



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

Notice of Decision

Decision Date: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023250

[REDACTED]

Dear [REDACTED]

On December 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 17, 2017 eligibility determination and disenrollment notices and September 21, 2017 eligibility determination and 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Albany, NY 12211

Decision

Decision Date: January 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023250



Issue

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

Did NYSOH properly determine your youngest child was no longer eligible to remain enrolled in their Medicaid Managed Care plan, effective September 30, 2017, and was newly eligible for Child Health Plus and enrolled in a Child HealthPlus plan as of November 1, 2017?

Procedural History

On December 1, 2016, NYSOH issued an eligibility determination notice stating that your youngest child was eligible for Medicaid effective, December 1, 2016. You enrolled your child in a Medicaid Managed Care plan, effective December 1, 2016.

On August 2, 2017, NYSOH issued a notice that it was time to renew your youngest 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 their health coverage, and that you needed to update your account by September 15, 2017 or they might lose the coverage and the financial assistance currently being received.

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

On September 17, 2017, NYSOH issued an eligibility determination notice stating that your youngest child was no longer eligible for health insurance through

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NYSOH, effective October 1, 2017, because you had not responded to the renewal notice and had not completed the renewal within the required time frame.

Also on September 17, 2017, NYSOH issued a disenrollment notice stating your youngest child's enrollment in their Medicaid Managed Care plan would end on September 30, 2017. The notice stated this was because he was no longer eligible to enroll in health insurance through NYSOH.

On September 21, 2017, your youngest child was determined eligible for Child Health Plus for a cost of \$9.00 per month, effective November 1, 2017.

You enrolled your youngest child into a Child Health Plus plan on September 21, 2017.

On September 22, 2017, NYSOH issued a plan enrollment notice confirming your youngest child's enrollment on September 21, 2017, in a Child Health Plus plan with a start date of November 1, 2017.

On October 10, 2017, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from their Medicaid Managed Care plan, effective September 30, 2017, and their enrollment in a Child Health Plus plan on November 1, 2017.

On November 14, 2017, NYSOH issued a plan enrollment notice confirming that your child was enrolled in a Child Health Plus plan, effective December 1, 2017.

On December 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. A Spanish Interpreter assisted throughout the hearing. The record was developed during the hearing and held open 15 days for you to provide supporting documentation.

On December 12, 2017 NYSOH's Appeals Unit received a two-page fax that has been made part of the record as "Appellant's Exhibit 1." The record was closed that day.

Findings of Fact

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

- 1) According to your NYSOH account, your youngest child was found eligible for Medicaid and enrolled in a Medicaid Managed Care plan as of effective December 1, 2016.

- 2) According to your NYSOH account, you receive all of your notices from NYSOH by regular mail.
- 3) You testified that you did not receive any notices telling you to update your youngest child's application during September 2017, in order to renew their 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 you brought your child to the emergency room on October 1, 2017, and were told they was not covered.
- 6) According to your NYSOH account, on September 21, 2017, NYSOH received your youngest child's updated application for health insurance and they were redetermined eligible for Child Health Plus for a cost of \$9.00 per month.
- 7) According to your NYSOH account, your application counselor selected your child's Child Health Plus plan on September 21, 2017, with an enrollment start date of November 1, 2017.
- 8) You testified you were under the impression your child's application had been renewed and that his Child Health Plus plan had started October 1, 2017.
- 9) You provided supporting documentation showing an e-mail you received from your application counselor, dated May 10, 2017, stating your child's Child Health Plus plan started October 1, 2017 (Appellant's Exhibit 1, p. 1).
- 10) You provided supporting documentation in the form of a billing statement from your child's Child Health Plus health plan showing a premium payment in the amount of \$36.00 was made effective November 6, 2017.

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

Applicable Law and Regulations

Medicaid Renewal

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).

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)).

Medicaid Continuous Coverage

A child under the age of nineteen who is determined eligible for medical assistance under Medicaid, remains eligible for such assistance until the last day of the twelfth month following the eligibility determination for such assistance (N.Y.Soc.Serv.Law § 366(4)(b)(3)(i)). This twelve-month period is referred to as “continuous coverage.” An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

In addition, Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

Agencies that administer Medicaid must promptly redetermine eligibility between regular renewals of eligibility whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility. If the agency has enough information available to it to renew eligibility with respect to all eligibility criteria, the agency may begin a new 12-month renewal period (42 CFR §435.916 (d)(1)(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined your youngest child was no longer eligible to remain enrolled in their Medicaid Managed Care plan, effective September 30, 2017, and became newly eligible for Child Health Plus and was enrolled in a Child Health Plus plan as of November 1, 2017.

Your youngest child was originally found eligible for Medicaid effective December 1, 2016, and enrolled in a Medicaid Managed Care plan as of that date. These facts are not in dispute.

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 August 2, 2017 renewal notice stated that there was not enough information to determine whether your youngest child was eligible to continue his financial assistance for

health insurance, and that you needed to supply additional information by September 15, 2017, or their financial assistance might end.

Because there was no timely response to this notice, your youngest child was terminated from their Medicaid Managed Care plan, effective September 30, 2017. However, regardless of the August 2, 2017 renewal notice being issued, your child's eligibility for Medicaid was not due to expire until twelve months from December 1, 2016, which is November 30, 2017, such that the notice was issued too soon.

Under the continuous coverage policy, your child was to remain enrolled in Medicaid for the balance of the twelve-month period so long as no triggering events occurred that would make them ineligible or if your income increased. The record supports there was no triggering event that would have made your child ineligible for Medicaid before the end of the twelve-month period of continuous coverage.

Therefore, the September 17, 2017 eligibility determination and disenrollment notices terminating your child's eligibility for Medicaid and enrollment in their Medicaid Managed Care plan are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your youngest child's Medicaid Managed Care plan for the months of October 2017 and November 2017.

It follows that the September 21, 2017 plan enrollment notice confirming your child's enrollment in a Child Health Plus plan, effective November 1, 2017, is **RESCINDED**.

Based on the foregoing findings, your child's eligibility for and to enroll in Child Health Plus is refined to be effective December 1, 2017, and the corresponding November 14, 2017 plan enrollment notice to that effect is **AFFIRMED**.

Decision

The September 17, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your youngest child's Medicaid Managed Care plan for the months of October 2017 and November 2017, and to notify you accordingly.

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).

The September 21, 2017 plan enrollment notice confirming your child's enrollment in a Child Health Plus plan, effective November 1, 2017, is **RESCINDED**.

Based on the foregoing findings, your child's eligibility for and to enroll in Child Health Plus is refined to be effective December 1, 2017, and the corresponding November 14, 2017 plan enrollment notice to that effect is **AFFIRMED**.

Effective Date of this Decision: January 17, 2018

How this Decision Affects Your Eligibility

Your child's Medicaid Managed Care plan should have ended November 30, 2017.

Your case is being sent back to NYSOH to reinstate your child's Medicaid Managed Care plan enrollment for the months of October 2017 and November 2017. NYSOH will notify you once this is done.

Your youngest child's enrollment in a Child HealthPlus plan is effective as of December 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

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).

- 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 September 17, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your youngest child's Medicaid Managed Care plan for the months of October 2017 and November 2017, and to notify you accordingly.

The September 21, 2017 plan enrollment notice confirming your child's enrollment in a Child Health Plus plan, effective November 1, 2017, is **RESCINDED**.

Based on the foregoing findings, your child's eligibility for and to enroll in Child Health Plus is refined to be effective December 1, 2017, and the corresponding November 14, 2017 plan enrollment notice to that effect is **AFFIRMED**.

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 child's Medicaid Managed Care plan should have ended November 30, 2017.

Your case is being sent back to NYSOH to reinstate your child's Medicaid Managed Care plan enrollment for the months of October 2017 and November 2017. NYSOH will notify you once this is done.

Your youngest child's enrollment in a Child HealthPlus plan is effective as of December 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 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.

שׂוֹדִישׁ (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).