



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

Notice of Decision

Decision Date: March 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027477

[REDACTED]

Dear [REDACTED],

On March 20, 2018, you appeared by telephone, by your Authorized Representative, [REDACTED] at a hearing on your appeal of NY State of Health's January 14, 2018 eligibility determination and disenrollment 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 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 Date: March 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027477

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your children's eligibility for and enrollment in Child Health Plus (CHP) ended effective January 31, 2018?

Procedural History

On October 24, 2017, you updated your NYSOH application.

On October 25, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll, on a limited basis, in a CHP plan with a \$15.00 per month premium each, effective December 1, 2017. The notice directed that you provide documentation confirming income before December 23, 2017.

Also on October 25, 2017, NYSOH issued a notice confirming your children's enrollment in a CHP plan with a \$15.00 premium per month each, beginning December 1, 2017.

On November 28, 2017, you uploaded proof of income to your NYSOH account.

On November 29, 2017, NYSOH determined the proof of income was invalid.

On November 30, 2017, NYSOH issued a notice stating that the documentation you provided did not verify the income listed in your application. You were directed to provide proof of income by January 7, 2018.

On January 13, 2018, NYSOH redetermined your children's eligibility.

On January 14, 2018, NYSOH issued an eligibility determination notice stating that your children were eligible to purchase a qualified health plan at full cost, effective February 1, 2018. The notice further stated that your children no longer qualified for CHP because NYSOH could not verify the income listed in your application.

Also on January 14, 2018, NYSOH issued a disenrollment notice stating that your children's coverage in their CHP plan would end effective January 31, 2018 because they were no longer eligible to remain enrolled in their current health insurance.

On January 19, 2018, you updated your NYSOH account and selected a health plan for your children. On that date a preliminary eligibility determination was prepared regarding that application stating that your children were eligible for CHP for a limited time, effective March 1, 2018.

Also on January 19, 2018, you spoke to NYSOH's Account Review Unit and appealed your children's disenrollment from their CHP plan for the month of February 2017.

On January 20, 2018, NYSOH issued a notice of eligibility determination stating that your children were eligible for CHP for a limited time with a monthly premium of \$15.00 each, effective March 1, 2018. The notice directed you to submit income documentation by March 20, 2018 to continue your children's eligibility.

Also on January 20, 2018, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in a CHP plan with a \$15.00 monthly premium each, beginning March 1, 2018.

On March 20, 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 only appealing your children's disenrollment from their CHP plan for the month of February 2018.

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- 2) Your children were determined conditionally eligible for CHP effective December 1, 2017.
- 3) You testified that you were aware that proof of income was due by December 23, 2017.
- 4) You testified that you uploaded a copy of your 2016 tax return on November 28, 2017.
- 5) NYSOH records reflects that your 2016 tax return was deemed invalid proof of income because your 2016 tax return was unsigned.
- 6) NYSOH issued a notice dated November 30, 2017 stating that you needed to provide proof of income by January 7, 2018.
- 7) Proof of income was not provided to NYSOH by January 7, 2018.
- 8) On January 13, 2018, NYSOH redetermined your children's eligibility.
- 9) On January 14, 2018, NYSOH redetermined your children eligible for a full cost CHP plan, effective February 1, 2018.
- 10) By notice January 14, 2018, your children were disenrolled from their CHP plan, effective January 31, 2018.
- 11) Your NYSOH account reflects that you updated your account on January 19, 2018, and your children were re-enrolled into a CHP plan as of March 1, 2018.
- 12) You testified that you are looking for your children's CHP coverage to be reinstated for February 2018 because you have outstanding medical bills for that month.

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

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (NY PHL) § 2511(2)(a)(iii)).

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To be eligible for CHP, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY PHL § 2511(2)(a)-(e)).

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's CHP eligibility (42 CFR § 457.340(e)). When CHP coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions to allow CHP coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)). Notice is considered received five days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-day period (45 CFR § 155.315(c)(3), (f)(2)(i)).

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 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 eligibility for and enrollment in CHP should end effective January 31, 2018.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant through available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with reasonable time to provide documentation or information to resolve that inconsistency.

In the eligibility determination issued on October 25, 2017, you were advised that your children's eligibility for CHP was only conditional, and that you needed to confirm your household's income by December 23, 2017.

You testified that you were aware that you needed to submit income documentation, and that you uploaded a copy of your 2016 tax return to NYSOH on November 28, 2017. NYSOH records reflects that your 2016 tax return was deemed invalid proof of income because your 2016 tax return was unsigned. NYSOH issued a notice dated November 30, 2017 stating that you needed to provide proof of income by January 7, 2018. Further proof of income was not provided to NYSOH by January 7, 2018 and on January 13, 2018, NYSOH redetermined your children's eligibility.

On January 14, 2018, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in a full cost qualified health plan, effective February 1, 2018. The notice further stated that your children no longer qualified for CHP because NYSOH could not verify the income listed in your application. Also on January 14, 2018, NYSOH issued a notice of disenrollment stating that your children's coverage in their CHP plan would end effective January 31, 2018 because they were no longer eligible to remain enrolled in their current health insurance.

When NYSOH denies, terminates, or suspends a child's CHP coverage, they are required to provide sufficient notice so that a child's parent is able to act to prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice. In this case, the notice formally disenrolling your children from their CHP plan was dated January 14, 2018. Therefore, the notice terminating your child's enrollment would be considered received as of January 19, 2018.

When changes are made to an individual's application after the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next following month. Since you would have received NYSOH's notice terminating your child's CHP eligibility on the 19th of the month, you would not have been able to update your account, to prevent a gap in coverage. The January 14, 2018 notice date did not provide sufficient time to reasonably allow you to provide the necessary income documentation in a manner that would have prevented a gap in your children's CHP coverage.

Therefore, NYSOH failed to provide you with sufficient notice that would have allowed you to take action in order to prevent a gap in CHP coverage for your

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children for the month of February 2018, and the January 14, 2018 eligibility determination and disenrollment notices are RESCINDED.

Decision

The January 14, 2018 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children into their CHP plan for the month of February 2018.

Effective Date of this Decision: March 27, 2018

How this Decision Affects Your Eligibility

Your children should not have been terminated from their CHP plan in February 2018 for failure to submit proof of your household's income.

Your case is RETURNED to NYSOH to reinstate your children into their CHP plan for the month of February 2018.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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.

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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 January 14, 2018 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your children into their CHP plan for the month of February 2018.

Your children should not have been terminated from their CHP plan in February 2018 for failure to submit proof of your household's income.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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 okyerε 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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