



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

Notice of Decision

Decision Date: June 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015834

[REDACTED]

Dear [REDACTED],

On May 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 15, 2017 eligibility determination and enrollment confirmation notices.

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 § 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: June 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015834



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 and enrollment in her Child Health Plus plan was effective March 1, 2017?

Procedural History

On March 10, 2016, NYSOH issued an enrollment confirmation notice stating that your child remained enrolled in a Child Health Plus plan, effective January 1, 2016.

On April 14, 2016, NYSOH issued a notice of eligibility determination, stating that your child remained eligible for Child Health Plus, effective January 1, 2016.

On October 19, 2016, NYSOH issued a notice stating 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 determine whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account by December 15, 2016 or your child might lose the financial assistance she was currently receiving.

No updates were made to your account by December 15, 2016.

On January 12, 2017, NYSOH issued a disenrollment notice stating that your daughter's coverage in her Child Health Plus plan ended effective December 31,

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2016. The notice stated that the plan was ending because you did not pay your insurance bill by the payment deadline.

On February 14, 2017, NYSOH received your child's updated application for health insurance. On that date, a preliminary determination was prepared regarding that application, stating that your child was eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective March 1, 2017.

Also on February 14, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Child Health Plus plan insofar as it did not begin February 1, 2017.

On February 15, 2017, NYSOH issued a notice of eligibility determination, stating that your child was eligible to enroll in Child Health Plus with a \$15.00 monthly premium, effective March 1, 2017.

Also on February 15, 2017, NYSOH issued a notice of enrollment, based on your plan selection on February 14, 2017, stating that your child was enrolled in a Child Health Plus plan and that coverage would start on March 1, 2017.

On May 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, and the record reflects, that you receive all your notices from NYSOH by electronic mail.
- 2) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application to renew your child's coverage.
- 3) There is nothing in your account to show that any email alert was sent to you regarding the need to renew your child's application or that that the notice was mailed to you, or that the renewal notice was sent to you by regular mail.
- 4) You testified that you did not know that you needed to update your account until you brought your daughter to a doctor's appointment in January 2017 and was advised that your child did not have health insurance coverage. You testified that you did not recall the date of the medical appointment.

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- 5) NYSOH records reflect that your child was disenrolled from her Child Health Plus plan, effective December 31, 2016, due to non-payment of your insurance bill by the payment deadline.
- 6) You testified that you could not remember if you paid your child's Child Health Plus premium for the month of January 2017.
- 7) The record reflects that on February 14, 2017, NYSOH received your child's updated application for health insurance.
- 8) On February 15, 2017, NYSOH issued a notice stating that your child was eligible for and enrolled in Child Health Plus plan, effective March 1, 2017.
- 9) You testified that you incurred medical bills for your daughter during February 2017.
- 10) You testified that you are seeking that your child be enrolled in her Child Health Plus plan as of February 1, 2017.

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

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).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child’s enrollment in her Child Health Plus plan was effective March 1, 2017.

Your child was found eligible and enrolled in a Child Health Plus plan effective January 1, 2016.

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Generally, NYSOH must redetermine a qualified child's eligibility for Child Health Plus once every 12 months without requiring information from the individual, if it is 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 October 19, 2016 renewal notice stated that there was not enough information to determine whether your child was eligible to continue to receive financial assistance for health insurance, and that you needed to supply additional information by December 15, 2016, or any such financial assistance might end.

No updates were made to your account by December 15, 2016. However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the renewal notice, which directed you to update the information in your NYSOH account on behalf of your child. There is no evidence in your account documenting that any email alert was sent to you regarding the need to renew your child's application.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account on your child's behalf.

You first renewed your child's eligibility for financial assistance through NYSOH for the new coverage year on February 14, 2017, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the renewal notice.

You testified that you were seeking to have your child's Child Health Plus coverage begin effective February 1, 2017 and not January 1, 2017 as you incurred medical costs for your child during the month of February 2017.

Therefore, the February 15, 2017 notice of eligibility redetermination is MODIFIED to state that, effective February 1, 2017, your child is eligible to enroll in Child Health Plus with a \$15.00 premium per month, and the February 15, 2017 notice of enrollment confirmation is MODIFIED to state that your child's enrollment in her Child Health Plus plan is effective February 1, 2017.

Decision

The February 15, 2017 notice of eligibility redetermination is MODIFIED to state that, effective February 1, 2017, your child is eligible to enroll in Child Health Plus with a \$15.00 premium per month.

The February 15, 2017 notice of enrollment confirmation is MODIFIED to state that your child's enrollment in her Child Health Plus plan is effective February 1, 2017.

Effective Date of this Decision: June 29, 2017

How this Decision Affects Your Eligibility

Your child's eligibility for and enrollment in her Child Health Plus plan should have been effective as of February 1, 2017.

Your case is being sent back to NYSOH to reinstate your child into her Child Health Plus plan as of February 1, 2017.

If you are not receiving email alerts, you should consider contacting NYSOH's customer service and either confirm your email address or change to receiving notices by regular mail.

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 February 15, 2017 notice of eligibility redetermination is MODIFIED to state that, effective February 1, 2017, your child is eligible to enroll in Child Health Plus with a \$15.00 premium per month.

The February 15, 2017 notice of enrollment confirmation is MODIFIED to state that your child's enrollment in her Child Health Plus plan is effective February 1, 2017.

Your child's eligibility for and enrollment in her Child Health Plus plan should have been effective as of February 1, 2017.

Your case is being sent back to NYSOH to reinstate your child into her Child Health Plus plan as of February 1, 2017.

If you are not receiving email alerts, you should consider contacting NYSOH's customer service and either confirm your email address or change to receiving notices by regular mail.

Legal Authority

We are issuing this determination in accordance with 45 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).

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.

বাংলা (Bengali)

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).

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 okyer& 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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