



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

Notice of Decision

Decision Date: July 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016454

[REDACTED]

Dear [REDACTED]

On June 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s February 2, 2017, eligibility determination and disenrollment 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 (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: July 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016454

[REDACTED]

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 was no longer eligible for Child Health Plus (CHP) such that their coverage ended effective February 28, 2017?

Procedural History

On November 28, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was conditionally eligible to enroll in a CHP plan with a \$60.00 monthly premium, effective January 1, 2017. The notice also directed you submit income documentation by January 26, 2017 to confirm the information in your NYSOH account.

Also on November 28, 2016, NYSOH issued a plan enrollment notice confirming that your child was enrolled in a CHP plan with an enrollment start date of January 1, 2017.

On February 1, 2017, your NYSOH account was systematically updated.

On February 2, 2017, NYSOH issued an eligibility determination notice, in relevant part, that you child was newly eligible to purchase a qualified health plan at full cost, effective as of March 1, 2017.

Also on February 2, 2017, NYSOH issued a disenrollment notice stating that your child was disenrolled from their CHP plan effective February 28, 2017, because they were no longer eligible to enroll in that health plan.

On March 1, 2017, your NYSOH account was updated.

Also on March 1, 2017, you contacted NYSOH's Account Review Unit and requested an appeal insofar as your child was not enrolled in a CHP plan for the month of March 2017.

On March 2, 2017, NYSOH issued two notices:

- (1) An eligibility determination notice stating, in relevant part, that your child was conditionally eligible to enroll in a CHP plan with a \$60.00 per month premium, effective April 1, 2017. The notice also directed you submit income documentation by April 30, 2017 to confirm the information in your NYSOH account.
- (2) A plan enrollment notice confirming that, as of your plan selection on March 1, 2017, your child was enrolled in a CHP plan with an enrollment start date of April 1, 2017.

Also on March 2, 2017, you uploaded your 2016 [REDACTED] to your NYSOH account.

On June 12, 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) According to your NYSOH account, you receive notices from NYSOH electronically.
- 2) You testified that you did not receive any electronic alert notifying you that a notice was uploaded to your NYSOH account or a notice was in the mail requesting income documentation.
- 3) You testified that the email address listed in your NYSOH account is your current email address.

- 4) You testified that, on March 1, 2017, you were directed by the staff at [REDACTED] to contact your child's health insurance company regarding coverage.
- 5) You testified that, on March 1, 2017, you contacted your child's health insurance company and were notified that your child's CHP plan was terminated. You were directed to contact NYSOH.
- 6) You testified that, on March 1, 2017, you contacted NYSOH and were told that your child's plan was terminated because income documentation was not submitted timely to verify your household income.
- 7) According to your NYSOH account, on March 1, 2017, you re-enrolled your child in a CHP plan with an enrollment start date of April 1, 2017.
- 8) You testified you want your child to be enrolled in a CHP plan in the month of March 2017 to cover any outstanding medical bills that were incurred in that month.

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

Applicable Law and Regulations

Child Health Plus – Income Verification Process

A household shall attest that the income information obtained from electronic data sources is accurate. Such attestation shall include any other household income information not obtained from an electronic data source that is necessary to determine a child's financial eligibility for a subsidy payment. If the attestation is reasonably compatible with information obtained from available data sources, no further information or documentation is required. If the attestation is not reasonably compatible with information obtained from available data sources, documentation shall be required (NY Public Health Law § 2511(2)(f)(i-ii)).

If the household does not provide the income documentation required within two months of the request, NYSOH shall disenroll the child at the end of the two-month period (NY Public Health Law § 2511(2)(f)(iv)).

Child Health Plus – Enrollment Period

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

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).

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 by either electronic or 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 within 1 day of the notice being generated (45 CFR §155.230(d); 42 CFR §435.918(b)(3) and (4). If an electronic notice is undeliverable, NYSOH must send a notice by regular mail within three business days of the date of a failed electronic communication (42 CFR §435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child was no longer eligible for CHP such that their coverage ended effective February 28, 2017.

A household is required to attest that to their household income. If the attestation is reasonably compatible with information obtained from available data sources, no further information or documentation is required. If the attestation is not reasonably compatible with information obtained from available data sources, documentation must be required.

In the eligibility determination issued on November 28, 2016, you were advised that your child's eligibility for CHP was only conditional, and that you needed to confirm your household's income before the January 26, 2017 deadline.

The record reflects that NYSOH did not receive the requested income documentation before January 26, 2017.

If NYSOH cannot verify a household's attestation, it must provide the individual with notice of the inconsistency and provide a period of two months to resolve the inconsistency. If the household does not provide the income documentation required within two months of the request, NYSOH shall disenroll the child.

However, you testified that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the eligibility determination notice, which directed you that your child's eligibility for CHP was only conditional and that you needed to submit documentation to confirm your household income.

There is also no evidence in your account documenting that any email alert was sent to you regarding the need to submit documentation, or that it failed and the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to submit documentation of your income in order to confirm your child's eligibility for CHP.

Since you were not made aware of and did not receive proper notice that there was an inconsistency in your NYSOH account, the February 2, 2017 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP plan, effective March 1, 2017, and to notify you accordingly.

Decision

The February 2, 2017, eligibility determination notice is RESCINDED.

The February 2, 2017, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP plan, effective March 1, 2017, and to notify you accordingly.

Effective Date of this Decision: July 10, 2017

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).

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate your child's Child Health Plus plan from March 1, 2017 through March 31, 2017. NYSOH will notify you once this has been done.

You will be responsible for any premiums that have not been paid in order to effectuate coverage 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 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 February 2, 2017, eligibility determination notice is RESCINDED.

The February 2, 2017, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your child's CHP plan, effective March 1, 2017, and to notify you accordingly.

Your case is being sent back to NYSOH to reinstate your child's Child Health Plus plan from March 1, 2017 through March 31, 2017. NYSOH will notify you once this has been done.

You will be responsible for any premiums that have not been paid in order to effectuate coverage 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 مجانًا.

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 bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמענטשער 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).

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).