



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

**Notice of Decision**

Decision Date: January 2, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023207 and AP000000025284

[REDACTED]

On December 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s July 17, 2017 eligibility determination and disenrollment notices, and August 29, 2017 plan 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.

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## Decision

Decision Date: January 2, 2018

NY State of Health Account ID: [REDACTED]  
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## 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 youngest child's enrollment in their Medicaid Managed Care (MMC) plan as of July 31, 2017?

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

## Procedural History

On September 28, 2016, your youngest child was added to your NYSOH account and a financial assistance application was filed on their behalf.

On October 7, 2016, NYSOH issued an eligibility determination notice stating in part that your child was eligible for Medicaid, effective July 1, 2016.

On October 14, 2016, NYSOH issued a plan enrollment notice confirming that as of October 13, 2016, your child was enrolled in a MMC plan with an enrollment start date of November 1, 2016.

On June 3, 2017, NYSOH issued a notice stating, in relevant part, 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

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coverage. You were instructed to update your account by July 15, 2017, so a decision could be made.

On July 16, 2017, your NYSOH account was updated.

On July 17, 2017, NYSOH issued an eligibility determination notice stating that effective August 1, 2017, your child was no longer eligible for health insurance through NYSOH because you did not complete your renewal within the required timeframe.

Also on July 17, 2017, NYSOH issued a disenrollment notice stating in part that your child's MMC coverage would end on July 31, 2017, because they were no longer eligible to enroll in health insurance.

On August 28, 2017, your NYSOH account was updated.

On August 29, 2017, NYSOH issued an eligibility determination notice stating in part that your child was eligible for Child Health Plus with a \$9.00 monthly premium, effective October 1, 2017.

Also on August 29, 2017, NYSOH issued a plan enrollment notice confirming in part that as of August 28, 2017, your child was enrolled in a Child Health Plus with an enrollment start date of October 1, 2017.

On October 6, 2017, you spoke with NYSOH Appeals Unit and requested an appeal insofar as your child did not have health insurance for the months of August 2017 and September 2017.

On December 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until December 11, 2017, to allow you to submit additional documentation to NYSOH's Appeals Unit.

Also on December 4, 2017, you requested an additional appeal as to whether NYSOH provided proper and timely notice of the need for you to renew your child's health insurance.

On December 10, 2017, you uploaded 10-pages of documentation to your NYSOH account [REDACTED] [REDACTED]. That documentation has been made part of the record 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:

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- 1) According to your NYSOH account and testimony, your child was born on [REDACTED]
- 2) According to your NYSOH account, your child was determined eligible for Medicaid, effective July 1, 2016.
- 3) According to your NYSOH account, you receive notices from NYSOH electronically.
- 4) You testified that you received the June 3, 2017, renewal notice instructing you to renew your youngest child's application between June 16, 2017 and July 15, 2017.
- 5) You testified that you contacted NYSOH on or around June 15, 2017, to renew your child's coverage; however, you were informed by the NYSOH representative to call back between August 15, 2017 and September 15, 2017, to renew your child's coverage.
- 6) On December 10, 2017, you submitted a statement asserting that you did not receive the renewal notice for your child (see Appellant Exhibit A, p. 2).
- 7) During the hearing, the Hearing Officer instructed you to submit a record of the telephone calls you made during June 2017.
- 8) On December 10, 2017, you submitted an AT&T telephone record for the period of May 2, 2017 through June 1, 2017. The telephone record indicated that, on May 18, 2017, you placed a telephone call to 888-343-3547 (see Appellant Exhibit A, p. 5).
- 9) Judicial notice is taken that you placed a telephone call to Fidelis Care at 888-343-3547 on May 18, 2017.
- 10) On December 10, 2017, you submitted a statement asserting that on [REDACTED] your spouse went to the pharmacy and was informed that your child's coverage was not active.
- 11) According to your NYSOH account, on August 28, 2017, your child was enrolled in a Child Health Plus plan.
- 12) You testified that you want your child's Child Health Plus plan to be active for the months of August 2017 and September 2017 to cover any medical expenses that were incurred in those months.

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

## **Applicable Law and Regulations**

### Medicaid Coverage

A child under the age of nineteen who is determined eligible for medical assistance shall remain eligible for such assistance until the last day of the month which is twelve months following the determination or redetermination of eligibility for such assistance (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

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)).

### 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)).

### Child Health Plus – Start Date

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 ended your child’s MMC coverage as of July 31, 2017.

Your child was initially determined eligible for Medicaid, effective as of 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.

On June 3, 2017, NYSOH issued a 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 renew your child’s coverage by July 15, 2017, or their financial assistance might end.

The record reflects that you did not update your NYSOH account by July 15, 2017, and your child’s coverage was discontinued as of July 31, 2017.

During the hearing, you testified that you received the June 3, 2017 renewal notice instructing you to renew your child’s application between June 16, 2017 and July 15, 2017. You further testified that you contacted NYSOH on or around June 15, 2017, to renew your child’s coverage; however, you were informed by the NYSOH representative to call back between August 15, 2017 and September 15, 2017, to renew their coverage.

During the hearing, the Hearing Officer instructed you to submit a record of the telephone calls you made during June 2017 to verify your testimony. On

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December 10, 2017, you submitted an AT&T telephone record for the period of May 2, 2017 through June 1, 2017, indicating that on May 18, 2017, you placed a telephone call to 888-343-3547 (see Appellant Exhibit A, p. 5). Judicial notice is taken that you placed a telephone call to Fidelis Care on May 18, 2017, and not to NYSOH.

Therefore, you did not submit any evidence to substantiate that you contacted NYSOH during the month of June 2017.

On December 10, 2017, you submitted a statement asserting that you did not receive the renewal notice for your youngest child (see Appellant Exhibit A, p. 2). Since the assertion made in your statement is contrary to your testimony that you did receive the June 3, 2017 renewal notice, it is deemed not credible.

Based on the available record and the June 3, 2017 renewal notice, NYSOH properly and timely notified you that the information in your NYSOH account needed to be updated by July 15, 2017, so a decision could be made to ensure the continuation of your child's health insurance. However, your child's coverage was not renewed within the allotted timeframe. Therefore, your child's Medicaid coverage through their MMC plan properly ended as of July 31, 2017.

As such, the July 17, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your child was enrolled in a Child Health Plus plan with an enrollment start date of October 1, 2017.

The record reflects that on August 28, 2017, your child was determined eligible for Child Health Plus and enrolled in a health plan.

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 plan was selected on August 28, 2017, between the sixteenth and the end of the month, the plan should be effective on the first day of the second month following that date; that is, on October 1, 2017.

Therefore, the August 29, 2017 plan enrollment notice confirming that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of October 1, 2017, is correct and must be **AFFIRMED**.



## **Decision**

By the June 3, 2017 renewal notice, NYSOH properly and timely notified you that the information in your NYSOH account needed to be updated by July 15, 2017, so a decision could be made to ensure the continuation of your child's health insurance.

The July 17, 2017 eligibility determination notice is AFFIRMED.

The July 17, 2017 disenrollment notice is AFFIRMED.

The August 29, 2017 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 2, 2018

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

Your child's MMC plan coverage properly ended as of July 31, 2017, because you did not renew his coverage within the allotted timeframe.

Your child was properly enrolled in a Child Health Plus plan with an enrollment start date of October 1, 2017.

Your child did not have health insurance coverage through NYSOH from August 1, 2017 through September 30, 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

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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  
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- By fax: 1-855-900-5557

### **Summary**

By the June 3, 2017 renewal notice, NYSOH properly and timely notified you that the information in your NYSOH account needed to be updated by July 15, 2017, so a decision could be made to ensure the continuation of your child's health insurance.

The July 17, 2017, eligibility determination is **AFFIRMED**.

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The July 17, 2017, disenrollment notice is AFFIRMED.

The August 29, 2017, enrollment notice is AFFIRMED.

Your child's MMC plan coverage properly ended as of July 31, 2017, because you did not renew his coverage within the allotted timeframe.

Your child was properly enrolled in a Child Health Plus plan with an enrollment start date of October 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:**

[REDACTED]

## 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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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 אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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