



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

Notice of Decision

Decision Date: April 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014688

[REDACTED]

Dear [REDACTED],

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 4, 2016 eligibility determination notice, September 5, 2016 disenrollment notice, December 6, 2016 eligibility determination notice, and December 6, 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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Issues

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

Did NY State of Health properly determine that your children's eligibility for and enrollment in their Child Health Plus plan with a \$30.00 monthly premium per child terminated effective September 30, 2016?

Did NY State of Health properly determine that your children's eligibility for and enrollment in their Child Health Plus plan with a \$45.00 monthly premium per child was effective January 1, 2017?

Procedural History

On June 23, 2016, NY State of Health (NYSOH) received your household's updated application for financial assistance with health insurance.

On June 24, 2016, NYSOH issued a notice of eligibility determination, based on your June 23, 2016 application, stating that your children were eligible to enroll in Child Health Plus for a limited time with a \$30.00 monthly premium per child, effective August 1, 2016. This notice further directed you to provide proof of your household's income by August 22, 2016 in order to confirm your children's eligibility.

Also on June 24, 2016, NYSOH issued a notice of enrollment, based on your plan selection on June 23, 2016, stating that your children were enrolled in a Child Health Plus plan with a \$30.00 monthly premium per child, and that this enrollment in the plan would start August 1, 2016.

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No income documentation was received by August 22, 2016.

On September 3, 2016, NYSOH redetermined your children's eligibility for financial assistance with health insurance.

On September 4, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in a full price Child Health Plus plan, effective October 1, 2016.

On September 5, 2016, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective September 30, 2016, as your children were no longer eligible to remain enrolled in their current plan.

Also on September 5, 2016, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a full price Child Health Plus plan with an enrollment start date of October 1, 2016.

On November 8, 2016, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective November 30, 2016 as per your request on November 7, 2016.

Also on November 8, 2016, NYSOH issued an enrollment confirmation stating that your children were enrolled in a full price Child Health Plus plan with an enrollment start date of December 1, 2016.

On December 5, 2016, you updated your household's application for financial assistance.

On December 6, 2016, NYSOH issued a notice of eligibility determination, based on your December 5, 2016 application, stating that your children were eligible for Child Health Plus with a \$45.00 monthly premium per child, effective January 1, 2017.

Also on December 6, 2016, NYSOH issued a disenrollment notice stating that your children were disenrolled from their full price Child Health Plus plan as of December 31, 2016, because they were no longer eligible to enroll in their current plan.

Additionally, on December 6, 2016, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in their Child Health plus plan with a \$45.00 monthly premium per child with a plan enrollment start date of January 1, 2017.

On January 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your children's Child Health Plus plan with a \$30.00 monthly premium per child as of September 30, 2016, and the start date of your children's Child Health Plus plan with a \$45.00 monthly premium per child insofar as it did not begin December 1, 2016.

On April 6, 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 seeking to have your children eligible for Child Health Plus with a reduced premium for October 2016, November 2016, and December 2016.
- 2) You testified, and your application indicates, that you receive all of your notices from NYSOH via regular mail.
- 3) You testified that you do not recall receiving the June 24, 2016 eligibility determination asking you to provide income documentation.
- 4) No notices that have been sent to you at the address on your NYSOH account have been returned.
- 5) Your NYSOH account indicates that on September 3, 2016 your application was run and your children were found no longer eligible for Child Health Plus with a reduced premium.
- 6) You testified that at some point your children were disenrolled from their plan as you made a late payment, however, you are not sure when this occurred.
- 7) You testified that you paid the full cost premium for at least one month, which you believe was the month of December 2016.
- 8) You testified that you became aware that your children had been enrolled into a full pay Child Health Plus plan when you received the letter dated November 11, 2016. You further testified that you are not sure how long after receiving this letter it was before you contacted NYSOH.
- 9) You testified that you called NYSOH at some point in December 2016 and advised NYSOH that you wanted a lower premium amount, at which time

you were told that your children qualified for the lower premium amount for January 2017, but not December 2016.

- 10) You could not recall when you submitted income documentation to NYSOH.
- 11) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls between yourself and NYSOH.
- 12) The record reflects that the first phone call you placed to NYSOH following the termination of your children's reduced premium eligibility for Child Health Plus took place on October 17, 2016. A review of the recording of this phone call reveals that you were calling regarding your children's termination from their Child Health Plus plan for non-payment of premiums and to reenroll your children into coverage.
- 13) You again contacted NYSOH on November 4, 2016. That day, you placed two phone calls to NYSOH. A review of the recording of these phone calls reveals that you were again calling regarding your children's termination from their Child Health Plus plan and seeking to reenroll your children into coverage.
- 14) You contacted NYSOH again on November 7, 2016. A review of the recording of this phone call reveals that you were calling to confirm your children's reenrollment in their Child Health Plus plan. The NYSOH representative advised you that your children had been reenrolled in Child Health Plus, effective December 1, 2016. The NYSOH representative also provided you with an ET# to provide to your children's plan to confirm their reenrollment.
- 15) You then contacted NYSOH on December 2, 2016. A review of the recording of this phone call reveals that you were calling regarding the amount of your children's Child Health Plus premiums. The NYSOH representative advised you that your application would need to be updated to determine whether your children should have a reduced premium for their Child Health Plus. You began the process of updating your application during that phone call, but suspended the application, as you had to return to work.
- 16) On December 5, 2016, you placed a phone call to NYSOH. A review of the recording of this phone call reveals that you completed updating your application and your application was submitted that day. During that phone call you were advised that your children were found eligible for Child Health Plus with a \$45.00 monthly premium per child.

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 is whether NYSOH properly determined that your children's eligibility for and enrollment in their Child Health Plus plan with a \$30.00 monthly premium terminated effective September 30, 2016.

NYSOH's June 24, 2016 eligibility determination notice stated that additional income documentation was needed in order to confirm your children's eligibility for financial assistance, and that you needed to supply income documentation for your household by August 22, 2016, in order for his eligibility to continue.

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 3, 2016, your children were determined eligible to enroll in a full price Child Health Plus plan, effective October 1, 2016. On September 4, 2016, your children were enrolled into a full cost Child Health Plus plan, effective October 1, 2016. Because your children were found no longer eligible to enroll in a Child Health Plus plan with a \$30.00 monthly premium per child, they were terminated from their current Child Health Plus plan, effective September 30, 2016.

You testified that you are not sure if you received the June 24, 2016 notice from NYSOH telling you that you needed to submit income documentation for your household to NYSOH. 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 the June 24, 2016 notice that was sent to your mailing address was returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of the need to submit income documentation for your household in order to ensure your children's enrollment in their 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 August 22, 2016 deadline, NYSOH properly determined that your children was no longer eligible for financial assistance, effective September 30, 2016 and properly terminated your children from their Child Health Plus plan with a \$30.00 monthly premium, effective September 30, 2016.

Therefore, the September 4, 2016 notice of eligibility determination and September 5, 2016 disenrollment notice are correct and must be AFFIRMED.

The second issue is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan with a \$45.00 monthly premium per child was effective January 1, 2017.

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.

On December 5, 2016, you completed your household's application for financial assistance, and on December 6, 2016, NYSOH issued an eligibility determination notice based on that completed application. As a result of this application for financial assistance, your children were found eligible to enroll in a Child Health Plus plan with a \$45.00 monthly premium per child, effective January 1, 2017. On December 5, 2016, your children were reenrolled into a Child Health Plus plan with a \$45.00 monthly premium per child. Therefore, your children's eligibility for and reenrollment in Child Health Plus properly took effect on the first day of the first month following December 2016; that is, on January 1, 2017.

Therefore, the December 6, 2016 eligibility determination notice and the December 6, 2016 enrollment confirmation notice are correct and must be AFFIRMED.

Decision

The September 4, 2016 eligibility determination is AFFIRMED.

The September 5, 2016 disenrollment notice is AFFIRMED.

The December 6, 2016 eligibility determination is AFFIRMED.

The December 6, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 17, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your children's eligibility for and enrollment in their Child Health Plus plan with a \$30.00 monthly premium per child properly ended as of September 30, 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).

Your children's eligibility for and enrollment in their Child Health Plus plan with a \$45.00 monthly premium per child properly began as of January 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 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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The September 4, 2016 eligibility determination is AFFIRMED.

The September 5, 2016 disenrollment notice is AFFIRMED.

Your children's eligibility for and enrollment in their Child Health Plus plan with a \$30.00 monthly premium per child properly ended as of September 30, 2016.

The December 6, 2016 eligibility determination is AFFIRMED.

The December 6, 2016 enrollment confirmation notice is AFFIRMED.

Your children's eligibility for and enrollment in their Child Health Plus plan with a \$45.00 monthly premium per child properly began as of January 1, 2017.

This decision does not change your child's eligibility.

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।

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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.

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