



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

Notice of Decision

Decision Date: April 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013976

[REDACTED]

Dear [REDACTED],

On March 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 17, 2016 and December 10, 2016 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 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).

This page intentionally left blank.



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

Decision

Decision Date: April 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013976

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly redetermine your child's eligibility for financial assistance effective September 1, 2016?

Procedural History

On April 22, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Child Health Plus, with a monthly premium of \$0.00, effective as of June 1, 2016.

Also on April 22, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your child was enrolled in a Child Health Plus plan, with a monthly premium of \$0.00, with an enrollment start date of June 1, 2016.

On July 4, 2016, NYSOH systemically updated your account.

On July 5, 2016, NYSOH issued an enrollment notice confirming that your child was enrolled in a Child Health Plus plan, with a monthly premium of \$0.00, with an enrollment start date of June 1, 2016.

On July 5, 2016, your NYSOH account was updated.

On July 6, 2016, NYSOH issued an enrollment notice confirming that your child was enrolled in a Child Health Plus plan, with a monthly premium of \$0.00, with an enrollment start date of June 1, 2016.

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).

On July 15, 2016, NYSOH systemically updated your account.

On July 16, 2016, NYSOH issued three notices:

- (1) An eligibility determination notice, in relevant part, that your child was eligible for Child Health Plus, with a monthly premium of \$0.00, effective as of August 1, 2016.
- (2) An enrollment notice confirming, in relevant part, that your child was enrolled in a Child Health Plus plan, with a monthly premium of \$0.00, with an enrollment start date of June 1, 2016.
- (3) A renewal notice stating, in relevant part, that you must return to your account between July 16, 2016 and August 15, 2016 to complete a renewal. The notice stated that based on federal and state sources, a decision about whether your child qualifies for financial assistance cannot be made. If your account is not updated by August 15, 2016, your child's financial assistance may end.

On August 16, 2016, your NYSOH account was updated.

On August 17, 2016, NYSOH issued three notices:

- (1) An eligibility determination notice stating, in relevant part, that your child was eligible for Child Health Plus, with a monthly premium of \$0.00, effective as of September 1, 2016;
- (2) An enrollment notice confirming, in relevant part, that your child was enrolled in a Child Health Plus plan, with a monthly premium of \$215.81, with an enrollment start date of September 1, 2016;
- (3) A disenrollment notice stating that your child would be disenrolled from their Medicaid Managed Care health plan effective August 31, 2016, because they have other health insurance coverage or Medicare and you did not renew the health insurance coverage.

On December 9, 2016, your NYSOH account was updated.

On December 10, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Child Health Plus, with a monthly premium of \$0.00, effective as of January 1, 2017.

Also on December 10, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that your child was enrolled in Child Health Plus plan, with a monthly premium of \$218.53, with an enrollment start date of September 1, 2016.

On December 13, 2016, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the amount of financial assistance that was being applied to your child's health insurance premium.

On March 9, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was 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 the amount of financial assistance that has been applied to your child's Child Health Plus monthly premiums.
- 2) Your child was determined eligible for Child Health Plus, with a premium of \$0.00, effective as of June 1, 2016 (see [REDACTED]).
- 3) Your child was enrolled in a Child Health Plus plan, with a \$0.00 premium per month, with an enrollment start date of June 1, 2016 (see [REDACTED]).
- 4) On July 16, 2016; August 17, 2016; and December 10, 2016, NYSOH issued eligibility determination notices stating that your child was eligible to enroll in Child Health Plus, with a monthly premium of \$0.00 (see [REDACTED]).
- 5) On August 17, 2016, and December 10, 2016, NYSOH issued enrollment notices stating that your child was enrolled in a Child Health Plus plan with monthly premiums of \$215.81 and \$218.53 (see [REDACTED]).
- 6) You testified that were told by a NYSOH representative that the increase in Child Health Plus premiums was an error by the health plan, and that your child should receive twelve months of coverage with a monthly premium of \$0.00.
- 7) According to the enrollment history in your NYSOH account, your child's premium amount was \$0.00 from June 1, 2016 through August 31, 2016, and \$218.53 starting September 1, 2016.

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

Applicable Law and Regulations

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).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus 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) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, 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 Public Health Law § 2511(2)(a)-(e)).

Child Health Plus - Renewal

“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,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR §457.343).

The eligibility of children enrolled in Child Health Plus whose financial eligibility is determined using MAGI-based income must be renewed once every 12 months, and no more frequently than once every 12 months (42 CFR § 457.343; 42 CFR § 435.916(a)(1), (d)).

Child Health Plus – Proper Notice

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus eligibility 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 Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

Legal Analysis

The issue under review is whether NYSOH properly redetermined your child's eligibility for financial assistance effective September 1, 2016.

On April 22, 2016, NYSOH issued notices stating that your child was eligible for Child Health Plus and enrolled in a Child Health Plus health, with a monthly premium of \$0.00, effective June 1, 2016.

Generally, a child's eligibility for financial assistance toward their Child Health Plus health insurance premiums is determined once every twelve months. This twelve-month period is based on the effective date of their coverage.

On July 16, 2016, NYSOH issued a renewal notice stating that you must return to your account between July 16, 2016 and August 15, 2016 to complete a renewal because based on federal and state sources, a decision about whether your child qualifies for financial assistance cannot be made.

According to the disenrollment notice issued on August 17, 2016, your child's coverage ended August 31, 2016, because you did not complete the renewal in the required time frame and that your child may have other health insurance coverage or Medicare.

When your child's financial assistance was discontinued on August 31, 2016, the twelve-month eligibility period that began on June 1, 2016, had not expired.

When NYSOH denies, terminates, or suspends a child's Child Health Plus eligibility, they are required to provide sufficient notice so that a child's parent is able to take action to prevent a gap in coverage for the child.

The record reflects that NYSOH has consistently issued notices that reflect inconsistent information. The eligibility determination notices have stated that your child is eligible to enroll in Child Health Plus with a monthly premium of \$0.00 (see [REDACTED]). However, the enrollment notices confirm that your child was in a Child Health Plus plan with monthly premiums of \$215.81 or \$218.53 (see [REDACTED]). Furthermore, your NYSOH account reflects that your child's health insurance premium was increased to \$218.53 effective September 1, 2016. Therefore, NYSOH failed to provide you with proper and adequate notice regarding the changes in your child's eligibility for financial assistance.

Therefore, the August 17, 2016, and December 10, 2016, enrollment notices stating that your child was enrolled in a Child Health Plus plan with monthly premiums of \$215.81 and \$218.53 are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's financial assistance from September 1, 2016 through May 31, 2017.

Decision

The August 17, 2016, and December 10, 2016, enrollment notices stating that your child was enrolled in a Child Health Plus plan with monthly premiums of \$215.81 and \$218.53 are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's financial assistance from September 1, 2016 through May 31, 2017.

Effective Date of this Decision: April 11, 2017

How this Decision Affects Your Eligibility

Your child is eligible to enroll in Child Health Plus, with a monthly premium of \$0.00, from June 1, 2016 through May 31, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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).

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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 17, 2016, and December 10, 2016, enrollment notices stating that your child was enrolled in a Child Health Plus plan with monthly premiums of \$215.81 and \$218.53 are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's financial assistance from September 1, 2016 through May 31, 2017.

Your child is eligible to enroll in Child Health Plus, with a monthly premium of \$0.00, from June 1, 2016 through May 31, 2017.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



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।

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).

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&etumi ama wo obi a okyerE 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.

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).