



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

Notice of Decision

Decision Date: September 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019974

[REDACTED]

[REDACTED],

On September 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 15, 2017 eligibility determination notice and June 24, 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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NY State of Health Account ID: [REDACTED]
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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 children were eligible for Child Health Plus coverage at \$45.00 per month each, effective June 1, 2017?

Did NYSOH properly determine that your children were eligible for Child Health Plus coverage at \$9.00 per month each, effective August 1, 2017?

Procedural History

On March 9, 2017, NYSOH received an update to your application for health insurance.

On March 10, 2017, NYSOH issued an eligibility determination notice based on the information contained in the March 9, 2017 application. The notice stated that your children were eligible for Child Health Plus (CHP) for a limited time with a monthly premium of \$9.00 each, effective April 1, 2017. You were requested to provide proof of their income by May 8, 2017 to confirm their eligibility.

Also on March 10, 2017, NYSOH issued an enrollment notice confirming your selection of a CHP plan for your children's coverage as of March 9, 2017. The notice stated that their CHP plan coverage would begin effective April 1, 2017.

On May 14, 2017, NYSOH redetermined your children's eligibility for health insurance.

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On May 15, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for CHP plan coverage at a monthly premium of \$45.00 each, effective June 1, 2017. This was because you did not send in documentation to confirm the household income listed in your application.

Also on May 15, 2017, NYSOH issued an enrollment notice confirming that your children remained enrolled in their CHP plan with an increased monthly premium of \$45.00 each. Your NYSOH account enrollment details reflect this change was made effective June 1, 2017.

On June 23, 2017, NYSOH received a further update to your application for health insurance. In response to this application update, NYSOH prepared a preliminary eligibility determination stating that your children were eligible for CHP, with monthly premium of \$9.00 each, effective August 1, 2017.

Also on June 23, 2017, you spoke to NYSOH's Account Review Unit and appealed that determination insofar as your children were found eligible for CHP coverage at \$45.00 per month each during the months of June and July 2017, rather than at the reduced monthly premium rate of \$9.00 per month each.

On June 24, 2017, NYSOH issued an eligibility determination notice based on the information contained in the June 23, 2017 application. The notice stated that your children were eligible for CHP, with monthly premium of \$9.00 each, effective August 1, 2017.

Also on June 24, 2017, NYSOH issued an enrollment notice confirming that your children remained enrolled in their CHP plan with a reduced monthly premium of \$9.00 each. Your NYSOH account enrollment details reflect this change was made effective August 1, 2017.

On September 15, 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) You testified that you are appealing only your children's eligibility for CHP at \$45.00 per month each during the months of June and July 2017.
- 2) You testified, and the record reflects, that you receive your notices from NYSOH by regular mail.

- 3) You testified that you did not receive any notices telling you that you needed to provide income documents or update to your account to confirm your children's eligibility for CHP at \$9.00 per month each.
- 4) You testified that you did not know that you needed to provide income documents or update your NYSOH account until on or about [REDACTED].
- 5) The record reflects that on June 23, 2017, NYSOH received your children's updated application for health insurance.
- 6) You testified that you are seeking that your children's monthly premium for CHP be reduced to \$9.00 each during the months of June and July 2017.
- 7) There is no indication in your account that any of the notices that were sent to your mailing address were returned as undeliverable.

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 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)).

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)).

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)).

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“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,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR §457.343).

In general, a child eligible for Child Health Plus must recertify their eligibility for enrollment through NYSOH once every twelve months (42 CFR § 457.343; 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” (NY Public Health Law § 2511(2)(f)(ii)).42 CFR § 435.916(a)(2)).

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 in order 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).

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), 42 CFR § 435.945).

If NYSOH 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) 42 CFR § 435.952).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your children were eligible for CHP coverage at \$45.00 per month each during the months of June and July 2017.

NYSOH issued an eligibility determination notice on March 10, 2017 stating that your children were eligible for CHP for a limited time with a \$9.00 monthly premium each, effective April 1, 2017. The notice asked you to provide proof of your household income by May 8, 2017.

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.

If NYSOH 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.

Because there was no timely response to this notice, your children's eligibility was redetermined, and they were found eligible for CHP at \$45.00 per month each, effective June 1, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to provide income documentation or update your NYSOH account on your child's behalf. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you that you needed to provide income documentation by May 8, 2017 to confirm your children's eligibility for CHP at a monthly premium of \$9.00 each.

Accordingly, the May 15, 2017 eligibility determination notice is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your children were eligible for CHP coverage at \$9.00 per month each, effective August 1, 2017.

The record reflects you contacted NYSOH on June 23, 2017, and provided an updated application. The application resulted in an eligibility determination notice stating your children were eligible to enroll in a CHP plan with a \$9.00 monthly premium each, effective August 1, 2017.

The date on which changes to a CHP plan can take effect depends on the day a person selects the plan for enrollment.

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A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since you updated your NYSOH account on June 23, 2017, which resulted in an eligibility determination that your children's monthly premium was reduced from \$45.00 to \$9.00 each, this would properly take effect on the first day of the second month following June 2017; that is, on August 1, 2017.

Therefore, the June 24, 2017 enrollment notice, stating that your children's enrollment in their CHP plan at a cost of \$9.00 per month would be effective August 1, 2017, was correct and must be AFFIRMED.

Decision

The May 15, 2017 eligibility determination notice is AFFIRMED.

The June 24, 2017 enrollment notice is AFFIRMED.

Effective Date of this Decision: September 26, 2017

How this Decision Affects Your Eligibility

Your children were eligible for CHP plan coverage at \$45.00 per month each during the months of June and July 2017.

Your children's enrollment in their CHP plan at \$9.00 per month each began August 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.

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

Summary

The May 15, 2017 eligibility determination notice is **AFFIRMED**.

The June 24, 2017 enrollment notice is **AFFIRMED**.

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 children were eligible for CHP plan coverage at \$45.00 per month each during the months of June and July 2017.

Your children's enrollment in their CHP plan at \$9.00 per month each began August 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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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 bεtumi ama wo obi a okyerε 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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