



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

Notice of Decision

Decision Date: October 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018268

[REDACTED]

Dear [REDACTED]

On September 11, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's March 14, 2017 eligibility determination and disenrollment notices and April 14, 2017 enrollment confirmation notice.

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 Date: October 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018268

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine your children were no longer eligible to enroll in Child Health Plus, effective March 31, 2017?

Did NYSOH properly determine your children's reenrollment in Child Health Plus became effective no earlier than May 1, 2017?

Procedural History

On January 6, 2017, NYSOH issued a notice of eligibility determination, based on your January 5, 2017 application, stating your children were eligible for Child Health Plus with a \$45.00 monthly premium, for a limited time, effective February 1, 2017. The notice directed you to submit proof of your household income by March 6, 2017 to confirm your children's eligibility, or they might lose their insurance or receive less help paying for coverage. Your children were subsequently enrolled in a Child Health Plus plan, effective February 1, 2017.

On March 13, 2017, NYSOH systematically redetermined the eligibility of your children.

On March 14, 2017, NYSOH issued an eligibility determination notice stating your children were newly eligible to purchase a qualified health plan at full cost, effective April 1, 2017. The notice indicated that your children were not eligible for Child Health Plus, because NYSOH could not verify the income information listed in your application.

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Also on March 14, 2017, NYSOH issued a disenrollment notice stating your children's coverage through their Child Health Plus plan would end on March 31, 2017, because they were no longer eligible for the plan.

On April 13, 2017, NYSOH received an updated application submitted on behalf of your children.

On April 14, 2017, NYSOH issued an eligibility determination notice stating your children were eligible for Child Health Plus with a \$45.00 monthly premium, effective May 1, 2017.

Also on April 14, 2017, NYSOH issued an enrollment notice, based on your April 13, 2017 plan selection, confirming your children were enrolled in a Child Health Plus plan effective May 1, 2017.

On April 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective date of your children's Child Health Plus plan insofar as they did not have coverage for the month of April 2017.

On September 11, 2017, you and your spouse 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 and your spouse testified that you are only appealing your children's eligibility for Child Health Plus coverage for the month of April 2017.
- 2) You testified, and your account confirms, that you have elected to receive your communication from NYSOH electronically.
- 3) You testified you began the January 5, 2017 updated application yourself online, but that you called NYSOH and completed the application over the phone. You testified you do not recall being asked for income documentation at that time.
- 4) You and your spouse testified that you probably received an email alert regarding the January 6, 2017 eligibility determination notice directing you to submit proof of your income to confirm your children's eligibility, but you did not open the notice and read it because you were traveling at the time.

- 5) You and your spouse testified you did not know you had to send proof of your income to confirm your children's eligibility.
- 6) You and your spouse testified you first learned your children's coverage had been terminated when you were unable to make the premium payment for April 2017.
- 7) You testified you contacted NYSOH immediately to reenroll your children.
- 8) According to your account, NYSOH received an updated application on behalf of your children on April 13, 2017. Your children were determined eligible for Child Health Plus and a plan was selected for them the same day. Your children's subsequent enrollment did not become effective until May 1, 2017.
- 9) Your children had a gap in coverage for the month of April 2017.
- 10) You and your spouse testified that you paid out of pocket for medical expenses for your children in the month of April 2017.
- 11) You and your spouse testified you are seeking to backdate your children's coverage to April 1, 2017 to avoid a gap in coverage.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR § 155.320(c)(1)(i)). If the Marketplace 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)).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus 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) (NY Public Health Law § 2511(2)(a)(iii)).

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To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

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 either by electronic alerts or by 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)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The first issue under review is whether NYSOH properly determined your children were no longer eligible to enroll in Child Health Plus, effective March 31, 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).

NYSOH received an updated application submitted on behalf of your children on January 5, 2017. According to your account, NYSOH was unable to verify the income information listed in your application at that time.

Pursuant to the above cited regulation, for all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income. If the Marketplace 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.

The eligibility determination notice issued by NYSOH on January 6, 2017 indicated that your children's eligibility for Child Health Plus was only conditional and directed you to submit proof of your household income before March 6, 2017 to confirm their eligibility or they might lose their insurance.

You testified, and your account confirms that you have elected to receive alerts regarding notices from NYSOH electronically. Your account confirms that the January 6, 2017 notice has been properly posted to your account. You and your spouse testified that you probably received an email alert regarding that notice, but you did not open and read the notice because you were traveling at the time; however, this testimony is insufficient to establish that NYSOH failed to send the requisite email alert. Accordingly, the totality of the evidence establishes that NYSOH provided you with adequate notice that you needed to submit additional documentation of your income to confirm your children's eligibility to remain enrolled in Child Health Plus.

There is no evidence that NYSOH received any income documentation between your January 5, 2017 application and the March 6, 2017 deadline. On March 13, 2017, NYSOH systematically redetermined the eligibility of your children and found them ineligible to remain in their Child Health Plus plan, because your household income could not be verified.

Since you failed to submit sufficient documentation to verify the household income information attested to in your application, despite receiving adequate notice, NYSOH properly determined your children were no longer eligible for Child Health Plus.

Therefore, the March 14, 2017 eligibility determination and disenrollment notices stating your children's eligibility for and enrollment in Child Health Plus ended, effective March 31, 2017, are correct and must be AFFIRMED.

The second issue is whether NYSOH properly determined that your children's subsequent enrollment in Child Health Plus was effective no earlier than May 1, 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).

Your account confirms, that an updated application was submitted on behalf of your children on April 13, 2017 and a new Child Health Plus enrollment was received on the same day.

The date on which enrollment in Child Health Plus can take effect depends on the day a person selects the plan for enrollment.

Pursuant to the regulations, a plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since your children's subsequent Child Health Plus enrollment was submitted on April 13, 2017, before the fifteenth day of the month, their enrollment properly took effect on the first day of the following month; that is, on May 1, 2017.

Therefore, the April 14, 2017 enrollment confirmation notice stating your children's reenrollment in a Child Health Plus became effective May 1, 2017, is correct and must be AFFIRMED.

Decision

The March 14, 2017 eligibility determination notice is AFFIRMED.

The March 14, 2017 disenrollment notice is AFFIRMED.

The April 14, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 3, 2017

How this Decision Affects Your Eligibility

Your children were not eligible to enroll in Child Health Plus in April 2017.

Your children's subsequent Child Health Plus enrollment was effective May 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:

- 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

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 14, 2017 eligibility determination notice is AFFIRMED.

The March 14, 2017 disenrollment notice is AFFIRMED.

The April 14, 2017 enrollment confirmation notice is AFFIRMED.

Your children were not eligible to enroll in Child Health Plus in April 2017.

Your children's subsequent Child Health Plus enrollment was effective 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.

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).

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।

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&ctumi 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.