



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

Notice of Decision

Decision Date: May 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030319



Dear [REDACTED],

On May 17, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 30, 2018 discontinuance and disenrollment notices, and March 17, 2018 eligibility determination and enrollment confirmation 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 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.

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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 your child's eligibility for, and enrollment in, Medicaid ended, effective March 1, 2018?

Did NYSOH properly determine that your child's enrollment in his Child Health Plus (CHP) plan was effective May 1, 2018?

Procedural History

On January 4, 2018, NYSOH issued a notice of eligibility determination, based on your January 3, 2018 application, stating that your child was conditionally eligible for Medicaid, effective February 1, 2018. The notice further stated you needed to provide documentation of your household income by January 18, 2018 to confirm your child's eligibility.

Also on January 4, 2018, NYSOH issued an enrollment confirmation notice, confirming your child's enrollment in a Medicaid Managed Care (MMC) plan, beginning February 1, 2017.

No income documentation was received by NYSOH by January 18, 2018.

On January 29, 2018, NYSOH redetermined your child's eligibility.

On January 30, 2018, NYSOH issued a discontinuance notice stating your child was no longer eligible to enroll in health insurance through NYSOH, effective

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March 1, 2018, because NYSOH did not receive documentation of your household income.

Also on January 30, 2018, NYSOH issued a disenrollment notice, stating your child's enrollment in his MMC plan was ending, effective February 28, 2018, because he was no longer eligible to enroll in coverage through NYSOH.

On March 16, 2018, you updated your NYSOH account. That same day, NYSOH prepared a preliminary eligibility determination stating your child was eligible for CHP with a \$15.00 monthly premium, effective May 1, 2018. You also selected a CHP plan for enrollment.

Also on March 16, 2018, you spoke to NYSOH's Account Review Unit and appealed the discontinuance of your child's Medicaid coverage, and the start date of his CHP coverage, insofar as he had no coverage in the months of March and April 2018.

On March 17, 2018, NYSOH issued a notice of eligibility determination, stating your child was eligible to enroll in CHP with a \$15.00 monthly premium, effective May 1, 2018.

Also on March 17, 2018, NYSOH issued a notice of enrollment, based on your plan selection on March 16, 2018, stating your child was enrolled in a CHP plan, and that this enrollment in the plan would start May 1, 2018.

On May 17, 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 support the following findings of fact:

- 1) You testified that you are appealing on behalf of your child only.
- 2) You submitted an updated application to NYSOH for financial assistance on January 3, 2018.
- 3) On January 4, 2018, NYSOH issued a notice informing you your child was conditionally eligible for Medicaid, and you needed to submit documentation of your household income by January 18, 2018.
- 4) You testified, and your NYSOH account confirms, you updated your application on January 3, 2018 by phone with a NYSOH representative.

- 5) You testified you think you were told your child was eligible for CHP or Medicaid.
- 6) You testified you were informed you needed to supply income documentation to NYSOH, but that you did not do so.
- 7) You testified you believe you did receive the January 4, 2018 eligibility determination, but you did not submit any income documentation to NYSOH after receiving the notice.
- 8) You testified you began a new job in February 2018, and called your insurance company to let them know.
- 9) You testified you spoke to NYSOH in March 2018 and were told you no longer needed to submit income documentation. You then changed your testimony and testified you spoke to NYSOH in February 2018 and were told you did not need to supply income documentation.
- 10) Your NYSOH account reflects NYSOH issued a notice on January 30, 2018, informing you your child was no longer eligible for Medicaid, or for coverage through NYSOH, because you did not submit income documentation.
- 11) You testified you did not receive this notice.
- 12) Your NYSOH account reflects, and you confirmed in your testimony, you receive notices from NYSOH by regular mail.
- 13) No notices sent to you at the address in your NYSOH account have been returned to NYSOH as undeliverable.
- 14) You testified you brought your child to his primary care doctor in early February 2018 and found out his coverage had lapsed.
- 15) You testified you updated your NYSOH account as soon as you discovered he was not eligible, and that you did this in February 2018.
- 16) Your NYSOH account does not reflect any updates in February 2018.
- 17) Your NYSOH account reflects you updated your application on March 16, 2018, and your child was found eligible for CHP with a \$15.00 monthly premium, effective May 1, 2018.
- 18) Your NYSOH account reflects you selected a CHP plan for your child on March 16, 2018, and his enrollment in this plan began on May 1, 2018.

- 19) You testified that you need your child to have coverage for the months of March and April 2018 because you have unpaid medical bills for those months.

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

Applicable Law and Regulations

Verification Process

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 (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

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 (45 CFR §155.315(f) 42 CFR § 435.952).

Child Health Plus

The "period of eligibility" for CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 discontinued your child from his Medicaid and MMC coverage, effective March 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 NYSOH account on January 3, 2018. Your child was found conditionally eligible for Medicaid, NYSOH needed more information to verify his financial eligibility. As a result, NYSOH asked that you submit additional documentation to confirm your household income by January 18, 2018.

You testified you were made aware of the need to submit income documentation when you spoke to NYSOH on January 3, 2018, and that you also received the January 4, 2018 eligibility notice which asked for income documentation. You testified you never submitted income documentation. You testified you contacted NYSOH in March, and then stated it was actually February, to notify NYSOH you had started a new job, and to update your income. Your NYSOH account contains no record of any updates made in February 2018. Moreover, even if you had spoken to NYSOH in February 2018, this is irrelevant, as you were directed to provide income documentation by January 18, 2018, which you failed to do, by your own admission.

Since NYSOH did not receive the documentation required to confirm your child's eligibility by the January 18, 2018 deadline, NYSOH redetermined your child's eligibility on January 29, 2018 and, since your household income could not be verified, your child was properly found to be no longer eligible for coverage through NYSOH, effective March 1, 2018. Likewise, NYSOH properly disenrolled your child from his MMC plan coverage, effective February 28, 2018.

Therefore, the January 30, 2018 discontinuance and disenrollment notices are **AFFIRMED**.

The second issue under review is whether NYSOH properly determined your child's eligibility for, and enrollment in, his CHP plan was effective May 1, 2018.

You testified you did not receive the January 30, 2018 notices informing you your child was no longer eligible for Medicaid, and was being disenrolled from his MMC plan as of February 28, 2018. You testified, and your NYSOH account confirms, you receive notices from NYSOH by regular mail. No notices sent to

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you at the mailing address in your NYSOH account have been returned to NYSOH as undeliverable. Therefore, you were properly notified your child's Medicaid coverage ended as of February 28, 2018.

You testified that you discovered your child lost his coverage in early February 2018, and you contacted NYSOH to reenroll him into coverage. Your NYSOH account contains no evidence you contacted NYSOH in February. Rather, your NYSOH account was updated on March 16, 2018, and you selected a CHP plan for enrollment that same day.

The date on which a CHP 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.

You updated your NYSOH account and selected a CHP plan for enrollment on March 16, 2018. Therefore, your child's eligibility for, and enrollment in, his CHP coverage properly began on the first day of the second month following March: that is, on May 1, 2018.

Therefore, the March 17, 2018 eligibility determination and enrollment confirmation notices are correct and must be AFFIRMED.

Decision

The January 30, 2018 discontinuance notice is AFFIRMED.

The January 30, 2018 disenrollment notice is AFFIRMED.

The March 17, 2018 eligibility determination notice is AFFIRMED.

The March 17, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 24, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child's eligibility for Medicaid, and his enrollment in his MMC plan, properly ended as of February 28, 2018 because you did not submit the income documentation required to confirm his eligibility.

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).

The effective date of your child's eligibility for, and enrollment in, his CHP 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 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):

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- By calling the Customer Service Center at 1-855-355-5777

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The January 30, 2018 discontinuance notice is AFFIRMED.

The January 30, 2018 disenrollment notice is AFFIRMED.

The March 17, 2018 eligibility determination notice is AFFIRMED.

The March 17, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

Your child's eligibility for Medicaid, and his enrollment in his MMC plan, properly ended as of February 28, 2018 because you did not submit the income documentation required to confirm his eligibility.

The effective date of your child's eligibility for, and enrollment in, his CHP plan is May 1, 2018.

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।

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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 मदद 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&tumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

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

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