



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

Notice of Decision

Decision Date: April 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014729

[REDACTED]

Dear [REDACTED],

On April 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's the October 26, 2016 plan disenrollment notice and the October 26, 2016 plan enrollment 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 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).

This page intentionally left blank.



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

Decision

Decision Date: April 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014729

[REDACTED]

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 child's enrollment in his full price Child Health Plus plan ended effective November 30, 2016?

Did NY State of Health properly determine that your child was enrolled in his Child Health Plus plan with \$45.00 monthly premiums effective December 1, 2016?

Procedural History

On July 19, 2016, NY State of Health (NYOSH) received your updated application for financial assistance with your family's health insurance. That day you also uploaded income documentation to your NYSOH account.

On July 20, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for a Child Health Plus plan with a \$9.00 monthly premium for a limited time, effective September 1, 2016. This notice also stated that you needed to submit household income documents by September 12, 2016.

On July 21, 2016, NYSOH issued a notice requesting more income documentation because the documents that were reviewed did not confirm the information provided in your application. You were asked to submit more household income documentation by October 12, 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 22, 2016, NYSOH issued a plan enrollment notice confirming your child's coverage in a Child Health Plus plan with a \$9.00 monthly premium, effective September 1, 2016.

On October 14, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for a full price Child Health Plus plan because federal and state data sources that your household income was more than \$97,200.00, effective November 1, 2016.

On October 14, 2016, NYOSH issued a plan enrollment confirmation confirming your child's enrollment in a full price Child Health Plus plan effective November 1, 2016.

Also on October 14, 2016, NYOSH issued disenrollment notice confirming your child's disenrollment from his Child Health Plus plan with a \$9.00 monthly premium, effective October 31, 2016.

On October 26, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for a Child Health Plus plan with a \$45.00 monthly premium for a limited time, effective December 1, 2016. This notice further directed you to submit household income documentation by December 24, 2016.

On October 26, 2016, NYOSH issued a plan enrollment confirmation confirming your child's enrollment in their Child Health Plus plan with a \$45.00 monthly premium, effective December 1, 2016.

Also on October 26, 2016, NYOSH issued a plan disenrollment notice confirming your child's disenrollment for his full price Child Health Plus plan, effective November 30, 2016.

On January 9, 2017, you contacted the NYSOH Account Review Unit and appealed the date that your child was disenrolled from his full price Child Health Plus plan, requesting the disenrollment be made effective November 1, 2016.

On April 4, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. During the hearing, you gave permission for NYOSH Appeals Unit to listen to phone calls you had with NYOSH. Phone calls were reviewed and the record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) Your NYOSH account indicates that you receive all your notices from NYOSH via regular mail.

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).

- 2) No notices that were sent to the address listed on your NYOSH account have been returned as undeliverable.
- 3) According to your NYOSH account, NYOSH received your application for financial assistance on July 20, 2016. In this application, you indicated that you had lost a job and had no current monthly income.
- 4) On July 19, 2016, you submitted documentation including a certificate from [REDACTED] stating that you had successfully completed your residency program dated July 1, 2013 to June 30, 2016, a letter from your COBRA health insurance company showing a coverage end date of June 30, 2016, a letter signed by you and your husband stating that your son does not have any income, and your husband's four paystubs from [REDACTED] dated June 10, 2016, June 24, 2016, July 2, 2016, and July 9, 2016.
- 5) On July 20, 2016, NYOSH invalidated the submitted documentation because your husband's paystubs were not from the last 30 days, and you had attested to a \$0 monthly income but did not submit a separation letter from your employment. NYOSH extended the deadline for you to submit income documentation to October 12, 2016.
- 6) No documentation was uploaded to your account by October 12, 2016.
- 7) You testified that you were told by your child's Child Health Plus plan that your child had been completely disenrolled for the month of November 2016.
- 8) You testified that you were told by NYOSH that your child would not have coverage for the month of November 2016.
- 9) NYOSH Appeals Unit Reviewed the phone calls you made to NYOSH and determined that:
 - a. On October 25, 2016, with the help of a NYOSH representative, you submitted an updated application for financial assistance for your son's health insurance. During this phone call your son was found eligible for Child Health Plus with a \$45.00 monthly premium effective December 1, 2016. The representative advised you that your child was enrolled in a Child Health Plus plan with a premium amount of \$185.35 which ends on November 30, 2016, and your son's Child Health Plus plan with a \$45.00 monthly premium would begin effective December 1, 2016. At no time during this phone call did you ask for your son to be disenrolled from his full price Child Health Plus plan for the month of November 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).

- b. On October 26, 2016, you told the representative that you did not want your child to go without health insurance for the month of November 2016. You were advised again that your child was enrolled in a full price Child Health Plus plan for the month of November 2016. You were also informed that the \$45.00 monthly premium would not begin until December 1, 2016. The representative told you would have to talk to your child's Child Health Plus plan as to what would happen if you did not pay your premium for November 2016. At no point during this phone call did you request that your son be disenrolled from his Child Health Plus plan for the month of November 2016.
- c. On November 30, 2016, you contacted NYOSH and was informed by the NYOSH representative that your son had full coverage now in a full price Child Health Plus plan, and that your financial subsidy of \$45.00 monthly premium starts in December 2016.
- d. On December 20, 2016, you called NYOSH after being told by your son's Child Health Plus plan that NYOSH had messed up the insurance premiums by backdating his policy. You stated that you were under the impression that he had no insurance for the month of November 2016 and that your child's Child Health Plus plan is now billing you. You stated that NYOSH is showing that your child had insurance for November 2016, when your child did not. You stated that you would like NYOSH to rectify this.

10) You testified that you are seeking retroactive disenrollment from your child's full price Child Health Plus plan for the month of November 2016.

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

Applicable Law and Regulations

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)).

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).

“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).

Child Health Plus – Income Verification

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 period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Child Health Plus – Proper Notice

NYSOH may not deny or terminate eligibility or reduce benefits for any individual on the basis of the information received, unless NYSOH has sought additional information from the individual and provided proper notice and hearing rights to the individual (42 CFR § 457.380(d); 42 CFR § 435.952(d)).

Child Health Plus Disenrollment Date

The State plan must include a description of the state’s policies governing enrollment and disenrollment (see 42 CFR § 457.305(b)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

If the enrollee requests a disenrollment, the request is effective the first day of the month following the receipt of the enrollee’s request or effective on a future date if requested by the enrollee (NYSDOH 2008-2012 Model Contract (Appendix C Section 12.2)).

Legal Analysis

The first issue under review is whether NYOSH properly determined that your child's enrollment in his full price Child Health Plus plan ended effective November 30, 2016.

On July 20, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for a Child Health Plus plan with a \$9.00 monthly premium for a limited time, effective September 1, 2016. Your child was subsequently enrolled into a Child Health Plus plan. Your child's eligibility for the \$9.00 Child Health Plus plan was contingent on NYSOH receiving satisfactory documentation to confirm the income listed in your account.

NYSOH did not receive sufficient documentation and your child's eligibility for financial assistance was rerun. On October 14, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for a full price Child Health Plus plan because federal and state data sources that your household income was more than \$97,200.00, effective November 1, 2016. As a result, your child was disenrolled from the \$9.00 per month Child Health Plus plan, effective October 31, 2016.

On October 14, 2016, NYSOH issued a plan enrollment notice stating that your child was enrolled in a full price Child Health Plus plan, effective November 1, 2016.

On October 25, 2016, you updated your NYSOH account, and on October 26, 2016 NYSOH issued a disenrollment notice indicating your child would be disenrolled from his full price Child Health Plus plan effective November 30, 2016.

You testified that you are seeking retroactive disenrollment for your child from his full price Child Health Plus plan, effective November 1, 2016 because you were told by your health plan and by NYSOH that your child would not have coverage in the month of November 2016.

Several phone calls that you had with NYSOH were reviewed. In phone conversations that you had on October 25, 2016, October 26, 2016, and November 30, 2016 you were informed that your child was enrolled in a full cost Child Health Plus plan for the month of November 2016. At no time during these phone conversations did you request your child to be disenrolled from Child Health Plus.

The first time you contacted NYSOH seeking your child be disenrolled from Child Health Plus for the month of November 2016 was December 20, 2016.

Enrollees may request disenrollment from their Child Health Plus plan at any time. If the enrollee requests a disenrollment, the request is effective the first day of the month following the receipt of the enrollee's request or effective on a future date if requested by the enrollee.

The record reflects that you were told multiple times that your child would have a full price Child Health Plus plan for the month of November 2016 and you did not officially request that your child be disenrolled from his full price Child Health Plus plan until December 20, 2016.

Therefore, NYSOH was proper in not backdating the end date of your child's full price Child Health Plus plan and the October 28, 2016 disenrollment notice stating that the end date of the full price Child Health Plus plan was November 30, 2016 is AFFIRMED.

The second issue under review is whether NYOSH properly determined that your child's enrollment in his Child Health Plus plan with a \$45.00 monthly premium started on December 1, 2016.

You contacted NYSOH to update your application on October 25, 2016 and on that date you also enrolled your child into a Child Health Plus plan with a \$45.00 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 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. As a result, your child's Child Health Plus plans with a \$45.00 monthly premium would therefore properly take effect on the first day of the second following month after October; that is, on December 1, 2016.

Therefore, the October 26, 2016, plan enrollment notice confirming your child's enrollment in his Child Health Plus plans with a \$45.00 monthly premium was effective December 1, 2016, was correct and must be AFFIRMED.

Decision

The October 26, 2016 plan disenrollment notice is AFFIRMED.

The October 26, 2016 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 19, 2017

How this Decision Affects Your Eligibility

This decision does not affect your son's current eligibility.

Your child was enrolled in a full price Child Health Plus plan from November 1, 2016 to November 30, 2016.

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 26, 2016 plan disenrollment notice is AFFIRMED.

The October 26, 2016 plan enrollment notice is AFFIRMED.

This decision does not affect your son's current eligibility.

Your child was enrolled in a full price Child Health Plus plan from November 1, 2016 to November 30, 2016.

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।

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 bεtumi ama wo obi a okyerε 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).