



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

Notice of Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028213

[REDACTED]

[REDACTED]

On April 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 2018 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: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028213

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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 child's enrollment in his Child Health Plus plan was effective March 1, 2018?

Procedural History

On January 19, 2017, your child was added to your NYSOH account and an application was submitted on his behalf

On January 20, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Medicaid effective January 1, 2017.

Also on January 20, 2017, NYSOH issued an enrollment confirmation notice stating that your child was enrolled in a Medicaid Managed Care plan, effective March 1, 2017.

On November 4, 2017, NYSOH received your child's updated application for financial assistance.

On November 5, 2017, NYSOH issued an eligibility determination notice stating that your child remained eligible for Medicaid effective, January 1, 2017.

On December 2, 2017, NYSOH issued a notice that it was time to renew your child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you

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would qualify for financial help paying for your child's health coverage and that you needed to update your account between December 16, 2017 and January 18, 2018 or your child might lose his insurance coverage and, if applicable, any financial assistance he was currently receiving.

No updates were made to your account between December 16, 2017 and January 18, 2018.

On January 20, 2018, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, Child Health Plus, the Essential Plan, 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 had not responded to the renewal notice and had not completed your renewal within the required time frame. Your child's eligibility ended effective February 1, 2018.

On February 1, 2018, NYSOH received your child's updated application for financial assistance and health insurance for your child.

That day, NYSOH prepared a preliminary eligibility redetermination notice stating that your child was eligible for Child Health Plus effective March 1, 2018. You also enrolled your child into a Child Health Plus plan.

Also, on February 1, 2018, you spoke to NYSOH's Account Review Unit and appealed the enrollment confirmation insofar as your child's Child Health Plus plan did not begin February 1, 2018.

On April 12, 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) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified, and the record reflects, that you contacted NYSOH on November 4, 2017 and attempted to renew your child's application for insurance and financial assistance.
- 3) During the hearing, you gave permission to the Hearing Officer to listen to the phone call that was placed on November 4, 2017.

- 4) A review of the November 4, 2017 phone call indicates that after the NYSOH representative assisted you in updating the application, she informed you that the NYSOH computer records were not generating new coverage dates for your child's insurance. The representative then advised you to call back after November 16, 2017 to verify that your new information was accepted for purposes of renewing that coverage.
- 5) You testified that you did not call NYSOH back in order to confirm that your child had been properly renewed.
- 6) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your child's Medicaid coverage. You further testified that you did not learn that you needed to update your child's account until February 2018.
- 7) The record reflects that you made no updates to your child's account between December 16, 2017 and January 18, 2018.
- 8) The record reflects that on February 1, 2018, NYSOH received your updated application for your child's health insurance.
- 9) You testified, and the record reflects, that you selected your child's Child Health Plus plan on February 1, 2018, and that your enrollment was effective on March 1, 2018.
- 10) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable during the relevant time period.
- 11) You testified that you want your child's Child Health Plus plan to begin on February 1, 2018 because your child incurred medical expenses during February 2018.

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,

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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)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

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Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective March 1, 2018.

Your child was originally found eligible for Medicaid effective January 1, 2017.

Generally, 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.

On December 2, 2017, NYSOH issued a renewal notice stated that there was not enough information to determine whether your child was eligible to continue his financial assistance for health insurance, and that you needed to supply additional information for your child between December 16, 2017 and January 18, 2018 or your child might lose his health insurance coverage and, if applicable, any financial assistance he was currently receiving.

Because there was no timely response to this notice, your child was terminated from his Medicaid Managed Care plan effective February 1, 2018.

You testified, and the record reflects, that you contacted NYSOH on November 4, 2017 and attempted to renew your child's application for insurance and financial assistance. A review of the phone call from that day indicates that after the NYSOH representative assisted you in updating the application, she informed you that the NYSOH computer records were not generating new coverage dates for your child's insurance. You were then instructed to call back on November 16, 2017 to verify that your new information was accepted for purposes of renewing that coverage. You testified that you did not call back on November 16, 2017. Furthermore, the December 2, 2017 renewal notice indicates that you needed to update your NYSOH account between December 16, 2017 and January 18, 2018 which is well after your November 4, 2017 phone call and application update.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable during the relevant time period.

Therefore, the record reflects that NYSOH properly notified you of your child's annual renewal and that information in your NYSOH account needed to be updated in order to ensure your child's enrollment in a health plan and eligibility for financial assistance would continue.

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The record shows that on February 1, 2018 you updated the information in your NYSOH account and submitted a request to enroll your child in a Child Health Plus plan.

The date on which a Child Health Plus 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your child's Child Health Plus plan on February 1, 2018, it must take effect on the first day of the following month, that is, on March 1, 2018.

Therefore, NYSOH's February 2, 2018 enrollment confirmation notice is **AFFIRMED** because it properly began your enrollment in your Child Health Plus plan on March 1, 2018.

Decision

The February 2, 2018 enrollment confirmation notice is **AFFIRMED**.

Effective Date of this Decision: April 25, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Child Health Plus plan is March 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.

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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
- By fax: 1-855-900-5557

Summary

The February 2, 2018 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your child's eligibility.

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

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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।

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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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

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

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