



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

Notice of Decision

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020128

[REDACTED]

Dear [REDACTED],

On September 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 18, 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 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

Decision Date: October 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020128

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your child was eligible for a full price Child Health Plus plan, effective April 1, 2017?

Procedural History

On November 28, 2016, NY State of Health (NYSOH) received your updated application for health insurance. Also on this date, you uploaded two documents to your NYSOH account.

On November 29, 2016, NYSOH issued a notice stating that the income information listed in your application did not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your application. This notice further directed you to submit income documentation for your household by December 13, 2016.

On December 10, 2016, you uploaded thirteen documents to your NYSOH account.

On December 13, 2016, NYSOH received your updated application for financial assistance with health insurance; which included an updated expected annual household income.

On December 14, 2016, NYSOH issued an eligibility determination stating that your child was eligible for a Child Health Plus plan with a \$30.00 monthly

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premium, for a limited time, effective January 1, 2017. This notice further stated that you needed to submit income documentation to confirm your child's eligibility by February 11, 2017. The fourteenth page states that if proof of income is requested for a child, please send proof of the income for parent/caretaker(s).

Also on December 14, 2016, NYSOH issued a notice stating that the income documentation you submitted on December 10, 2016 did not confirm the information in your November 29, 2016 application. This notice further directed you to submit additional income documentation for your spouse by March 13, 2017, for yourself by March 28, 2017, and for your child by February 11, 2017.

On December 18, 2016, NYSOH issued a plan enrollment notice confirming your child's enrollment in a Child Health Plus plan with a \$30.00 monthly premium, effective January 1, 2017.

No additional income documentation was received by February 11, 2017.

On February 18, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible for a full price Child Health Plus plan or a Child-Only qualified health plan, effective April 1, 2017. This notice also stated that this was because federal and state data sources show that your household income is over the allowable income range for the Child Health Plus program based on your household size.

On February 18, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in a full price Child Health Plus plan, effective April 1, 2017.

Also on February 18, 2017, NYSOH issued a plan disenrollment notice stating that your child was disenrolled from her Child Health Plus plan with a \$30.00 monthly premium, effective March 31, 2017.

On April 6, 2017, NYSOH received your updated application for financial assistance with health insurance.

On April 7, 2017, NYSOH issued an eligibility determination stating that your child was eligible to enroll in a Child Health Plus plan with a \$30.00 monthly premium, effective May 1, 2017.

On April 7, 2017, NYSOH issued a plan enrollment notice confirming your child's enrollment in her Child Health Plus plan with a \$30.00 monthly premium, effective May 1, 2017.

Also on April 7, 2017, NYSOH issued a plan disenrollment notice stating that your child was disenrolled from her full pay Child Health Plus plan, effective April 30, 2017.

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On June 29, 2017, you spoke to the NYSOH's Accounts Review Unit and appealed your child's enrollment in a full-price Child Health Plus plan for the month of April 2017.

On September 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) You testified, and your NYSOH account confirms, that you receive all your notices from NYSOH by electronic mail.
- 2) On November 28, 2016, an updated application for financial assistance was received by NYSOH. The expected annual household income listed in this application was \$23,800.00; which consisted of \$13,800.00 you earn from your employment, and \$10,000.00 your spouse earns from her employment.
- 3) On November 28, 2016, you uploaded a copy of your jointly filed 2015 federal tax return, and a self-attesting letter stating that your child does not make any income.
- 4) On December 10, 2016, you uploaded six checking account statements from a checking account held by [REDACTED] [REDACTED] six checking account statements from a checking account held by you and your spouse, and a self-attesting letter stating that your child does not work or earn any income.
- 5) On December 13, 2016, NYSOH deemed the income documentation you uploaded to be insufficient because your spouse did not provide four consecutive weeks of paystubs from her place of employment, as listed in your November 28, 2016 application.
- 6) On December 13, 2016, an updated application for financial assistance with health insurance was received by NYSOH. The expected annual household income listed in this application was \$55,817.00; which consisted of \$50,817.00 you earn from your employment, and \$5,000.00 your spouse earns from her employment.
- 7) You testified that you submitted income documentation in November 2016 and December 2016 and thought that the income documentation you needed to submit was already submitted.

- 8) You testified that you remember receiving electronic alerts notifying you of notices in your NYSOH account inbox between November 2016 and December 2016, but you had a very difficult time navigating the notices in your NYSOH account inbox and that you are unsure as to what they informed you.
- 9) You testified that you must have received something regarding submitting additional income documentation because you sent in income documentation multiple times.
- 10) You testified that you were unsure as to what income documentation you needed to submit because the notices were very long, convoluted and the pertinent information was many pages into the notices.
- 11) You testified that you did not know that you needed to submit additional documentation of your household income until you received a premium bill from your child's Child Health Plus plan which did not include a premium subsidy.
- 12) On February 17, 2017, your application was run and your child was found eligible for a full price Child Health Plus plan as of April 1, 2017.
- 13) You updated your NYSOH account on April 6, 2017.
- 14) Your child was enrolled into a Child Health Plus plans with a \$30.00 monthly premium on April 7, 2017, effective May 1, 2017.
- 15) You testified that you are seeking to have your child's Child Health Plus plan with a \$30.00 monthly premium reinstated for the month of April 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 first issue under review is whether NYSOH properly determined that your child was eligible for full price Child Health Plus plan, effective April 1, 2017.

On November 28, 2016, an updated application for financial assistance was received by NYSOH. The expected annual household income listed in this application was \$23,800.00; which consisted of \$13,800.00 you earn from your employment, and \$10,000.00 your spouse earns from her employment.

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.

The income amount that was entered into your November 28, 2016 application did not match federal and state data sources. As a result, NYSOH asked that you

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submit additional documentation to confirm your household income by December 13, 2016.

On November 28, 2016, you uploaded two documents to your NYSOH account; which included a copy of your jointly filed 2015 federal tax return, and a self-attesting letter stating that your child does not earn any income.

On December 10, 2016, you uploaded thirteen documents to your NYSOH account; which included six copies of a checking account statements held by [REDACTED] six copies of checking account statements held by you and your spouse, and a self-attesting letter stating that your child does not earn any income.

On December 13, 2016, NYSOH deemed these documents insufficient proof of income to confirm the information listed in your NYSOH account as you had not submitted four consecutive weeks of paystubs from your spouse's place of employment, as listed in your November 28, 2016 application.

Subsequently, NYSOH issued a notice, dated December 14, 2016, which stated that the documentation NYSOH received did not confirm the information in your application. This notice further directed you to submit additional income documentation for your child by February 11, 2017, for your spouse by March 13, 2017, and for yourself by March 28, 2017.

Also on December 13, 2016, NYSOH received your updated application for financial assistance with your family's health insurance. The application you submitted listed an updated expected annual household income of \$55,817.00. The income listed in your 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 child's eligibility by February 11, 2017.

During your telephone hearing, you testified that you remember receiving alerts in your email account stating that there were notices in your NYSOH account, but that you found your NYSOH inbox difficult to navigate. You further testified that the information contained in the notices were convoluted, and you were unsure as to why the pertinent information was so many pages into the notice. You testified that you thought you had submitted sufficient documentation prior to your December 13, 2016 application, but you did not fully understand what NYSOH was asking of you.

It is therefore determined that NYSOH gave you adequate notice of the request for you to provide additional income documentation confirming your household's income as listed in your December 13, 2016 application.

The record reflects that no additional income documentation was uploaded to your account between December 13, 2016 and February 11, 2017.

If after allowing the applicant an opportunity to submit income documentation and 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 February 17, 2017 with the information available from data sources to recalculate your children's eligibility.

Since you did not provide adequate documentation to confirm the income that was listed in your application, the February 18, 2017 eligibility determination, and plan enrollment notices stating that your child was eligible for and enrolled in a full price Child Health Plan effective April 1, 2017, are AFFIRMED.

Decision

The February 18, 2017 eligibility determination notice is AFFIRMED.

The February 18, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: October 5, 2017

How this Decision Affects Your Eligibility

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

This does not affect your child'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.

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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 February 18, 2017 eligibility determination notice is **AFFIRMED**.

The February 18, 2017 plan enrollment notice is **AFFIRMED**.

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

This does not affect your child's current eligibility.

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 مجانًا.

বাংলা (Bengali)

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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.

שׂוֹדִיִּשׁ (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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