



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

Notice of Decision

Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030210



Dear [REDACTED]

On May 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 9, 2018 plan enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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

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Decision

Decision Date: May 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030210



Issue

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

Did the NY State of Health properly determine that your child's enrollment in her Child Health Plus plan was effective April 1, 2018?

Procedural History

On February 7, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Medicaid effective February 1, 2017.

On February 17, 2017, NYSOH issued a plan enrollment notice stating that your child was enrolled in a Medicaid Managed Care plan, effective April 1, 2017.

On December 2, 2017, NYSOH issued a notice that it was time to renew your 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 child would qualify for financial help paying for her health coverage, and that you needed to update your account by January 18, 2018 or your child might lose the financial assistance she was currently receiving.

No updates were made to your account by January 18, 2018.

On January 20, 2018, NYSOH issued a discontinuance notice stating that, effective February 1, 2018, your child was no longer eligible for health insurance.

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through NYSOH because you did not respond to the renewal notice within the required timeframe.

Also on January 20, 2018, NYSOH issued a disenrollment notice stating that your child's enrollment in her Medicaid Managed Care plan would end on January 31, 2018, because she was no longer eligible to enroll in health care through NYSOH.

On March 8, 2018, NYSOH received your updated application for health insurance.

On March 9, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in Child Health Plus, effective April 1, 2018.

Also on March 9, 2018, NYSOH issued a plan enrollment notice, based on your plan selection on March 8, 2018, confirming your child's enrollment in a Child Health Plus plan as of April 1, 2018.

On March 14, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin February 1, 2018.

On May 14, 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 that you are appealing only your child's start date for eligibility for and enrollment in a Child Health Plus plan.
- 2) You testified, and your NYSOH account indicates, that you receive all your notices from NYSOH by regular mail.
- 3) 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.
- 4) There is no evidence in the record that the December 2, 2018 renewal notice that was sent to the mailing address listed on your NYSOH account was returned as undeliverable.

- 5) You testified that the current address in your NYSOH account, [REDACTED] is correct.
- 6) You testified that you moved on [REDACTED] and that your previous address was [REDACTED].
- 7) You testified that in December 2017, you were using [REDACTED], [REDACTED] but that you do not recall providing that mailing address to NYSOH.
- 8) Your NYSOH account does not contain any information regarding a [REDACTED] in [REDACTED].
- 9) The December 2, 2017 renewal notice was issued to [REDACTED].
- 10) Your NYSOH account indicates that you updated your address with NYSOH to [REDACTED], on March 8, 2018.
- 11) You testified that you did not know that you needed to update your account until you had to take your child to the doctor in February 2018, and were advised that she did not have health insurance coverage.
- 12) Your NYSOH account indicates that on March 8, 2018, NYSOH received your updated application for health insurance.
- 13) You testified, and your NYSOH account indicates, that you enrolled your child into a Child Health Plus plan on March 8, 2018.
- 14) You testified that you need your child's Child Health Plus plan to begin on February 1, 2018, because you have outstanding bills for medical services rendered that month.

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

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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)).

Requirement for Individuals to Report Changes

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change (45 CFR §155.330(b), 45 CFR §155.305, 42 CFR §435.403, 42 CFR §435.406, 42 CFR §425.603).

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 Child Health Plus was effective April 1, 2018.

Your child was originally found eligible for Medicaid effective February 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. NYSOH's December 2, 2017 renewal notice stated that there was not enough information to determine whether your child was eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by January 18, 2018, or your child's financial assistance might end.

Because there was no timely response to this notice, your child's Medicaid coverage was terminated effective January 31, 2018, which was the last day of the policy year beginning February 1, 2017.

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 the December 2, 2018 renewal notice was returned as undeliverable.

Although you testified that you have a new address as of December 15, 2017, and used a [REDACTED] in December 2017 in the interim, your testimony and NYSOH account confirm that the address in your NYSOH account was correct at the time the December 2, 2017 renewal notice was issued. Furthermore, you are required to report changes that may affect eligibility, including a change in address, within 30 days of such change. Your NYSOH account does not contain any information regarding a [REDACTED] in [REDACTED]. Since you did not provide the [REDACTED] to NYSOH, NYSOH properly issued notices to the most current address in your account at the time, or [REDACTED].

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

You testified, and the record indicates, that you updated your NYSOH application on March 8, 2018. As a result, your child was found eligible for Child Health Plus effective April 1, 2018. Also on March 8, 2018, you selected a health plan and your child was enrolled into Child Health Plus plan, effective May 1, 2018.

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 you selected a Child Health Plus plan for your child on March 8, 2018, her enrollment properly took effect on the first day of the first month following March 2018; that is, on April 1, 2018.

Therefore, the March 9, 2018 plan enrollment notice confirming your child's in a Child Health Plus plan was effective April 1, 2018, was correct and must be **AFFIRMED**.

Decision

The March 9, 2018 plan enrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 29, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility for Child health Plus nor her enrollment in a Child Health Plus plan.

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

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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 March 9, 2018 plan enrollment notice is **AFFIRMED**.

This decision does not change your child's eligibility for Child health Plus nor her enrollment in a Child Health Plus plan.

The effective date of your child's Child Health Plus plan is May 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 sre wo, fre 1-855-355-5777. y&b&tumi 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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