



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

Notice of Decision

Decision Date: May 8, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000032639

[REDACTED]

Dear [REDACTED],

On May 8, 2018 you appeared by telephone at a hearing on your appeal of NY State of Health's May 1, 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 8, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000032639

[REDACTED]

Issue

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

Did NY State of Health properly determine that your children's enrollments in their Child Health Plus plans were effective June 1, 2018?

Procedural History

On March 3, 2017, NY State of Health (NYSOH) issued a renewal notice, stating that your children were still qualified to get health care coverage under Medicaid, effective May 1, 2017. The notice further stated that your children were re-enrolled in their current health plans for another year and that you did not have to do anything more.

On March 2, 2018, NYSOH issued a renewal notice, stating that, based on the information from federal and state sources, NYSOH could not make a determination about whether your children qualified for financial help paying for health insurance coverage. The notice further stated that you had to update the information in your NYSOH account by April 15, 2018 so NYSOH could make an appropriate decision and that, if you missed the deadline, your children were at risk of losing their health insurance coverage and, if applicable, any financial assistance.

No updates were made to your account before April 15, 2018.

On April 17, 2018, NYSOH issued a discontinuance notice, stating that your children no longer qualified for health coverage through NYSOH, effective May 1,

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2018, because you did not respond to the renewal notice and did not complete the renewal within the required timeframe.

Also, on April 17, 2018, NYSOH issued a disenrollment notice, stating that your children's coverage in their Medicaid Managed Care plans would end on April 30, 2018, because they were no longer eligible to enroll in health insurance through NYSOH.

On April 30, 2018, you submitted an updated application for financial assistance with health insurance to NYSOH.

On May 1, 2018, NYSOH issued an eligibility redetermination notice, based on your April 30, 2018 application, stating that your children were eligible to enroll in Child Health Plus plans with a \$9.00 monthly premium per child, effective June 1, 2018.

Also, on May 1, 2018, NYSOH issued an enrollment confirmation notice, based on your plan selection on April 30, 2018, stating that your children were enrolled in Child Health Plus plans, and that their enrollments in the plans would start June 1, 2018.

Finally, on May 1, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's Child Health Plus plans insofar as they did not begin May 1, 2018.

On May 3, 2018, NYSOH received your request for an expedited hearing.

On May 4, 2018, your request for an expedited hearing was approved and you were scheduled for a telephone hearing.

On May 8, 2018, you had an expedited 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 appealing only your children's enrollment start date.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that the mailing address in your NYSOH account was accurate.
- 5) You testified that you did receive the March 2, 2018 renewal notice telling you that you needed to update your application in order to renew your children's health insurance coverage, but that you did not think action was required on your part because you had selected automatic renewal for five years.
- 6) You testified that you did not know that you needed to update your account until you received the April 17, 2018 discontinuance and disenrollment notices.
- 7) You testified that you submitted an updated application for financial assistance with health insurance on April 30, 2018.
- 8) You testified, and the record reflects, that you selected your children's Child Health Plus plans on April 30, 2018, and that their enrollments were effective on June 1, 2018.
- 9) You testified that you need your children's Child Health Plus plans to be effective May 1, 2018 because, in particular, your youngest [REDACTED] requires [REDACTED], and [REDACTED].

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, 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

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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)).

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 children’s enrollments in their Child Health Plus plans were effective June 1, 2018.

Your children were found to still qualify for Medicaid effective May 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 March 2, 2018 renewal notice stated that there was not enough information to determine whether your children were eligible to continue their financial assistance for health insurance, and that you needed to update your account by April 15, 2018

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or their health insurance coverage and, if applicable, any financial assistance might end.

Because there was no timely response to this notice, your children were terminated from their Medicaid Managed Care plans effective April 30, 2018.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail and there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable. Furthermore, you testified that you received the March 2, 2018 renewal notice from NYSOH telling you that you needed to update the information in your NYSOH account.

Therefore, the record reflects that NYSOH properly notified you of your children's annual renewal and that information in your NYSOH account needed to be updated in order to ensure their enrollments in their health plans and eligibilities for financial assistance would continue.

You testified that you contacted NYSOH on April 30, 2018 to update your account and you enrolled your children into Child Health Plus plans.

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 children on April 20, 2018, their enrollment would probably begin on the first day of the second following month after April; that is on June 1, 2018.

Therefore, the May 1, 2018 enrollment confirmation notice stating that your children's enrollments in their Child Health Plus plans were effective June 1, 2018, is correct and must be AFFIRMED.

Decision

The May 1, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 8, 2018

How this Decision Affects Your 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).

This decision does not change your children's eligibilities.

The effective date of your children's Child Health Plus plans is June 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):

You can contact us in any of the following ways:

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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- By fax: 1-855-900-5557

Summary

The May 1, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibilities.

The effective date of your children's Child Health Plus plans is June 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 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&etumi 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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