



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

Notice of Decision

Decision Date: March 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027180

[REDACTED]

Dear [REDACTED]

On March 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 14, 2017 eligibility determination, and November 14, 2017 disenrollment and January 13, 2018, 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.

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NY State of Health Account ID: [REDACTED]
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Issues

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

Did NY State of Health (NYSOH) properly determine that your youngest child was ineligible for Medicaid and properly end their coverage as of December 31, 2017?

Did NYSOH properly determine that your youngest child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2018?

Procedural History

On November 14, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your youngest child (child) was conditionally eligible for Medicaid, effective December 1, 2017.

On November 14, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that your child was enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of November 1, 2016. Further, the notice instructed you to submit proof of your household's income by November 28, 2017, to confirm your child's eligibility.

On December 8, 2017, your NYSOH account was systemically updated.

On December 9, 2017, NYSOH issued an eligibility determination notice stating that your child was no longer eligible for health insurance through NYSOH,

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effective January 1, 2018, because you did not provide proof of your household's income by the required deadline to confirm your child's eligibility.

Also on December 9, 2017, NYSOH issued a disenrollment notice stating that your child's MMC coverage would end on December 31, 2017, because they were no longer eligible for health insurance through NYSOH.

On January 5, 2018, your NYSOH account was updated.

On January 6, 2018, NYSOH issued a notice stating, in relevant part, that the income information in your application did not match what NYSOH received from state and federal data sources. You were instructed to provide proof of your household's income by January 20, 2018, to confirm your child's eligibility.

On January 12, 2018, your NYSOH account was updated.

Also on January 12, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the enrollment start date of your child's Child Health Plus plan.

On January 13, 2018, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Child Health Plus with a \$9.00 monthly premium, effective February 1, 2018.

Also on January 13, 2018, NYSOH issued a plan enrollment notice confirming that as of January 12, 2018, your child was enrolled in a Child Health Plus plan with an enrollment start date of February 1, 2018.

On March 23, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was 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 want your child to be enrolled in Child Health Plus during the month of January 2018.
- 2) According to your NYSOH account and testimony, your child was born on [REDACTED]
- 3) According to your November 13, 2017 application, you attested to an annual household income of \$41,500.00.

- 4) According to your NYSOH account, your child was determined eligible for Medicaid, effective December 1, 2017.
- 5) You testified that you did not receive any notice from NYSOH stating that you needed to submit income documentation to verify your child's eligibility.
- 6) According to your NYSOH account, you receive notices from NYSOH electronically.
- 7) You testified that, on November 15, 2017, you received an email from NYSOH directing you to log into your NYSOH account because a notice had been uploaded to your inbox.
- 8) According to your NYSOH account, no documentation was submitted to NYSOH by November 28, 2017.
- 9) You testified that you were not aware that your child's coverage had ended until you were informed by a doctor's office in the beginning of January 2018.
- 10) According to your NYSOH account, on January 12, 2018, your child was enrolled in a Child Health Plus plan.
- 11) You testified that you want your child to be enrolled in a Child Health Plus plan during the month of January 2018, to cover any medical expenses that were incurred during that month.

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

Applicable Law and Regulations

Verification Process - Income

NYSOH may accept self-attestation of information needed to determine the income eligibility of an individual for Medicaid (42 CFR § 435.945(a)). NYSOH must request information relating to financial eligibility from other agencies in the State, other States, and Federal programs to the extent NYSOH determines such information is useful to verifying the financial eligibility for an individual (42 CFR § 435.948(a)).

An individual must not be required to provide additional information or documentation unless information needed by NYSOH cannot be obtained electronically or the information obtained electronically is not reasonably

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compatible with information provided by or on behalf of the individual (42 CFR § 435.952(c)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by 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 (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Child Health Plus – Effective Date

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 first issue under review is whether NYSOH properly determined that your child was ineligible for Medicaid and properly ended their coverage as of December 31, 2017.

On November 13, 2017, you submitted an application for your household. In that application you attested to an annual household income of \$41,500.00.

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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.

The income information that was entered into your November 13, 2017 application did not match federal and state data sources. As a result, on November 14, 2017, NYSOH issued a notice directing you to submit additional income documentation to confirm your child's eligibility by November 28, 2017.

The record reflects that NYSOH did not receive the requested income documentation by November 28, 2017; however, you testified that you did not receive any notice from NYSOH stating that you needed to submit income documentation to verify your child's eligibility.

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If an 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.

The credible record reflects that on November 15, 2017, you received an email from NYSOH directing you to log into your NYSOH account because a notice had been uploaded to your inbox. Therefore, NYSOH properly notified you that you needed to provide additional documentation to ensure that your child's enrollment and financial assistance would continue. Since the documentation was not provided within the requisite period to confirm your child's eligibility, NYSOH properly determined that your child was ineligible for health insurance and ended their Medicaid coverage as of December 31, 2017.

Therefore, the December 9, 2017, eligibility determination and disenrollment notices are AFFIRMED.

The second issue under review is whether NYSOH properly enrolled your child in a Child Health Plus plan with an enrollment start date of February 1, 2018.

The record reflects that, on January 12, 2018, you accessed your NYSOH account and submitted an application for financial assistance for your child. Based on that application, your child was determined eligible for Child Health Plus and enrolled in a health plan.

The date on which enrollment in a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the 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 to the end of the month goes into effect on the first day of the second following month.

Since You selected the Child Health Plus plan for your child on January 12, 2018, the health plan properly began on the first day of the following month; that is February 1, 2018.

Therefore, the January 13, 2018 plan enrollment notice is AFFIRMED.

Decision

The December 9, 2017 eligibility determination notice is AFFIRMED.

The December 9, 2017 disenrollment notice is AFFIRMED.

The January 13, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 30, 2018

How this Decision Affects Your Eligibility

Your child's Medicaid coverage ended as of December 31, 2017.

Your child's Child Health Plus plan began as of February 1, 2018.

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)).

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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 December 9, 2017 eligibility determination notice is AFFIRMED.

The December 9, 2017 disenrollment notice is AFFIRMED.

The January 13, 2018 plan enrollment notice is AFFIRMED.

Your child's Medicaid coverage ended as of December 31, 2017.

Your child's Child Health Plus plan began as of February 1, 2018.

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).

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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।

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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 b&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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