



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

## Notice of Decision

Decision Date: February 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012396

[REDACTED]

Dear [REDACTED],

On January 20, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's September 15, 2016 eligibility determination, September 15, 2016 disenrollment notice, October 7, 2016 eligibility determination, and September 28, 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]  
Appeal Identification Number: AP000000012396



## Issues

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

Did New York State of Health (NYSOH) properly determine that your child's eligibility for and enrollment in her Child Health Plus plan with a \$60.00 monthly premium terminated effective September 30, 2016?

Did NYSOH properly determine that your child's eligibility for and reenrollment in her Child Health Plus plan with a \$60.00 monthly premium was effective November 1, 2016?

## Procedural History

On July 11, 2016, you contacted NYSOH and created an application for financial assistance for health insurance for your household.

On July 12, 2016, NYSOH issued a notice of eligibility determination, based on your July 11, 2016 application, stating that your child was eligible to enroll in Child Health Plus for a limited time with a \$60.00 monthly premium, effective August 1, 2016. This same notice directed you to submit income documentation by September 9, 2016.

Also on July 12, 2016, NYSOH issued a notice of enrollment, based on your plan selection on July 11, 2016, stating that your child was enrolled in a Child Health Plus plan, and that this enrollment in the plan would start August 1, 2016.

No income documentation was received by September 9, 2016.

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On September 14, 2016, NYSOH redetermined your child's eligibility for financial assistance.

On September 15, 2016, NYSOH issued a notice of eligibility redetermination stating that your child was eligible to enroll in a full cost Child Health Plus plan or a Child-Only qualified health plan, effective October 1, 2016.

On September 15, 2016, NYSOH issued a disenrollment notice stating that your child was terminated from her Child Health Plus plan, effective September 30, 2016.

Also on September 15, 2016, NYSOH issued an enrollment notice confirming your child's enrollment in a full cost Child Health Plus plan, effective October 1, 2016.

On September 27, 2016, you contacted NYSOH and updated your children's application for financial assistance.

On September 28, 2016, NYSOH issued a notice of enrollment, stating that your child was enrolled in a Child Health Plus plan with a \$60.00 monthly premium and that coverage would start on November 1, 2016.

On October 5, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as her \$60.00 monthly premium did not begin October 1, 2016.

On October 7, 2016, NYSOH issued a notice of eligibility redetermination, based on your September 27, 2016 application, stating that your child was eligible for Child Health Plus for a limited time with a \$60.00 monthly premium, effective November 1, 2016. This same notice directed you to submit income documentation by November 26, 2016 in order to continue your child's eligibility.

On January 20, 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) You testified that you are appealing only your child's eligibility.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

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- 3) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 4) You testified that you believe you received the July 12, 2016 eligibility determination notice requesting that you submit income documentation.
- 5) You testified that you attempted to submit income documentation on several occasions. However, you could not recall specifically when you had attempted to submit the income documentation.
- 6) Income documentation was uploaded to your NYSOH account on October 11, 2016, October 31, 2016, and December 22, 2016.
- 7) The record reflects that on September 27, 2016, NYSOH received your child's updated application for health insurance.
- 8) On September 27, 2016, you contacted NYSOH. A review of the recording of that phone call reveals that during the course of that phone call, an NYSOH representative helped you to access your NYSOH account on-line and explained the process of uploading documentation to your on-line account.
- 9) You testified that you became aware that your child had been disenrolled from her Child Health Plus plan with a \$60.00 per month premium when you received the disenrollment notice in September 2016.
- 10) You testified that you paid your child's full pay Child Health Plus premium for the month of October 2016.
- 11) You testified that you are seeking that your child be enrolled in her Child Health Plus plan with a \$60.00 per child monthly premium as of October 1, 2016.
- 12) You testified that NYSOH representatives advised you that your child would have a \$60.00 monthly premium for the month of October 2016. However, a review of the recordings of the September 27, 2016 phone call, October 4, 2016 phone call, and October 5, 2016 phone call reveals that the NYSOH representatives advised you that your child was eligible for coverage through a Child Health Plus plan for October 2016, but that if you wanted your child to have coverage for the month of October 2016, you would need to pay the full cost premium.

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 e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your child's eligibility for and enrollment in her Child Health Plus plan with a \$60.00 monthly premium terminated effective September 30, 2016.

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NYSOH's July 12, 2016 eligibility determination notice stated that additional income documentation was needed in order to confirm your child's eligibility for financial assistance, and that you needed to supply additional income documentation by September 9, 2016 or her financial assistance might end.

Because no additional income documentation was submitted in response to this notice, your children's eligibility was redetermined after the two-month period of presumptive eligibility had expired.

On September 15, 2016, your child was determined eligible to enroll in a full cost Child Health Plus plan or Child-Only qualified health plan, effective September 1, 2016. On September 15, 2016, your child was enrolled into a full cost Child Health Plus plan, effective October 1, 2016. Because your child was found no longer eligible to enroll in a Child Health Plus plan with a \$60.00 monthly premium, she was terminated from her current Child Health Plus plan, effective September 30, 2016.

You testified that you believe that you received the July 12, 2016 notice from NYSOH telling you that you needed to submit additional income documentation to your NYSOH account on your child's behalf. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of the need to submit additional income documentation in order to ensure your child's enrollment in her Child Health Plus plan and eligibility for financial assistance would continue.

As the record reflects that NYSOH properly notified you of the need to submit additional income documentation and you failed to submit such documentation by the September 9, 2016 deadline, NYSOH properly determined that your child was no longer eligible for financial assistance, effective September 30, 2016 and properly terminated your child from her Child Health Plus plan with a \$60.00 monthly premium, effective September 30, 2016.

Therefore, the September 15, 2016 notice of eligibility determination and September 15, 2016 disenrollment notice are correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child's reenrollment in her Child Health Plus plan with a \$60.00 monthly premium was effective November 1, 2016.

On September 27, 2016 you updated your child's application for financial assistance. As a result of this updated application for financial assistance, your child was found eligible to enroll in a Child Health Plus plan with a \$60.00 monthly premium for a limited time, effective November 1, 2016. Also on

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September 27, 2016 you reenrolled your child into a Child Health Plus plan with a \$60.00 monthly premium.

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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On September 27, 2016, you selected a Child Health Plus plan, so your child's enrollment properly took effect on the first day of the second month following September 2016; that is, on November 1, 2016.

Therefore, NYSOH's October 7, 2016 eligibility determination notice and September 28, 2016 enrollment confirmation notice are AFFIRMED because they properly began your child's eligibility for and enrollment in Child Health Plus with a \$60.00 monthly premium on November 1, 2016.

## **Decision**

The September 15, 2016 eligibility determination notice is AFFIRMED.

The September 15, 2016 disenrollment notice is AFFIRMED.

The October 7, 2016 eligibility determination notice is AFFIRMED.

The September 28, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** February 7, 2017

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

This decision does not change your child's eligibility.

Your child was eligible for a full cost Child Health Plus plan from October 1, 2016 to October 31, 2016.

The effective date of your child's Child Health Plus plan with a \$60.00 monthly premium is November 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

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).



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:  
NY State of Health Appeals  
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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

This decision does not change your child's eligibility.

The September 15, 2016 eligibility determination notice is **AFFIRMED**.

The September 15, 2016 disenrollment notice is **AFFIRMED**.

Your child was eligible for a full cost Child Health Plus plan from October 1, 2016 to October 31, 2016.

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The October 7, 2016 eligibility determination notice is AFFIRMED.

The September 28, 2016 enrollment confirmation notice is AFFIRMED.

The effective date of your child's Child Health Plus plan with a \$60.00 monthly premium is November 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:**

