



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

Notice of Decision

Decision Date: October 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020781

[REDACTED]

Dear [REDACTED],

On October 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 16, 2017 eligibility determination notice, July 11, 2017 disenrollment notice, and July 25, 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 issue presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine your child was eligible for full price Child Health Plus plan effective June 1, 2017?

Did NYSOH properly disenroll your child for non-payment of premium, effective June 30, 2017?

Did NYSOH properly determine your child's enrollment in a \$15.00 per month Child Health Plus plan was effective September 1, 2017?

Procedural History

On March 10, 2017, NYSOH received your child's application for financial assistance.

On March 11, 2017, NYSOH issued a notice of eligibility determination stating your child was eligible for Child Health Plus for a cost of \$45.00 per month for a limited time, effective April 1, 2017. The notice requested you provide proof of your income by May 9, 2017.

On March 11, 2017, NYSOH issued an enrollment notice confirming your child's enrollment in a Child Health Plus plan on March 10, 2017, for a start date of April 1, 2017.

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No income documentation was received by NYSOH prior to the May 9, 2017 deadline.

On May 16, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for a full cost Child Health Plus plan, June 1, 2017. The notice stated this was because state and federal data sources showed your household income was over \$64,960.00.

On May 16, 2017, NYSOH issued an enrollment notice confirming your child's enrollment in a Child Health Plus plan for a cost of \$218.53 per month, effective June 1, 2017.

On July 11, 2017, NYSOH issued a disenrollment notice stating your child's enrollment in a Child Health Plus plan ended on June 30, 2017. The notice stated this was because you did not pay your insurance bill by the payment deadline.

On July 24, 2017, NYSOH received your child's updated application for health insurance. That day, a preliminary eligibility determination notice was prepared stating your child was eligible for Child Health Plus for a cost of \$15.00 per month, for a limited time, effective September 1, 2017. You then enrolled your child in a plan that day.

Also on July 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the redetermination of your child's eligibility, his disenrollment, and the start date of his new coverage with Child Health Plus.

On July 25, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus for a cost of \$15.00 per month, for a limited time, effective September 1, 2017.

On July 25, 2017, NYSOH issued an enrollment notice confirming your child's enrollment in a Child Health Plus plan, effective September 1, 2017.

On October 6, 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 proceeding.

Findings of Fact

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

- 1) You testified that you are appealing your child's eligibility for full price Child Health Plus for the month of June 2017, his disenrollment from his health plan, and his new enrollment start date of September 1, 2017.

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- 2) You testified you plan on filing your 2017 taxes as Head of Household with one dependent child.
- 3) You testified that you did not receive a March 11, 2017 notice indicating you needed to provide proof of your income before May 9, 2017.
- 4) Your NYSOH account indicates you receive your notices through regular U.S. Mail. You testified this was correct.
- 5) You confirmed your address and that it has not changed since initially applying for your child on March 10, 2017.
- 6) There have been no notices returned to NYSOH as undeliverable from your address on file.
- 7) On July 24, 2017, you updated your child's application for financial assistance.
- 8) You testified you first realized your child's premium had increased after receiving the May 16, 2017 enrollment notice.
- 9) You testified your health plan told you after contacting them that your child's insurance was still active, which delayed you in reapplying until July 24, 2017.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Child Health Plus

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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 Child Health Plus 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 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

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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 your child was eligible for full price Child Health Plus plan effective June 1, 2017.

NYSOH issued an eligibility determination notice on March 11, 2017, based on your March 10, 2017 application for your child. The determination notice stated your child was eligible for Child Health Plus for a limited time for a cost of \$45.00 per month, effective April 1, 2017. The notice asked you to provide proof of your household income by May 9, 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.

You testified that you did not receive any notice from NYSOH telling you that you needed to provide income documentation to confirm your eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by 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. You further confirmed your address for the record and indicated you have not changed that address since the March 10, 2017 application.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

Since NYSOH did not receive the requested income documentation by the deadline of May 9, 2017, NYSOH system redetermined your child's eligibility from data sources on May 15, 2017, and determined he was eligible to purchase a Child Health Plus plan at full cost effective, June 1, 2017.

Therefore, NYSOH's May 16, 2017, eligibility determination notice stating your child was eligible to purchase a Child Health Plus plan at full cost, effective June 1, 2017, was proper and is **AFFIRMED**.

The second issue under review is whether NYSOH properly terminated your child Child Health Plus plan for non-payment of premium effective, June 30, 2017.

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On March 10, 2017, your child was enrolled in a Child Health Plus plan, effective April 1, 2017.

You testified that you paid your premiums to your child's Child Health plus plan.

On July 11, 2017 NYSOH issued a notice stating that your child was disenrolled from his Child Health Plus plan for non-payment of premiums, effective June 30, 2017.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not your child was properly terminated from his Child Health Plus plan for non-payment of premiums. Therefore, your appeal of the July 11, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue is whether NYSOH properly determined that your child's reenrollment in his Child Health Plus plan was effective September 1, 2017.

You contacted NYSOH on July 24, 2017 to reenroll your child into his Child Health Plus plan.

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 contacted NYSOH to reenroll your child into a Child Health Plus plan on July 24, 2017, his reenrollment should have taken effect the first day of the second following month after July; that is, on September 1, 2017.

Therefore, the July 25, 2017 enrollment confirmation notice stating that your child's reenrollment in his Child Health Plus plan was effective September 1, 2017 is AFFIRMED.

Decision

The May 16, 2017 eligibility determination notice is AFFIRMED.

Your appeal of the insurer's termination of your child's disenrollment from his Child Health Plus plan for non-payment of premiums, effective June 30, 2017, is DISMISSED as a non-appealable issue.

The July 25, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 20, 2017

How this Decision Affects Your Eligibility

Your child was eligible for a full cost Child Health Plus plan effective June 1, 2017.

Your child was disenrolled from his Child Health Plus plan for non-payment of premium June 30, 2017.

Your child's reenrollment in his Child Health Plus plan was effective September 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:

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 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 16, 2017 eligibility determination notice is **AFFIRMED**.

Your child was eligible for a full cost Child Health Plus plan effective June 1, 2017.

Your appeal of the insurer's termination of your child's disenrollment from his Child Health Plus plan for non-payment of premiums, effective June 30, 2017, is **DISMISSED** as a non-appealable issue.

Your child was disenrolled from his Child Health Plus plan for non-payment of premium June 30, 2017.

The July 25, 2017 enrollment confirmation 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 child's reenrollment in his Child Health Plus plan was effective September 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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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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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