



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

Notice of Decision

Decision Date: March 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012136

[REDACTED]

Dear [REDACTED]

On January 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 5, 2016 eligibility redetermination, disenrollment, and enrollment confirmation 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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NY State of Health Account ID: [REDACTED]
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[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 child's eligibility for financial assistance ended effective August 31, 2016?

Procedural History

On May 19, 2016, you updated your child's application for health insurance and submitted proof of income in the form of a letter from your employer (see Document [REDACTED])

On May 20, 2016, NYSOH issued an eligibility determination notice stating that your child was conditionally eligible for Child Health Plus (CHP) with a monthly premium of \$60.00, effective July 1, 2016. That notice also stated that you must provide proof of income by July 18, 2016.

Also on May 20, 2016, NYSOH issued an enrollment confirmation notice stating that your child's CHP plan, with a monthly premium of \$60.00, would start on July 1, 2016.

On May 28, 2016, NYSOH issued an eligibility redetermination notice, based on your May 27, 2016 updated application, stating that your child was conditionally eligible for CHP with a monthly premium of \$60.00, effective July 1, 2016. That notice also stated that you must provide proof of income by July 26, 2016.

Also on May 28, 2016, NYSOH issued an enrollment confirmation notice stating that your child's CHP plan, with a monthly premium of \$60.00, would start on July 1, 2016.

Also on May 28, 2016, you submitted the same proof of income that you submitted on May 19, 2016 (see Document [REDACTED])

On June 15, 2016, NYSOH invalidated your proofs of income

On June 16, 2016, NYSOH issued a notice stating that, although you had submitted proof of income, the documentation appeared to be insufficient. That notice also stated that you must provide proof of your spouse's income.

On August 5, 2016, NYSOH issued an eligibility redetermination notice, based on an August 4, 2016 system rerun, stating that your child was eligible to enroll in a full price CHP plan, effective September 1, 2016.

Also on August 5, 2016, NYSOH issued a disenrollment notice, stating that your child's coverage in her CHP plan would end effective September 1, 2016. This was because she was no longer eligible to remain enrolled in her current health coverage with financial assistance.

Also on August 5, 2016, NYSOH issued an enrollment confirmation notice stating that your child's CHP plan with a monthly premium of \$254.19, would start on September 1, 2016.

On September 19, 2016, you submitted additional proof of your household income, consisting of a letter from your employer and an attestation that your spouse stopped working effective March 31, 2016. You also submitted proof of termination of third party health coverage (see Documents [REDACTED] and [REDACTED])

Also on September 19, 2016, you submitted a written appeal request and appealed the loss of your child's financial assistance, effective September 1, 2016.

On September 26, 2016, NYSOH issued an enrollment confirmation notice, based on your request for Aid to Continue for your child during the appeal process, stating that her CHP plan, with a monthly premium of \$60.00, would start on September 1, 2016.

On October 7, 2016, NYSOH issued an eligibility redetermination notice, based on a September 27, 2016 request for Aid to Continue, stating in part that your child was conditionally eligible for CHP in the form of Aid to Continue, effective September 1, 2016.

On January 18, 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 all of your notices from NYSOH via electronic mail.
- 2) You submitted an application to NYSOH for financial assistance on behalf of your child on May 19, 2016 and your child was determined conditionally eligible for CHP. As the notice stated, you needed to supply proof of your household income by July 18, 2016 to confirm her eligibility.
- 3) Also on May 19, 2016, you selected a CHP plan for your child and she was enrolled in a CHP plan with a monthly premium of \$60.00 per month, effective July 1, 2016.
- 4) On May 19, 2016 and May 28, 2016, you supplied proofs of your household income in the form of a letter from your employer and a statement from your spouse, which proofs were invalidated by NYSOH on June 15, 2016 (see Documents [REDACTED] and [REDACTED]).
- 5) You testified that you left the country and did not receive any notices for the months of June 2016 and August 2016 until you returned from [REDACTED] in September 2016. Specifically, you testified that you did not receive the June 17, 2016 notice from NYSOH stating that you needed to supply additional proof of household income and also did not receive the August 5, 2016 eligibility redetermination, disenrollment, and enrollment confirmation notices stating that your child was about to lose her financial assistance.

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 (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a

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child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

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)). 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)).

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)).

Legal Analysis

The sole issue under review is whether NYSOH properly determined that your child’s eligibility for financial assistance for her CHP plan ended effective August 31, 2016.

According to your NYSOH account, on May 19, 2016, your child was found conditionally eligible for CHP, with a monthly premium of \$60.00, effective July 1, 2016. You enrolled your child in a CHP plan through NYSOH for the first time that day with an enrollment start date of July 1, 2016.

Generally, when NYSOH cannot verify information that is required to make an eligibility determination, such as an individual’s household income, it must notify the applicant and allow the applicant time to submit satisfactory documentation. On May 20, 2016 and May 28, 2016, NYSOH issued notices, each of which advised you that your child was conditionally eligible for CHP but that additional information was needed. You were asked to provide documentary proof of your household income by July 18, 2016 and July 26, 2016, respectively.

On May 19, 2016 and May 28, 2016, you did submit proof of your income in the form of a letter from your employer attesting to your annual income for 2016 (see Documents [REDACTED] and Document # [REDACTED]).

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NYSOH's June 16, 2016 notice stated that the proof of household income you submitted was insufficient to determine if your child was eligible to receive financial assistance for health insurance, and that you needed to supply additional information.

Because there was no timely response to this notice, your child's eligibility for financial assistance she was receiving ended, effective September 1, 2016.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. Although you credibly testified that you did not receive any electronic alert or notice advising you that the income information you supplied was insufficient or that your child was disenrolled from her financial assistance until September 2016, the reason for you not receiving the email alerts was because you were out of the country from June 2016 through September 2016. Since you voluntarily left the country and either did not check or were not able to check your email notifications, it is concluded that NYSOH did give you proper notice that you needed to update your account on your child's behalf and failure to do so was the sole cause of your child losing financial assistance.

Therefore, the August 5, 2016 eligibility redetermination, disenrollment, and enrollment confirmation notices are correct and must be AFFIRMED.

Decision

The August 5, 2016 eligibility redetermination, disenrollment, and enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: March 08, 2017

How this Decision Affects Your Eligibility

Your child's eligibility does not change.

Your child's eligibility for financial assistance properly terminated effective September 1, 2016.

If You Disagree with this Decision (Appeal Rights)

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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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Summary

The August 5, 2016 eligibility redetermination, disenrollment and enrollment confirmation notices are **AFFIRMED**.

Your child's eligibility does not change.

Your child's eligibility for financial assistance properly terminated effective September 1, 2016.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

