



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

Notice of Decision

Decision Date: July 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017219

[REDACTED]

Dear [REDACTED],

On June 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2017 eligibility redetermination, disenrollment, 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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Decision

Decision Date: July 7, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000017219

[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 children's eligibility for financial assistance ended effective January 31, 2017?

Procedural History

On November 5, 2016, NYSOH issued an eligibility determination notice, based on your November 4, 2016 application, stating that your children were conditionally eligible for CHP with a monthly premium of \$45.00 each, effective December 1, 2016. That notice also stated that you must provide proof of income by January 3, 2017, to confirm your children's eligibility. That notice further stated that if you miss the due date, you may lose your children's insurance or receive less help paying for their coverage.

Also on November 5, 2016, NYSOH issued a plan enrollment notice confirming your children's enrollment in a CHP plan, with a total monthly premium of \$90.00.

As of January 3, 2017, no income documentation was received by NYSOH.

On January 10, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in a full price CHP plan or a child-only qualified health plan, effective February 1, 2017, because federal and state data sources show that your household income was above the allowable income range for the CHP program with subsidies based on your household size.

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Also on January 10, 2017, NYSOH issued a disenrollment notice, stating that your children's coverage in their CHP plan would end effective January 31, 2017. This was because they were no longer eligible to remain enrolled in their current health coverage with financial assistance.

Also on January 10, 2017, NYSOH issued a plan enrollment notice confirming your children's CHP plan with a monthly premium of \$437.06, would start on February 1, 2017.

On February 4, 2017, you updated your children's account and submitted proof of your household income (see Documents [REDACTED]).

Also on February 4, 2017, NYSOH issued an eligibility determination notice stating that your children were conditionally eligible for CHP with a monthly premium of \$45.00 each, effective March 1, 2017. That notice also stated that you must provide proof of your household's income by April 4, 2017.

Also on February 4, 2017, NYSOH issued a plan enrollment notice, based on your February 3, 2017 plan selection, stating that your children's CHP plan with a monthly premium of \$90.00, would start on March 1, 2017.

On March 23, 2017, you spoke to NYSOH's Account Review Unit and requested that your children's financial assistance be backdated to February 1, 2017, which was denied.

On June 30, 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 submitted an application to NYSOH for financial assistance on behalf of your children on November 4, 2016 and they were determined conditionally eligible for CHP, effective December 1, 2016. As the notice stated, you needed to supply proof of your household income by January 3, 2017 to confirm their eligibilities.
- 2) Also on November 4, 2016, you selected a CHP plan for your children and they were enrolled in a CHP plan with a monthly premium of \$90.00 per month, effective December 1, 2016.

- 3) You testified that, on November 4, 2016, you applied for health insurance by telephone and that the NYSOH customer service representative went through all the documentation you needed to submit. You further testified that you did receive the notice directing you to provide proof of income, but that you were not aware that there was a date certain by which these documents needed to be provided because you did not read through the entire notice.
- 4) No documentation was received by NYSOH as of January 3, 2017.
- 5) On January 9, 2017, NYSOH reran your children's eligibility and they were found lost their financial assistance for their CHP plan as of February 1, 2017.
- 6) On February 4, 2017, you updated your children's account and submitted proof of your household income. That day, you were able to re-enroll your children in their Child Health Plus plan and their financial assistance resumed as of March 1, 2017.
- 7) You testified that you were made aware of the increase in your children's health insurance premium when you went to pay their February 2017 bill. You further testified that you did not pay the premium and allowed your children's insurance to lapse until one of them had an urgent medical need that month.
- 8) The CHP allowed you to backdate your insurance upon payment of the full premium. You would like a refund of that premium payment.

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

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's

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income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

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 (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The sole issue under review is whether NYSOH properly determined that your children's eligibility for financial assistance for their CHP plan ended effective January 31, 2017.

According to your NYSOH account, on November 5, 2016, your children were found conditionally eligible for Child Health Plus with a monthly premium of \$90.00 effective December 1, 2016. You enrolled your children in a CHP plan through NYSOH that day with a December 1, 2016 start date.

Generally, when NYSOH cannot verify information that is required to make an eligibility determination, such as an individual's household income, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

On November 4, 2016, a NYSOH call center representative notified you that documentation was needed and went through the documents you needed to provide to NYSOH to confirm your children's eligibilities. NYSOH also issued a November 5, 2016 notice to advise you that your children were conditionally eligible for CHP but that additional information was needed. You were asked to provide documentary proof of your household income by January 3, 2017. You testified that you received this notice.

Because there was no timely response to this notice, your children lost the financial assistance they were receiving, effective February 1, 2017.

You testified that the sole reason for this was because you were unaware that there was a date certain by which these documents needed to be submitted. You testified that you did not read the notice all the way through.

Since NYSOH clearly indicated on the November 5, 2016 notice, which you received, that proof of income was to be provided by January 3, 2017, it is reasonable to conclude that NYSOH did give you proper notice that you needed to update your account on your children's behalf or you could lose their financial assistance.

Therefore, the January 10, 2017 eligibility redetermination, disenrollment, and plan enrollment confirmation notices are correct and must be AFFIRMED.

Decision

The January 10, 2017 eligibility redetermination, disenrollment, and plan enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: July 7, 2017

How this Decision Affects Your Eligibility

Your children's eligibility does not change.

Your children properly lost their financial assistance with their CHP plan premium, effective February 1, 2017.

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:

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).

- 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):

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- By fax: 1-855-900-5557

Summary

The January 10, 2017 eligibility redetermination, disenrollment, and plan enrollment confirmation notices are **AFFIRMED**.

Your children's eligibility does not change.

Your children properly lost their financial assistance with their CHP plan premium, effective February 1, 2017.

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)

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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 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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