



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

Notice of Decision

Decision Date: January 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023898

[REDACTED]

On December 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 2, 2017 eligibility determination and 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 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.

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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Decision Date: January 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023898

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Issue

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

Did NY State of Health (NYSOH) properly determine that your daughter's eligibility for and enrollment in her Child Health Plus plan was effective December 1, 2017?

Procedural History

On November 17, 2016, NYSOH issued a notice of eligibility determination, stating that your daughter remained eligible for Medicaid, effective November 1, 2016.

On September 4, 2017, NYSOH issued a notice that it was time to renew your daughter's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether your daughter would qualify for financial help paying for her health coverage, and that you needed to update your account by October 15, 2017 or your daughter might lose the coverage and financial assistance she was currently receiving.

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

NYSOH redetermined your daughter's eligibility on October 16, 2017.

On October 17, 2017, NYSOH issued an eligibility determination notice stating that your daughter was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your

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daughter 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 daughter's renewal within the required time frame. Your daughter's eligibility ended October 31, 2017.

On October 18, 2017, NYSOH issued a disenrollment notice stating that your daughter's Medicaid Managed Care plan coverage was ending effective October 31, 2017.

On November 1, 2017, NYSOH received your daughter's updated application for health insurance. That day, a preliminary eligibility determination was prepared regarding that application, stating that your daughter was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective December 1, 2017.

Also on November 1, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your daughter's Child Health Plus plan insofar as it did not begin November 1, 2017.

On November 2, 2017, NYSOH issued a notice of eligibility determination, based on your November 1, 2017 application, stating that your daughter was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective December 1, 2017.

Also on November 2, 2017, NYSOH issued a notice of enrollment, based on your plan selection on November 1, 2017, stating that your daughter was enrolled in a Child Health Plus plan and that coverage would start on December 1, 2017.

On December 28, 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) NYSOH records reflect and you testified that your daughter was found eligible for Medicaid effective November 1, 2016. She was enrolled in a Medicaid Managed Care Plan effective December 1, 2016.
- 2) You testified, and the record reflects, that you receive your notices from NYSOH by regular mail.
- 3) You testified that you did receive the September 4, 2017 renewal notice telling you that you needed to update your application to renew your daughter's coverage by October 15, 2017.

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- 4) You testified that you did not believe that that you needed to update your account because you had previously provided income information for your household to NYSOH on an earlier date.
- 5) No updates were made to your account by October 15, 2017.
- 6) NYSOH redetermined your eligibility on October 16, 2017.
- 7) On October 17, 2017, NYSOH issued an eligibility determination notice stating that your daughter was not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your daughter 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 daughter's renewal within the required time frame. Your daughter's eligibility ended October 31, 2017.
- 8) The record reflects that on November 1, 2017, NYSOH received your daughter's updated application for health insurance.
- 9) On November 2, 2017, NYSOH issued a notice of eligibility determination, based on your November 1, 2017 application, stating that your daughter was eligible to enroll in Child Health Plus with a \$30.00 monthly premium, effective December 1, 2017. Your daughter was subsequently enrolled in a Child Health Plus plan.
- 10) You testified that you are seeking that your daughter be enrolled in her Child Health Plus plan as of November 1, 2017.

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 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 daughter's enrollment in her Child Health Plus plan was effective December 1, 2017.

Your daughter was found eligible for Medicaid effective November 1, 2016 and enrolled in a Medicaid Managed Care plan effective December 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility 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 September 4, 2017 renewal notice stated that there was not enough information to determine whether your daughter was eligible to continue their financial assistance for health insurance, and that you needed to update your application by October 15, 2017, or her financial assistance might end.

Because there was no timely response to this renewal notice, your daughter's coverage in Medicaid ended effective October 31, 2017.

You testified that you did receive the September 4, 2017 renewal notice from NYSOH telling you that you needed to update the information in your NYSOH account on your daughter's behalf. You testified that you did not believe that that you needed to update your account because you had previously provided income information for your household to NYSOH on an earlier date.

The Appeals Unit finds that NYSOH properly notified you of your daughter's annual renewal and that information in your NYSOH account needed to be updated to ensure that your daughter's eligibility for financial assistance would continue.

You first renewed your child's eligibility for financial assistance through NYSOH on November 1, 2017, and selected a Child Health Plus plan for your daughter that day.

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.

Therefore, NYSOH's November 2, 2017 eligibility determination notice and enrollment confirmation notices are AFFIRMED because they properly began your daughter's eligibility for and enrollment in Child Health Plus on December 1, 2017.

Decision

The November 2, 2017 eligibility determination notice is AFFIRMED.

The November 2, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 26, 2018

How this Decision Affects Your Eligibility

This decision does not change your daughter's eligibility.

The effective date of your daughter's Child Health Plus plan is 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
- 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 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 Have Questions about this Decision (Customer Service Resources):

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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 2, 2017 eligibility determination notice is AFFIRMED.

The November 2, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your daughter's eligibility.

The effective date of your daughter's Child Health Plus plan is 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)

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।

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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&etumi ama wo obi a okyerε 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.

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