



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

Notice of Decision

Decision Date: February 21, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024809

[REDACTED]

[REDACTED]

On January 18, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's October 13, 2017 disenrollment notice and November 28, 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 (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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[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) properly determine that your children's coverage through Child Health Plus (CHP) ended on October 31, 2017?

Did NYSOH properly determine that your children's eligibility for, and enrollment in, their CHP coverage began as of January 1, 2018?

Procedural History

On April 24, 2017, NYSOH received your household's application for health insurance.

On April 25, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for advance premium tax credit (APTC) of \$144.00 per month, effective June 1, 2017 and that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective June 1, 2017.

Also on April 25, 2017, NYSOH issued an enrollment notice, confirming your enrollment in a silver-level qualified health plan (QHP) with a plan enrollment and application of APTC starting June 1, 2017. The notice also stated that your children were enrolled in a CHP plan, with \$9.00 monthly premium each with a plan enrollment start date of June 1, 2017.

On October 12, 2017, NYSOH received your updated application for health insurance.

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On October 13, 2017, NYSOH issued a notice stating that your October 12, 2017 application had been reviewed, but that more information was needed in order to make a determination as to your household's eligibility for health insurance. The notice directed you to submit documentation of your household income by October 27, 2017.

Also on October 13, 2017, NYSOH issued a disenrollment notice stating that your coverage in your silver-level QHP would end on October 31, 2017 and that your child's enrollment in their CHP plan would end, effective October 31, 2017.

No documentation was submitted by the October 27, 2017 deadline.

On November 7, 2017, NYSOH issued an eligibility determination notice stating that you and your children were not eligible for Medicaid, the Essential Plan, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You and the children also could not enroll in a qualified health plan at full cost. This was because you had not provided the income documentation needed to verify the income listed in your application. There was no effective date listed on that notice.

On November 27, 2017, NYSOH received your updated application for health insurance for your children. That day, a preliminary eligibility determination was prepared stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, with coverage starting on January 1, 2018. That same day you selected a plan for CHP for their enrollment.

Also on November 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your children's CHP plan as of October 31, 2017.

On November 28, 2017, NYSOH issued an eligibility determination notice, based on your November 27, 2017 application, stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective January 1, 2018.

Also on November 28, 2017, NYSOH issued an enrollment notice, based on your plan selection on November 27, 2017, stating that your children were enrolled in a CHP plan with a \$9.00 monthly premium each, and that their enrollment in the plan would start January 1, 2018.

On January 18, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documentation. On January 23, 2018, NYSOH Appeals Unit received via secure facsimile your two-page submission. The record was closed at that time.

Findings of Fact

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

- 1) You testified that you are appealing only your children's eligibility insofar as they experienced a gap in their CHP plan coverage during November and December 2017.
- 2) According to your NYSOH account, on April 24, 2017 you submitted an application to NYSOH for financial assistance for yourself and your two children.
- 3) Based on the information contained in the April 24, 2017 application, you were found eligible for APTC of \$144.00 a month and your children were eligible for CHP with a \$9.00 monthly premium each. You were enrolled in a silver-level QHP and your children were enrolled in their CHP plan with plan start dates of June 1, 2017.
- 4) You testified that you were laid off from your employment in mid-September 2017.
- 5) According to your NYSOH account and your testimony, on October 12, 2017 you contacted NYSOH and updated your account.
- 6) You testified that during the October 12, 2017, application, you told the customer service representative that you were only interested in seeing if you could get a more affordable health insurance plan and that you did not want to change the children's eligibility. You testified that the representative told you had to submit a new application for everyone in the household.
- 7) You testified that you were not aware that you had to submit proof of your income by October 27, 2017 because you were not able to access your account due to password problems.
- 8) You testified that you paid all the premiums invoice sent to you by the children's CHP plan in a timely manner.
- 9) You testified that you were not aware that the children's CHP plan coverage ended October 31, 2017 until you received a bill for a [REDACTED] office visit that one of your children incurred.
- 10) You testified that you started new employment on [REDACTED] and that you have employer sponsored health insurance as of that date.

- 11) According to your NYSOH account and your testimony, on November 27, 2017 you contacted NYSOH and submitted an application for financial assistance for health insurance for your children only.
- 12) You testified, and the record reflects, that you enrolled your children into a CHP plan on November 27, 2017.
- 13) You testified that you were seeking reinstatement of your children's CHP plan coverage during the months of November and December 2017 because your child has an unpaid medical bill for \$250.00 for an office visit on [REDACTED].

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 – Continuous Coverage

Once a child is found eligible for CHP, that eligibility continues for 12 months. Presumptive enrollees are not eligible for 12 months of continuous coverage until all required documentation is submitted and a child is determined fully eligible for CHP, at which time the 12 months of continuous coverage begins.

The 12-month period of continuous coverage is subject to some exclusions, including a change in residence to out-of-state, turning 19 years old, obtaining other health insurance, having access to a state benefits plan, or becoming eligible for Medicaid. The 12-month period may also be interrupted if a required premium contribution is not received, or if the child was not eligible because the health plan did not comply with program rules or because the eligibility determination was based on fraudulent information.

Households are not required to report a change in income within the 12-month period of continuous coverage; however, if a household reports an increase in income within the 12-month period of continuous coverage, the plan shall not redetermine eligibility or the required family premium contribution for CHP.

If a household reports a decrease in income within the 12-month period of continuous coverage, the plan shall screen the children for Medicaid eligibility and redetermine the required family premium contribution.

(NYS Department of Health Model Contract 2008-2012, Appendix C, Section 4.9; see *also*, Plan Manual p. 1-8).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children's enrollment in their CHP plan ended effective October 31, 2017 and they were not re-enrolled until January 1, 2018.

On April 25, 2017, NYSOH issued an eligibility determination notice for an application submitted for you and your children on April 24, 2017. It stated that, effective June 1, 2017, you could enroll in a QHP with APTC of \$144.00 per month and that your children could enroll through CHP with a premium of \$9.00 per month, with an effective date of June 1, 2017. You were subsequently enrolled in a silver-level QHP and your children were enrolled in a CHP plan with a \$9.00 monthly premium each with plan start dates of June 1, 2017.

Since the period of your children's CHP eligibility began on June 1, 2017, it should continue until May 31, 2018, unless an event occurs to disqualify them from CHP eligibility. The record does not indicate that any CHP premiums were not timely paid, that your children has gained access to or obtained other health

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insurance, or that your children became eligible for Medicaid. The record confirms that they continued to reside in New York State.

You testified that in mid-September 2017 you were laid off from employment and on October 12, 2017 you contacted NYSOH to see if you could obtain a more affordable health insurance plan. You testified that you told the NYSOH representative during the October 12, 2017 phone call that you did not want to change anything about your children's CHP enrollment. However, the representative required you to submit a full updated application for the family. As a result of that updated application, you and the children were placed in a "pending Medicaid" status.

However, your children were never found eligible for Medicaid between the time you submitted the October 12, 2017 updated the application and the time of the hearing on your appeal.

As no event occurred to end their eligibility, your children's CHP coverage should have continued until the end of their 12-month coverage period, which is May 31, 2018.

Therefore, that portion of the October 13, 2017 disenrollment notice, stating that your children's CHP coverage ended on October 31, 2017, because they were no longer eligible to remain enrolled in their CHP plan is RESCINDED.

It necessarily follows that the portion of the November 7, 2017, eligibility determination notice that states your children do not qualify for Medicaid, the Essential Plan, CHP, premium tax credit and cost-sharing reductions or to enroll in a QHP at full cost because you did not provide income documentation needed to verify the income listed in your application is incorrect as to their eligibility. Therefore, that portion of the November 7, 2017 eligibility determination notice as it applies to your children's eligibility must be RESCINDED.

Furthermore, your children's CHP plan coverage during the months of November 2017 and December 2017 are reinstated at a \$9.00 monthly premium level for each child. You will be responsible for any outstanding premium amounts due in connection with such a reinstatement of their coverage.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

Decision

The October 13, 2017 disenrollment notice is RESCINDED as it relates to your children's coverage in their CHP plan ending October 31, 2017.

The November 7, 2017 eligibility determination notice is RESCINDED as it relates to your children's eligibility for health insurance.

Your children's CHP plan coverage during the months of November 2017 and December 2017 are reinstated at a \$9.00 monthly premium level for each child.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

Effective Date of this Decision: February 21, 2018

How this Decision Affects Your Eligibility

Your children's CHP plan coverage during the months of November 2017 and December 2017 are reinstated at a \$9.00 monthly premium level for each child.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

You will be responsible for any outstanding premium amounts due in connection with such a reinstatement of their coverage.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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 October 13, 2017 disenrollment notice is **RESCINDED** as it relates to your children's coverage in their CHP plan ending October 31, 2017.

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The November 7, 2017 eligibility determination notice is RESCINDED as it relates to your children's eligibility for health insurance.

Your children's CHP plan coverage during the months of November 2017 and December 2017 are reinstated at a \$9.00 monthly premium level for each child.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

Your children's CHP plan coverage during the months of November 2017 and December 2017 are reinstated at a \$9.00 monthly premium level for each child.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

You will be responsible for any outstanding premium amounts due in connection with such a reinstatement of their coverage.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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&etumi 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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