



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

## Notice of Decision

Decision Date: December 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023661

[REDACTED]

Dear [REDACTED]

On December 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 18, 2017 eligibility determination notice, June 18, 2017 disenrollment notice, August 17, 2017 eligibility determination notice, August 17, 2017 disenrollment notice, October 25, 2017 eligibility determination notice, and October 25, 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.

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## Decision

Decision Date: December 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023661



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Was your appeal of NY State of Health's June 18, 2017 eligibility determination notice, June 18, 2017 disenrollment notice, August 17, 2017 eligibility determination notice, and August 17, 2017 disenrollment notice timely?

Did NY State of Health properly determine that you were ineligible for and disenrolled from Medicaid and your Medicaid Managed Care plan, effective June 30, 2017?

Did NY State of Health properly determine that your child was ineligible for and disenrolled from Medicaid and her Medicaid Managed Care plan, effective August 31, 2017?

Did NY State of Health issue a timely determination based on the application you submitted on August 28, 2017?

Did NY State of Health properly determine that your enrollment in your qualified health plan began December 1, 2017 and that your child's enrollment in her Child Health Plus plan began as of December 1, 2017?

## **Procedural History**

On August 9, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid, effective August 1, 2016, and that your child was eligible for Medicaid, effective September 1, 2016.

On August 10, 2016, NYSOH issued a notice of eligibility determination stating that you and your child were enrolled in your Medicaid Managed Care plans with a plan enrollment start date of September 1, 2016.

On May 17, 2017, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by June 15, 2017 or you might lose the financial assistance you were currently receiving.

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

On June 18, 2017, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You 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 your renewal within the required time frame. Your eligibility ended June 30, 2017.

Also on June 18, 2017, NYSOH issued a disenrollment notice stating that your enrollment in Medicaid and your Medicaid Managed Care plan would end on June 30, 2017. This was because you were no longer eligible to enroll in health insurance through NYSOH.

On July 2, 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 her health coverage, and that you needed to update your account by August 15, 2017 or she might lose the financial assistance you were currently receiving.

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

On August 17, 2017, NYSOH issued a notice of eligibility determination stating that your child was not eligible for Medicaid, Child Health Plus, the Essential 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 your renewal within the required time frame. Your child's eligibility ended August 31, 2017.

Also on August 17, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in Medicaid and her Medicaid Managed Care plan would end on August 31, 2017. This was because she was no longer eligible to enroll in health insurance through NYSOH.

On August 28, 2017, you updated your household's application for financial assistance.

On August 29, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to determine your and your child's eligibility for financial assistance. This notice directed you to submit proof of your household's income by September 12, 2017.

No income documentation was received by September 12, 2017.

On October 1, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2017.

On October 5, 2017, income documentation was uploaded to your NYSOH account.

On October 24, 2017, NYSOH issued a notice of eligibility determination stating that you were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions. You also could not enroll in a qualified health plan at full cost. This was because NYSOH did not receive income documents to confirm your eligibility by the due date you were given.

On October 24, 2017, you updated your household's application for financial assistance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you were eligible for advance payment of the premium tax credit (APTC) of up to \$352.00 per month and cost-sharing reductions for a limited time, effective December 1, 2017, and that your child was eligible for Child Health Plus for a limited time, effective December 1, 2017.

Also on October 24, 2017, you contacted the NYSOH Account Review Unit and requested an appeal insofar as you were without coverage from July 1, 2017 to November 30, 2017 and your child was without coverage from August 1, 2017 to November 30, 2017.

On October 25, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$352.00 per month in APTC for a limited time and eligible to receive cost-sharing reductions if you enrolled in a silver level

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qualified health plan for a limited time, effective December 1, 2017, and that your child was eligible for Child Health Plus for a limited time, effective December 1, 2017. This notice directed you to submit documentation confirming your household income before December 23, 2017 in order to confirm your child's eligibility for financial assistance and before January 22, 2018 to confirm your eligibility for financial assistance.

On October 25, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan as of December 1, 2017 and that your child was enrolled in a Child Health Plus plan as of December 1, 2017.

On November 3, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan with a plan enrollment start date of November 1, 2017 and that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of November 1, 2017.

On December 19, 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) In the August 9, 2016 eligibility determination, you were found eligible for Medicaid as of August 1, 2016 and your child was found eligible for Medicaid as of September 1, 2016.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.
- 3) You testified that your NYSOH account was previously set to send all electronic notices to your spouse's e-mail account. You further explained that your spouse is deceased, however, you had set her e-mail account to forward e-mails to your e-mail account.
- 4) Your NYSOH account reflects that you have since updated the e-mail address in your NYSOH to be your e-mail account. You testified that you could not recall when you made this change.
- 5) You testified that you have received electronic alerts advising you that there were new notices in your NYSOH account. You could not recall if you received electronic alerts from NYSOH on or around May 17, 2017 or July 12, 2017, however, you testified that you believe you did receive electronic alerts from NYSOH around that time. You went on to testify that following receipt of these e-mails from NYSOH, you attempted to log-on to

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- your NYSOH account, but encountered technical difficulties. You explained that after encountering these technical difficulties, you neglected to pursue signing-on to your NYSOH account further in order to review the notices referenced in these electronic alerts.
- 6) You testified that you did not know that you needed to update your account until you received a disenrollment notice in the mail. You stated that you could not recall if this notice was from NYSOH or from your and your child's Medicaid Managed Care plans.
  - 7) You testified that you contacted NYSOH as soon as you discovered that you and your child had been disenrolled from coverage.
  - 8) Your NYSOH account reflects that NYSOH received your updated application for health insurance on August 28, 2017. You testified that you were advised at that time that you would need to submit proof of your household income.
  - 9) The record reflects that on September 26, 2017, you faxed income documentation to NYSOH and this documentation was uploaded to your NYSOH account on October 5, 2017.
  - 10) On October 24, 2017, you updated your application for health insurance. You selected a qualified health plan for enrollment for yourself and a Child Health Plus plan for your child that day.
  - 11) On October 24, 2017, you spoke to NYSOH's Account Review Unit and requested an earlier start date for you and your child's coverage. As a result, two complaints were created (████████████████████). Notes within those incidents reflect that a defect occurred in your account on October 6, 2017. As a result, on November 2, 2017, NYSOH agreed to backdate your and your child's coverage to November 1, 2017.
  - 12) On October 25, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient proof of your household's income. On October 26, 2017, NYSOH issued a notice advising you that the income documentation you submitted did not confirm the information in your account and that additional income documentation was needed by December 23, 2017 in order to confirm your child's eligibility for financial assistance and by January 22, 2018 in order to confirm your eligibility for financial assistance.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR §155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

### 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)).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the

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insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

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)).

### 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)).

### Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

### Verification of Eligibility for Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

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An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

#### Timely Notice of Qualified Health Plan Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must not proceed with the applicant's eligibility determination, or provide advance payments of the premium tax credit or cost-sharing reductions, unless the applicant provides sufficient information for NYSOH to make an eligibility determination (45 CFR § 155.310(k)(3)).

## 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).

## Child Health Plus – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant’s household income. If NYSOH is unable to verify the applicant’s household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

## Timely Notice of Child Health Plus Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person’s eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

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NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

## **Legal Analysis**

The first issue is whether your appeal of NY State of Health's June 18, 2017 eligibility determination notice, June 18, 2017 disenrollment notice, August 17, 2017 eligibility determination notice, and August 17, 2017 disenrollment notice timely.

The record reflects that you first contacted NYSOH to file a formal appeal regarding your and your child's ineligibility for and disenrollment from your Medicaid and Medicaid Managed Care plan on October 24, 2017.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your ineligibility for and disenrollment from your Medicaid and Medicaid Managed Care plan as of June 30, 2017, an appeal should have been filed by August 17, 2017.

For an appeal to have been valid on the issue of your child's ineligibility for and disenrollment from her Medicaid and Medicaid Managed Care plan as of August 31, 2017, an appeal should have been filed by October 16, 2017.

The record reflects that you filed your appeal on October 24, 2017, which is beyond the 60-day deadline.

Although your appeal was untimely on its face, your NYSOH account reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that although you did receive electronic alerts from NYSOH during this time period, you were encountering technical difficulty when attempting to sign-on to your NYSOH account, so you did not view the notices contemporaneous with when they were uploaded your account. Therefore, the record reflects that you were unaware of your appeal rights.

As you were unable to access your NYSOH account to review the June 18, 2017 notices and the August 17, 2017 notices, and were therefore unaware of your or your child's disenrollment from coverage, as well as your appeal rights, and you contacted NYSOH shortly after learning that you and your child had been

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disenrolled from your Medicaid and Medicaid Managed Care plans, your failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal.

The second issue is whether NYSOH properly determined that you were ineligible for and disenrolled from Medicaid and your Medicaid Managed Care plan, effective June 30, 2017.

You were found eligible for Medicaid in the August 9, 2016 eligibility determination notice, effective August 1, 2016. This determination is not under appeal, and therefore will not be reviewed.

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 May 17, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by June 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective June 30, 2017.

You testified, and the record reflects, that you elected to receive alerts regarding notices from NYSOH electronically. You testified that although you could not recall receiving an electronic alert from NYSOH on or around May 17, 2017, you testified that you believe you did receive electronic alerts from NYSOH around that time and that you attempted to log-on to your NYSOH account, but encountered technical difficulties when doing so, and thereafter you failed to follow-up with NYSOH.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

However, under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the Federal poverty level. This provision is called "continuous coverage."

As you were found eligible for Medicaid as of August 1, 2016, your Medicaid should have continued for twelve continuous months, regardless of whether your household income rose above 138% of the applicable Federal poverty level. There is no indication in the record that you would have been ineligible for Medicaid on any other basis during the relevant time period.

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Therefore, your Medicaid and Medicaid Managed Care plan should have continued until July 31, 2017.

Accordingly, the June 18, 2017 eligibility determination is MODIFIED to reflect that you were no longer eligible for Medicaid effective August 1, 2017 and the June 18, 2017 disenrollment notice is MODIFIED to reflect that you were disenrolled from your Medicaid and Medicaid Managed care plan as of July 31, 2017.

The third issue is whether NYSOH properly determined that your child was ineligible for and disenrolled from Medicaid and her Medicaid Managed Care plan, effective August 31, 2017.

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

NYSOH's July 2, 2017 renewal notice stated that there was not enough information to determine whether your child was eligible to continue her financial assistance for health insurance, and that you needed to supply additional information by August 15, 2017, or her financial assistance might end.

Because there was no timely response to this notice, your child was terminated from her Medicaid and Medicaid Managed Care plan effective August 31, 2017.

You testified, and the record reflects, that you elected to receive alerts regarding notices from NYSOH electronically. You testified that although you could not recall receiving an electronic alert from NYSOH on or around July 2, 2017, you testified that you believe you did receive electronic alerts from NYSOH around that time and that you attempted to log-on to your NYSOH account, but encountered technical difficulties when doing so, and thereafter you failed to follow-up with NYSOH.

Therefore, the record reflects that NYSOH properly notified you of your child's annual renewal and that information in your NYSOH account needed to be updated in order to ensure your child's enrollment in her health plan and eligibility for financial assistance would continue.

As you failed to update your application after being properly notified by NYSOH that there was a new notice in your NYSOH account, NYSOH properly terminated your child's eligibility for and enrollment in her Medicaid and Medicaid Managed Care plan as of August 31, 2017.

Therefore, the August 17, 2017 eligibility determination notice and August 17, 2017 disenrollment notice are AFFIRMED.

The fourth issue is whether NYSOH issued a timely determination based on the application you submitted on August 28, 2017.

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For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your application on August 28, 2017.

Thereafter, NYSOH requested documentation of your household income in the August 29, 2017 notice advising you that the information in your application did not match what NYSOH had received from federal and state data sources.

You faxed income documentation to NYSOH on September 26, 2017 and this was uploaded to your NYSOH account on October 5, 2017.

On October 25, 2017, NYSOH reviewed the income documentation you submitted on September 26, 2017 and determined that this was insufficient to resolve the inconsistency in your account. No further documentation of your income has been submitted to NYSOH. Therefore, there was no failure by NYSOH to issue an eligibility determination since there was not a complete application.

The fifth issue is whether NYSOH properly determined that your enrollment in your qualified health plan began December 1, 2017 and that your child's enrollment in her Child Health Plus plan began as of December 1, 2017.

On October 24, 2017, you updated your application for financial assistance and selected a qualified health plan for enrollment for yourself and selected a Child Health Plus plan for your child.

The date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

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.

Although you selected a qualified health plan for enrollment for yourself and a Child Health Plus plan for enrollment for your child on October 24, 2017, NYSOH reviewed your account and determined that there was a defect logged on your

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account on October 6, 2017 which prevented you from being able to enroll yourself in a qualified health plan and enrolling your child on a Child Health Plus plan at that time.

NYSOH conceded that your and your child's enrollment in your respective plans should have begun as of November 1, 2017.

Therefore, the October 25, 2017 eligibility determination notice and the October 25, 2017 enrollment confirmation notice are MODIFIED to reflect that your eligibility for and enrollment in your qualified health plan and your child's eligibility for and enrollment in her Child Health Plus plan were effective November 1, 2017.

Your case is RETURNED to reinstate you into your Medicaid and Medicaid Managed Care plan from July 1, 2017 through July 31, 2017 and to ensure that your enrollment in your qualified health plan was effective as of November 1, 2017 and that your child's enrollment in her Child Health Plus plan was effective as of November 1, 2017.

## **Decision**

The June 18, 2017 eligibility determination is MODIFIED to reflect that you were no longer eligible for Medicaid effective August 1, 2017 and the June 18, 2017 disenrollment notice is MODIFIED to reflect that you were disenrolled from your Medicaid and Medicaid Managed care plan as of July 31, 2017.

The August 17, 2017 eligibility determination notice and August 17, 2017 disenrollment notice are AFFIRMED.

The October 25, 2017 eligibility determination notice and the October 25, 2017 enrollment confirmation notice are MODIFIED to reflect that your eligibility for and enrollment in your qualified health plan and your child's eligibility for and enrollment in her Child Health Plus plan were effective November 1, 2017.

Your case is RETURNED to reinstate you into your Medicaid and Medicaid Managed Care plan from July 1, 2017 through July 31, 2017 and to ensure that your enrollment in your qualified health plan was effective as of November 1, 2017 and that your child's enrollment in her Child Health Plus plan was effective as of November 1, 2017.

**Effective Date of this Decision:** December 26, 2017

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

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 eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan should have ended as of July 31, 2017.

Your case is being sent back to NYSOH to reinstate you into your Medicaid and Medicaid Managed Care plan from July 1, 2017 through July 31, 2017.

Your child's eligibility for and enrollment in her Medicaid and Medicaid Managed Care plan properly ended as of August 31, 2017.

Your enrollment in your qualified health plan is effective as of November 1, 2017.

Your child's enrollment in her Child Health Plus plan is effective as of November 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
- 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):**

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 June 18, 2017 eligibility determination is MODIFIED to reflect that you were no longer eligible for Medicaid effective August 1, 2017 and the June 18, 2017 disenrollment notice is MODIFIED to reflect that you were disenrolled from your Medicaid and Medicaid Managed care plan as of July 31, 2017.

Your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan should have ended as of July 31, 2017.

The August 17, 2017 eligibility determination notice and August 17, 2017 disenrollment notice are AFFIRMED.

Your child's eligibility for and enrollment in her Medicaid and Medicaid Managed Care plan properly ended as of August 31, 2017.

The October 25, 2017 eligibility determination notice and the October 25, 2017 enrollment confirmation notice are MODIFIED to reflect that your eligibility for and enrollment in your qualified health plan and your child's eligibility for and enrollment in her Child Health Plus plan were effective November 1, 2017.

Your enrollment in your qualified health plan is effective as of November 1, 2017.

Your child's enrollment in her Child Health Plus plan is effective as of November 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 reinstate you into your Medicaid and Medicaid Managed Care plan from July 1, 2017 through July 31, 2017 and to ensure that your enrollment in your qualified health plan was effective as of November 1, 2017 and that your child's enrollment in her Child Health Plus plan was effective as of November 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)**

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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### **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.

### **אײַדיש (Yiddish)**

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).

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).