



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

Notice of Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024924

[REDACTED]

Dear [REDACTED],

On February 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 23, 2017 eligibility determination 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 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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024924



Issue

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

Did NY State of Health properly determine that your child's eligibility for Child Health Plus was effective January 1, 2018?

Procedural History

On November 29, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating your child was eligible for Medicaid, effective November 1, 2016. You enrolled your child in a Medicaid Managed Care plan effective January 1, 2017.

On September 3, 2017, NYSOH issued a notice that it was time to renew your child's health insurance for the upcoming coverage year. The 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 October 15, 2017, or your child might lose the financial assistance she was currently receiving.

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

On October 17, 2017, NYSOH issued an eligibility determination notice stating that your child 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 child also could not enroll in a qualified health plan at full cost. This was because you

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had not responded to the renewal notice and had not completed your child's renewal within the required time frame. Your child's eligibility ended November 1, 2017.

On October 17, 2017, NYSOH issued a disenrollment notice stating your child's enrollment in her Medicaid Managed Care plan would end, effective October 31, 2017.

On November 22, 2017, NYSOH received your child's updated application for financial assistance.

On November 23, 2017, NYSOH issued a notice stating your child was eligible for Child Health Plus at \$9.00 per month, effective January 1, 2018.

On November 28, 2017 you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus eligibility requesting it be made effective November 1, 2017, and that she be allowed to enroll in a plan as of that date.

On February 8, 2018 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) According to your NYSOH account, you receive notices from NYSOH by regular mail.
- 2) You testified you were signed up for receipt of e-mail notifications, of which you were not aware. You testified you were not sure who set you up for electronic notification.
- 3) You testified you changed your contact preference to regular mail notifications when you contacted NYSOH in November 2017.
- 4) You confirmed your e-mail address was correct in your NYSOH account.
- 5) You testified you did know you were getting emails regarding notices in your NYSOH account and did not realize they were being sent to a spam folder in your e-mail account until after your child was disenrolled from health insurance coverage.

- 6) There is no indication that e-mail messages failed to be delivered and there are no return mail notices in your NYSOH account.
- 7) You testified that you did not know that you needed to update your NYSOH account until you went to a doctor's office with your child [REDACTED].
- 8) On November 22, 2017, NYSOH received your child's updated application for health insurance.
- 9) You testified you encountered a technical defect which prevented you from enrolling your child in a Child Health Plus plan on November 22, 2017.
- 10) A defect was filed for your account on November 22, 2017, as [REDACTED] (see Incident [REDACTED]).
- 11) As of the date of your hearing on February 8, 2018, your child was not enrolled in a Child Health Plus plan.
- 12) You testified that you are seeking that your child be enrolled in a 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

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)).

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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).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or 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 within one day of the notice being generated (45 CFR § 155.230(d); 42 CFR § 435.918(b)(3) and (4)).

If an electronic notice is undeliverable, NYSOH must send a notice by regular mail within three business days of the date of a failed electronic communication (42 CFR §435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child’s eligibility for Child Health Plus was effective January 1, 2018.

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Your child was originally found eligible for Medicaid, effective November 1, 2016, and enrolled in a Medicaid managed Care plan, effective January 1, 2017. Individuals are entitled to twelve months of continuous coverage in Medicaid, barring any disqualifying events. In your child's case, 12 months of coverage from November 1, 2016, was to end as of October 31, 2017.

Generally, NYSOH must redetermine a qualified child'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 3, 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 October 15, 2017, or their financial assistance might end.

Because there was no timely response to this notice, your child was terminated from her Medicaid Managed Care plan effective November 1, 2017, at the end of the 12-month coverage period then in place.

You testified that you were signed up to receive alerts regarding notices from NYSOH electronically, but you were not sure who signed you up to receive them that way and were not aware that they were being sent to you. You testified you were receiving messages from NYSOH in your spam folder, but did not know they were there until after your child was disenrolled from health insurance coverage.

There is no indication that the messages sent to your e-mail address failed, and no record of return mail notices in your account. You testified that your e-mail address as listed in your NYSOH account was correct. Since you testified that your e-mail was receiving messages from NYSOH to your spam folder, there is sufficient evidence in the record that NYSOH provided you with proper notice by electronic means that you needed to update your NYSOH account in order for your child to continue to receive financial assistance and health insurance through NYSOH. The fact that the emails went to your spam account cannot be attributed to error on the part of NYSOH.

You first renewed your child's eligibility for financial assistance through NYSOH for the new coverage year on November 22, 2017.

The date on which Child Health Plus eligibility can take effect depends on the day a person applies. An application received between the first day and fifteenth day of a month goes into effect on the first day of the following month. An application that is received 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 application was received on November 22, 2017, following the rule set forth above, coverage should have taken effect on the first day of the second month following November 2017; that is, on January 1, 2018.

Therefore, NYSOH's November 23, 2017 eligibility determination notice is AFFIRMED because it properly began your child's eligibility for Child Health Plus on January 1, 2018.

However, you testified and the record supports you were unable to select a Child Health Plus plan for your child on November 22, 2017 due a defect which was opened on your account that day as [REDACTED] (see Incident [REDACTED]). Therefore, we must assume that the information you provided would have been used had you been able to enroll your child in a plan that day.

Your case is RETURNED to NYSOH to allow your child to enroll in a Child Health Plus plan effective January 1, 2018 and notify you once this has been done.

You will be responsible for any premium payments required by your child's health plan for the months she is enrolled in coverage.

Decision

NYSOH's November 23, 2017 eligibility determination notice is AFFIRMED because it properly began your child's eligibility for Child Health Plus on January 1, 2018.

Your case is RETURNED to NYSOH to allow your child to enroll in a Child Health Plus plan, effective January 1, 2018, and notify you once this has been done.

Effective Date of this Decision: March 15, 2018

How this Decision Affects Your Eligibility

The effective date of your child's Child Health Plus eligibility is January 1, 2018.

Your case is being sent back to allow you to enroll in a Child Health Plus plan as of January 1, 2018. NYSOH will notify you once this is done.

You will be responsible for any premium payments required by your child's health plan for the months she is enrolled in coverage.

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):

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

NYSOH's November 23, 2017 eligibility determination notice is **AFFIRMED** because it properly began your child's eligibility for Child Health Plus on January 1, 2018.

Your case is **RETURNED** to NYSOH to allow your child to enroll in a Child Health Plus plan effective January 1, 2018 and notify you once this has been done.

The effective date of your child's Child Health Plus eligibility is January 1, 2018.

Your case is being sent back to allow you to enroll in a Child Health Plus plan as of January 1, 2018, if you so choose.

You will be responsible for any premium payments required by your child's health plan for the months she is enrolled in coverage.

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 okyer& 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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