



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

## Notice of Decision

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011230

[REDACTED]

Dear [REDACTED],

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 12, 2016 disenrollment notice, and the July 21, eligibility determination and 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 (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

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011230



## 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 were disenrolled from their Child Health Plus plan effective March 31, 2016 and were not re-enrolled until September 1, 2016, resulting in a gap in coverage from April 1, 2016 through August 31, 2016?

## Procedural History

On November 5, 2015, your NYSOH account was updated. NYSOH rendered a preliminary eligibility determination notice, in relevant part that your children qualified for Child Health Plus, with a monthly premium of \$9.00. You were directed to submit documents to confirm that the information you provided in your application was accurate.

Also on November 5, 2015, you uploaded income documentation to your NYSOH account ([REDACTED]).

Lastly on November 5, 2015, NYSOH issued a notice stating that you had submitted documentation to resolve an inconsistency with your account; however, the documentation was insufficient to resolve the request. The notice directed you to provide additional proof of income to confirm the information in your application.

On November 6, 2015, NYSOH issued a notice of eligibility determination stating, in relevant part, that your children were conditionally eligible to enroll in a Child Health Plus plan with a \$9.00 per month premium, effective December 1, 2015.

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The notice requested that you submit income documentation by February 3, 2016 to confirm the information in your NYSOH account.

Also on November 6, 2015, NYSOH issued an enrollment notice confirming your children's enrollment in a Child Health Plus plan effective January 1, 2014.

On November 22, 2015, NYSOH issued a notice of eligibility determination stating, in relevant part, that your children were conditionally eligible to enroll in a Child Health Plus plan with a \$9.00 per month premium, effective January 1, 2016. The notice requested that you submit income documentation by February 14, 2016 to confirm the information in your NYSOH account.

On December 6, 2015, NYSOH issued an enrollment notice confirming your children's enrollment in a Child Health Plus plan effective January 1, 2016.

On March 12, 2016, NYSOH issued an eligibility redetermination notice stating that your children were eligible to purchase a qualified health plan at full cost through NYSOH effective April 1, 2016.

Also on March 12, 2016, NYSOH issued a disenrollment notice stating that your children were disenrolled from their Child Health Plus plan effective March 31, 2016 as they were no longer eligible to remain enrolled in their current health insurance.

On July 20, 2016, your NYSOH account was updated.

On July 21, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your children were conditionally eligible to enroll in a Child Health Plus plan with a \$9.00 per month premium, effective September 1, 2016. The notice requested that you submit income documentation by September 18, 2016 to confirm the information in your NYSOH account.

Also on July 21, 2016, NYSOH issued an enrollment notice confirming your children's enrollment in a Child Health Plus plan effective September 1, 2016.

On August 2, 2016, you contacted NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your children's Child Health Plus plan.

On December 30, 2016, 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:

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- 1) Your NYSOH account reflects that you updated your NYSOH account on November 5, 2015. NYSOH directed you to submit income documentation to confirm your children's eligibility.
- 2) Your NYSOH account reflects that you uploaded your 2014 Form 1040 to your account on November 5, 2015.
- 3) Your NYSOH account reflects that NYSOH invalidated the documentation on November 5, 2015 because your 2014 Form 1040 was not signed and dated.
- 4) You testified that you do not recall receiving any notice from NYSOH stating that additional documentation was needed or that the documentation submitted was insufficient to confirm your children's eligibility.
- 5) You testified and your NYSOH account reflects, that you receive all of your notices from NYSOH by electronic mail.
- 6) You testified that you did not receive any electronic alert regarding any notice in your NYSOH account telling you that you needed to submit income documentation in order to continue your children's coverage.
- 7) You testified that the email address listed in your NYSOH account, [REDACTED], is your current email address.
- 8) No additional income documentation was received by NYSOH after November 5, 2015.
- 9) The record reflects that your children were disenrolled from their Child Health Plus plan on March 31, 2016 as they were determined no longer eligible to remain enrolled under their current health insurance.
- 10) You testified that your child or children went to the pediatrician on [REDACTED].
- 11) You testified that you did not know there was an issue with your children's coverage until you received an outstanding medical bill from your children's pediatrician in July 2016.
- 12) You testified that you want your children's Child Health Plus plan to begin on April 1, 2016 to cover the outstanding medical bills that were incurred in May 2016.

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 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

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individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your children were disenrolled from their Child Health Plus plan effective March 31, 2016 and were not re-enrolled until September 1, 2016, resulting in a gap in coverage from April 1, 2016 through August 31, 2016.

On November 5, 2015, you updated your account, and you were directed you to submit income documentation to confirm your children's eligibility. The record reflects that you uploaded your 2014 Form 1040 to your account on November 5, 2015. However, NYSOH invalidated the documentation that same day because your 2014 Form 1040 was not signed and dated.

On November 5, 2015, NYSOH issued a notice stating that the documentation submitted was insufficient to resolve the request for additional income documentation. Furthermore, NYSOH issued eligibility determination notices on November 6, 2015 and November 22, 2015, stating that your children's eligibility was only conditional and additional documentation was needed by February 3, 2016 and February 14, 2016, to confirm their eligibility.

Because no income documentation was submitted by February 14, 2016, NYSOH terminated your children's Child Health Plus coverage March 31, 2016.

The record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert stating that the documentation submitted was insufficient to confirm your children's eligibility or that additional information was needed to continue your children's coverage.

There is no evidence in your account documenting that any email alert was sent to you regarding the need to submit income documentation or that the documentation submitted was insufficient to your confirm your children's eligibility.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to submit additional income documentation on your children's behalf.

Therefore, the March 12, 2016 disenrollment notice is **RESCINDED**.

The July 21, 2016 eligibility determination is **MODIFIED** to state that your children's eligibility to enroll in a Child Health Plus plan is effective as of April 1, 2016.

The July 21, 2016 enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan was effective as of April 1, 2016.

Your case is RETURNED to NYSOH to reinstate your children in their Child Health Plus from April 1, 2016 through August 31, 2016.

## **Decision**

The March 12, 2016 disenrollment notice is RESCINDED.

The July 21, 2016 eligibility determination is MODIFIED to state that your children's eligibility to enroll in a Child Health Plus plan is effective as of April 1, 2016.

The July 21, 2016 enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan was effective as of April 1, 2016.

Your case is RETURNED to NYSOH to reinstate your children in their Child Health Plus from April 1, 2016 through August 31, 2016.

**Effective Date of this Decision:** January 27, 2017

## **How this Decision Affects Your Eligibility**

Your case is being sent back to NYSOH to reinstate your children in their Child Health Plus plan from April 1, 2016 through August 31, 2016.

You will be responsible for any premiums that have not been paid in order to effectuate this coverage.

## **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

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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.

### **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  
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- By fax: 1-855-900-5557

### **Summary**

The March 12, 2016 disenrollment notice is RESCINDED.

The July 21, 2016 eligibility determination is MODIFIED to state that your children's eligibility to enroll in a Child Health Plus plan is effective as of April 1, 2016.

The July 21, 2016 enrollment notice is MODIFIED to state that your children's enrollment in their Child Health Plus plan was effective as of April 1, 2016.

Your case is RETURNED to NYSOH to reinstate your children in their Child Health Plus from April 1, 2016 through August 31, 2016.

Your case is being sent back to NYSOH to reinstate your children in their Child Health Plus plan from April 1, 2016 through August 31, 2016.

You will be responsible for any premiums that have not been paid in order to effectuate this coverage.

### **Legal Authority**

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

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**A Copy of this Decision Has Been Provided To:**

