



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

Notice of Decision

Decision Date: January 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023351

[REDACTED]

On December 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 4, 2017 eligibility determination and plan enrollment confirmation 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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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 determine that your oldest child's enrollment in her Medicaid Managed Care ended effective July 31, 2017?

Did NYSOH properly determine that your oldest child was eligible to enroll in Child Health Plus (CHP) no earlier than November 1, 2017?

Procedural History

On August 5, 2016, NYSOH issued an eligibility determination notice stating in part, that your oldest child (child) was eligible for Medicaid, effective August 1, 2016. She was enrolled in a Medicaid Managed Care (MMC) plan on that same day, with such coverage beginning effective September 1, 2016.

On June 3, 2017, NYSOH issued a notice that it was time to renew your family's health insurance for the next yearly coverage period. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether you and your family members would qualify for financial help paying for your health coverage, and that you needed to update your account by July 15, 2017 or you might lose the financial assistance your family members 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 in part, that your child was not eligible for health insurance through NYSOH,

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effective August 1, 2017. This was because you had not responded to the renewal notice and had not completed your family's renewal within the required time frame.

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

On October 3, 2017, NYSOH received your updated application for health insurance for your family.

On October 4, 2017, NYSOH issued an eligibility redetermination notice stating in part, that your child was eligible for CHP with a \$30.00 monthly premium, effective November 1, 2017.

Also on October 4, 2017, NYSOH issued a plan enrollment notice confirming your selection of a CHP plan for your child as of October 3, 2017. Your NYSOH account enrollment details reflect that your child's coverage would begin effective November 1, 2017.

On October 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as it began your child's CHP plan on November 1, 2017 and not October 1, 2017.

On December 5, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until December 20, 2017 for submission of supporting documents.

As of December 20, 2017, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account and your testimony, you receive your notices from NYSOH by regular mail.
- 2) You testified that you received the June 3, 2017 notice telling you that you needed to update your application to renew your family's health insurance coverage.

- 3) You testified that you received the July 17, 2017 notice stating that your family was no longer eligible for health insurance through NYSOH effective August 1, 2017 and the July 17, 2017 notice stating that your family members enrollment in their MMC plan would end on July 31, 2017.
- 4) According to your NYSOH account and your testimony, on October 3, 2017 NYSOH received your updated application for health insurance for your family. Based on this application update, your child was found eligible for CHP with a \$30.00 monthly premium, effective November 1, 2017.
- 5) You testified, and your application reflects, that you selected your child's CHP plan on October 3, 2017, and that her enrollment was effective as of November 1, 2017.
- 6) You testified that you want your child's CHP plan to be effective as of October 1, 2017 because she was hospitalized in October 2017 and these bills are uncovered by any health insurance.

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)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(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 determined that your child’s enrollment in her MMC plan ended effective July 31, 2017.

Your child was originally found eligible for Medicaid effective August 1, 2016. She was enrolled in a MMC plan with coverage beginning September 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 you and your family members were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by July 15, 2017, or the financial assistance your family members were receiving might end.

Because there was no timely response to this notice, your child's MMC plan coverage was terminated effective July 31, 2017.

You testified that you received the June 3, 2017 renewal notice.

Therefore, the record reflects that NYSOH properly notified you of the annual renewal for your family members and that information in your NYSOH account needed to be updated by July 15, 2017 to ensure that their enrollment in their health plans and eligibility for financial assistance would continue.

Accordingly, NYSOH's July 17, 2017 eligibility determination notice stating in part, that your child was no longer eligible for Medicaid effective August 1, 2017 and the July 17, 2017 disenrollment notice stating in part, that your child's MMC plan coverage terminated as of July 31, 2017 were correct, and are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child was eligible to enroll in CHP no earlier than November 1, 2017.

According to your NYSOH account and your testimony, on October 3, 2017 you updated the information in your NYSOH account and enrolled your child in 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.

Since you selected your child's CHP plan on October 3, 2017, it must take effect on the first day of the following month after October 2017; that is, on November 1, 2017.

Therefore, the October 4, 2017 enrollment confirmation notice stating that your child's CHP plan was effective November 1, 2017, is correct and must be AFFIRMED.

Decision

NYSOH's July 17, 2017 eligibility determination notice stating in part, that your child was no longer eligible for Medicaid effective August 1, 2017 is AFFIRMED.

NYSOH's July 17, 2017 disenrollment notice stating in part, that your child's MMC plan coverage terminated as of July 31, 2017 is AFFIRMED.

NYSOH's October 4, 2017 enrollment confirmation notice stating that your child's CHP plan was effective November 1, 2017, is correct and must be AFFIRMED.

Effective Date of this Decision: January 10, 2018

How this Decision Affects Your Eligibility

Your child's MMC plan ended effective July 31, 2017.

Your child's CHP plan enrollment start date was November 1, 2017.

Your child did not have health insurance coverage through NYSOH during the months of August 2017, September 2017 and October 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

NYSOH's July 17, 2017 eligibility determination notice stating in part, that your child was no longer eligible for Medicaid effective August 1, 2017 is AFFIRMED.

NYSOH's July 17, 2017 disenrollment notice stating in part, that your child's MMC plan coverage terminated as of July 31, 2017 is AFFIRMED.

NYSOH's October 4, 2017 enrollment confirmation notice stating that your child's CHP plan was effective November 1, 2017, is correct and must be AFFIRMED.

Your child's MMC plan ended effective July 31, 2017.

Your child's CHP plan enrollment start date was November 1, 2017.
Your child did not have health insurance coverage through NYSOH during the months of August 2017, September 2017 and October 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 مجاناً.

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