



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

Notice of Decision

Decision Date: December 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011889

[REDACTED]

Dear [REDACTED],

On December 6, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 5, 2016 disenrollment notice and September 8, 2016 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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Decision

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NY State of Health Account ID: [REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly disenroll your child from her Child Health Plus plan effective July 31, 2016?

Did the NYSOH properly determine that your child's enrollment in her Child Health Plus plan was effective October 1, 2016?

Procedural History

On May 14, 2016, an eligibility determination was issued based on your May 13, 2016 application finding your child newly conditionally eligible to enroll in a Child Health Plus plan for \$60.00 per month effective June 1, 2016. You were asked to provide additional documentation confirming the household income for your child be confirmed before July 12, 2016.

Also on May 14, 2016, an enrollment confirmation notice was issued confirming your child's enrollment in a Child Health Plus plan effective June 1, 2016.

On August 5, 2016, an eligibility determination was issued based on your August 4, 2016 application finding your child newly eligible to purchase a qualified health plan at full cost effective September 1, 2016. The determination stated your child no longer qualified for Child Health Plus because NYSOH could not verify the income listed in your application.

Also on August 5, 2016, NYSOH issued a disenrollment notice terminating your child's enrollment in her Child Health Plus plan effective August 31, 2016. The notice stated this was because your child was no longer eligible to remain enrolled in her current health plan.

On September 7, 2016, you contacted NYSOH and updated your application. That day, a preliminary eligibility determination was prepared stating that your child was eligible for Child Health Plus plan for \$60.00 per month effective October 1, 2016. You also reenrolled in a Child Health Plus plan that day.

Also on September 7, 2016, 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, 2016.

On September 8, 2016, an eligibility determination was issued based on your September 7, 2016 application finding your child eligible to enroll in a Child Health Plus plan for a limited time with a \$60.00 per month effective October 1, 2016. You were asked to provide additional documentation confirming the household income for your child be confirmed before November 6, 2016.

Also on September 8, 2016, an enrollment confirmation notice was issued confirming your child's enrollment in a Child Health Plus plan effective October 1, 2016.

On December 6, 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:

- 1) You testified that you are appealing only your child's eligibility.
- 2) You submitted an application to NYSOH for financial assistance on January 15, 2016, for her renewal of her health coverage.
- 3) You testified, and the record reflects, that you enrolled your child into a Child Health Plus plan on May 13, 2016.
- 4) You testified you could not provide your income documentation before August 11, 2016, because your accountant had not yet prepared your 2015 tax return for your household and your business.

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- 5) The record shows you uploaded your completed, filed 2015 1040 individual tax return, with information from your business on November 23, 2016.
- 6) You testified that you need your child's Child Health Plus plan to begin on September 1, 2016.
- 7) You testified that you did not know you needed to provide your income documentation until you contacted NYSOH in August 2016.
- 8) The record supports you receive your notices through regular U.S. mail. You testified this was correct.
- 9) You testified your address has not changed since initially applying for health insurance for 2016.
- 10) The record supports there is no returned mail in your NYSOH account.
- 11) The May 14, 2016 eligibility determination was issued to your address as reflected in your NYSOH account.
- 12) You reside in Bronx County.

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

Applicable Law and Regulations

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)).

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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).

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).

Legal Analysis

The first issue is whether NYSOH properly disenrolled your child from her Child Health Plus plan effective July 31, 2016.

On May 13, 2016, you updated your NYSOH application, and on May 14, 2016, an eligibility determination was issued finding your child newly conditionally eligible to enroll in a Child Health Plus plan for \$60.00 per month effective June 1, 2016. The determination stated that this determination was based on the condition you provide additional documentation confirming your household income be confirmed before July 12, 2016.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

During your telephone hearing you testified that you were not aware that NYSOH had requested your income documentation until you had contacted them in August, 2016.

NYSOH records indicate you receive your notices through regular U.S. mail and that your address has not changed since initially applying for health insurance for 2016. Furthermore, the May 14, 2016, eligibility determination was issued to your address as reflected in your NYSOH account. There are also no returned mail

in your account showing any notice were sent back as undeliverable to that address.

You testified you could not provide your income documentation before August 11, 2016, because your accountant had not yet prepared your 2015 tax return, it was not until November 23, 2016, you uploaded your completed, filed 2015 1040 individual tax return, with information from your business.

It is therefore determined NYSOH gave you adequate written notice of the request for you to provide additional documentation confirming your income by August 11, 2016.

As a result the August 5, 2016 disenrollment notice terminating you child's enrollment in her Child Health Plus plan effective August 31, 2016 is AFFIRMED.

However, your NYSOH records indicate that the last day of her enrollment was July 31, 2016. Therefore, your case is RETURNED to NYSOH to ensure your child's Child Health Plus plan is reinstated for the month of August, 2016.

The second issue is whether NYSOH properly determined that your child's re-enrollment in her Child Health Plus plan was effective October 1, 2016.

You testified that you contacted NYSOH on September 7, 2016 and enrolled your child into a Child Health Plus plan.

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.

Therefore, the September 8, 2016, enrollment confirmation notice stating that your child's enrollment in her Child Health Plus plan was effective October 1, 2016, is correct and must be AFFIRMED.

Decision

The August 5, 2016 disenrollment notice is AFFIRMED.

The September 8, 2016 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure your child is reenrolled into her Child Health Plus plan for the month of August 2016.

Effective Date of this Decision: December 23, 2016

How this Decision Affects Your Eligibility

Your child's Child Health Plus plan ended on August 31, 2016.

The effective date of your child's re-enrollment in her Child Health Plus plan is October 1, 2016.

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.

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:

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- By fax: 1-855-900-5557

Summary

The August 5, 2016 disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to ensure your child is reenrolled into her Child Health Plus plan for the month of August 2016.

Your child's Child Health Plus plan ended on August 31, 2016.

The September 8, 2016 enrollment confirmation notice is AFFIRMED.

The effective date of your child's re-enrollment in her Child Health Plus plan is October 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

