



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

## Notice of Decision

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014800

[REDACTED]

Dear [REDACTED]

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 18, 2016 disenrollment 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

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014800



## Issue

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

Did NY State of Health (NYSOH) properly determine that your child's eligibility for and enrollment in her Child Health Plus (CHP) plan ended December 31, 2016?

## Procedural History

On December 18, 2015, NYSOH issued a notice of enrollment confirmation, stating that your child was enrolled in a CHP plan effective February 1, 2016.

On December 3, 2016, NYSOH issued a notice that it was time to renew your child's health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account by January 15, 2017 or your child might lose the financial assistance she was currently receiving. The notice advised that you need to make changes between December 16, 2016 and January 15, 2017 to see what your child qualified for on February 1, 2017.

On December 17, 2016, NYSOH received your child's updated application for health insurance.

On December 18, 2016, NYSOH issued a disenrollment notice stating that your child's CHP coverage would end on December 31, 2016. The notice stated that your child was no longer eligible to enroll in her CHP plan.

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Also on December 18, 2016 NYSOH issued a notice stating that additional information is required to confirm your child's eligibility. You were asked to provide proof of your child's income by January 1, 2017.

On December 20, 2016, NYSOH received your child's updated application for health insurance.

On December 21, 2016, NYSOH issued a notice of eligibility determination, based on your December 20, 2016 application, stating that your child was eligible to enroll in CHP with a \$9.00 monthly premium, effective February 1, 2017.

Also on December 21, 2016, NYSOH issued a notice of enrollment, based on your plan selection on December 20, 2016, stating that your child was enrolled in a CHP plan and that coverage would start on February 1, 2017.

On January 12, 2017, you spoke to NYSOH's Account Review Unit and appealed the disenrollment date of your child's CHP plan insofar as she did not have coverage in January 2017.

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) Your child was previously determined eligible for CHP, effective February 1, 2016.
- 2) You testified that you received the December 3, 2016 renewal notice.
- 3) The record reflects that on December 17, 2016, NYSOH received your child's updated application for health insurance, listing an income of \$11,612.21.
- 4) You testified that the income listed in the December 17, 2016 application was incorrect because it did not reflect your income from all sources of employment.
- 5) The record reflects that on December 20, 2016, NYSOH received your child's updated application for health insurance, listing an income of \$28,326.21.

- 6) You testified that the income listed in the December 20, 2016 application is an accurate reflection of your total income.
- 7) You testified that you are seeking that your child be enrolled in her CHP plan as of January 1, 2017.
- 8) You testified that you have outstanding bills for your child from January 2017.
- 9) You testified that you have not changed addresses or moved in the past year.
- 10) Your account reflects that Complaint [REDACTED] contains a note dated January 10, 2017. That note states that the “enrollment history shows what the proper end date should have been. System showing default disenrollment [...] with 12/31 end date. The correct end date should be 01/31/2017.”
- 11) The record reflects that you and your child reside in [REDACTED]

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

### Child Health Plus

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).

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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your child’s eligibility for and enrollment in her CHP plan ended December 31, 2016.

Your child was previously determined eligible for CHP effective February 1, 2016.

Generally, NYSOH must redetermine a qualified child's eligibility for CHP once every twelve months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's December 3, 2016 renewal notice stated that there was not enough information to determine whether your child was eligible to continue their financial assistance for health insurance as of February 1, 2017, and that you needed to supply additional information by January 15, 2017, or their financial assistance might end.

You updated your child’s application on December 17, 2016. You credibly testified that the information you provided regarding your income was not an accurate reflection of your earnings, because it did not include income from all sources of employment. Based on the incorrect income information provided in

your December 17, 2016 application, your child was terminated from her CHP plan effective December 31, 2016 due to income below the threshold for CHP.

In New York State, the period of eligibility and enrollment with CHP plans 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 child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid.

There is no evidence in the record or testimony that supports an interruption of CHP coverage for your child. The record does not contain a notice from NYSOH indicating that a premium payment was not received by your child's CHP plan. Further, your child did not become properly eligible for Medicaid, or become enrolled in third party health insurance during 2016. You have not moved outside of the state of New York in 2016. Based on your testimony and the record, no triggering event occurred that would have resulted in an interruption in your child's CHP coverage.

Furthermore, the application submitted on December 17, 2016 which resulted in your child's disenrollment was incomplete as submitted due to incorrect income information.

Additionally, per Complaint [REDACTED], NYSOH has conceded that the proper end date for your child's CHP plan should be January 31, 2017.

Therefore, the December 18, 2016 disenrollment notice disenrolling your child from her CHP plan as of December 30, 2016 is RESCINDED.

Since your child was determined eligible for CHP effective February 1, 2016, her coverage should have continued until January 31, 2017 barring any disqualifying event. Therefore, your case is RETURNED to NYSOH to reinstate your child's coverage for January 2017.

## **Decision**

The December 18, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into her Child Health Plus plan for the month of January 2017.

**Effective Date of this Decision:** April 27, 2017

## **How this Decision Affects Your Eligibility**

Your child should not have been terminated from her Child Health Plus plan in January 2017 because her application was timely updated and her period of eligibility had not yet ended.

Your case is being sent back to NYSOH to reinstate your child into her Child Health Plus for the month of January 2017.

If applicable, you will be responsible for any premiums due for coverage to resume that month.

## **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 December 18, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child into her Child Health Plus plan for the month of January 2017.

Your child should not have been terminated from her Child Health Plus plan in January 2017 because her application was timely updated and her period of eligibility had not yet ended.

Your case is being sent back to NYSOH to reinstate your child into her Child Health Plus for the month of January 2017.

If applicable, you will be responsible for any premiums due for coverage to resume that month.

### **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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