



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

## Notice of Decision

Decision Date: August 22, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018496

[REDACTED]

Dear [REDACTED],

On August 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 25, 2017 eligibility determination and disenrollment notices and March 23, 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

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 sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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## Decision

Decision Date: August 22, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018496



## Issue

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

Did NY State of Health properly determine that your newborn child's eligibility for and enrollment in his Child Health Plus plan ended effective March 31, 2017?

Did NY State of Health properly redetermine that your newborn child's eligibility for and re-enrollment in his Child Health Plus plan was effective May 1, 2017?

## Procedural History

On December 20, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that your newborn child (child) was eligible to enroll in Child Health Plus (CHP) for a limited time with a \$15.00 per month premium, effective December 1, 2016. The notice directed you to provide documentation to confirm your household income before February 17, 2017.

Also on December 20, 2016, NYSOH issued a plan enrollment notice confirming your child's enrollment in a CHP plan, effective January 1, 2017.

No documentation was received by NYSOH by February 17, 2017.

On February 25, 2017, NYSOH issued an eligibility determination notice stating that your child was newly conditionally eligible to enroll in a full price qualified health plan, effective April 1, 2017. This was because NYSOH could not verify

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the income listed in your application to confirm his eligibility for financial assistance.

Also on February 25, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in his CHP plan would end effective March 31, 2017, because he was no longer eligible to enroll in health insurance through NYSOH. That notice also stated that you must log into your account to pick a health plan for your child's coverage to start.

On March 23, 2017, NYSOH issued an eligibility determination notice, based on your March 22, 2017 updated application, stating that your child was eligible to enroll in CHP for a limited time with a \$45.00 per month premium, effective May 1, 2017. The notice directed you to provide documentation to confirm your household income before May 21, 2017.

Also on March 23, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a CHP plan, effective May 1, 2017.

On April 28, 2017, you spoke to NYSOH's Account Review Unit and appealed your child's disenrollment from his CHP plan as of March 31, 2017, as well as his re-enrollment start date of May 1, 2017, in that your child had a gap in health coverage for the month of April 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 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 receive all your notices from NYSOH via regular mail.
- 2) According to your NYSOH account, you added your child to your account on December 19, 2016. Because NYSOH could not verify the household income listed in your application, your child was enrolled into a CHP plan conditionally, pending submission of documents proving your household income, which was due before February 17, 2017.
- 3) You testified that when you applied on-line for your child's health coverage, you received a message at the time stating that you needed to supply proof of income documentation, but that you did not know what income documentation you needed to supply. You further testified

that you never contacted NYSOH to find out what documentation was needed.

- 4) According to your NYSOH account, you did not provide any proof of household income by the due date of February 17, 2017. On February 25, 2017, your child was dis-enrolled from his CHP plan by NYSOH, effective March 31, 2017.
- 5) You testified that you never received NYSOH's February 25, 2017, disenrollment notice. You did not know your child was dis-enrolled from his CHP plan until you visited his doctor who advised you that your child was dis-enrolled. You called NYSOH to rectify the situation immediately after speaking to your child's doctor.
- 6) You testified that sometimes your neighbor gets your mail and at other times, you receive your neighbor's mail.
- 7) On March 22, 2017, NYSOH received your child's updated application for health insurance and you enrolled him into a health plan effective May 1, 2017.
- 8) You testified that you are seeking that your child be re-enrolled in his CHP plan as of April 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 first issue under review is whether NYSOH properly determined that your child's eligibility for and enrollment in CHP terminated effective March 31, 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 CHP, 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 December 20, 2016, you were advised that your child was eligible for CHP for a limited time, and that you needed to confirm your household income with documentary proof before February 17, 2017.

You testified that although you were aware that you needed to supply proof of income documentation, you were confused as to what documentation was needed. Despite your confusion, you testified that you never contacted NYSOH to inquire as to what documentation was needed to prove your household income

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and instead failed to provide any proof of income prior to the February 17, 2017 deadline.

Lacking proof of your household income, NYSOH terminated your child from his CHP plan effective March 31, 2017, as stated in the February 25, 2017 disenrollment notice.

On February 25, 2017, NYSOH issued a disenrollment notice stating that you're your child's CHP plan would end effective March 31, 2017, and that must log into your NYSOH account to pick a health plan for your child's coverage to start.

You testified that you never received the February 25, 2017 disenrollment notice or any notice telling you that your child was disenrolled from his health plan and that you needed to select a health plan for your child. In fact, you testified that you did not know your child was disenrolled from his CHP plan until you visited his doctor who advised you that your child did not have health insurance. You called NYSOH to rectify the situation immediately after speaking to your child's doctor.

However, you further testified, and your NYSOH account confirms, that you elected to receive alerts regarding notices from NYSOH via regular mail. There is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Furthermore, your testimony that your neighbor receives your mail at times, is not persuasive, as this is not a mistake or error that can be attributed to 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 child's eligibility to ensure his eligibility for financial assistance and enrollment in his CHP plan would continue and that your child would be disenrolled from his CHP plan effective March 31, 2017. Not only did you fail to provide the documentation by the deadline on your child's behalf, which was the sole cause of your child being disenrolled from CHP and losing his financial assistance, you also failed to timely respond to the February 25, 2017 disenrollment notice in order to ensure your child would be covered by health insurance as of April 1, 2017.

Therefore, the February 25, 2017 eligibility determination and disenrollment notices are correct and must be AFFIRMED.

The remaining issue is whether NYSOH properly redetermined that your child's re-enrollment in his CHP plan was effective May 1, 2017.

You first updated your child's eligibility for financial assistance through NYSOH for 2017 on March 22, 2017, and re-enrolled him into a CHP plan that day.

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The date on which a CHP 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 CHP plan for your child on March 22, 2017, his re-enrollment in his CHP plan properly began the first day of the second month following March 2017; that is, as of May 1, 2017.

Therefore, NYSOH's March 23, 2017 eligibility determination and plan enrollment notices are AFFIRMED because they properly began your child's eligibility for and re-enrollment in CHP on May 1, 2017.

## **Decision**

The February 25, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The March 23, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

**Effective Date of this Decision:** August 22, 2017

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

This decision does not change your child's eligibility.

Your child's eligibility for financial assistance properly terminated effective April 1, 2017.

Your child's enrollment in CHP properly terminated effective March 31, 2017.

The effective date of your child's re-enrollment in his Child Health Plus plan is May 1, 2017.

Your child did not have health insurance coverage through NYSOH for the month of April 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
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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

The February 25, 2017, eligibility determination and disenrollment notices are AFFIRMED.

The March 23, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

This decision does not change your child's eligibility.

Your child's eligibility for financial assistance properly terminated effective April 1, 2017.

Your child's enrollment in CHP properly terminated effective March 31, 2017.

The effective date of your child's re-enrollment in his Child Health Plus plan is May 1, 2017.

Your child did not have health insurance coverage through NYSOH for the month of April 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)

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।

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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. ye&etumi 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.

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