



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

Notice of Decision

Decision Date: December 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023201

[REDACTED]

[REDACTED]

On December 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 13, 2017 eligibility determination and enrollment confirmation 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 § 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: December 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023201



Issue

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

Did NY State of Health (NYSOH) properly determine that your children were eligible to enroll in Child Health Plus (CHP) at full cost, effective September 1, 2017?

Procedural History

On June 7, 2017, you updated your NYSOH application for financial assistance.

On June 8, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in CHP for a limited time with a monthly premium of \$30.00 each, effective July 1, 2017. The notice directed you to submit documentation of your household income by August 6, 2017.

Also on June 8, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in a CHP plan, beginning July 1, 2017.

On August 12, 2017, NYSOH redetermined your children's eligibility.

On August 13, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible to enroll in CHP at full cost, effective September 1, 2017. The notice further stated that your children were eligible to enroll at full cost because federal and state data sources showed that your household income was more than \$98,400.00.

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Also on August 13, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in their CHP plan with a monthly premium of \$229.71 each, beginning September 1, 2017.

On September 5, 2017, you updated your NYSOH application.

On September 6, 2017, NYSOH issued a notice of eligibility determination, based on your September 5, 2017 application, stating that your children were eligible for CHP with a \$9.00 monthly premium each, effective October 1, 2017.

Also on September 6, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in their CHP plan with a \$9.00 monthly premium each, beginning October 1, 2017.

On October 6, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as your children did not have CHP premium assistance for the month of September 2017.

On December 7, 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 support the following findings of fact:

- 1) You testified that you believe you receive notices from NYSOH in the regular mail.
- 2) You testified that you have received emails from NYSOH, but that the only email you recall receiving this year was an email regarding the notice acknowledging your request for an appeal.
- 3) You testified that you regularly check your email, and that it comes up on your phone.
- 4) You testified that you do not recall receiving any email alerts in June 2017 regarding any notice in your NYSOH account telling you that you needed to provide documentation of your household income.
- 5) Your NYSOH account reflects that you are enrolled to receive email alerts regarding notices in your NYSOH account.
- 6) Your NYSOH account does not contain any notices confirming that you selected to receive email alerts regarding notices.

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- 7) You testified that you did not know that there was an issue with your children's coverage until you took one of them to the doctor in early September, and were told there was a problem with the coverage.
- 8) You testified that you received a bill for the full CHP premiums in or around the third week of September.
- 9) You testified that you paid \$60.00 for your children's September CHP premiums, and that this payment was processed on August 25, 2017
- 10) You testified that you have outstanding medical bills for the month of September 2017 that were not covered.
- 11) The record reflects that on September 5, 2017, NYSOH received your children's updated application for health insurance, and that they were found fully eligible for CHP with a \$9.00 monthly premium each, effective October 1, 2017.
- 12) You testified that you are seeking for your children be enrolled in their CHP plan for the month of September 2017 with premium assistance.

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 CHP 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) (New York Public Health Law (PHL) § 2511(2)(a)(iii)).

To be eligible for CHP, 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

(N.Y. Pub. Health Law. § 2511(2)(a)-(e)).

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH

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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)).

The State of New York has provided that a child's period of eligibility for CHP 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).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)). Additionally, if the electronic communication cannot be delivered, NYSOH must send the notice by regular mail within three business days (42 CFR § 435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children were eligible to enroll in CHP at full cost, effective September 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant through available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with reasonable time to provide documentation or information to resolve that inconsistency.

Your children were originally found eligible for CHP with a \$30.00 monthly premium for a limited time, effective July 1, 2017. The notice of eligibility determination, issued on June 8, 2017, stated that you needed to submit documentation of your household income by August 6, 2017. No income documentation was received by NYSOH within the required timeframe. As a result, NYSOH redetermined your children's eligibility and found them eligible to enroll in CHP at full cost, effective September 1, 2017.

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You testified that you do not recall receiving any notice stating that you needed to provide income documentation to NYSOH. You testified that you receive some notices from NYSOH by regular mail, but have also received email alerts regarding notices in your NYSOH account. You testified that you check your email regularly, and that you do not believe you received any email alerts in June 2017. Moreover, though your NYSOH account reflects that you are enrolled to receive email alerts regarding notices from NYSOH, there is no notice in your NYSOH account confirming that you affirmatively elected to receive email alerts. Additionally, there is no evidence in your account documenting that any email alert was sent to you regarding the need to submit income documentation, or that any such notice was sent by regular mail.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to submit income documentation to confirm the information in your application.

For this reason, the August 13, 2017 eligibility determination and enrollment confirmation notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their CHP plan with a \$30.00 premium each for the month of September 2017.

Decision

The August 13, 2017 notice of eligibility redetermination is RESCINDED.

The August 13, 2017 notice of enrollment confirmation is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their CHP plan with a \$30.00 monthly premium each for the month of September 2017.

Effective Date of this Decision: December 13, 2017

How this Decision Affects Your Eligibility

This decision does not affect your children's current eligibility for financial assistance.

Your children's CHP premium assistance should not have been removed in the month of September.

Your case is being sent back to NYSOH so that your children can be reinstated in their CHP plan for the month of September 2017 with a \$30.00 monthly premium each for that month.

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:

- 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 August 13, 2017 notice of eligibility redetermination is RESCINDED.

The August 13, 2017 notice of enrollment confirmation is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their CHP plan with a \$30.00 monthly premium each for the month of September 2017.

This decision does not affect your children's current eligibility for financial assistance.

Your children's CHP premium assistance should not have been removed in the month of September.

Your case is being sent back to NYSOH so that your children can be reinstated in their CHP plan for the month of September 2017 with a \$30.00 monthly premium each for 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 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 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.

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.