



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

Notice of Decision

Decision Date: May 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000032823

[REDACTED]

Dear [REDACTED],

On May 21, 2018, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's April 5, 2018 discontinuance notice, April 6, 2018 disenrollment notice, April 21, 2018 eligibility determination notice, and April 21, 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 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 Date: May 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000032823

[REDACTED]

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 step-children's eligibility for health insurance through NYSOH and enrollment in their Medicaid Managed Care plan ended April 30, 2018?

Did NYSOH properly determine that your step-children's eligibility for Child Health Plus and enrollment in their Child Health Plus plan began June 1, 2018?

Procedural History

On February 21, 2018, NYSOH received your updated application for health insurance on behalf of your step-children (children).

Also on February 21, 2018, you uploaded documentation into your children's NYSOH account as Documents [REDACTED] and [REDACTED].

On February 22, 2018, NYSOH issued a stating that your children were conditionally eligible for Medicaid, effective March 1, 2018. The notice directed you to provide documentation confirming their household income by March 8, 2018.

Also on February 22, 2018, NYSOH issued a plan enrollment notice confirming your [REDACTED] enrollment in a Medicaid Managed Care Plan, beginning April 1, 2018.

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Finally, on February 22, 2018, a NYSOH representative reviewed Documents [REDACTED] and [REDACTED], and determined they were insufficient to verify your children's household income.

On February 23, 2018, NYSOH issued a notice of insufficient documentation stating, in relevant part, that the documentation reviewed did not confirm the information in your application. The notice directed you to provide additional proof of your children's household income by March 23, 2018, or they might lose their insurance coverage.

On April 5, 2018, NYSOH issued a discontinuance notice stating that your children no longer qualified for health coverage through NYSOH, effective May 1, 2018, because NYSOH did not receive income documents to confirm their eligibility by the deadline.

On April 6, 2018, NYSOH issued a disenrollment notice stating that your children's coverage in their Medicaid Managed Care plan ended April 30, 2018.

On April 19, 2018, you uploaded documentation into your children's NYSOH account as Documents [REDACTED] and [REDACTED]. That day, a NYSOH representative reviewed those documents and determined they were sufficient to verify their household income.

On April 20, 2018, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, beginning June 1, 2018.

Also on April 20, 2018, NYSOH issued a plan enrollment notice directing you to select a health plan for your children for their coverage to begin.

Finally, on April 20, 2018, NYSOH received your updated application for health insurance on behalf of your children, and selection for their plan enrollment.

On April 21, 2018, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, effective June 1, 2018.

Also on April 21, 2018, NYSOH issued a plan enrollment notice stating that your children were enrolled in their Child Health Plus, beginning June 1, 2018.

On April 24, 2018, NYSOH received your updated application for health insurance on behalf of your children.

On April 25, 2018, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, effective June 1, 2018.

Also on April 25, 2018, NYSOH issued a plan enrollment notice stating that your children were enrolled in their Child Health Plus, beginning June 1, 2018.

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On May 4, 2018, you spoke to NYSOH's Account Review Unit and appealed the gap in your children's health insurance coverage for the month of May 2018.

On May 16, 2018, NYSOH received your request for an expedited appeal due to your child's [REDACTED]. This request was approved and you were scheduled for an expedited hearing.

On May 21, 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) According to your NYSOH account, your children were conditionally eligible for Medicaid pending proof of their household income so NYSOH could confirm their eligibility.
- 2) You testified, and your NYSOH account indicates, that on February 21, 2018, you uploaded income documentation into your NYSOH account.
- 3) According to the "Notes" tab your NYSOH account, on February 23, 2018, a NYSOH representative reviewed that documentation and determined it was insufficient to verify your children's household income.
- 4) On February 23, 2018, NYSOH issued a notice stating additional income documentation by March 23, 2018, or your children might lose their insurance coverage.
- 5) You testified, and your NYSOH account indicates, that no additional income was received by March 23, 2018.
- 6) You testified that you moved the [REDACTED] of April 2018, and set up mail forwarding with the U.S. Post Office to your new address. You testified that, because of a delay in mail forwarding, you did not receive the February 23, 2018 notice until after March 23, 2018 deadline.
- 7) You testified that you received mail from NYSOH at your old address and at your new address.
- 8) You testified, and your NYSOH account indicates, that on April 19, 2018, you uploaded additional income information into your NYSOH account.

- 9) According to the “Notes” tab your NYSOH account, on April 19, 2018, a NYSOH representative reviewed that documentation and determined it was sufficient to verify your children’s household income.
- 10) According to your NYSOH account, you first selected a plan for your step-children on April 20, 2018.
- 11) You testified that you are seeking to have your children’s enrollment in their Child Health Plus plan to begin on May 1, 2018, due to one child’s [REDACTED] needs.

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 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

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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 children's eligibility for health insurance through NYSOH and enrollment in their Medicaid Managed Care plan ended April 30, 2018.

The evidence of record shows that on February 21, 2018, you submitted an application for financial assistance for your step-children, and uploaded income documentation into your NYSOH account. The next day, on February 22, 2018, NYSOH reviewed this documentation was determined insufficient to verify your children's household income.

On February 23, 2018, NYSOH issued a notice of insufficient documentation asking you to submit additional income documentation by March 23, 2018. That same notice also stated that if NYSOH did not receive the documentation by the March 23, 2018 deadline, your children might lose their insurance coverage.

The evidence of record reflects that NYSOH did not receive the requested documentation by March 23, 2018. As a result, your children's eligibility for Medicaid, and enrollment in their Medicaid Managed Care plan ended on April 31, 2018.

You testified that you moved the [REDACTED] of April 2018, and that you set up mail forwarding with the U.S. Post Office to your new address. You testified that, because of a delay in mail forwarding, you did not receive the February 23, 2018 notice until after March 23, 2018 deadline.

However, the February 23, 2018 notice was issued more than one month before the time you testified that you moved. You further testified that you received mail from NYSOH at your old address.

Therefore, it is reasonable to conclude that NYSOH properly notified you in the February 23, 2018 that additional income information was required by March 23, 2018 in order to ensure your children's eligibility for health insurance and enrolment in a health care plan would continue.

Therefore, the April 5, 2018 discontinuance notice and the April 6, 2018 disenrollment notice are **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your children's eligibility for Child Health Plus, and enrollment in their Child Health Plus plan became effective June 1, 2018.

The credible evidence of record reflects that your children were determined eligible for Child Health plus on April 20, 2018, and that you first enrolled them into a Child Health Plus that same day.

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 first enrolled your children into a Child Health Plus plan on April 20, 2018, the effective date of their enrollment properly took effect the first day of the second month following April 2018; that is, as of June 1, 2018.

Therefore, April 21, 2018 eligibility determination and plan enrollment notices stating that your children's eligibility for Child Health Plus and enrollment in their Child Health Plus plan was effective June 1, 2018, were correct and must be AFFIRMED.

Decision

The April 5, 2018 discontinuance is AFFIRMED.

The April 6, 2018 disenrollment notice is AFFIRMED.

The April 21, 2018 eligibility determination notice is AFFIRMED.

The April 21, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 21, 2018

How this Decision Affects Your Eligibility

NYSOH properly disenrolled your children from the Medicaid Managed Care plan on April 30, 2018, because you did not verify their household's income by the deadline.

The effective date of your step-children's Child Health Plus plan is June 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).

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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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The April 5, 2018 discontinuance is AFFIRMED.

The April 6, 2018 disenrollment notice is AFFIRMED.

NYSOH properly disenrolled your children from the Medicaid Managed Care plan on April 30, 2018, because you did not verify their household's income by the deadline.

The April 21, 2018 eligibility determination notice is AFFIRMED.

The April 21, 2018 enrollment confirmation notice is AFFIRMED.

The effective date of your step-children's Child Health Plus plan 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 1-855-355-5777번으로 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 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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