



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

Notice of Decision

Decision Date: November 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022037

[REDACTED]

[REDACTED]

On November 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 18, 2017 eligibility determination notice, June 18, 2017 disenrollment notice, July 23, 2017 eligibility determination notice, and July 23, 2017 enrollment confirmation 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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Decision Date: November 14, 2017

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) provide you proper and adequate notice that your younger child's eligibility for and enrollment in Child Health Plus terminated as of June 30, 2017?

Did NYSOH properly determine that your younger child's eligibility for and enrollment in his Child Health Plus plan was effective September 1, 2017?

Procedural History

On June 15, 2016, NYSOH issued a notice of eligibility determination, based on your June 14, 2017 application, stating that your younger child was eligible for Child Health Plus effective July 1, 2016. Your younger child was subsequently enrolled in a Child Health Plus plan.

On May 4, 2017, NYSOH issued a notice that it was time to renew your younger child's health insurance. That notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your younger child qualified for financial help paying for his coverage. The notice asked that you update the information in your account by June 15, 2017 or the financial assistance your younger child was receiving may end.

No updates were made to your account by June 15, 2017.

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On June 18, 2017, NYSOH issued an eligibility determination notice stating that effective July 1, 2017 your younger child was no longer eligible for health insurance through NYSOH because you did not respond to the renewal notice and did not complete the renewal in the required time frame.

Also on June 18, 2017, NYSOH issued a disenrollment notice stating that your younger child's coverage through his Child Health Plus plan would end June 30, 2017 because you did not renew his health insurance coverage.

On July 22, 2017, NYSOH received your younger child's updated application for health insurance.

On July 23, 2017, NYSOH issued a notice of eligibility determination, based on your July 22, 2017 application, stating that your younger child was eligible to enroll in Child Health Plus for a limited time, effective September 1, 2017. This notice directed you to submit documentation of your household's income by September 20, 2017 in order to confirm your younger child's eligibility for financial assistance.

Also on July 23, 2017, NYSOH issued a notice of enrollment, based on your plan selection on July 22, 2017, stating that your younger child was enrolled in a Child Health Plus plan and that coverage would start on September 1, 2017.

On August 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your younger child's Child Health Plus plan insofar as he did not have coverage for the months of July 2017 and September 2017.

On November 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, Spanish Interpreter [REDACTED] translated. 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 only appealing your younger child's disenrollment from his Child Health Plus plan for the months of July 2017 and August 2017.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

- 3) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your younger child's coverage.
- 4) The May 4, 2017 renewal notice does not indicate that your younger child's Child Health Plus plan enrollment would be terminated if you failed to respond. The notice does state that your younger child's financial eligibility may end.
- 5) You testified that you became aware that your younger child had been disenrolled from his Child Health Plus plan when you received a call from his Child Health Plus plan. You could not recall when you received this call.
- 6) You testified that you did receive the June 18, 2017 eligibility determination notice and the June 18, 2017 disenrollment notice stating that your younger child was no longer eligible for and disenrolled from his Child Health Plus plan as of June 30, 2017.
- 7) You testified that in the beginning of June 2017 you contacted NYSOH to reenroll your younger child in coverage.
- 8) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 9) There are no records of any calls placed to NYSOH regarding your account in June 2017. The record reflects that it was not until July 22, 2017 that you contacted NYSOH to update your household's application for health insurance.
- 10) On July 22, 2017, NYSOH received your updated application and Child Health Plus plan selection.

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)).

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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)).

“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

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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 provided you proper and adequate notice that your younger child's eligibility for and enrollment in Child Health Plus terminated as of June 30, 2017.

Your younger child was originally found eligible for Child Health Plus and enrolled effective July 1, 2016.

Generally, NYSOH must redetermine a qualified child's eligibility for Child Health Plus once every twelve months 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. NYSOH's May 4, 2017 renewal notice stated that NYSOH did not have enough information from state and federal data sources to determine whether or not your younger child qualified for financial help paying for his coverage. The notice asked that you update the information in your account by June 15, 2017 or the financial assistance your younger child was receiving may end.

No updates were made to your NYSOH account prior to June 15, 2017.

On June 18, 2017, NYSOH issued a disenrollment notice stating that your younger child's coverage in his Child Health Plus plan would end effective June 30, 2017. According to the eligibility determination issued on June 18, 2017, this was because you did not respond to the renewal notice and did not complete the renewal in the required time frame.

When NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to provide sufficient notice so that a child's parent is able to take action to prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice. The May 4, 2017 renewal notice does not indicate that your younger child's Child Health Plus plan enrollment would be terminated if you failed to respond. You were first informed that your younger child's coverage through his Child Health Plus plan would end in the June 18, 2017 eligibility determination and June 18, 2017 disenrollment notices.

When changes are made to an individual's application after the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next following month. Since you would have received NYSOH's notice terminating your younger child's Child Health Plus eligibility after

the 15th of the month, any changes you would have made to your account to prevent a gap in coverage would not have been effective until August 1, 2017.

Therefore, NYSOH failed to provide you with sufficient notice that would have allowed you to take action in order to prevent a gap in Child Health Plus coverage for your younger child for the month of July 2017 and the June 18, 2017 disenrollment notice and June 18, 2017 eligibility determination notice are MODIFIED to reflect that your younger child's eligibility for and enrollment in his Child Health Plus plan ended effective July 31, 2017.

However, you testified that you did receive the June 18, 2017 eligibility determination notice and the June 18, 2017 disenrollment notice advising you that your younger child's eligibility for and enrollment in Child Health Plus would end as of June 30, 2017. As such, NYSOH provided you with sufficient notice for your child to receive coverage as of August 1, 2017.

Therefore, your case is RETURNED to NYSOH to reinstate your younger child into his Child Health Plus plan for the month of July 2017.

The second issue under review is whether NYSOH properly determined that your younger child's eligibility for and enrollment in his Child Health Plus plan was effective September 1, 2017.

The record reflects that you first renewed your younger child's eligibility for financial assistance through NYSOH on July 22, 2107, and enrolled your child into a Child Health Plus plan that day.

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 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.

As you selected a Child Health Plus plan for your younger child on July 22, 2017, your younger child's plan properly began on the first day of the second month following July 2017; that is, on September 1, 2017.

Therefore, NYSOH's July 23, 2017 eligibility determination notice and July 23, 2017 enrollment confirmation notice are AFFIRMED because they properly began your child's eligibility for and enrollment in Child Health Plus as of September 1, 2017.

Decision

The June 18, 2017 eligibility determination notice is MODIFIED to reflect that your child's eligibility for Child Health Plus ended effective July 31, 2017.

The June 18, 2017 disenrollment notice is MODIFIED to reflect that your child's enrollment in his Child Health Plus plan ended effective July 31, 2017.

The July 23, 2017 eligibility determination notice is AFFIRMED.

The July 23, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to reinstate your younger child into his Child Health Plus plan for the month of July 2017, and to notify you accordingly.

Effective Date of this Decision: November 14, 2017

How this Decision Affects Your Eligibility

Your younger child should not have been terminated from his Child Health Plus plan in July 2017 because NYSOH failed to issue proper notice.

Your case is being sent back to NYSOH to reinstate your younger child into his Child Health Plus for the month of July 2017. NYSOH will notify you once this has been completed.

If applicable, you will be responsible for any premiums due for coverage to resume that month.

Your child's eligibility for and reenrollment in his Child Health Plus plan was effective as of 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.

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).

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

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Summary

The June 18, 2017 eligibility determination notice is MODIFIED to reflect that your child's eligibility for Child Health Plus ended effective July 31, 2017.

The June 18, 2017 disenrollment notice is MODIFIED to reflect that your child's enrollment in his Child Health Plus plan ended effective July 31, 2017.

Your younger child should not have been terminated from his Child Health Plus plan in July 2017 because NYSOH failed to issue proper notice.

The July 23, 2017 eligibility determination notice is AFFIRMED.

The July 23, 2017 enrollment confirmation notice is AFFIRMED.

Your child's eligibility for and reenrollment in his Child Health Plus plan was effective as of September 1, 2017.

Your case is RETURNED to NYSOH to reinstate your younger child into his Child Health Plus plan for the month of July 2017, and to notify you accordingly.

Your case is being sent back to NYSOH to reinstate your younger child into his Child Health Plus for the month of July 2017. NYSOH will notify you once this has been completed.

If applicable, you will be responsible for any premiums due for coverage to resume that month.

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&btumi 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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