



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

Notice of Decision

Decision Date: April 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014778

[REDACTED]

Dear [REDACTED]

On April 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 21, 2016 eligibility determination notice, November 26, 2016 disenrollment confirmation and December 20, 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.

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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 were eligible for full price Child Health Plus plans effective January 1, 2017?

Did NY State of Health properly determine that your children were enrolled in their Child Health Plus plans with \$30.00 monthly premiums effective February 1, 2017?

Procedural History

On August 15, 2016, you created an NY State of Health (NYSOH) account and submitted an application for health insurance on behalf of your children. Also, that day you uploaded your earnings history and your spouse's unemployment insurance monetary benefit determination.

On August 16, 2016, NYSOH issued a notice stating that there was not enough information to make a determination on your children's eligibility. You were asked to submit proof of current income for your children by August 30, 2016.

On September 6, 2016, you uploaded letters stating that your children had no income.

On September 13, 2016 NYSOH issued a notice stating that the documentation they reviewed did not confirm the information in your application. You were asked to provide proof of income for your children by October 14, 2016.

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On September 14, 2016, you called NYSOH and updated your account. A new application was submitted on behalf of your children.

On September 15, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in Child Health Plus plans with \$60.00 monthly premiums for a limited time, effective October 19, 2016. The notice further directed you to provide documentation confirming your household income before November 13, 2016.

On September 15, 2016, NYSOH issued a notice confirming your children's enrollment in Child Health Plus plans with \$60.00 monthly premiums, effective October 1, 2016.

On November 21, 2016, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in full price Child Health Plus plans. The notice stated that your children were eligible to enroll in Child Health Plus plans at full cost because federal and state data sources show that your household income is more than the allowable income range for the Child Health Plus program based on your household size. This eligibility was effective January 1, 2017.

On November 21, 2016, NYOSH issued a plan enrollment notice confirming your children's enrollment in full price Child Health Plus plans, effective January 1, 2017.

Also on November 21, 2016, NYSOH issued a disenrollment notice stating that your children's enrollment in their Child Health Plus plans with \$60.00 monthly premiums would end as of December 31, 2016, because they were no longer eligible to remain in their plans.

On December 19, 2016, you updated your application for financial assistance.

On December 20, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in Child Health Plus plans with \$30.00 monthly premiums, effective February 1, 2017.

Also on December 20, 2016, NYSOH issue a plan enrollment notice confirmation, based on your plan selection on December 19, 2016, stating that your children were enrolled in Child Health Plus plans with \$30.00 monthly premiums, effective February 1, 2017.

On January 11, 2017, you spoke to NYSOH's Account Review Unit and appealed your children's financial assistance eligibility for the month of January 2017.

On April 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed that same day.

Findings of Fact

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

- 1) You testified, and your NYSOH account confirms, that you receive notices from NYSOH by electronic mail.
- 2) The application you submitted on August 15, 2016 indicated that your monthly household income was \$900.00 and that your household's expected yearly income was \$111,194.53. You requested on this application that your children's eligibility be determined on monthly income.
- 3) The last application you submitted on September 14, 2016 indicated that your monthly household income was \$3,426.75 and that your household's expected yearly income was \$89,464.02. You requested on this application that your children's eligibility be determined on annual household income.
- 4) You testified that you did receive the September 15, 2016 eligibility determination notice stating that your children's eligibility was only for a limited time and that you needed to provide documentation of your income by November 13, 2016.
- 5) You testified that you thought you had submitted all the necessary documents to NYOSH before September 15, 2016 and did not submit any documents after receiving the September 15, 2016 eligibility determination notice.
- 6) Your NYSOH account indicates that on November 20, 2016 your application was run and your children were found eligible for full price Child Health Plus plans, effective January 1, 2017.
- 7) You updated the income information in your NYSOH account on December 19, 2016 and your children were found eligible for Child Health Plus plans with \$30.00 monthly premiums, effective February 1, 2017.
- 8) You testified, and the record reflects, that you enrolled your children into Child Health Plus plans with \$30.00 monthly premiums on December 19, 2016.

- 9) You testified that you are seeking the start date of your children's Child Health Plus plans with \$30.00 monthly premiums to be effective January 1, 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

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).

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

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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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your children were eligible for full price Child Health Plus plans, effective January 1, 2017.

On August 15, 2016, you submitted an application for health insurance with financial assistance on behalf of your children. The application you submitted listed a monthly household income of \$900.00. You requested on this application that your children's eligibility be determined on monthly income. As a result, NYSOH asked that you submit income documentation to confirm the income listed.

On August 15, 2016, you uploaded your earnings history and your spouse's unemployment insurance monetary benefit determination. On September 6, 2016, you uploaded letters stating that your children had no income. NYSOH reviewed the documentation you submitted and concluded that it did not confirm the income information listed in your application.

On September 14, 2016, you updated your NYSOH application to indicate that your monthly household income was \$3,426.75 and that your household's expected yearly income was \$89,464.02. You requested on this application that your children's eligibility be determined on annual household income. On September 15, 2016, an eligibility determination notice was issued finding your children eligible to enroll in Child Health Plus plans with \$60.00 monthly premiums for a limited time, effective October 1, 2016. The determination also asked that you submit income documentation to confirm the household income in your application by November 13, 2016.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

During your telephone hearing, you testified that you did receive the September 15, 2016 eligibility determination notice asking for more income documentation, but you thought you had submitted documents in the past. However, the prior documentation that you submitted was to prove income listed in the August 15, 2016 application. Since the income listed in the September 14, 2016 application

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was different than the information listed in your prior application, you were required to provide additional income documentation.

It is therefore determined that NYSOH gave you adequate written notice of the request for you to provide additional documentation confirming your income as listed in your updated September 14, 2016 application.

You testified, and the record reflects, that you did not submit any additional income documentation after receiving this notice.

If after allowing the applicant an opportunity to submit income documentation, 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, your application was run on November 20, 2016 with the information available from data sources to recalculate your children's eligibility. As a result, NYOSH issued an eligibility determination dated November 21, 2016 stating that your children were eligible for full price Child Health Plus plans effective January 1, 2017 because federal and state data sources show that your household income was more than the allowable income range for the Child Health Plus program based on your household size. On November 21, 2016, NYOSH also issued a plan enrollment notice confirming your children's enrollment in full price Child Health Plus plans, effective January 1, 2017.

On November 26, 2016, NYOSH issued a plan disenrollment notice confirming your children's disenrollment from their Child Health plus plans with \$60.00 monthly premiums because they were no longer able to be enrolled in their plans.

Therefore, the November 21, 2016 eligibility determination notice and November 26, 2016 plan disenrollment notice are AFFIRMED.

The second issue is whether NYSOH correctly determined that the start date of your children's Child Health Plus plans with \$30.00 monthly premiums were effective February 1, 2017.

You contacted NYSOH to update your application on December 19, 2016 and on that date you also enrolled your children into Child Health Plus plans with \$30.00 monthly premiums.

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 children's Child Health Plus plans with \$30.00 monthly premiums would therefore properly take effect on the first day of the second following month after December; that is, on February 1, 2017.

Therefore, the December 20, 2016, plan enrollment notice confirming that your children's enrollment in their Child Health Plus plans with \$30.00 monthly premiums were effective February 1, 2017, was correct and must be AFFIRMED.

Decision

The November 21, 2016 eligibility determination notice is AFFIRMED.

The November 26, 2016 plan disenrollment notice is AFFIRMED.

The December 20, 2016 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 25, 2017

How this Decision Affects Your Eligibility

NYSOH properly determined your children eligible for a full price Child Health Plus plan for the month of January 2017.

Your children's enrollment in a \$30.00 Child Health Plus plan was effective as of February 1, 2017.

This does not affect your children's current eligibility.

If You Disagree with this Decision (Appeal Rights)

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

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

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Summary

The November 21, 2016 eligibility determination notice is AFFIRMED.

The November 26, 2016 plan disenrollment notice is AFFIRMED.

NYSOH properly determined your children eligible for a full price Child Health Plus plan for the month of January 2017.

The December 20, 2016 plan enrollment notice is AFFIRMED.

Your children's enrollment in a \$30.00 Child Health Plus plan was effective as of February 1, 2017.

This does not affect your children's current 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 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.

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