



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

## Notice of Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023796

[REDACTED]

Dear [REDACTED],

On November 6, 2017, [REDACTED] appeared by telephone at a hearing on your appeal of NY State of Health's October 20, 2017 and October 25, 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 NY State of Health Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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## Decision

Decision Date: November 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000023796

[REDACTED]

## Issue

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

Did NYSOH properly determine that your child's eligibility for and enrollment in her Child Health Plus plan was effective December 1, 2017?

## Procedural History

On August 2, 2017, NYSOH issued a renewal notice stating that, based on information from federal and state data sources, a decision about whether or not your child qualified for financial help paying for health insurance could not be made. The notice directed you to update the information in your NYSOH account by September 15, 2017, and if you missed this deadline, your child was in danger of losing health insurance coverage and financial assistance.

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

On September 17, 2017, NYSOH issued a discontinuance notice stating that, effective October 1, 2017, your child was no longer eligible for health coverage through NYSOH, including Medicaid, Child Health Plus, the Essential Plan, or to receive premium tax credits or cost sharing reductions, and could not purchase a qualified health plan. The reason stated was because you did not respond to the renewal notice and did not complete your child's renewal within the required timeframe.

Also on September 17, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in her Medicaid Managed Care plan would end September 30, 2017.

On October 20, 2017, based on your account being updated on October 19, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a \$30.00 monthly premium and an eligibility effective date of December 1, 2017.

Also on October 20, 2017, NYSOH issued a plan enrollment notice confirming that your child was enrolled in a Child Health Plus Plan with MetroPlus Health Plan with a \$30.00 monthly premium and an enrollment start date of December 1, 2017.

On October 25, 2017, NYSOH issued the following notices based on a change in your plan selection for your child:

- 1) A disenrollment notice stating your child's enrollment in a Child health Plus plan with MetroPlus Health Plan would end December 1, 2017, at your request;
- 2) An eligibility determination notice stating that your child was eligible for Child Health Plus with a \$30.00 monthly premium and an eligibility effective date of December 1, 2017; and,
- 3) A plan enrollment notice confirming that your child was enrolled in a Child HealthPlus plan with [REDACTED], with a \$30.00 monthly premium and an enrollment start date of December 1, 2017.

On October 28, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your child had an urgent medical need and needed Child Health Plus coverage as of November 1, 2017.

On November 2, 2017, your October 30, 2017 request for an expedited appeal was granted based on the supporting medical documentation you submitted. A hearing was scheduled for November 6, 2017.

On November 6, 2017, a Hearing Officer from NYSOH's Appeals Unit contacted you to conduct the hearing as scheduled. Through sworn testimony, your spouse agreed to waive formal notice of the telephone hearing. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) According to your NYSOH account and its Medicaid reporting system, eMedNY, your child had health insurance coverage through Medicaid,

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effective as of the first day of his month of birth; that is [REDACTED], and coverage was extended from June 1, 2017 through September 30, 2017.

- 2) According to your NYSOH account and your spouse's testimony, you receive notices from NYSOH by regular mail.
- 3) Your spouse testified that your mailing address is correct and has not changed at any time relevant to this appeal.
- 4) Your spouse testified that she does not recall whether either of you received the August 2, 2017 renewal notice in the mail telling you that you needed to update your NYSOH account in order to renew your child's coverage.
- 5) According to your NYSOH account, no notices mailed to your mailing address by NYSOH have been returned as undeliverable.
- 6) Your spouse testified that she first learned on or about [REDACTED], that your child's health insurance coverage in her Medicaid Managed Care plan was to end on September 30, 2017.
- 7) According to your NYSOH account, your account was updated on October 19, 2017, with the assistance of a certified application counselor, and your child was redetermined eligible for Child Health Plus, effective December 1, 2017.
- 8) Your spouse testified that your income might have caused the delay in your child's eligibility from September 28, 2017 to October 19, 2017, but she was not certain.
- 9) Your spouse testified that your child became ill on or about [REDACTED], and had to be hospitalized more than once and has had follow-up visits with specialists. Your spouse further testified that your child is not being denied medical treatment and care.
- 10) Your spouse testified that you are seeking to have your child's coverage in her Child Health Plus made effective November 1, 2017, to cover medical expenses and so she can continue to receive the urgent medical treatment she needs.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

### 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 State

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Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your child's enrollment in her Child Health Plus plan was effective December 1, 2017.

Your child was originally found eligible for Medicaid and enrolled in a Medicaid Managed Care as of June 1, 2016 [REDACTED], with coverage extended after twelve months for an additional four months.

Generally, NYSOH must redetermine a qualified child's eligibility for financial assistance, such as in the Medicaid and Child Health Plus programs, once every twelve 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 child was eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by September 15, 2017, or her financial assistance might end.

Because there was no timely response to this notice, your child was terminated from her Medicaid Managed Care plan effective September 30, 2017.

Your spouse testified that she was not certain if either of you received any notice from NYSOH telling you that you needed to update the information in your NYSOH account on your child's behalf. Your spouse testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. Your spouse also confirmed that the mailing address listed on your account and to which the renewal notice was sent was correct. Further, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

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

The record further reflects that, with the assistance of a certified application counselor, you first renewed your child's eligibility for financial assistance through NYSOH for 2017 on October 19, 2017, and enrolled your child into a Child Health Plus plan that day. Notably, it is unclear from the record as to why there was a delay from [REDACTED] when you and/or your spouse first learned your child's coverage in her Medicaid Managed Care plan was to end September 30, 2017, to October 19, 2017. Had your account been renewed on or before

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October 15, 2017, and your child's eligibility for Child Health Plus and plan selection made by that date, your child's coverage could have been made effective November 1, 2017. Otherwise, there is no mechanism in the law under the circumstances of this case to permit coverage in your child's Child Health Plus plan to be backdated to November 1, 2017, such that we are constrained by the applicable law and state plan.

Under the applicable law and state 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 between 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 eligibility for Child Health Plus and a health plan selection were completed on October 19, 2017, your child's enrollment in her Child Health Plus plan properly took effect the first day of the second month after October 2017; that is on December 1, 2017. The same outcome applies to your October 24, 2017 change of Child Health Plus plans for your child.

Therefore, NYSOH's October 20, 2017 and October 25, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your child's eligibility for and enrollment in Child Health Plus as of December 1, 2017.

## **Decision**

The October 20, 2017 and October 25, 2017 eligibility determination notices are AFFIRMED.

The October 20, 2017 and October 25, 2017 plan enrollment notices are AFFIRMED.

**Effective Date of this Decision:** November 6, 2017

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

This decision does not change your child's eligibility for Child Health Plus.

The effective date of your child's Child Health Plus plan is December 1, 2017.



Your child did not have health insurance coverage through NYSOH for the month of October 2017 and does not have health insurance coverage through NYSOH for the month of November 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 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):**

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
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- By fax: 1-855-900-5557

## **Summary**

The October 20, 2017 and October 25, 2017 eligibility determination notices are AFFIRMED.

The October 20, 2017 and October 25, 2017 plan enrollment notices are AFFIRMED.

This decision does not change your child's eligibility for Child Health Plus.

The effective date of your child's Child Health Plus plan is December 1, 2017.

Your child did not have health insurance coverage through NYSOH for the month of October 2017 and does not have health insurance coverage through NYSOH for the month of November 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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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 b e tumi ama wo obi a okyer e 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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