



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

Notice of Decision

Decision Date: August 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018911

[REDACTED]

Dear [REDACTED],

On August 22, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's March 4, 2017 eligibility determination notice, March 4, 2017 disenrollment notice, May 12, 2017 eligibility determination notice, and May 12, 2017 enrollment 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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Issues

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 child's eligibility for and enrollment in her Child Health Plus plan terminated effective March 31, 2017?

Did NYSOH properly determine that your child's eligibility for and reenrollment in her Child Health Plus plan was effective June 1, 2017?

Procedural History

On September 30, 2016, you updated your household's application for financial assistance.

On October 1, 2016, NYSOH issued a notice of enrollment confirming your child's enrollment in her Child Health Plus plan as of November 1, 2016.

On October 8, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus for a limited time, effective November 1, 2016. This notice directed you to submit income documentation by November 29, 2016 in order to confirm your child's eligibility for financial assistance.

On October 27, 2016, you uploaded income documentation to your NYSOH account.

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On November 8, 2016, NYSOH reviewed the income documentation you uploaded on October 27, 2016 and determined that this was insufficient proof of your income.

On November 9, 2016, NYSOH issued a notice stating that the income documentation you submitted was insufficient to resolve the inconsistency in your account and that additional income documentation was due by November 29, 2016 in order to confirm your child's eligibility for financial assistance.

On December 12, 2016, you updated your household's application for financial assistance with health insurance.

On December 13, 2016, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus for a limited time, effective January 1, 2017. This notice directed you to submit income documentation by February 10, 2017 in order to confirm your child's eligibility for financial assistance.

On January 6, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus for a limited time, effective February 1, 2017. This notice directed you to submit income documentation by February 10, 2017 in order to confirm your child's eligibility for financial assistance.

On January 9, 2017, you updated your household's application for financial assistance with health insurance. That day, you also uploaded income documentation to your NYSOH account.

On January 10, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus for a limited time, effective February 1, 2017. This notice directed you to submit income documentation by February 10, 2017 in order to confirm your child's eligibility for financial assistance.

On February 1, 2017, NYSOH reviewed the income documentation you uploaded on October 27, 2016 and determined that this was insufficient proof of your income.

On February 2, 2017, NYSOH issued a notice stating that the income documentation you submitted was insufficient to resolve the inconsistency in your account and that additional income documentation was due by February 25, 2017 in order to confirm your child's eligibility for financial assistance.

No additional income documentation was received by February 25, 2017.

On March 4, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible to purchase a full cost qualified health plan, effective

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April 1, 2017. This was because you had failed to submit income documentation by the required deadline.

Also on March 4, 2017, NYSOH issue a notice of disenrollment stating that your child's coverage in her Child Health Plus plan would end on March 31, 2017. This was because she was no longer eligible to enroll in a Child Health Plus plan.

On May 11, 2017, you updated your household's application for financial assistance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that your child was eligible for Child Health Plus, effective June 1, 2017.

Also on May 11, 2017, you spoke to NYSOH's Account Review Unit and appealed that preliminary eligibility determination insofar as your child's Child Health Plus plan began on June 1, 2017 and not April 1, 2017.

On May 12, 2017, NYSOH issued a notice of eligibility determination, based on your May 11, 2017 application, stating that your child was eligible for Child Health Plus for a limited time, effective June 1, 2017. This notice directed you to submit income documentation by July 10, 2017 in order to confirm your child's eligibility for financial assistance.

Also on May 12, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was reenrolled in her Child Health Plus plan as of June 1, 2017.

On August 22, 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) Your NYSOH account reflects that you updated your household's application for financial assistance on September 30, 2016.
- 2) You testified, and your NYSOH account confirms, that you currently receive all of your notices from NYSOH by regular mail.
- 3) You testified that you previously had elected to receive electronic mail alerts from NYSOH, and changed your preference from electronic mail alerts to regular mail alerts after you learned that your child had been disenrolled from her Child Health Plus plan.
- 4) You testified that you believe you did not receive any electronic alerts notifying you of any notices in your NYSOH account stating that your

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child's eligibility was only conditional and that you needed to provide documentation of your income, however, you also testified that you could not recall if you received these electronic alerts.

- 5) You testified that you may have received some electronic mail alerts from NYSOH during the time period in question, however, you were not sure.
- 6) You also testified that around the time your child was disenrolled from her Child Health Plus plan, you were trying to log-in to your NYSOH account on-line, but were experiencing technical difficulties. You further testified that you tried to call NYSOH for assistance logging in to your account on a few occasions, but the phone queue was too long, and you did not speak to any NYSOH representative to resolve this technical issue.
- 7) You testified that you did not know there was a problem with your child's coverage until mid-May 2017, when you were finally able to log-in to your NYSOH account and reviewed the notice from NYSOH advising you that your child's Child Health Plus enrollment had ended on March 31, 2017.
- 8) On October 27, 2016, you uploaded income documentation to your NYSOH account. This documentation consisted of a signed letter from your employer dated January 11, 2016 stating that as of January 2016 you were working full-time with an annual salary of \$48,000.00.
- 9) On November 8, 2016, NYSOH reviewed the income documentation you submitted on October 27, 2016 and determined that this was insufficient to resolve the inconsistency in your NYSOH account because the letter was outdated.
- 10) On January 9, 2017, you uploaded income documentation to your NYSOH account. This documentation consisted of a signed letter from your employer dated April 18, 2016 stating that as of January 2016 you were working full-time with an annual salary of \$48,000.00.
- 11) On February 2, 2017, NYSOH reviewed the income documentation you submitted on January 9, 2017 and determined that this was insufficient to resolve the inconsistency in your NYSOH account because the letter was outdated.
- 12) Your NYSOH account reflects that you contacted NYSOH and updated your household's application on May 11, 2017. The record reflects that on May 11, 2017 you also reenrolled your child into a Child Health Plus plan with an effective date of June 1, 2016.
- 13) You testified that you are seeking to have your child be found eligible for and enrolled in her Child Health Plus plan as of April 1, 2017 because she has outstanding medical bills for April 2017 and May 2017.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility 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, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

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.

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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)).

Child Health Plus – Proper Notice

NYSOH may not deny or terminate eligibility or reduce benefits for any individual on the basis of the information received, unless NYSOH has sought additional information from the individual and provided proper notice and hearing rights to the individual (42 CFR § 457.380(d); 42 CFR § 435.952(d)).

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 (42 CFR § 600.330(e); 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 is whether NYSOH properly determined that your child's eligibility for and enrollment in her Child Health Plus plan 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 Child Health Plus, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's income documentation, it must provide the individual with notice of the inconsistency. NYSOH must then provide the

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individual with a period of two months from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on October 8, 2016 you were advised that your child was eligible for Child Health Plus for a limited time, and that you needed to provide proof of your household's income before November 29, 2016.

On October 27, 2016, you uploaded income documentation to your NYSOH account.

On November 8, 2016, NYSOH determined that the income documentation you provided was insufficient. On November 9, 2016, NYSOH issued a notice advising you that the income documentation you submitted was insufficient and that additional documentation was required.

In the eligibility determinations issued on December 13, 2016, January 6, 2017, and January 10, 2017, you were advised that your child was eligible for Child Health Plus for a limited time, and that you needed to provide proof of your household's income before February 10, 2017.

On January 9, 2017, you uploaded income documentation to your NYSOH account.

On February 1, 2017, NYSOH determined that the income documentation you provided was insufficient. On February 2, 2017, NYSOH issued a notice advising you that the income documentation you submitted was insufficient and that additional documentation was needed. The deadline for producing income documentation was also extended until February 25, 2017.

The record reflects that NYSOH did not receive sufficient income documentation before the deadline.

You testified that you had previously elected to receive alerts regarding notices from NYSOH electronically. You testified that you believe you did not receive any electronic alerts regarding the October 8, 2016, December 13, 2016, January 6, 2017, or January 10, 2017 eligibility determination notices or the November 9, 2016 or February 2, 2017 notices of insufficient documentation. However, you also testified that you could not recall if you received electronic alerts regarding these notices.

You also testified that you may have received electronic notices during the time period in question. You further testified that around the time your child was disenrolled from her Child Health Plus plan you were trying to access your NYSOH account but were experiencing technical issues. You attempted to contact NYSOH regarding these technical issues, but the queue for the call center was too long and you did not speak to an NYSOH representative.

Based on your contradictory testimony, as well as the totality of the evidence in the record, your testimony that you did not receive the October 8, 2016, December 13, 2016, January 6, 2017, or January 10, 2017 eligibility determination notices or the November 9, 2016 or February 2, 2017 notices of insufficient documentation is not credible.

Therefore, the record reflects that NYSOH properly notified you of the need to submit income documentation for your household in order to ensure your children's enrollment in their Child Health Plus plan and eligibility for financial assistance would continue.

As the record reflects that NYSOH properly notified you of the need to submit additional income documentation and you failed to submit such documentation by the February 26, 2017 deadline, NYSOH properly determined that your child was no longer eligible for Child Health Plus and disenrolled from her Child Health Plus plan effective March 31, 2017.

Therefore, the March 4, 2017 eligibility determination notice and the March 4, 2017 disenrollment notice are correct and must be AFFIRMED.

The second issue is whether NYSOH properly determine that your child's eligibility for and reenrollment in her Child Health Plus plan was effective June 1, 2017.

On May 11, 2017, you updated your household's application for financial assistance. That day, you selected a Child Health Plus plan for your child.

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 from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

As you selected a Child Health Plus plan for your child on May 11, 2017, your child's eligibility for and reenrollment in her Child Health Plus plan properly took effect on the first day of the first month following May 2017; that is, on June 1, 2017.

Therefore, the May 12, 2017 eligibility determination notice and the May 12, 2017 enrollment confirmation notice are correct and must be AFFIRMED.

Decision

The March 4, 2017 eligibility determination is AFFIRMED.

The March 4, 2017 disenrollment notice is AFFIRMED.

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The May 12, 2017 eligibility determination is AFFIRMED.

The May 12, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child's eligibility for and enrollment in her Child Health Plus plan terminated as of March 31, 2017.

Your child's eligibility for and reenrollment in her Child Health Plus plan properly began as of June 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.

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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 4, 2017 eligibility determination is AFFIRMED.

The March 4, 2017 disenrollment notice is AFFIRMED.

Your child's eligibility for and enrollment in her Child Health Plus plan terminated as of March 31, 2017.

The May 12, 2017 eligibility determination is AFFIRMED.

The May 12, 2017 enrollment confirmation notice is AFFIRMED.

Your child's eligibility for and reenrollment in her Child Health Plus plan properly began as of June 1, 2017.

This decision does not change your child's eligibility.

Legal Authority

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

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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&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.

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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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