



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

Notice of Decision

Decision Date: July 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017316

[REDACTED]

Dear [REDACTED]

On July 6, 2017, your spouse appeared on your behalf by telephone at a hearing on your appeal of NY State of Health's February 25, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: July 14, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000017316

[REDACTED]

Issue

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

Did NY State of Health properly determine that your oldest child's eligibility for and enrollment in [REDACTED] Child Health Plus plan was effective April 1, 2017?

Procedural History

On April 29, 2014, NY State of Health (NYSOH) issued a notice stating that you have chosen to receive all information from NYSOH electronically.

On December 19, 2015, NYSOH issued an eligibility determination notice stating that your oldest child (child) was eligible for Child Health Plus (CHP), effective January 1, 2016.

Also on December 19, 2015, NYSOH issued a plan enrollment notice confirming your child's enrollment in a CHP plan.

On January 5, 2017, 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 [REDACTED] health coverage, and that you needed to update your account between January 16, 2017 and February 15, 2017, or your child might lose the financial assistance [REDACTED] was currently receiving.

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

Also on February 17, 2017, NYSOH issued a disenrollment notice stating that your child's CHP coverage would end February 28, 2017. This was because you did not renew [REDACTED] coverage on time.

On February 25, 2017, NYSOH issued an eligibility determination notice, based on your February 24, 2017 updated application, stating that your child was conditionally eligible to enroll in CHP with a \$9.00 monthly premium, effective April 1, 2017.

Also on February 25, 2017, NYSOH issued a plan enrollment notice, based on your plan selection for your child on February 24, 2017, confirming [REDACTED] enrollment in a CHP plan with an April 1, 2017 start date.

On March 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's CHP plan insofar as it did not begin March 1, 2017.

On July 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit and your spouse appeared on your behalf. 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 and your spouse's testimony, at all times relevant, you received all of your notices from NYSOH by electronic mail.
- 2) Your spouse testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your child's application in order to renew [REDACTED] eligibility. Your spouse also testified that you did not receive any renewal notice by regular mail.
- 3) Your spouse further testified that you did not receive an email alert of a notice in February 2017 advising you that your child was being

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disenrolled in health coverage as of February 28, 2017. Your spouse also testified that you did not receive any such notice by regular mail.

- 4) Your spouse testified that [REDACTED] realized [REDACTED] needed to update your child's coverage on or about February 24, 2017, when [REDACTED] called NYSOH for an unrelated matter and was advised by the representative that your child was about to lose [REDACTED] coverage.
- 5) According to your NYSOH account, on February 24, 2017, NYSOH received your child's updated application for health insurance.
- 6) Your spouse testified that [REDACTED] is seeking to have your child enrolled in [REDACTED] CHP plan as of March 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 CHP 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

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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 CHP 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

If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child’s eligibility for and enrollment in ■■■ CHP plan was effective April 1, 2017.

Your child was found eligible for and enrolled in CHP effective January 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 determined that your child’s CHP coverage was due to end on February 28, 2017 and it issued a renewal notice dated January 5, 2017 stating that there was not enough information to determine whether your child was eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by February 15, 2017, or ■■■ financial assistance might end.

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

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On February 17, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in her CHP plan would end effective February 28, 2017 because [REDACTED] was no longer eligible to enroll in health insurance through NYSOH.

According to the eligibility determination issued on that day, this was because you had not responded to the renewal notice and had not completed your child's renewal within the required time frame.

However, your spouse testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. Your spouse credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account for your child's renewal. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your child's application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your child's account for renewal to occur.

You first renewed your child's eligibility for financial assistance through NYSOH for the upcoming coverage year on February 24, 2017, and therefore we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account. That information resulted in your child being conditionally eligible for CHP with a \$9.00 premium per month.

Therefore, the February 25, 2017 eligibility determination notice is MODIFIED to state that, effective March 1, 2017, your child is conditionally eligible to enroll in CHP with a \$9.00 premium per month, and the February 25, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in [REDACTED] CHP plan is effective March 1, 2017

Your case is RETURNED to NYSOH to re-instate your child into [REDACTED] CHP plan for the month of March 2017.

Decision

The February 25, 2017 eligibility determination notice is MODIFIED to state that, effective March 1, 2017, your child is conditionally eligible to enroll in CHP with a \$9.00 premium per month.

The February 25, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in [REDACTED] CHP plan is effective March 1, 2017.

Your case is RETURNED to NYSOH to reinstate your child into ■■■ CHP plan for the month of March 2017, and to notify you accordingly.

This Decision has no impact on any subsequent eligibility determinations made, enrollments confirmed, or related notices issued by NYSOH.

Effective Date of this Decision: July 14, 2017

How this Decision Affects Your Eligibility

Your child's eligibility for and enrollment in ■■■ CHP plan should have been effective as of March 1, 2017, because NYSOH failed to give you proper notice of the need to update your account for renewal.

Your case is being sent back to NYSOH to re-instate your child into ■■■ CHP plan for the month of March 2017. NYSOH will notify you once this has been completed.

You will be responsible for any premium owed for March 2017, if applicable.

This decision does not change your child's current eligibility.

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

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 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):

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 25, 2017 eligibility determination notice is MODIFIED to state that, effective March 1, 2017, your child is conditionally eligible to enroll in CHP with a \$9.00 premium per month.

The February 25, 2017 plan enrollment notice is MODIFIED to state that your child's enrollment in [REDACTED] CHP plan is effective March 1, 2017.

Your case is RETURNED to NYSOH to reinstate your child into [REDACTED] CHP plan for the month of March 2017, and to notify you accordingly.

This Decision has no impact on any subsequent eligibility determinations made, enrollments confirmed, or related notices issued by NYSOH.

This decision does not change your child's current eligibility.

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Your child's eligibility for and enrollment in [REDACTED] CHP plan should have been effective as of March 1, 2017, because NYSOH failed to give you proper notice of the need to update your account for renewal.

Your case is being sent back to NYSOH to re-instate your child into [REDACTED] CHP plan for the month of March 2017. NYSOH will notify you once this has been completed.

You will be responsible for any premium owed for March 2017, if applicable.

This decision does not change your child's current eligibility.

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 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 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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