



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

Notice of Decision

Decision Date: July 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017075

[REDACTED]

Dear [REDACTED]

On June 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 21, 2017 eligibility determination and plan enrollment 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 27, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000017075

[REDACTED]

Issue

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

Did NYSOH properly determine that your child's eligibility for and enrollment in her Child Health Plus plan was effective May 1, 2017?

Procedural History

On January 30, 2016, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus (CHP) effective March 1, 2016. Your child was subsequently enrolled in a CHP plan, effective March 1, 2016.

On January 5, 2017, NYSOH issued a notice that it was time to renew your child's health insurance for the upcoming coverage period. That notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your child qualified for financial help paying for her coverage. The notice asked that you update the information in your account by February 15, 2017 or the financial assistance your child was receiving might end.

No updates were made to your account by February 15, 2017.

On February 17, 2017, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid, CHP, the Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your child also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not

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completed your child's renewal within the required time frame. Your child's eligibility ended March 1, 2017.

On March 20, 2017, NYSOH received your child's updated application for health insurance.

On March 21, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to enroll in CHP with a \$9.00 monthly premium, effective May 1, 2017.

Also on March 21, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on March 20, 2017, confirming your child's enrollment in a CHP plan with a start date of May 1, 2017.

Also on March 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as [REDACTED] CHP plan did not start March 1, 2017.

On June 23, 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 that you are appealing your child's start date of [REDACTED] CHP plan in that it started May 1, 2017, and not March 1, 2017.
- 2) You testified that you previously received all of your notices from NYSOH by regular mail and have never opted to receive notices by electronic alert.
- 3) You testified that you changed residences in November 2016 and filed a request to have your mail forwarded by the post office beginning December 1, 2016. You testified that you were not aware that it was your responsibility to notify NYSOH of a change in address.
- 4) You testified that you did not receive the January 5, 2017 renewal notice that was sent by NYSOH by regular mail to the address listed in your account; [REDACTED]
- 5) There are no notices in your NYSOH account that were mailed to you that have been returned by the post office.

- 6) You testified that you became aware that your child had been disenrolled from [REDACTED] CHP plan on [REDACTED], when your child had a dental appointment, at which time you were informed there was no health insurance coverage showing for [REDACTED].
- 7) You testified that, when you became aware that your child had been disenrolled, you contacted NYSOH to re-enroll [REDACTED].
- 8) According to your NYSOH account and your testimony, on March 20, 2017, NYSOH received your updated application and your child's CHP plan selection. This update also included a change of address to [REDACTED].
- 9) You testified that your child had medical treatment and related bills during March 2017 and April 2017 when [REDACTED] did not have health insurance coverage.

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

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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 enrollment in ■■■ CHP plan was effective May 1, 2017.

Your child was originally found eligible for CHP and enrolled effective March 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 January 5, 2017 renewal notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your child qualified for financial help paying for ■■■ coverage. The notice asked that you update the information in your account by February 15, 2017 or the financial assistance your child was receiving may end.

Because there was no timely response to this notice, your child was terminated from ■■■ CHP plan effective February 28, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account on your child’s behalf. You testified, and your NYSOH account confirms, that you elected to receive

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notifications via regular mail. However, there is no evidence in the record that any of the notices that were sent to the mailing address listed in your NYSOH account were returned as undeliverable. You also testified that you moved in November 2016 and put in a forwarding of mail request to the post office effective December 2016. You testified that did not know that you needed to report a change of address to NYSOH. However, all notices that have been sent to you clearly state that if you move it is an important change and should be reported to NYSOH.

Therefore, the record reflects that NYSOH properly notified you of your child's annual renewal and that information in your NYSOH account needed to be updated in order to ensure your child's enrollment in [REDACTED] CHP plan and eligibility for financial assistance would continue.

You first renewed your child's eligibility for financial assistance through NYSOH for 2017 on March 20, 2017, and enrolled your child into a CHP plan that day.

The date on which a CHP 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 between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since you selected your child's CHP plan on March 20, 2017, it properly took effect the first day of the second month following March 2017; that is, on May 1, 2017.

Therefore, NYSOH's March 21, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your child's eligibility for and enrollment in CHP on May 1, 2017.

Decision

The March 21, 2017 eligibility determination notice is AFFIRMED.

The March 21, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: July 27, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

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 effective date of your child's eligibility for CHP and enrollment in her CHP plan is May 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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 March 21, 2017 eligibility determination notice is **AFFIRMED**.

The March 21, 2017 plan enrollment notice is **AFFIRMED**.

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This decision does not change your child's eligibility.

The effective date of your child's eligibility for CHP and enrollment in ■■■ CHP plan is May 1, 2017.

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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