



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

Notice of Decision

Decision Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014188

[REDACTED]

Dear [REDACTED],

On March 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 29, 2016 eligibility determination notice, October 29, 2016 disenrollment notice, and December 21, 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 Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
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[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your daughter's eligibility for the Child Health Plus Plan ended effective December 1, 2016?

Did NYSOH properly determine that your daughter's renewed eligibility for and reenrollment in the Child Health Plus plan was effective February 1, 2017?

Procedural History

On September 18, 2016, NYSOH issued an eligibility determination notice stating that your daughter was eligible for Child Health Plus, effective, November 1, 2016.

On October 28, 2016, you updated your application with NYSOH.

On October 29, 2016, NYSOH issued a notice of eligibility determination stating that you, [REDACTED], were eligible to enroll in an Essential Plan for a limited time, effective December 1, 2016. The notice stated that additional information was required to confirm eligibility for members of your household. The notice directed you to provide documentation confirming your daughter's income by November 12, 2016 and to provide income documentation for you by January 26, 2017. The notice stated that if you missed the due date, you might lose your insurance or receive less assistance paying for coverage.

Also on October 29, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan effective December 1, 2016. The notice stated that additional information was required to confirm eligibility for members of your household. The notice directed you to provide documentation confirming your daughter's income by November 12, 2016 and to provide income documentation for you by January 26, 2017. The notice stated that if you missed the due date, you might lose your insurance or receive less assistance paying for coverage.

Also, on October 29, 2016, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice stated that additional information was required to confirm eligibility for members of your household. The notice directed you to provide documentation confirming your daughter's income by November 12, 2016 and to provide income documentation for you by January 26, 2017.

Also, on October 29, 2016, NYSOH issued a disenrollment notice stating that your daughter's coverage in her Child Health Plus plan ended effective November 30, 2016.

No documentation was received by November 12, 2016.

On December 9, 2016, NYSOH issued an eligibility determination stating that your daughter was eligible to purchase a qualified health plan at full cost, effective January 1, 2017. The notice stated that she did not qualify for Child Health Plus because you did not provide proof of her household income within the required timeframe.

Also, on December 9, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in an Essential Plan for a limited time, effective January 1, 2017. The notice directed you to provide income documentation by January 26, 2017.

On December 20, 2016, you updated your NYSOH application.

Also, on December 20, 2016, NYSOH issued a preliminary determination stating that your daughter was eligible for the Child Health Plus and you were eligible for the Essential plan, effective February 1, 2017.

Also on December 20, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your daughter's Child Health Plus plan for the months of December 2016 and January 2017 and for the termination of your Essential Plan coverage for the month of January 2017.

On December 21, 2016, NYSOH issued an eligibility determination stating that your daughter was eligible for Child Health Plus for a limited time, effective February 1, 2017.

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Also, on December 21, 2016, NYSOH issued an enrollment confirmation notice stating that your daughter was enrolled in a Child Health Plus plan and you were enrolled in an Essential Plan, both with an effective start date of February 1, 2017.

Also, on December 21, 2016, NYSOH issued a notice stating that based on your request, your coverage with an Essential Plan ended effective January 31, 2017.

On March 17, 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 were appealing your daughter's loss of Child Health Plus coverage for the months of December 2016 and January 2017. You testified that you believed that you had lost coverage in your Essential Plan for January 2017 but that you were not sure. You testified that you may have received a backdate of coverage from NYSOH but that you did not know. You testified that for those reasons, you wanted the issue of your loss of Essential Plan coverage for January 2017 included in your appeal.
- 2) NYSOH records include an incident [REDACTED], with a notation dated December 23, 2016 which stated "Consumer is still showing coverage for 1/31/17 under EP."
- 3) You testified that you changed Essential plans but that you could not remember when this occurred. You testified that you paid your premium for the Essential Plan 1 for February 2017.
- 4) You testified, and your application indicates, that you receive your notices from NYSOH by regular mail.
- 5) You testified that you did not receive the October 29, 2016 notices stating that you needed to provide documentation of your household's income by November 12, 2016.
- 6) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.

- 7) You testified that you did not know that you needed to submit documentation of your daughter's income until your pharmacy called you in the middle of December and advised that your daughter did not have health insurance coverage.
- 8) You updated the income information in your NYSOH account on December 20, 2016.
- 9) You testified that your daughter has prescription medication costs which were incurred during January 2017.
- 10) You testified that you are seeking enrollment for your daughter in her Child Health Plus plan for December 2016 and January 2017 as well as enrollment in your Essential Plan for the month January 2017.

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 (NY PHL) § 2511(2)(a)(iii)).

To be eligible for CHP, 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 PHL § 2511(2)(a)-(e)).

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable amount of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's CHP eligibility (42 CFR § 457.340(e)). When

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CHP coverage 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 CHP coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)). Notice is considered received five days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-day period (45 CFR § 155.315(c)(3), (f)(2)(i)).

The State of New York has provided that a child's period of eligibility for CHP 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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your daughter's eligibility for the Child Health Plus Plan ended effective December 1, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant through available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with reasonable time to provide documentation or information to resolve that inconsistency.

In the eligibility determination issued on October 29, 2016, you were advised that information was required to confirm eligibility for members of your household. The notice directed you to provide documentation confirming your household income by November 12, 2016. Also on that date, NYSOH issued a disenrollment notice stating that your daughter's coverage in her Child Health Plus plan would end effective December 1, 2016.

You testified that you did not receive any notices from NYSOH dated October 29, 2016 directing you to provide income documentation to confirm you or your daughter's eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, none of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm your household's income.

When NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, 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. Notice is considered received five days after the date on the notice. In this case, the notice formally disenrolling your daughter from her Child Health Plus plan was dated October 29, 2016. Therefore, the notice terminating your child's enrollment would be considered received as of November 3, 2016.

When changes are made to an individual's application after the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next following month. Since you would have received NYSOH's notice terminating your child's CHP eligibility on the 3rd of November, you would have had time to update your account before November 15, 2016 to prevent a gap in coverage. The October 29, 2016 notice did provide sufficient time to reasonably allow you to provide the necessary income documentation in a manner that would have prevented a gap in your daughter's Child Health Plus coverage.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation.

Accordingly, NYSOH provided you with sufficient notice that would have allowed you to take action to prevent a gap in Child Health Plus coverage for your daughter for the month of December 2016. Therefore, the October 29, 2016 eligibility determination and disenrollment notices is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your daughter's renewed eligibility for and reenrollment in the Child Health Plus plan was effective February 1, 2017.

You testified, and your account confirms, that you updated your NYSOH application on December 20, 2016. That day you selected a Child Health Plus plan for your daughter.

The date on which enrollment in a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the 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 to the end of the month goes into effect on the first day of the second following month.

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Since on December 20, 2016, you selected a Child health Plus plan for your daughter, her enrollment would properly take effect on the first day of the month following January; that is, on February 1, 2017.

Therefore, the December 21, 2016 enrollment confirmation notice is AFFIRMED.

It is noted that you expressed concern at your hearing, because you were afraid there had been a gap in your coverage under your Essential Plan for January 2017.

A review of NYSOH records does not indicate that a disenrollment notice or other notice was issued ending your eligibility and enrollment from the Essential Plan, effective January 1, 2017. In addition, a review of your NYSOH enrollment history does not reflect a loss of coverage for the month of January 2017.

NYSOH records include an incident numbered [REDACTED], with a notation dated December 23, 2016 which stated "Consumer is still showing coverage for 1/31/17 under EP." This notation indicates that you had coverage in your Essential Plan for the month of January 2017.

You testified that believed that that you had lost coverage in your Essential Plan for January 2017 but that you were not sure. You testified that you were also unsure as to whether you had received a backdate of coverage from NYSOH for January 2017. You testified that you changed Essential plans but that you could not remember when this occurred. You testified that you paid your premium for the Essential Plan 1 for February 2017.

NYSOH records reflect that on December 20, 2016, you requested that your coverage with an Essential Plan end effective January 31, 2017. Your prior coverage ended effective January 31, 2017, and your new coverage became effective February 1, 2017. Therefore, there was no gap in coverage, and the December 21, 2016 enrollment confirmation notice was correct insofar as your enrollment in your new plan became effective February 1, 2017, and must be AFFIRMED.

Decision

The October 29, 2016 eligibility determination notice is AFFIRMED.

The October 29, 2016 disenrollment notice is AFFIRMED.

The December 21, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 9, 2017

How this Decision Affects Your Eligibility

NYSOH properly found your daughter not eligible to enroll in the Child Health Plus plan effective December 1, 2016 because you did not provide documentation of your household's income.

NYSOH properly found that your daughter's reenrollment in the Child Health Plus plan was effective February 1, 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 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 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 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 October 29, 2016 eligibility determination notice is AFFIRMED.

The October 29, 2016 disenrollment notice is AFFIRMED.

The December 21, 2016 enrollment confirmation notice is AFFIRMED.

NYSOH properly found your daughter not eligible to enroll in the Child health Plus plan effective December 1, 2016 because you did not provide documentation of your household's income.

NYSOH properly found that your daughter's reenrollment in the Child Health Plus plan was effective February 1, 2017.

Legal Authority

We are issuing this determination in accordance with 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。我们可以为您免费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.

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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।

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&btumi 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.

אַײַדיש (Yiddish)

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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.

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