



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

### Notice of Decision

Decision Date: August 8, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017924

[REDACTED]

Dear [REDACTED]

On July 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 4, 2017 eligibility determination and disenrollment notices and March 10, 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 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.

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## Decision

Decision Date: August 8, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017924



## Issue

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your children's eligibility for Child Health Plus and disenroll them from their Child Health Plus plan, effective February 28, 2017?

Did NYSOH properly redetermine that your children's eligibility for and re-enrollment in their Child Health Plus plan was effective April 1, 2017?

## Procedural History

On November 29, 2016, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in Child Health Plus for a limited time with a \$15.00 per month premium each, effective January 1, 2017. The notice directed you to provide documentation to confirm your household income before January 27, 2017.

Also on November 29, 2016, NYSOH issued a plan enrollment notice confirming your children's enrollment in a Child Health Plus plan, effective January 1, 2017.

No documentation was received by NYSOH by January 27, 2017.

On February 4, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible to enroll in a full price qualified health plan, effective March 1, 2017. This was because NYSOH could not verify the income listed in your application to confirm their eligibility for financial assistance.

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Also on February 4, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective February 28, 2017, because they were no longer eligible to enroll in health insurance through NYSOH.

Also on February 4, 2017, NYSOH issued a plan enrollment notice stating that your children must pick a qualified health plan for their coverage to start.

On March 10, 2017, NYSOH issued an eligibility determination notice, based on your March 9, 2017 updated application, stating that your children were eligible to enroll in Child Health Plus for a limited time with a premium of \$15.00 each, effective April 1, 2017. The notice directed you to provide documentation confirming your household income before May 8, 2017.

Also on March 10, 2017, NYSOH issued a plan enrollment notice confirming your children's enrollment in a Child Health Plus plan, effective April 1, 2017.

On April 11, 2017, you spoke to NYSOH's Account Review Unit and appealed your children's disenrollment from their Child Health Plus plan as of February 28, 2017, as well as their re-enrollment start date of April 1, 2017, insofar as your children had a gap in health coverage for the month of March 2017.

On July 27, 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 received all your notices from NYSOH via email.
- 2) According to your NYSOH account, you updated your children's NYSOH account on November 28, 2016. Because NYSOH could not verify the household income listed in their application, your children were enrolled into a Child Health Plus plan conditionally, pending submission of documents proving your household income before January 27, 2017.
- 3) You testified that you were told at the time you applied for your children's health coverage for 2017, that you needed to supply proof of income documentation. You further testified that it was your spouse that did the application and you remember her asking for your tax return to provide to NYSOH.

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- 4) You testified that the email address in your NYSOH account was a work email address that is checked by the office secretary and available to all the employers at your place of employment. This email address is unreliable and you believe this is the reason you did not receive notices from NYSOH.
- 5) According to your NYSOH account, you did not provide any proof of household income by the due date of January 27, 2017. On February 3, 2017, your children were disenrolled from their Child Health Plus plan by NYSOH, effective February 28, 2017.
- 6) You testified that you did not know your children were disenrolled from their Child Health Plus plan until you attempted to pay their March 2017 premium and were unable to do so. You called NYSOH to rectify the situation immediately after speaking to your health plan.
- 7) On March 9, 2017, NYSOH received your children's updated application for health insurance and you enrolled them into a health plan effective April 1, 2017.
- 8) You testified that you are seeking to have your children re-enrolled in their Child Health Plus plan as of March 1, 2017, because you have medical bills for 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

A child who meets the eligibility requirements for 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 income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve

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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)).

### Child Health Plus Effective Date

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 e.g. 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 children's eligibility for and enrollment in Child Health Plus terminated effective February 28, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in Child Health Plus, NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their income information is accurate.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and allow the applicant time to submit satisfactory documentation.

In the eligibility determination issued on November 29, 2016, you were advised that your children were eligible for Child Health Plus for a limited time, and that you needed to confirm your household income with documentary proof before January 27, 2017.

Because there was no timely response to this notice, your children were terminated from their Child Health Plus plan effective February 28, 2017.

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You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically.

However, you also testified that not only were you aware that you needed to supply proof of income documentation, but that your spouse asked for your tax return to provide to NYSOH.

Moreover, you testified that the email address in your NYSOH account was a work email address that is checked by the office secretary and available to all the employers at your place of employment. You further testified that this email address is unreliable and you believe this is the reason you did not receive notices from NYSOH.

These statements contradict one another. In the first statement, you stated that you were aware that you had to provide proof of income documentation and in the next statement, you stated that your office email address is the reason you did not receive your notices. Therefore, your testimony in this regard cannot be reconciled and is not credible.

Regardless, the fact that you provided to NYSOH an email address that is not reliable and that you failed to update this email address in your NYSOH account, is not a mistake or error of NYSOH, its instrumentalities or agents.

Therefore, it is concluded that NYSOH properly notified you that you needed to submit proof of income documentation to verify your children's eligibility to ensure your children's eligibility for financial assistance and their enrollment in their Child Health Plus plan would continue. You failed to provide the documentation by the deadline on your children's behalf, which was the sole cause of your children being disenrolled from Child Health Plus and losing their financial assistance.

Therefore, the February 4, 2017, eligibility determination and disenrollment notices are correct and must be AFFIRMED.

The remaining issue is whether NYSOH properly redetermined that your children's re-enrollment in their Child Health Plus plan was effective April 1, 2017.

You first updated your children's eligibility for financial assistance through NYSOH for 2017 on March 9, 2017, and re-enrolled your children into a Child Health Plus plan that day.

The date on which a Child Health Plus 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 a Child Health Plus plan for your children on March 9, 2017, their re-enrollment in their plan properly began the first day of the month following March 2017; that is, as of April 1, 2017.

Therefore, NYSOH's March 10, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your children's eligibility for and re-enrollment in Child Health Plus on April 1, 2017.

## **Decision**

The February 4, 2017, eligibility determination and disenrollment notices are AFFIRMED.

The March 10, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

**Effective Date of this Decision:** August 8, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change your children's eligibility.

Your children's eligibility for financial assistance properly terminated effective March 1, 2017.

Your children's enrollment in Child Health Plus properly terminated effective February 28, 2017.

The effective date of your children's re-enrollment in their Child Health Plus plan is April 1, 2017.

Your children did not have health insurance coverage through NYSOH for the month of March 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.

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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 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  
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Albany, NY 12211
- By fax: 1-855-900-5557

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## **Summary**

The February 4, 2017, eligibility determination and disenrollment notices are AFFIRMED.

The March 10, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

This decision does not change your children's eligibility.

Your children's eligibility for financial assistance properly terminated effective March 1, 2017.

Your children's enrollment in Child Health Plus properly terminated effective February 28, 2017.

The effective date of your children's re-enrollment in their Child Health Plus plan is April 1, 2017.

Your children did not have health insurance coverage through NYSOH for the month of March 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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### **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. y&b&tumi 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.

### **שׂוֹדִיִּשׁ (Yiddish)**

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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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