



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

Notice of Decision

Decision Date: February 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024930

[REDACTED]

[REDACTED]

On January 24, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's October 19, 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 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

Decision Date: February 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024930

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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 youngest child's enrollment in her Child Health Plus plan was effective December 1, 2017?

Procedural History

On December 7, 2016, NYSOH issued a notice of eligibility determination stating that your youngest child (child) was eligible for Medicaid effective November 1, 2016. You enrolled your child in a Medicaid Managed Care plan effective November 1, 2016.

On September 21, 2017, NYSOH issued a notice that it was time to renew your child's health insurance for 2017. The notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether she would qualify for financial help paying for her health coverage, and that you needed to update your account between October 16, 2017 and November 15, 2017, or she might lose the financial assistance she was currently receiving.

On October 18, 2017, NYSOH received your child's updated application for health insurance.

On October 19, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus, effective November 1, 2017.

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The notice further stated she no longer qualified for Medicaid, effective October 31, 2017.

On October 19, 2017, a plan enrollment notice was issued confirming that you had selected a Child Health Plus plan for your child and the effective date of that plan was December 1, 2017.

On October 19, 2017, NYSOH issued a disenrollment notice stating your child's Medicaid Managed Care plan coverage would end on October 31, 2017. The notice stated this was because she was no longer eligible to enroll in her current health plan.

On November 28, 2017 you spoke to NYSOH's Account Review Unit and appealed the plan enrollment notice insofar as it began your child's Child Health Plus plan as of December 1, 2017, and not November 1, 2017.

On January 24, 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 the September 21, 2017 renewal notice, you were instructed to update your account between October 16, 2017 and November 15, 2017, to renew your child's coverage.
- 2) You testified that you did not receive any notice telling you to update your child's application to renew her coverage.
- 3) According to your NYSOH account, on October 18, 2017, NYSOH received your child's updated application for health insurance.
- 4) According to your NYSOH account and your testimony, you selected your child's Child Health Plus plan on October 18, 2017, and her enrollment was made effective on December 1, 2017.
- 5) You testified that you want your child's Child Health Plus plan to begin November 1, 2017, and not December 1, 2017, because she had a doctor's appointment in November 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)).

Child Health Plus

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The 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, effective November 1, 2016, and was enrolled in a Medicaid Managed Care plan as of that date. Therefore, your child's 12 months of Medicaid was due to end on October 31, 2017.

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 September 21, 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. The notice further stated that you needed to provide this information between October 16, 2017 and November 15, 2017, or her financial assistance might end.

The date of the notice and the timeframe allotted therein would not have allowed you enough time to renew your child's eligibility for an effective date of November 1, 2017. Instead, the timeframe provided in that notice relates to eligibility that is due to end as of November 30, 2017, when your child's 12 months of Medicaid eligibility was due to end October 31, 2017. The notice should have been issued in August 2017, with a timeframe for renewal of September 16, 2017 through October 15, 2017, to be timely and correct. Therefore, the September 21, 2017 renewal notice was untimely and defective and NYSOH failed to provide you with sufficient notice to update your account and prevent a gap in your child's health insurance coverage.

Generally, 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.

The record reflects that you renewed your child's application on October 18, 2017, which it is noted was within the timeframe provided in the September 21, 2017 renewal notice. Your child was determined eligible for Child Health Plus effective November 1, 2017, which, although technically is not correct, will not be disturbed.

You also selected a Child Health Plus plan for your child on October 18, 2017. Since this date was after the fifteenth of the month, the system made your child's

enrollment in her Child Health Plus plan effective as of December 1, 2017, as stated in the October 19, 2017 plan enrollment notice.

However, based on NYSOH not providing you with timely and sufficient notice to update your account to prevent a gap in your child's health insurance coverage, your timely response to the renewal notice, albeit during the wrong timeframe, and in the interest of fairness, your child's enrollment in her Child Health Plus plan should coincide with her eligibility for Child Health Plus as determined by NYSOH and be made effective as of November 1, 2017.

Therefore, the October 19, 2017 plan enrollment notice is MODIFIED to conform with the November 1, 2017 effective date of your child's eligibility for Child Health Plus, as stated in the October 19, 2017 eligibility determination notice.

Your case is RETURNED to NYSOH to facilitate the change in the start date of your child's enrollment in her Child Health Plus plan from December 1, 2017 to November 1, 2017, and to notify you when completed.

Decision

The October 19, 2017 plan enrollment notice is MODIFIED to state the effective start date of your child's enrollment in her Child Health Plus plan is November 1, 2017.

Your case is RETURNED to NYSOH to facilitate the change in the start date of your child's enrollment in her Child Health Plus plan from December 1, 2017 to November 1, 2017, and to notify you when completed.

Effective Date of this Decision: February 13, 2018

How this Decision Affects Your Eligibility

The effective date of your child's Child Health Plus plan is being modified from December 1, 2017 to November 1, 2017.

Your case is being sent back to NYSOH to change the start date of your child's Child Health Plus plan to November 1, 2017. NYSOH will notify you when this change is completed.

If You Disagree with this Decision (Appeal Rights)

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).

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
Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The October 19, 2017 plan enrollment notice is MODIFIED to state the effective start date of your child's enrollment in her Child Health Plus plan is November 1, 2017.

Your case is RETURNED to NYSOH to facilitate the change in the start date of your child's enrollment in her Child Health Plus plan to November 1, 2017, and to notify you when completed.

The effective date of your child's Child Health Plus plan is being modified from December 1, 2017 to November 1, 2017.

Your case is being sent back to NYSOH to change the start date of your child's Child Health Plus plan to November 1, 2017. NYSOH will notify you when this change is completed.

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 مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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