



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

Notice of Decision

Decision Date: December 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM28762533

[REDACTED]

[REDACTED]

On November 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 6, 2017 eligibility determination and plan enrollment 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 § 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: December 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APM28762533



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 child's eligibility for and enrollment in his Child Health Plus plan was effective October 1, 2017?

Procedural History

On September 16, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating in part that your child was eligible for Medicaid, effective September 1, 2016. Your child was subsequently enrolled in a Medicaid Managed Care plan.

On July 2, 2017, NYSOH issued a notice stating 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 his health coverage, and that you needed to update your account by August 15, 2017 or your child might lose the financial assistance he was currently receiving.

No updates were made to your account by August 15, 2017.

On August 17, 2017, 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, and 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 the

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renewal within the required time frame. Your child's eligibility ended effective September 1, 2017.

On August 18, 2017, NYSOH issued a plan disenrollment notice stating that your child's Medicaid Managed Care plan would end on August 31, 2017.

On September 5, 2017, NYSOH received your updated application for health insurance for your family.

On September 6, 2017, NYSOH issued an eligibility determination notice, based on your September 5, 2017 updated application stating in part that your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective October 1, 2017.

Also on September 6, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on September 5, 2017, confirming your child's enrollment in a Child Health Plus plan, with coverage starting October 1, 2017.

On September 20, 2017, 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 September 1, 2017.

On November 29, 2017, 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 and your testimony, you receive your notices from NYSOH by electronic mail.
- 2) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your child's coverage. You also did not receive any renewal notice by regular mail.
- 3) You testified that you did not know that you needed to update your account until you received a letter from the health insurance company stating your child's Medicaid Managed Care had been cancelled.
- 4) According to your NYSOH account, on September 5, 2017, NYSOH received your child's updated application for health insurance.

- 5) You testified that during the update process, NYSOH representative stated that NYSOH had listed an incorrect email address on your account and that is why you did not receive an electronic notice. You testified that the representative corrected the email address and the address that is presently listed on your account is accurate.
- 6) Judicial notice is taken that an internal note to this effect, dated “10/17/2017,” was entered by a NYSOH agent.
- 7) You testified that you are seeking that your child be enrolled in his Child Health Plus plan as of September 1, 2017 because [REDACTED] in September 2017 and the medical bills associated with [REDACTED] are uncovered by health insurance.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual’s projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual’s eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

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

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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).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)). If an electronic notice is undeliverable, NYSOH must send a notice by regular mail within three business days of the date of a failed electronic communication (42 CFR §435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective October 1, 2017.

Your child was originally found eligible for Medicaid effective September 1, 2016 and was enrolled in a Medicaid Managed Care plan.

Generally, NYSOH must redetermine a qualified child's eligibility for financial assistance once every 12 months without requiring information from the individual, if it is 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 July 2, 2017 renewal notice stated that there was not enough information to determine whether your child was eligible to continue to receive financial assistance for health insurance, and that you needed to supply additional information by August 15, 2017, or any such financial assistance might end.

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Because there was no timely response to this notice, your child was terminated from his Medicaid Managed Care plan, effective August 31, 2017, twelve months after his original Medicaid eligibility was determined.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the notices that directed you to update the information in your NYSOH account or that your child's health insurance was being discontinued. You credibly testified that during the application update process, a NYSOH representative told you that NYSOH had listed your email address in your account incorrectly. The representative corrected the email address and you testified that the address currently in your account is accurate. Judicial notice is taken that an internal note to this effect, dated "10/17/2017," was entered by a NYSOH agent.

Since you elected to receive communications from NYSOH electronically, NYSOH was required to post notices to your electronic account within one business day of notice generation. It was also required to send an e-mail or other electronic communication alerting you that a notice had been posted to your account.

The July 2, 2017 renewal notice was posted to your account, but the record contains no evidence that NYSOH sent the required emails to tell you that it was available in your account. The record also does not indicate whether, if the electronic notices were not delivered, paper notices were sent by regular mail within three business days of the date of a failed electronic communication.

Lacking evidence to the contrary, it is concluded that you did not receive proper notice regarding the need for additional information to confirm your child's eligibility through NYSOH.

You first renewed your child's eligibility for financial assistance through NYSOH for the upcoming coverage year on September 5, 2017, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the July 2, 2017 renewal notice.

Had the information been submitted prior to August 15, 2017 renewal deadline, your child's enrollment in his Child Health Plus plan would have begun on September 1, 2017.

Therefore, the September 6, 2017, eligibility determination notice is MODIFIED to state that, effective September 1, 2017, your child is eligible to enroll in Child Health Plus with a \$9.00 premium per month. It follows that the September 6, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in

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his Child Health Plus plan with a \$9.00 monthly premium was effective September 1, 2017.

Decision

The September 6, 2017 eligibility determination notice, as it relates to your child's eligibility for Child Health Plus, is MODIFIED to state that, effective September 1, 2017, your child is eligible to enroll in Child Health Plus with a \$9.00 premium per month.

The September 6, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective September 1, 2017.

Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

Effective Date of this Decision: December 12, 2017

How this Decision Affects Your Eligibility

Your child's eligibility for and enrollment in his Child Health Plus plan should have been effective as of September 1, 2017.

Your case is being sent back to NYSOH to put your child into his Child Health Plus plan as of September 1, 2017. NYSOH will notify you once this has been done.

You are responsible for paying the health insurance premium for your child due for the month of September 2017.

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):

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- 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 September 6, 2017 eligibility determination notice, as it relates to your child's eligibility for Child Health Plus, is MODIFIED to state that, effective September 1, 2017, your child is eligible to enroll in Child Health Plus with a \$9.00 premium per month.

The September 6, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in his Child Health Plus plan is effective September 1, 2017.

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Your case is RETURNED to NYSOH to effectuate the changes listed above and to notify you accordingly.

Your child's eligibility for and enrollment in his Child Health Plus plan should have been effective as of September 1, 2017.

Your case is being sent back to NYSOH to put your child into his Child Health Plus plan as of September 1, 2017. NYSOH will notify you once this has been done.

You are responsible for paying the health insurance premium for your child due for the month of September 2017.

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. ye&btumi 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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