



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

Notice of Decision

Decision Date: August 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018417

[REDACTED]

Dear [REDACTED],

On August 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 28, 2017 eligibility determination, plan enrollment and disenrollment confirmation 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
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Decision

Decision Date: August 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018417

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Issues

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

Did NY State of Health properly determine that your children were eligible for full price Child Health Plus plans effective May 1, 2017?

Procedural History

On January 18, 2017, NY State of Health (NYSOH) received your updated application for health insurance.

On January 19, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for the Essential Plan with \$20.00 monthly premiums, for a limited time, and that your children were eligible for Child Health Plus plans with \$9.00 monthly premiums, for a limited time, effective February 1, 2017. This notice also directed you to submit household income documentation for your children by March 19, 2017, and household income documentation for you and your spouse by April 18, 2017.

Also on January 19, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in an Essential Plan, and your children's enrollment in Child Health Plus plans with \$9.00 monthly premiums, effective February 1, 2017.

No income documentation was uploaded to your account by March 19, 2017.

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On March 28, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible for the Essential Plan with \$20.00 monthly premiums, for a limited time, and that your children were eligible for full price Child Health Plus plans, effective May 1, 2017. This notice stated that your children could enroll in full price Child Health Plus plans because federal and state data sources shows that your household income is more than the allowable income range for financial assistance.

On March 28, 2017, NYSOH issued a plan disenrollment notice stating that your children were disenrolled from their Child Health Plus plans with \$9.00 monthly premiums, effective April 30, 2017.

Also on March 28, 2017, NYSOH issued a plan enrollment notice stating that your children were enrolled in full price Child Health Plus plans, effective May 1, 2017.

On April 26, 2017, NYSOH received your updated application for financial assistance with your health insurance. A preliminary eligibility determination was prepared that day stating that you and your spouse were eligible for the Essential Plan with \$20.00 monthly premiums, for a limited time, and that your children were eligible for a Child Health Plus plan with no monthly premiums, effective June 1, 2017.

Also on April 26, 2017, you spoke to the NYSOH's Accounts Review Unit and appealed your children's financial assistance for the month of May 2017.

On April 27, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible for the Essential Plan with \$20.00 monthly premiums, for a limited time, and your children were eligible for Child Health Plus plans with no monthly premiums, effective June 1, 2017. This notice further directed you to submit household income documentation for you and your spouse by May 18, 2017, and for your children by June 25, 2017.

Also on April 27, 2017, NYSOH issued a plan enrollment notice confirming you and your spouse enrollment in the Essential Plan with \$20.00 monthly premiums, and your children's enrollment in their Child Health Plus plans with no monthly premiums, effective June 1, 2017.

On August 8, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed that same day.

Findings of Fact

A review of the record supports the following findings of fact:

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- 1) You testified, and your NYSOH account confirms, that you receive notices from NYSOH by regular mail.
- 2) You testified that you did receive the January 19, 2017 notice that you had to submit income documentation, but that you did not submit income documentation because you were unsure what information was being requested of you.
- 3) You testified that you did not try to contact NYSOH after receiving the January 19, 2017 notice to determine what was needed.
- 4) You testified that you did not fully understand what was needed from you until the March 28, 2017 eligibility determination notice.
- 5) You testified that you first submitted income documentation on April 18, 2017; which you thought was the deadline to submit income documentation.
- 6) The record indicates that NYSOH requested household income documentation for your children by March 19, 2017, and household income documentation for you and your spouse by April 18, 2017.
- 7) The record indicates that no income documentation was received by March 19, 2017.
- 8) The record indicates that you uploaded income documentation to your NYSOH account on April 18, 2017.
- 9) The record indicates that you updated your NYSOH account on April 26, 2017.
- 10) The record indicates that your children were enrolled into Child Health Plus plans with no monthly premiums on April 26, 2017, effective June 1, 2017.
- 11) You testified that you are seeking to have your children's Child Health Plus plans with \$9.00 month premiums reinstated for the month of May 2017.

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

Applicable Law and Regulations

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 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 e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Child Health Plus – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant’s household income. If NYSOH is unable to verify the applicant’s household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children were eligible for full price Child Health Plus plans, effective May 1, 2017.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

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).

On January 18, 2017, NYSOH received your application for financial assistance with your family's health insurance. The application you submitted listed an expected annual household income of \$39,180.00. The income listed in the application did not match what NYSOH received from state and federal data sources. As a result, NYSOH requested that income documentation be provided in order to confirm your children's eligibility by March 19, 2017, and for you and your spouse by April 18, 2017.

During your telephone hearing, you testified that you did receive the January 19, 2017 eligibility determination notice asking you to provide household income documentation, but you did not fully understand what NYSOH was asking of you. You testified that you did not contact NYSOH to inquire as to what income documentation NYSOH would need after receiving the January 19, 2017 eligibility determination.

It is therefore determined that NYSOH gave you adequate written notice of the request for you to provide income documentation confirming your household's income as listed in your January 18, 2017 application.

No income documentation was uploaded to your account by March 19, 2017.

If after allowing the applicant an opportunity to submit income documentation, NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation.

Accordingly, your application was run on March 27, 2017 with the information available from data sources to recalculate your children's eligibility. As a result, NYOSH issued an eligibility determination dated March 28, 2017 stating that your children were eligible for full price Child Health Plus plans effective May 1, 2017 because federal and state data sources show that your household income was more than the allowable income range for the Child Health Plus program based on your household size. On March 28, 2017, NYOSH issued an eligibility determination and plan enrollment notice confirming your children's eligibility for and enrollment in full price Child Health Plus plans, effective May 1, 2017.

Also on March 28, 2017, NYSOH issued a plan disenrollment notice confirming your children's disenrollment from their Child Health Plus plans with \$9.00 monthly premiums because they were no longer eligible to be enrolled in their plans with financial assistance.

Since you did not provide the necessary income documentation prior to the deadline to confirm the income amount in your application, NYSOH properly determined your children's eligibility based on the information from data sources

and the March 28, 2017 eligibility determination, plan enrollment, and plan disenrollment notices are AFFIRMED.

Decision

The March 28, 2017 eligibility determination notice is AFFIRMED.

The March 28, 2017 plan enrollment notice is AFFIRMED.

The March 28, 2017 plan disenrollment notice is AFFIRMED.

Effective Date of this Decision: August 17, 2017

How this Decision Affects Your Eligibility

NYSOH properly determined your children eligible for a full price Child Health Plus plan for the month of May 2017.

This does not affect your children'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 March 28, 2017 eligibility determination notice is AFFIRMED.

The March 28, 2017 plan enrollment notice is AFFIRMED.

The March 28, 2017 plan disenrollment notice is AFFIRMED.

NYSOH properly determined your children eligible for a full price Child Health Plus plan for the month of May 2017.

This does not affect your children's current eligibility.

Legal Authority

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).

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)

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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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.

שׂוֹדִישׁ (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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