSOH to reinstate your children in their Medicaid Managed Care plan for the month of August 2017.

**Effective Date of this Decision:** November 10, 2017

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

Your children should not have been disenrolled from their Medicaid Managed care plan on July 31, 2017.

Your case is being sent back to NYSOH to reinstate your children into their Medicaid Managed Care plan for the month of August 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 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 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

### **Summary**

The July 17, 2017 eligibility determination notice is **RESCINDED**.

The July 17, 2017 disenrollment notice is **MODIFIED** to reflect your children's Medicaid Managed Care plan coverage ended on August 31, 2017.

Your case is **RETURNED** to NYSOH to reinstate your children in their Medicaid Managed Care plan for the month of August 2017.

Your children should not have been disenrolled from their Medicaid Managed care plan on July 31, 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).

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

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**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 مجانًا.

### **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।

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).

## **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 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.