



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

Notice of Decision

Decision Date: November 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022671

[REDACTED]

[REDACTED]

On November 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 14, 2017 discontinuance and September 15, 2017 disenrollment 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 NY State of Health 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

Decision Date: November 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022671



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 children's eligibility for and enrollment in Child Health Plus terminated effective September 30, 2017?

Procedural History

On July 11, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination based on your July 10, 2017 application. The notice stated that, for a limited time, your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective August 1, 2017. The notice also requested you provide proof of income by September 8, 2017.

Also on July 11, 2017, NYSOH issued a notice of enrollment based on your plan selection on July 10, 2017. The notice stated that your children were enrolled in a Child Health Plus plan, and their enrollment in the plan would start on August 1, 2017.

On September 14, 2017, NYSOH issued a discontinuance notice stating that your children were no longer eligible for Child Health Plus through NYSOH because NYSOH could not verify the income listed in their application. This eligibility was effective October 1, 2017.

On September 15, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective October 1,

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2017 because they were no longer eligible to enroll in health insurance through NYSOH.

On September 21, 2017, you submitted an application for financial assistance for your children. That day, a preliminary eligibility determination was prepared, stating that your children were eligible for Child Health Plus, effective November 1, 2017 and you reenrolled your children into a Child Health Plus plan.

Also, on September 21, 2017, you spoke to NYSOH's Account Review Unit and appealed your children's disenrollment from their Child Health Plus plan for the month of October 2017.

On September 22, 2017, NYSOH issued a notice of enrollment, based on your plan selection of September 21, 2017, stating that your children were enrolled in a Child Health Plus plan, and that their enrollment would start on November 1, 2017.

On September 30, 2017, NYSOH issued a notice of eligibility determination, based on your September 21, 2017 application, stating that for a limited time, your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium, effective November 1, 2017. The notice also requested you provide proof of income by November 20, 2017.

On November 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] assisted however the interpreter dropped off the line and you elected to continue with the hearing without one. 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 your children's disenrollment from their Child Health Plus Plan for the month of October 2017.
- 2) You submitted an application on behalf of your children to NYSOH for financial assistance on July 10, 2017.
- 3) You testified, and the record reflects, that you enrolled your children into a Child Health Plus plan on July 10, 2017.
- 4) You testified, and the record reflects, that a broker assisted you with this application.

- 5) You testified that you provided the broker with income documentation on July 10, 2017. You testified that the broker told you the income documentation was faxed to NYSOH that same day, and that everything was submitted.
- 6) You testified that you did not know your children had been disenrolled from their Child Health Plus plan until you received the notice stating that they had been disenrolled.
- 7) You testified that the notice did not give you enough time to prevent the gap in your children's coverage for the month of October.
- 8) You testified that you need your children's Child Health Plus plan to begin on October 1, 2017 because you have medical bills for the month of October.

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).

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Legal Analysis

The issue under review is whether NYSOH properly determined that your children's eligibility for and enrollment in Child Health Plus terminated effective September 30, 2017.

For an applicant to remain eligible for enrollment in a Child Health Plus plan through NYSOH, they must meet both the financial and non-financial requirements. NYSOH is required to verify, among other things, household income as part of the financial requirements.

If NYSOH cannot verify an individual's household income, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date that notice is received to resolve it.

In the eligibility determination dated July 11, 2017, you were advised that your children's eligibility for Child Health Plus was only conditional, and that you needed to confirm your income information before September 8, 2017.

You testified, and the record reflects, that you received assistance from a broker with your July 10, 2017 application. You testified that the broker informed you that income documentation was faxed to NYSOH on July 10, 2017. However, the record indicates that NYSOH did not have income documentation before the September 8, 2017 deadline.

As a result, on September 14, 2017, NYSOH issued a discontinuance notice stating that your children were no longer eligible for Child Health Plus because NYSOH could not verify the income listed in their application. On September 15, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan would end effective September 30, 2017.

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. In this case, the notice formally disenrolling your children from their Child Health Plus plan was dated September 15, 2017. Therefore, the notice terminating your child's enrollment would be considered received as of September 20, 2017.

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 children's Child Health Plus eligibility after the

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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 November 1, 2017.

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 children for the month of October 2017. Therefore, the September 14, 2017 discontinuance notice and the September 15, 2017 disenrollment notice are RESCINDED.

Decision

The September 14, 2017 discontinuance notice is RESCINDED.

The September 15, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children into their Child Health Plus plan for the month of October 2017.

Effective Date of this Decision: November 29, 2017

How this Decision Affects Your Eligibility

Your children should not have been terminated from their Child Health Plus plan in October 2017 for failure to submit income documentation.

Your case is being sent back to NYSOH to reinstate your children into Child Health Plus for the month of October 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

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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
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- By fax: 1-855-900-5557

Summary

The September 14, 2017 discontinuance notice is RESCINDED.

The September 15, 2017 disenrollment notice is RESCINDED.

Your children should not have been terminated from their Child Health Plus plan in October 2017 for failure to submit income documentation.

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Your case is RETURNED to NYSOH to reinstate your children into Child Health Plus for the month of October 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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