



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

## Notice of Decision

Decision Date: March 14, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025270

[REDACTED]

Dear [REDACTED]

On February 28, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's September 15, 2017 disenrollment notice, September 22, 2017 disenrollment notice, November 29, 2017 eligibility determination notice, and December 9, 2017 enrollment confirmation 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: March 14, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025270

[REDACTED]

## Issues

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

Did NY State of Health properly determine that your children were disenrolled from Medicaid and from their Medicaid Managed Care plan through Fidelis, effective September 30, 2017?

Did NY State of Health properly determine that your children were eligible for Medicaid, effective October 1, 2017?

Did NY State of Health properly determine that your children no longer qualified for and were disenrolled from Medicaid and their Medicaid Managed Care plan, effective October 31, 2017?

Did NY State of Health provide a timely determination of your children's Child Health Plus eligibility as of January 1, 2018?

Did NY State of Health properly determine that your children's eligibility for and enrollment in their Child Health Plus plan was effective January 1, 2018.

## Procedural History

On November 19, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your older two children were eligible for Medicaid, effective December 1, 2016, and that your youngest child was eligible for Medicaid, effective October 1, 2016.

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On November 21, 2016, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Medicaid Managed Care plan through Fidelis, effective January 1, 2017.

On August 2, 2017, NYSOH issued a notice that it was time to renew your youngest child's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your youngest child would qualify for financial help paying for his health coverage, and that you needed to update your account by October 15, 2017 or he might lose his coverage and financial assistance. This notice stated that you did not need to take any action with regarding to your older two children's coverage and that you would get a notice about renewing their coverage around September 16, 2017 as his current coverage would end on October 31, 2017.

On September 13, 2017, you updated your household's application for financial assistance.

On September 14, 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 more information was needed to confirm the information in your application. This notice directed you to submit proof of your household income by September 28, 2017 in order for your children's eligibility for financial assistance to be determined.

On September 14, 2017, you updated your household's application for financial assistance.

Also on September 14, 2017, you uploaded income documentation to your NYSOH account.

On September 15, 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 more information was needed to confirm the information in your application. This notice directed you to submit proof of your household income by September 28, 2017 in order for your children's eligibility to be determined.

Also on September 15, 2017, NYSOH issued a disenrollment notice stating that your children were disenrolled from their Medicaid and Medicaid Managed Care plans through Fidelis, effective September 30, 2017. This was because they were no longer eligible for Medicaid.

Additionally, on September 15, 2017, you updated your household's application for financial assistance.

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On September 16, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Medicaid, effective October 1, 2017.

Also on September 16, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Medicaid Managed Care plan through CDPHP, effective October 1, 2017.

On September 20, 2017, you uploaded income documentation to your NYSOH account.

On September 21, 2017, NYSOH reviewed the income documentation you submitted, recalculated your household income based on this information, and submitted an updated application on your behalf.

On September 22, 2017, NYSOH issued a disenrollment notice stating that your children were disenrolled from their Medicaid and Medicaid Managed Care plans, effective October 31, 2017. This was because they were no longer eligible for Medicaid.

On September 25, 2017, you updated your household's application for financial assistance.

On September 26, 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 more information was needed to confirm the information in your application. This notice directed you to submit proof of your household income by October 10, 2017 in order for your children's eligibility to be determined.

On September 30, 2017, NYSOH issued a notice of eligibility determination, based on the September 21, 2017 application, stating that your children were eligible for Child Health Plus, effective November 1, 2017. That notice also stated that your children were no longer eligible for Medicaid, effective October 31, 2017. This was because your annual household income was over the allowable income limit for that program.

On October 22, 2017, you uploaded income documentation to your account.

On October 23, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On October 24, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide proof of your household income by November 24, 2017.

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On November 7, 2017, you uploaded income documentation to your account.

On November 8, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On November 9, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to provide proof of your household income by November 24, 2017.

On November 28, 2017, NYSOH reviewed the income documentation you had previously submitted, recalculated your household income based on this information, and submitted an updated application on your behalf.

On November 29, 2017, NYSOH issued a notice of eligibility determination, based on the November 28, 2017 application, stating that your children were eligible for Child Health Plus, effective January 1, 2018.

On December 4, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your children's eligibility for Child Health Plus was effective January 1, 2018 and not November 1, 2017.

On December 9, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on December 8, 2017, stating that your children were enrolled in a Child Health Plus plan, effective January 1, 2018.

On February 23, 2018, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On February 28, 2018, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. 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) You testified that you are seeking for your children's eligibility for and enrollment in their Child Health Plus plan to begin on November 1, 2017.
- 2) Your oldest two children were originally determined eligible for Medicaid through NYSOH, effective December 1, 2016.

- 3) Your youngest child was originally determined eligible for Medicaid through NYSOH, effective October 1, 2016.
- 4) Your NYSOH account reflects that your children's dates of birth are [REDACTED], [REDACTED], and [REDACTED].
- 5) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 6) On September 14, 2017, you uploaded four of your paystubs to your NYSOH account; the first is for pay date August 25, 2017 for a gross pay amount of \$1,513.50; the second is for pay date September 1, 2017 for a gross pay amount of \$1,551.34; the third is for pay date September 8, 2017 for a gross pay amount of \$1,248.64; the fourth is for pay date \$1,406.30 and a gross year to date pay amount of \$57,803.63.
- 7) You testified that at some point, you had been advised that your children were eligible for Medicaid and you selected a Medicaid Managed Care plan for enrollment. You testified that you selected a Fidelis plan, however, your children were enrolled in CDPHP for the month of October 2017
- 8) On September 15, 2017, you placed a phone call to NYSOH. A review of the phone call reflects that you were calling to find out the status of income documents that you had submitted. The NYSOH representative informed you that your application was showing as being in progress, and that your application would need to be completed in order to determine your children's eligibility for financial assistance. Following completion of your application, the NYSOH representative advised you that your children had been found eligible for Medicaid, and you selected CDPHP as your children's Medicaid Managed Care program.
- 9) The application that you submitted on September 15, 2017 indicates that you and your spouse expect to file your 2017 tax return as married filing jointly and will claim your three children as dependents on that return. In that application you attested to annual expected household income of \$40,485.50; consisting of \$23,935.50 you expected to earn in wages and \$16,550.00 your spouse had in income from his self-employment. This application included no deductions. During the hearing, you testified that this amount was correct as of that time.
- 10) On September 20, 2017, you uploaded a letter from your employer dated September 23, 2016 stating that you earn \$49.45 per hour for an average of 30 hours per week and two paystubs showing that you were receiving disability benefits in September 2016 and October 2016.

- 11) On September 21, 2017, NYSOH recalculated your annual expected household income to be \$90,907.14, consisting of \$74,357.14 in your wages from employment, and \$16,550.00 from your spouse's self-employment.
- 12) On September 25, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reflects that you were calling as your household had been determined eligible for different financial assistance programs. You were upset because NYSOH had changed your income, and you did not believe that this new income was correct. You reported that your household income was only \$40,000.00. The NYSOH representative updated your application and informed you that you would need to submit proof of your household's income.
- 13) On September 25, 2017, you updated your application for financial assistance. Specifically, you updated the income information in your application. In the application that you submitted on September 25, 2017, you attested to annual expected household income of \$40,000.00; consisting of \$24,000.00 you expected to earn from employment and \$16,000.00 your spouse expected to earn from his self-employment. This application included no deductions.
- 14) On October 22, 2017, you uploaded a letter dated October 21, 2017 signed by yourself stating that your children did not have any income for 2016 or 2017 as well as a letter dated October 17, 2017 from your employer stating that you earn \$50.45 per hour and work 26.27 hours per week.
- 15) On October 23, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account as you had not submitted any proof of your spouse's income.
- 16) On November 7, 2017, you uploaded your 2016 tax return to your NYSOH account. This reflects that in 2016 you and your spouse filed a joint tax return, claimed your three children as dependents, and had wages of \$61,585.00, taxable interest of \$19.00, ordinary dividends of \$1,777.00, qualified dividends of \$1,226.00, taxable refunds of \$4,579.00, business losses of \$9,401.00, capital gains of \$1,954.00, and student loan interest deductions of \$2,500.00.
- 17) On November 8, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account as, although you had submitted sufficient proof of your spouse's self-employment, you also needed to submit proof of your wages from employment.



- 18) On November 28, 2017, NYSOH reviewed your prior income documentation submissions and determined that these were sufficient proof of your household's income.
- 19) Also on November 28, 2017, NYSOH recalculated your annual expected household income to be \$96,186.14, consisting of \$74,357.14 in your wages from employment, and \$16,000.00 from your spouse's self-employment. NYSOH submitted an application on your behalf, resulting in your children being found eligible for Child Health Plus effective January 1, 2018.
- 20) You testified that your household income consists of your wages from employment and your spouse's earnings from his self-employment. You testified that you worked for the same employer throughout 2017.
- 21) Your NYSOH account reflects that on December 8, 2017 you enrolled your children into a Child Health Plus plan.

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

## **Applicable Law and Regulations**

### Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$9.00 per month for a child whose family household income is between 160% and 222% of the FPL, but no more than \$27.00 per month per family (NY PHL § 2510(9)(d)(ii)).

The CHP premium is \$15.00 per month for a child whose family household income is between 223% and 250% of the FPL, but no more than \$54.00 per month per family (NY PHL § 2510(9)(d)(iii)).

The CHP premium is \$30.00 per month for a child whose family household income is between 251% and 300% of the FPL, but no more than \$90.00 per month per family (NY PHL § 2510(9)(d)(iv)).

The CHP premium is \$45.00 per month for a child whose family household income is between 301% and 350% of the FPL, but no more than \$135.00 per month per family (NY PHL § 2510(9)(d)(v)).

The CHP premium is \$60.00 per month for a child whose family household income is between 351% and 400% of the FPL, but no more than \$180.00 per child (NY PHL § 2510(9)(d)(vi)).

In an analysis of Child Health Plus eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your applications that was the 2017 FPL, which is \$28,780.00 for a five-person household (82 Fed. Reg. 8831).

#### Child Health Plus – Period of Eligibility

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.

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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)).

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).

### 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 (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

### Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the

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applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your applications that was the 2017 FPL, which is \$28,780.00 for a five-person household (82 Fed. Reg. 8831).

### Medicaid Continuous Coverage

Most individuals 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 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)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your children were disenrolled from Medicaid and their Medicaid Managed Care plan through Fidelis, effective September 30, 2017.

On November 19, 2016, NYSOH issued a notice of eligibility determination stating that your older two children were eligible for Medicaid, effective December 1, 2016, and that your youngest child was eligible for Medicaid, effective October 1, 2016. That determination has not been appealed and is not under review.

On August 2, 2017, NYSOH issued a renewal notice requesting that you updated your NYSOH account by September 15, 2017 in order for your youngest child's eligibility for financial assistance to be determined.

On September 23, 2017, you updated your household's application for financial assistance. As a result of this update, NYSOH could not determine your children's eligibility for financial assistance and you were directed to submit documentation of your household's income by September 28, 2017. Your children were disenrolled from Medicaid and their Medicaid Managed Care plan, effective September 30, 2017.

However, under New York State law, once a child is found eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 154% of the FPL. This provision is called "continuous coverage".

As your youngest child was found eligible for Medicaid as of October 1, 2016, his eligibility for and enrollment in his Medicaid and Medicaid Managed Care plan properly ended on September 30, 2017.

The record reflects that there were no events that would have been a basis for your older two children's Medicaid coverage to have been terminated, such as a permanent move or incarceration. Since your older two children were determined eligible for Medicaid in the November 19, 2016 eligibility determination notice, your oldest two children remained eligible for Medicaid for 12 continuous months, regardless of any increases in your household income. As a result, your older two children were improperly disenrolled from Medicaid and their Medicaid Managed Care plan, effective September 30, 2017.

However, on September 15, 2017, you requested that your children be enrolled in a Medicaid Managed Care plan through CDPHP. Therefore, your oldest two children were properly disenrolled from their Medicaid Managed Care plan through Fidelis, effective September 30, 2017.

Accordingly, the September 15, 2017 disenrollment notice is AFFIRMED because you requested a change in your children's Medicaid Managed Care plan.

The second issue is whether NYSOH properly determined that your children were eligible for Medicaid, effective October 1, 2017.

According to the record, you expect to file your 2017 tax return as married filing jointly and will claim your three children as dependents on that tax return. Therefore, your children are in a five-person household.

On your September 15, 2017 application, you attested to an expected household income of \$40,485.50, consisting of \$23,935.50 you expected to earn in wages and \$16,550.00 your spouse had in income from his self-employment.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 154% of the FPL for the

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applicable family size. On the date of your September 15, 2017 application, the relevant FPL was \$28,780.00 for a five-person household. Since \$40,485.50 is 140.67% of the 2017 FPL for a five-person household, NYSOH properly found your children to be eligible for Medicaid.

However, the record reflects that this application did not properly state your annual expected income. Paystubs you submitted on September 14, 2017 indicate that as of September 15, 2017, you already had gross income of \$57,803.63, which is well over the income you reported for yourself of \$23,935.50.

Based on the documentation you submitted and your testimony, your annual expected income at the time of your September 15, 2017 application was \$90,907.14 (\$16,550.00 from your spouse's self-employment and \$90,907.14 from your employment (four-week gross earnings of \$5,719.78 divided by four weeks, multiplied by 52 weeks). Since \$90,907.14 is 315.87% of the 2017 FPL, it is greater than the allowable Medicaid limit.

Therefore, the September 16, 2017 eligibility determination notice finding your children eligible for Medicaid is RESCINDED.

The third issue is whether NYSOH properly determined that your children no longer qualified for and were disenrolled from Medicaid and their Medicaid Managed Care plan, effective October 31, 2017.

On September 21, 2017, NYSOH recalculated your household's annual expected income to be \$90,907.14 based on the income documentation you provided. Since \$90,907.14 is 315.87% of the 2017 FPL, it is greater than the allowable Medicaid limit for children between the ages of one and nineteen.

However, once a person is found eligible for Medicaid, they remain eligible for Medicaid for 12 continuous months whether or not their income increases.

Since the September 16, 2017 eligibility determination notice was based on incorrect information and is not supported by the record, and there was no subsequent determination finding your children eligible for Medicaid, the continuous coverage policy does not apply to your youngest child. Therefore, the September 30, 2017 eligibility determination notice is AFFIRMED insofar as it found your younger child no longer eligible for Medicaid.

However, since NYSOH determined that your older two children were eligible for Medicaid as of December 1, 2016, and therefore eligible for continuous coverage, the September 30, 2017 eligibility determination is MODIFIED to provide your older two children coverage until the end of their 12-month period of continuous coverage; November 30, 2017.

The September 22, 2017 disenrollment notice is MODIFIED to state that your older two children's coverage in their Medicaid Managed Care plan through CDPHP ended effective November 30, 2017.

Your case is RETURNED to NYSOH to reinstate your older two children into their Medicaid and Medicaid Managed Care plan through CDPHP until November 30, 2017.

The fourth issue is whether NYSOH provided you with a timely determination of your children's Child Health Plus eligibility as of January 1, 2018.

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 children's application for financial assistance with health insurance on September 25, 2017. The income that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

On October 22, 2017, you uploaded a letter from your employer dated October 17, 2017 regarding your wages.

On October 23, 2017, NYSOH reviewed the income documentation you submitted on October 22, 2017 and determined that this was insufficient to resolve the inconsistency in your account because, although you had submitted valid proof of your income, your spouse had not submitted any proof of his income.

On October 24, 2017, NYSOH issued a notice advising you that additional income documentation was needed in order to confirm the information in your application.

On November 7, 2017, you uploaded your 2016 tax return to your NYSOH account.

Therefore, your application was complete as of November 7, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide 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 completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of

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the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on November 29, 2017 stating that your children were eligible for Child Health Plus, effective January 1, 2018. Since NYSOH issued an eligibility determination twenty-two days from the date your application was considered complete, the November 29, 2017 eligibility determination was timely.

The fifth issue is whether NYSOH properly determine that your children's eligibility for and enrollment in their Child Health Plus plan began January 1, 2018.

The record reflects that you contacted NYSOH on December 8, 2017 and enrolled your children into a Child Health Plus 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 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.

Since the November 29, 2017 eligibility determination notice was timely issued, you were able to select a Child Health Plus plan for your children as of November 28, 2017. Their plan would therefore properly take effect on the first day of the second month following November 2017; that is, on January 1, 2018.

Therefore, the November 28, 2017 eligibility determination notice and December 9, 2017 enrollment confirmation notice were correct and must be AFFIRMED.

## **Decision**

The September 15, 2017 disenrollment notice is AFFIRMED.

The September 30, 2017 eligibility determination notice is AFFIRMED insofar as it found your younger child no longer eligible for Medicaid.

The September 22, 2017 disenrollment notice is MODIFIED to state that your older two children's coverage in their Medicaid Managed Care plan through CDPHP ended effective November 30, 2017.

Your case is RETURNED to NYSOH to reinstate your older two children into their Medicaid and Medicaid Managed Care plan through CDPHP until November 30, 2017.



The November 29, 2017 eligibility determination notice was timely and is AFFIRMED.

The December 9, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 14, 2018

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

Your youngest child was properly disenrolled from his Medicaid and Medicaid Managed Care plan through Fidelis as of September 30, 2017.

Your oldest two children's Medicaid should have continued until November 30, 2017, however, their Medicaid Managed Care plan through Fidelis properly ended as of September 30, 2017 as you requested that your children be enrolled in a CDPHP Medicaid Managed Care plan.

Your oldest two children should have been enrolled in a Medicaid Managed Care plan through CDPHP from October 1, 2017 through November 30, 2017.

Your children's eligibility for and enrollment in their Child Health Plus plan properly began as of January 1, 2018.

Your case is being sent back to NYSOH to reenroll your oldest two children in their Medicaid Managed Care plan through CDPHP for 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 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 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
- By fax: 1-855-900-5557

### **Summary**

The September 15, 2017 disenrollment notice is **AFFIRMED**.

The September 30, 2017 eligibility determination notice is **AFFIRMED** insofar as it found your younger child no longer eligible for Medicaid.

The September 22, 2017 disenrollment notice is **MODIFIED** to state that your older two children's coverage in their Medicaid Managed Care plan through CDPHP ended effective November 30, 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 NYSOH to reinstate your older two children into their Medicaid and Medicaid Managed Care plan through CDPHP until November 30, 2017.

The November 28, 2017 eligibility determination notice was timely and is AFFIRMED.

The December 9, 2017 enrollment confirmation notice is AFFIRMED.

Your youngest child was properly disenrolled from his Medicaid and Medicaid Managed Care plan through Fidelis as of September 30, 2017.

Your oldest two children's Medicaid should have continued until November 30, 2017, however, their Medicaid Managed Care plan through Fidelis properly ended as of September 30, 2017 as you requested that your children be enrolled in a CDPHP Medicaid Managed Care plan.

Your oldest two children should have been enrolled in a Medicaid Managed Care plan through CDPHP from October 1, 2017 through November 30, 2017.

Your children's eligibility for and enrollment in their Child Health Plus plan properly began as of January 1, 2018.

Your case is being sent back to NYSOH to reenroll your oldest two children in their Medicaid Managed Care plan through CDPHP for 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।

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&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.

## **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.

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).